GAY MEN BUILDING LOCAL KNOWLEDGE

community-based research in HIV prevention & health promotion

Canadian Strategy on HIV/AIDS
La Stratégie canadienne sur le VIH/sida

cbrc
The Community-Based Research Centre

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Organized by

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The Community Based Research Centre exists to support the research efforts of HIV community groups through consultation, capacity building and other knowledge development activities, and to undertake research projects in collaboration with other community groups.

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EXECUTIVE SUMMARY

Between January and April of 2001, the Community Based Research Centre organized a series of research capacity building sessions for those working in gay men's HIV prevention. To identify research and programs relevant to gay men, we consulted in advance with community members across British Columbia. This enabled us to create a context for research capacity building.

An overall theme emerged from the consultations – people were concerned with the reports of rising HIV infections among gay men. We felt that addressing this concern would ensure that ***research capacity building would be grounded in the reality of the HIV epidemic for gay men and not a theoretical exercise.***

The goal of the project was to build the community's capacity to use research in HIV prevention and health promotion for gay men. Our design would encourage prevention workers to:

- examine the current epidemiological data and community research on gay men
- assess the current state of HIV prevention and health promotion for gay men in BC.
- discuss perceptions of community educators and researchers on HIV prevention for gay men
- identify HIV vulnerabilities of the gay male population
- consider prevention strategies and next steps
- engage in skill development to do community based research on gay men's issues

Altogether fifty-four (54) people participated in a series of five capacity building sessions from three sectors: community, research and public health; and representing communities from across British Columbia. All sessions were audio-taped. Tapes were transcribed and this report was developed from the presentations and discussions of participants.

In the first sessions, we reviewed epidemiological concepts and their relation to prevention and policy with five presentations. Health Canada's Dr. Donald Sutherland demonstrated how recent prevention efforts have failed to diminish MSM infection rates. Amongst gay men, new HIV infections have risen from 1,240 in 1996 to 1,610 in 1999. Rates of sexually transmitted infections, often a marker for HIV vulnerability, are up in many regions of the country. His conclusion is that we are not winning the war. Dr. Mike Rekart, from BC Centre for Disease Control, used BC testing data to show that there has been an increase in new positive tests in gay men in the year 2000. Up from 95 in 1999 to 128 in 2000, representing a one-year increase of 35%. Dr. Rekart speculated on the factors that may be contributing to the increase such as treatment optimism and the proliferation of chat rooms and recommended more research and a prevention strategy.

Dr. Bob Hogg used the latest data from the Vanguard Project to demonstrate that incidence rates are on the rise in young gay and bisexual men in Vancouver. In the year 2000, there were 10 new infections, for an annual HIV incidence rate of 4.6%. This is five times higher than the average annual infection rate of 0.9% seen in the first four years of the study. Although this cohort study of 668 gay and bisexual men may not be representational of the gay men's community as a whole, it suggests that incidence is on the rise.

In his presentation, Dr. Carl Bognar suggested that the epidemiological account of the spread of HIV in gay men is inadequate for enhancing prevention strategies and recommended several areas where we need more information to develop prevention messages appropriate for gay men. Prevention is not a one-time event, and neither the gay community nor the epidemic is static. Homophobia remains a barrier to effective prevention and HIV positive men need to be included

in developing messages. He called for appropriate funding to community-based organizations to bridge the gap between the epidemiological numbers and effective prevention strategies.

Paul Perchal outlined the work of Health Canada's Gay Men's Reference Group. They have produced a policy framework that will position HIV within broader health issues, addressing five areas: HIV prevention in the context of gay men's health; determinants of health and gay men's health from a population health perspective; community capacities for research; evaluation; and intersectoral collaboration.

In assessing the state of research relevant to gay men and HIV prevention in BC, we found that outside of community based HIV groups and the Centre for Excellence in HIV/AIDS, no one is doing research in this area. Community based research remains the best strategic tool we have for addressing the knowledge development, community development and organizational development issues facing community AIDS groups.

Five presentations showing community based research at various stages demonstrated the effectiveness of a strategic approach to programming. Evan Mo from the Asian Society for the Intervention of AIDS (ASIA) is at the formative stage of developing a CBR project. By reviewing the activities of his outreach project, he showed the kinds of questions that arise. It was apparent that mobilizing his target community around a research project would help him to recruit volunteers and make the program responsive to the evolving needs of gay Asian men.

Dr. Theresa Healy reported on a community based action research project for gay men in Prince George. Supported with fundraised dollars, this project sees AIDS Prince George working with GALA North (the gay and lesbian organization) to assess the program needs of the gay community. By listening to community members, the project has been able to identify the strengths and vulnerabilities of gay men in the North.

In his presentation, Andrew Barker outlined how the Man to Man program at AIDS Vancouver uses community based research as a way of listening to gay men and interacting with the gay community. It has been an ongoing process of creating dialogue, providing information and empowering gay men to take charge of their own health. The project has set the stage for making the shift towards gay men's health away from traditional HIV prevention programming.

Dr. Terry Trussler outlined how a coalition of community groups worked together to consider how HIV prevention might look from a gay health point of view using a population health paradigm. They included in the survey research structural issues such as the lack of safe space for gay men. Gay Health Vancouver was surprised by the response – 620 in three weeks. The demographics showed a broad range of respondents. Among the most dramatic findings was that 45% had experienced anti-gay violence. Over 80% want a community centre for gay men.

Katrina Jensen reported on a qualitative study carried out by AIDS Vancouver Island. The Men's Attitudes about Relationships and Sexuality Project (MARS Project) enabled many men on Vancouver Island and the Gulf Islands to share their feelings about safer sex, relationships and having unsafe sex. AIDS Vancouver Island learned the merits of building local knowledge to inform program development. From the study was born the Men's Wellness Project.

In our discussions, participants talked about the HIV prevention environment for gay men in BC. They felt that infection rates were already too high and recent increases made the situation very

grim. Participants stated that lack of funding meant that we could not respond appropriately. There was much discussion about homophobia and how it continues to hinder prevention efforts.

From the perspective of participants, the effectiveness of doing prevention for gay men has declined in the past decade. The early call for strengthening the infrastructure of gay communities has not occurred. There are no systems for provincial collaboration on prevention efforts. Gay men, especially outside of Vancouver, do not have access to supportive health care. When we assessed the state of HIV prevention programs for gay men, what we found was not adequate. Targeted programs in Victoria and Vancouver are under-resourced, and no dedicated programs for gay men exist outside of these two centres.

Participants examined the HIV vulnerabilities of gay men. There has been an emphasis on individual vulnerabilities, some on the interpersonal and no attention to cultural and structural vulnerabilities. Generally, participants felt that we needed to address the cultural trends and structural barriers to creating healthy communities. This means supporting community based research efforts to stay informed about the dynamics and issues of the gay community. As well, ensuring that new approaches are developed for doing prevention with gay men.

HIV prevention for gay men in BC is not organized and has no common policy or theoretical framework. This fragmentation makes it easy for HIV to continue to be the biggest health issues for gay men. Although participants were action oriented in their desire to move forward, they were mindful that some planning work needs to be done. Participants called for efforts that can be sustained in the long term and not short term fixes that may do more harm than good.

Participants addressed many of the current prevention issues facing gay men and the community. They acknowledged that more work needed to be done in areas such as understanding the context of gay men's sexual experiences; serodiscordant relationships; mental health needs; preparing gay men for making choices; life course events of gay men; street level harm reduction; knowledge on gay health issues; examining the cultural trends of HIV disclosure; Internet chat rooms; community preparedness about vaccines; among others.

Based on our consultations and the community's assessment of the situation in BC, we learned the following:

High Infection Rates: HIV infection rates for gay men remain consistently and unacceptably high. The recent increases of HIV infection in gay men are an added burden.
Homophobia: Homophobia is a significant barrier to community mobilization. Discrimination and violence characterize the social environment, particularly in smaller cities and rural areas.
Few Financial Resources: Financial resources are not available to adequately address HIV prevention and health promotion for gay men either in rural, suburban or urban environments.
No Research Agenda: There is too little community research going on in BC to assist in gay men's HIV prevention. There is no strategic approach to research. No systems for using research to respond to emerging issues.
No Gay Men's HIV and Health Organization: There is no dedicated gay men's health organization in Vancouver or BC mandated to lead a coordinated response on HIV prevention.
Few Targeted Programs for Gay Men: There are few targeted and culturally appropriate HIV prevention programs for gay men in BC. Those programs that exist are under-resourced.
No Provincial Infrastructure: There is no provincial infrastructure dedicated to developing, supporting and sustaining efforts to address HIV prevention and health issues for gay men.

No Comprehensive HIV Prevention Strategy for Gay Men: There is no coordinated and comprehensive HIV prevention and health strategy or plan for gay men in BC.
No Government Commitment: There is little demonstrated commitment by regional health boards, provincial and federal governments to enable gay men to deal with the impact of HIV in their communities.

Participants recommended a number of strategies for making prevention work in BC, including:

Develop a comprehensive plan for gay men's prevention: develop a BC plan with local strategies and multi-faceted approaches.
Create a fund development initiative: Funding is a key issue. Government funds are necessary. Other funding sources must be found.
Build local knowledge about gay men: Community based research is an integral part of prevention. Groups need to stay current about community trends.
Develop a policy framework for a prevention strategy: Develop a policy framework that puts HIV prevention within gay health.
Ensure gay men have ongoing basic prevention: Condoms, lubricant and safer sex messages must be an ongoing feature of HIV prevention for gay men.
Support anti-homophobia education for the broader BC society: Homophobia remains an issue provincially and needs to be addressed along side other prevention efforts.
Develop targeted prevention initiatives for specific gay men: Key to an effective HIV prevention strategy is ensuring that best practice approaches like targeted messages and activities are integral to addressing the specific risk conditions of a diverse gay community.
Recognize the importance of gay culture in prevention programs: Cultural approaches to prevention are lacking in current prevention activities.
Recognize the impact of structural interventions on prevention efforts: Participants felt that structural interventions must be developed as part of our prevention efforts.
Ensure the involvement of HIV positive gay men in prevention efforts: Only by involving people living with HIV will we be able to develop effective prevention campaigns while at the same time ensuring a supportive environment for those living with the disease.

In conclusion, as the aforementioned demonstrates, this was a productive research capacity building project for the interest and discussion that it generated amongst those working in gay men's prevention and health promotion. Evaluations were very positive and recommended more such activities. The use of research in prevention programming for gay men needs more attention. We must consider ways to improve the practice of HIV prevention if we are to build and sustain healthy gay communities. We have created a model of research capacity building that is valuable because it enables gay men to reflect critically on the field and build local knowledge for health promotion.

INTRODUCTION

Between January and April of 2001, the Community Based Research Centre organized a series of research capacity building sessions for those working in the area of gay men's HIV prevention and health promotion. To identify research and programs relevant to gay men, we consulted with community members across British Columbia. This enabled us to create a context for research capacity building and to assess the state of research and programming relevant to gay men. What we learned was tragically surprising.

Gay men's HIV prevention in BC is under-resourced and not organized. Although the HIV epidemic hit gay men the hardest and infection numbers continue to be the highest of any affected group, there has been erosion of what was a fragile infrastructure to begin with.

Gay men continue to be involved in fighting HIV/AIDS, although community groups reported fewer are involved now than several years ago. Gay men are board members, staff and volunteers of AIDS service organizations in the province. They are dedicated and hard working. What we learned was not to assume that because there are gay men involved that this translates into dedicated financial resources or targeted programs for gay men.

This is not meant to minimize the HIV/AIDS support and education work being done in BC. It is needed. But we must break this silence. Prevention and health promotion for gay men does not seem to be a priority.

One theme that emerged in our capacity building series was what gay men have identified as the environment of political correctness. The HIV environment has not been conducive for gay men to voice their prevention and health promotion needs and issues.

In the early to mid nineties there was a call from researchers and educators to build an infrastructure that would support and sustain HIV prevention and health promotion efforts for gay men, including important collaborative links to gay community organization. Government funders and many community leaders appear to have largely abandoned these efforts.

Based on our consultations and the community's assessment of the situation in BC, we learned the following:

- **High Infection Rates:** HIV infection rates for gay men remain consistently and unacceptably high. The recent increases of HIV infection in gay men are an added burden.
- **Homophobia:** Homophobia remains a significant barrier to community mobilization and appropriate prevention initiatives. Discrimination, stigma and violence still characterizes the social environment, and is particularly intense in smaller cities and rural areas.
- **Few Financial Resources:** Financial resources are not available to adequately address HIV prevention and health promotion for gay men either in rural, suburban or urban environments.
- **No Research Agenda:** There is too little research or other knowledge development activities going on in BC to assist in addressing gay men's HIV prevention and health. There is no strategic approach to research, no research plan to accumulate knowledge about gay men, gay culture and prevention programs. No systems for using research to respond to emerging issues.
- **No Gay Men's HIV and Health Organization:** There is no dedicated gay men's health organization in Vancouver or BC mandated to lead a coordinated and focused response on HIV prevention and health promotion.

- **Few Targeted Programs for Gay Men:** There are few targeted and culturally appropriate HIV prevention and health promotion programs for gay men in BC. Those programs that exist are under-resourced and isolated.
- **No Provincial Infrastructure:** There is no provincial infrastructure dedicated to developing, supporting and sustaining efforts to address HIV prevention and health issues for gay men.
- **No Comprehensive HIV Prevention Strategy for Gay Men:** There is no coordinated and comprehensive HIV prevention and health strategy or plan for gay men in BC.
- **No Government Commitment:** There is little demonstrated commitment by regional health boards, provincial and federal governments to enable gay men to deal with the impact of HIV in their communities.

The early successes that gay men in BC made in HIV prevention were due solely to the efforts of the gay community. We must not forget that HIV infections dropped significantly in gay men before there was any public health support. Dr. Donald Sutherland from Health Canada acknowledges this in his presentation on the national epidemiological picture of gay men.

Indeed in British Columbia money for gay men's prevention activities did not flow until 1990, eight years after the first cases were reported in the gay community in Vancouver. Many expert witnesses during the Krever Commission hearings testified to the dedication of the gay community in ensuring the prevention messages got circulated, even to the broader mainstream society. They also testified to the negligence of the Social Credit government for it's extreme position in refusing to assist the gay community in these public health efforts.

Only through supportive bureaucrats like Dr. Michael Rekart was the community able to access some financial resources. The sad reality is that the bureaucracy could not be seen giving money to AIDS Vancouver. The provincial government made an informal arrangement with the City of Vancouver, through the Medical Health Officer, Dr. John Blatherwicke, to funnel funds through the city to AIDS Vancouver.

Now a decade later there remains little acknowledgement of the successes that gay men have made in dealing with HIV under these terrifying conditions. Gay men have made a major contribution to the fight against AIDS in BC. They have assisted so many other communities in dealing with HIV. They have fought for inclusive policies and protections. They advocated for funds for all affected communities. Yet what we found is that few funds are currently available for gay men's prevention. At the same time erroneous assumptions abound that gay men are well supported in their continuing efforts to fight HIV.

What we saw is a community hard hit by an epidemic with no support for recovery, no support for prevention, no infrastructure and a climate of blame at reports of rising HIV infection rates. Hard fought for prevention funding has been eroded as room is made for other affected populations.

This is the environment where we are trying to do research capacity building for those working in HIV prevention and health promotion for gay men. The ideas and enthusiasm of the community to do research and develop programs are there. But with few resources available, what opportunities will community members have to do the research and programming needed to address the issues? Our capacity has been weakened because of inadequate systems to support gay men. Assessing the situation and developing strategies are necessary research capacity building activities. It's critical that capacity building be reality based.

ABOUT THE PROJECT

SUMMARY

The Community Based Research Centre in Vancouver received a grant from Health Canada's Community-Based Research Capacity Building Program: Skills Building Initiatives – CBR Workshops to create a project entitled, "Research Capacity Building for Gay Men's HIV Prevention and Health Promotion".

The goal of the project was to build the community's capacity to do HIV prevention and health promotion research and programming for gay men by organizing a series of five workshops. These sessions were intended to create better linkages between research and programming, to provide training and capacity building for those involved in gay men's prevention research and programs and to assess ways to build gay men's prevention research.

Specifically, our design would encourage prevention workers to:

- examine the current epidemiological data and community research on gay men
- assess the current state of HIV prevention and health promotion for gay men in BC.
- discuss perceptions of community educators and researchers on HIV prevention for gay men
- identify HIV vulnerabilities of the gay male population
- consider prevention strategies and next steps
- engage in skill development to do community based research on gay men's issues

The formative consultation phase of the project was critical in assisting us to organize a responsive workshop series with participation from key organizations and individuals in BC. Consultations enabled the Community Based Research Centre to develop collaborative relationships with:

- AIDS Prince George and GALA North
- AIDS Vancouver Island
- Asian Society for the Intervention of AIDS (ASIA)
- BC Centre for Disease Control (BC CDC)
- Bureau of HIV/AIDS, STD and TB, Centre for Infectious Disease Prevention and Control, Health Canada
- Gay Health Vancouver
- Man to Man Program, AIDS Vancouver
- Pacific AIDS Network
- Pride Health Services
- The Vanguard Project, BC Centre for Excellence in HIV/AIDS
- YouthCO AIDS Society

PROJECT ACTIVITIES

CONSULTATION PHASE

Through our consultations, we identified community, research and public health personnel who were working in gay men's HIV prevention and health promotion.

Potential participants were consulted on appropriate workshop content, timing and locale. Issues were identified. New strategic alliances and partnerships were formed. Although the original focus of the proposal was on Vancouver and Victoria, the opportunity to work with the Pacific AIDS Network Skills Conference enabled us to involve individuals throughout BC who are interested in HIV prevention and health promotion for gay men.

An overall theme emerged from the consultations with those involved in HIV prevention and health promotion for gay men. People were concerned with the reports of rising HIV infections among gay men. This led to discussions about the lack of gay men's research and programs, the lack of coordinated and planned actions and the feelings of isolation.

We decided to contextualize the capacity building sessions around the issue that people identified as the most critical – rising HIV infection rates amongst gay men. We felt this would motivate people to attend the sessions and ensure that ***research capacity building is grounded in the reality of the HIV epidemic for gay men and not a theoretical exercise.*** This proved to be a successful strategy. In this way, we worked with Dr. Don Sutherland from Health Canada and Dr. Michael Rekart from BC CDC who proved to be very responsive to our capacity building agenda. They participated in planning and presentations.

Consultations also enabled us to identify relevant resource materials for workshop participants. Lastly, the consultation phase enabled us to be sensitive to the logistical needs of participants to ensure the broadest involvement from community personnel and researchers.

CAPACITY BUILDING SESSIONS

Five capacity building sessions were developed and delivered in this project. Four sessions took place in March 2001. One took place in April 2001.

Altogether fifty-four (54) people participated in the capacity building sessions. Participation came mainly from three sectors: community, research and public health. We had participation from communities around the province, including, Victoria, Prince George, Fort Nelson, Nelson, Salmon Arm, Kelowna and Vancouver. We also had participants from Whitehorse.

We organized the following five capacity building sessions under the project title, "Building Local Knowledge about Gay Men: Using Research for HIV Prevention and Health Promotion". The first three workshops were organized in collaboration with the Pacific AIDS Network Skills Conference.

Session 1: Are HIV infection rates among gay men on the rise?

This session was organized to review the epidemiological data on reported rising HIV infection rates among gay men in BC, Canada and internationally. The workshop had two objectives: 1) to review the current incidence and prevalence data on gay men in BC and Canada; and 2) to learn about epidemiological concepts and research and the connection to program development.

In the session we heard presentations from Dr. Don Sutherland, from Health Canada; Dr. Michael Rekart, from BC CDC; Dr. Bob Hogg, Principal Investigator, Vanguard Study, Centre for Excellence in HIV/AIDS; Dr. Carl Bognar, researcher with Bognar and Associates.

Besides reviewing the latest data, presenters also introduced participants to concepts and issues in collecting and presenting epidemiological data, data from cohort and longitudinal studies and concepts and approaches that the epidemiologists and researchers use in their work. Dr. Carl Bognar made a presentation on using these concepts and data in the development of programs, services and education campaigns. This was followed by a discussion with participants on why infection rates were rising in the gay community and how to approach it.

Session 2: Community research and gay men: what's going on in BC?

This session was organized to hear about the community based research projects involving gay men and HIV that were going on around the province. The objectives were: 1) to create an environment for collaborative learning by enabling community researchers and community educators to present their projects and share their experience; and 2) to review issues and opportunities for doing community based research in the gay community. Five presentations were offered to participants showing research projects at various stages.

- Mr. Evan Mo, ASIA: "Developing research questions based on outreach work to gay Asians"
- Dr. Theresa Healy, AIDS Prince George: "Reaching Out: a community development project of education, support and research"
- Mr. Andrew Barker, Man to Man, AIDS Vancouver: "Gay Men's HIV Prevention: a peer-based approach to community-based research"
- Dr. Terry Trussler, Community Based Research Centre: "Using community based research in gay health: a quality of life survey"
- Ms. Katrina Jensen, AIDS Vancouver Island: "Integrating CBR findings and experience into programs for gay men"

The presentations profiled projects at various stages of the research process. Presenters were offered a template to help them organize their presentations. Participants then had an opportunity to discuss community based research issues with presenters.

Session 3: Setting the Research and Program Priorities for Gay Men in BC

This was a facilitated discussion on the issues of research and programming for gay men in BC. We reviewed the state of programs for gay men, and the relationship between AIDS Service Organizations and Gay Community Groups. Participants identified the capacities and needs of their organizations. Ideas for research, programs and services and education campaigns were put forward. Next steps were identified. Participants identified some research priorities, strategies for funding and committed to meet again at a Pacific AIDS Network event.

Two other workshop events were organized in Vancouver. Participants from Vancouver, Victoria and other locales attended.

Session 4: Gay Men's HIV Prevention and Health Promotion Roundtable: "What to do about rising HIV infection rates amongst gay men?"

The overall goal was to create a networking meeting where research, community and public health personnel could come together for strategic discussions about the current situation for gay men and HIV. Participants were asked to consider a community prevention strategy.

The objectives of this session were:

- to identify the program and research initiatives for gay men's HIV prevention in the region

- to provide an environment to encourage networking and critical reflection among researchers, community educators, counselors and public health
- to review current epidemiological data on gay men and our current health policy framework locally, provincially and nationally
- to identify next steps

This facilitated roundtable created an inventory of current research and programs for gay men, a vulnerability analysis of gay men in the region and put forward strategies for prevention and next steps. We had three presentations: 1) a review of the epidemiological data on gay men; 2) a review of current population health policy and its implications for gay men's prevention; and information on Health Canada's Gay Men's Reference Group; and 3) Gay Health Vancouver survey: applying a population health framework to community based research on gay men.

A second follow-up meeting was organized for the end of April, beyond this current series.

Session 5: Using Community Based Research in Gay Men's Health Programs

Enrollment in this workshop was limited in order to create a learning environment that would ensure attention to participant needs. 12 participants were enrolled with a mix of community educators, researchers and public health professionals.

The main objective of this workshop was to provide participants with an in-depth understanding of a peer-based participatory action research model. Participants received information and experience in: active listening, interviewing, community assessment methods, peer-based participatory action research theory, vulnerability analysis, creating research questions, creating focus group questions, running a focus group, strategies for recruiting volunteers, dissemination of results and integrating findings into programming.

The workshop is based on the Man to Man manual entitled, *"Building Gay Men's Health: A peer-based approach to creating community change"* by Andrew Barker.

DOCUMENTING RESEARCH CAPACITY BUILDING

In order to document these research capacity building activities, we audio-taped each session, transcribed the tapes and edited and analyzed the text.

We wanted to demonstrate the practice of community based research. We used the tools and techniques of research, such as listening to participants and organizing their experience, to produce this research capacity building resource. Documenting experience is a fundamental activity of community based research. We encourage community groups to take up this practice.

Producing a document also ensures a record of the discussions, ideas and resources. This report will help us in developing the next steps in our efforts. It can be used as a reference for those developing their own research or project proposal. We will share these resources with others in the field from BC, Canada and beyond.

Our Perspective on Community Based Research and Capacity Building

What we know about community based research has been informed by our experience in HIV community groups. We learned early on that research could be used strategically as an intervention. We recognized that engagement in community research helps a community program stay focussed on its target audience. Knowing the trends in a community's culture helps a program to be relevant and effective. Those using a health promotion approach will recognize that community based research is an integral part of program development.

Community based research – research by and for communities – uses diverse models, methods and structures. We have yet to realize the benefits of community based research. We are still developing the resources of mandated agencies and their staff, volunteers and members to control the process of inquiry and knowledge development.

This does not mean that program managers and outreach workers must become researchers. Community personnel can improve their own practice and programs by learning to use research strategically. This can range from documenting experience and actively listening to community members to managing knowledge development activities and recognizing when to use action research to reorient a program or develop a new service.

Research capacity building is a community development issue. Health Canada's CBR Research Capacity Building Program is helping to address this. As we gain experience with research capacity building, appropriate principles and core values, separate from community based research itself, need to be developed. We hope that the reflections and experience of this project can help to articulate some of these principles.

This vision of community knowledge development is about community agencies conducting, interpreting and controlling research as a standard of good community health practice. Community groups need the tools and resources to be able to fulfill their obligation to serve. Research techniques are tools for mobilization, organization, listening and systematic understanding of community culture. Research processes are tools for community and agency critical reflection.

Community based research puts the issues and questions of community organizations and the communities they serve at the centre of the research. This differs from academic research where the concerns and questions of the investigator most often drive the research agenda. We have always encouraged community groups to form equitable partnerships with researchers, including academic researchers, in order to develop local knowledge about the communities they serve. But community groups need access to funds no matter where the researcher is located.

Based on our experiences in this project, we recommend that the following practice issues be considered by other communities doing research capacity building.

The Practice of Research Capacity Building

Consultations: Consult with the relevant target community before developing the capacity building program. Involve the key community and research personnel in the activities of capacity building. Identify the critical issues.

Assess the Social Environment: Assess the current issues affecting the community and identified by community groups, and match people's concerns with appropriate activities.

Contextualize: Capacity building is more effective and relevant if it is contextualized within the target community's current issues, questions and culture. By contextualizing our capacity building efforts, participants had to consider the impact of their work on the lives of gay men.

Promote Experience Exchange: Enabling researchers and program coordinators to exchange experience can be an effective learning opportunity. This engage means working collaboratively to identify gaps in knowledge and appropriate actions. Collaborative learning works well for capacity building. It provides an opportunity for mutual learning.

Assessment Activities: Bringing participants together to assess the current environment, issues, research and programs is a basic research capacity building activity. Provide a context for assessment. We focused on reported rising HIV infection rates in gay men.

Present Local Community Based Research: Locate and profile the community research projects of the target community.

Provide a Range of Activities: Provide a range of learning experiences for those involved. Capacity building means being sensitive to the multiple learning styles of adults.

Critical Reflection: Ensure that activities promote opportunities for interpreting past experiences of the work.

Customize Tools: Produce resources and tools to assist participants. For example, we created a template for presenting the CBR projects. This common framework enabled the presenters to easily report on the findings and process of the research project.

Promote Networking: Promote networking in all your activities. Relationship building is an integral part of capacity building.

Provide Resources: Ensure that appropriate resources are available. Encourage participants to contribute resources. Audio tape some of the workshops and create a resource.

Developing Research Skills: Some capacity building activities can include skills that are used by both the researcher and educator, like active listening and documentation. This can also include learning when to use research or how to plan and manage a research project.

Engage Participants: Being provocative is a good way to focus the attention of community members. With so many competing agendas for community personnel, it can be effective to pose a burning question. We asked the community about rising HIV infection rates.

Set Goals and Outcomes: Framing the research capacity building activities with achievable goals and outcomes can help in identifying the next steps.

Document the Capacity Building Experience: Producing a final document of the experience can help participants move to the next steps. Audio taping sessions enables data to be collected, organized and interpreted, and can provide a comprehensive picture back to participants.

PREVALENCE, PREVENTION AND POLICY

The context of our research capacity building sessions was to examine the reports of rising HIV infections amongst gay men. We also wanted to review epidemiological concepts and their relation to prevention and policy. To do this we heard five presentations:

- "Are we winning the war against HIV in Canada?" by Dr. Donald Sutherland
- "Trends in HIV, STD and Behaviour for MSM in BC" by Dr. Michael Rekart
- "HIV Infections among Young Gay Men in Vancouver" by Dr. Bob Hogg
- "The Gap between Prevalence and Prevention" by Dr. Carl Bognar
- "Creating a Policy Framework for Gay Men's HIV Prevention" by Paul Perchal

"ARE WE WINNING THE WAR AGAINST HIV IN CANADA? – A PUBLIC HEALTH PERSPECTIVE"

Presentation by Dr. Donald Sutherland, Bureau of HIV/AIDS STD and TB, Center for Infectious Disease Prevention and Control, Health Canada

In his presentation, Dr. Donald Sutherland uses evidence from epidemiological research to demonstrate how recent prevention efforts have failed to diminish MSM infection rates. Amongst gay men, new HIV infections have gone from 1,240 in 1996 to 1,610 in 1999. MSM/IDU rates remained at just under 300 new infections. Data from British Columbia and Ontario show a further increase in new infections in 2000. Rates of sexually transmitted infections, often a marker for HIV vulnerability, are up in many regions of the country. His conclusion is that we are not winning the war. He encouraged people to come together to design good prevention programs.

Dr. Don Sutherland discussed the epidemiological concepts that Health Canada is using to approach the HIV epidemic and reviewed the latest data with a focus on gay men.

Number of incident HIV infections in Canada during 1996 and 1999, by exposure category and gender.

	MSM	MSM-IDU	IDU	Hetero	Other	Total
1996	1,240	290	1,970	700	0	4,200
1999	1,610	270	1,430	880	0	4,190

Bureau of HIV/AIDS, STD and TB
Centre for Infectious Disease Prevention & Control

Table 1: Sutherland told us that **"Amongst the gay community, new HIV infections went from an estimated 1,240 to over 1,600 new infections in 1999."**

Key points:

- Estimated new HIV infections among MSM rose from 1,240 or 30% of total new infections in 1996 to 1,610 or 38% of total new infections in 1999.
- There were an estimated 290 new infections among those identified as MSM IDU in 1996 and about the same in 1999 at new 270 infections. These are men who fit into both epidemiological risk categories for transmission, sexual behaviour between men and injecting drugs.
- MSM (men who have sex with men) is the epidemiological category for describing sexual behaviour between men where transmission of HIV can occur. It is similar to the identity-based "gay men" but would include men who engage in sexual behaviours with other men but who don't identify as being gay.
- By contrast, HIV infections among IDUs dropped from 1,970 (47% of new infections) in 1996 to 1,430 (30% of new infections) in 1999.

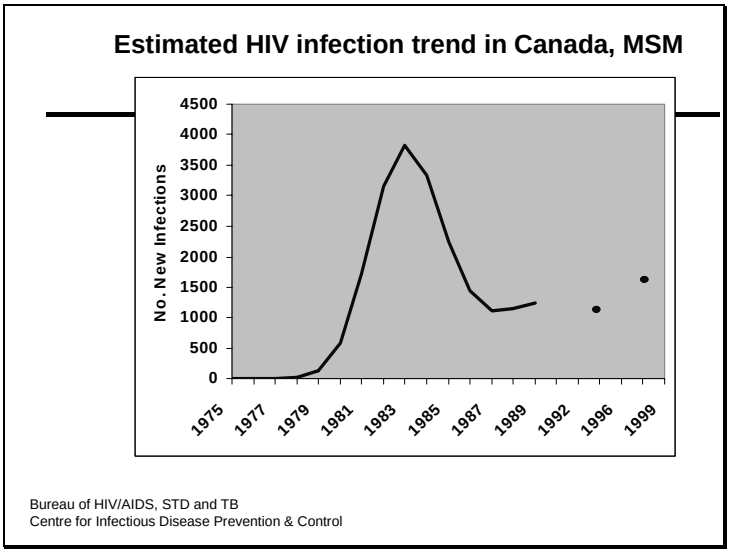


Table 2: Sutherland described the HIV infection trend in gay men: "Infections dropped before there was a major public health effort largely because the gay community responded early on in 1983, 1984. Then it leveled off. But **the bottom line is that the epidemic – number of new infections per year – rose again. The last estimate was no reduction**."

Other Key Points:

- Current HIV prevalence in Canada is estimated at 50,000.
- Annual HIV incidence did not diminish between 1996 and 1999.
- Estimates were created through discussions with each province and territory linking data from various sources. Estimates are different than the number of HIV positive tests that are detected in a province.
- 30% of those estimated to be infected with HIV are unaware that they are infected. They could be called the 'hidden epidemic'.
- AIDS cases continue their trend down, but may be on the rise again.
- The number of persons living with HIV and AIDS in Canada (prevalence) continue to rise because of decreasing deaths and no decrease in the number of new infections.

Don Sutherland's conclusion, "We are not winning the war and we're not doing as well as we need to. The scope of the problem is not diminishing in terms of new infections."

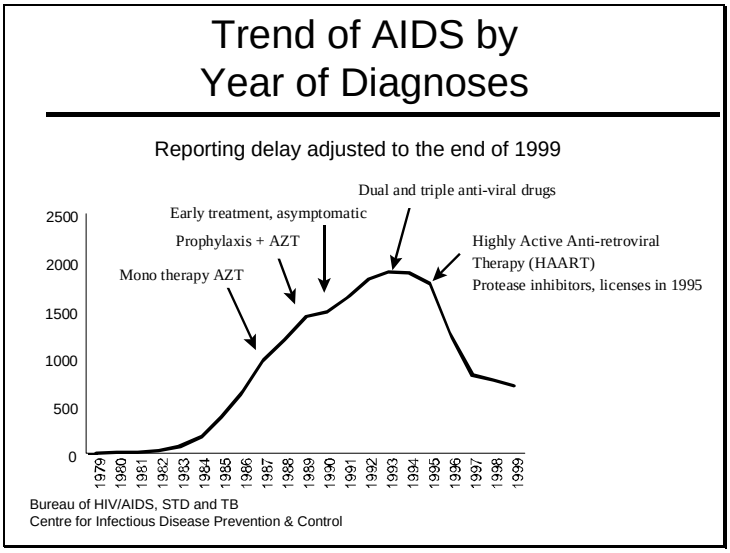


Table 3: Sutherland also described the trend in AIDS, "Everyone knows the success of therapies and the impact on AIDS diagnosis in Canada**. A dramatic reduction in the number of AIDS cases has occurred**. But we're starting to see a flattening of that reduction and in some of the data that we look at there's actually been a rise again."

Health Canada endorses a broad definition of prevention to include prevention of AIDS, prevention of death, and prevention of HIV infections. As Sutherland stated, "We're interested in issues like access to care. What percentage of those who are diagnosed with HIV are actually in care and how good is the quality of care for various groups, such as MSM. And like all of the quality of care for health in Canada, it's variable from province to province."

"One of the things that we've been proposing is to think about some specific HIV goals in Canada." Sutherland told us that putting together a set of goals and a consultation process for Canada for STDs led to more attention and better control over sexually transmitted diseases.

Why do we need HIV goals for Canada? Sutherland continued, "We're not winning. It allows us to focus and learn and helps us to evaluate, adjust and target resources toward where infections seem to be occurring, where the risk behaviours seem to be occurring and with strategies that seem to be effective. Some ideas might be to reduce incidence by 50% in specific groups such as MSM. One could argue it ought to be more than that and if you take the philosophy that any infection is tragic, maybe we should be even more ambitious."

At the national level, Health Canada looks at behavioural trends and data that might help them interpret their HIV data. They look at: sexually transmitted disease trends; persons engaged in unprotected sex; hepatitis C incidence in other studies; and the sharing of injection equipment. But as Sutherland acknowledged, "These are quite gross and they're not at a level of refinement or understanding that would be sufficient to design good prevention programs."

Sutherland introduced other data that gives us some evidence of rising HIV infections in the gay community.

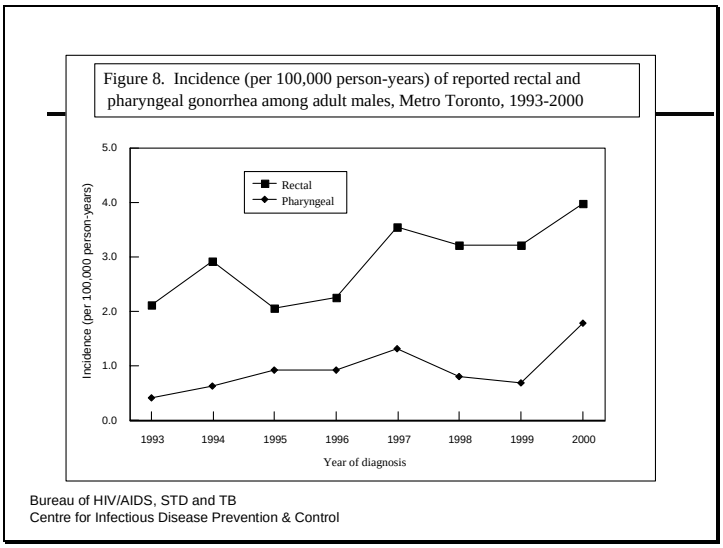


Table 4: Sutherland pointed out,"Gonorrhea rates in gay men in Ontario are on the rise. A rise in both sites [rectal and oral] indicating unprotected sex and the transmission of another STD."

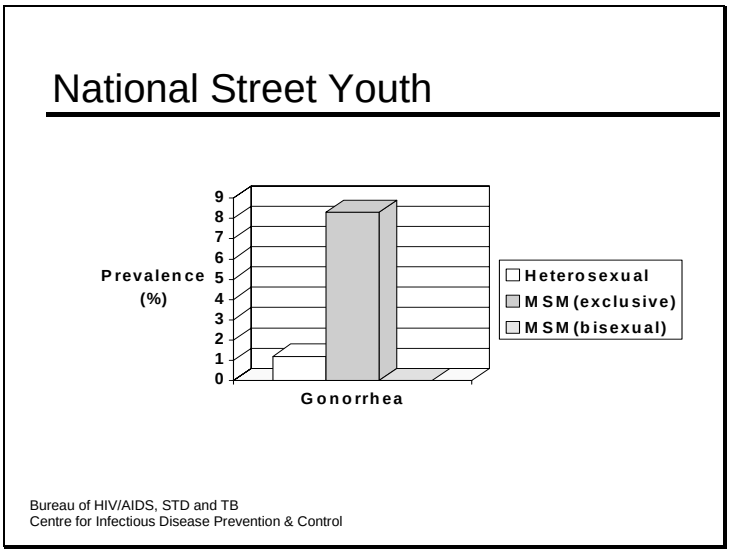


Table 5: "This is the prevalence of gonorrhea in the National Street Youth Study by sexual preference. Heterosexual prevalence runs around 1%, but **exclusive MSM, the gonorrhea rate's running around just over 8%. This is another indication that transmissions are occurring amongst the gay community**", said Sutherland.

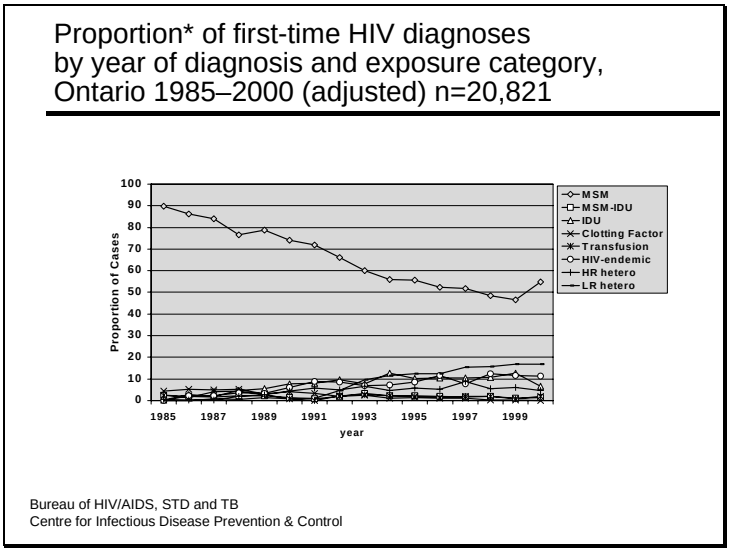


Table 6: Sutherland shared data from Ontario's Robert Remis, "This is the proportion of first time HIV diagnoses - that's persons testing positive by year of diagnosis and exposure category. As you can see, the line at the top is amongst men who have sex with men and you see this rise in proportion of cases amongst men who have sex with men. So **a rise in Ontario amongst those testing positive**."

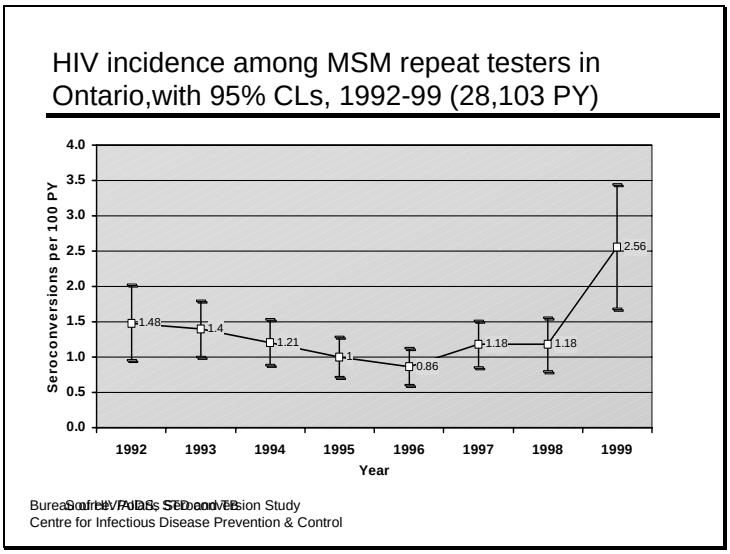


Table 7: Again from the Remis study, Sutherland continued, "Amongst repeat testers, the estimated HIV incidence - persons where they have last negative and first positive information - was more or less the same between one and 1.5 between 92 and 98. Then suddenly in 99 it became 2.56, **another indication in Ontario that number of new infections was rising**."

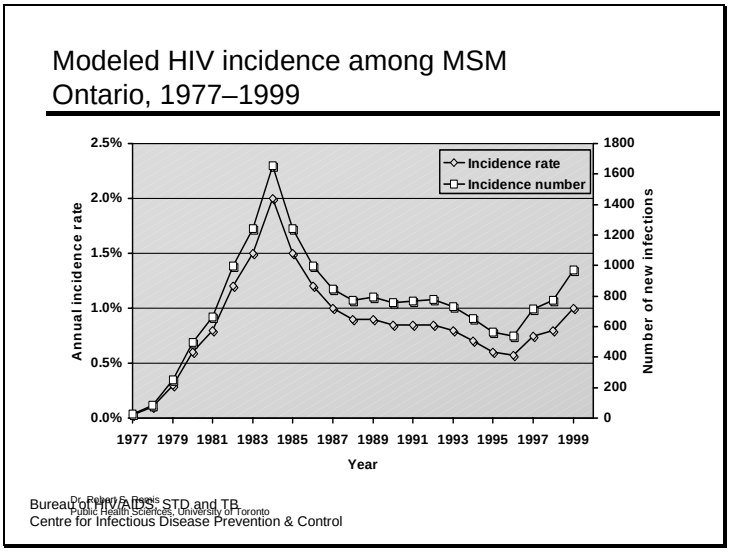


Table 8: "Rob Remis has modeled the HIV incidence amongst MSM 97 to 99 and there was the early peak in the epidemic and the decline and **then in 97/98 and 99, the rise in incidence -** both in terms of absolute number and incidence rate," said Sutherland.

- In Ontario, there was an 80% increase in HIV incidence among MSM from 1996 to 1999, from 540 to 970 positive tests per year.
- Ontario researchers concluded that MSM prevention intervention efforts need to be systematically reviewed, reassessed and reinforced. They also called for cross-sectional surveys.

Qualitative data from the Ontario Polaris Study (studying seroconverters) speculated on why HIV infection rates are on the rise: peoples' attitudes about protecting themselves may have changed as a result of the latest treatments; safer sex fatigue; the ongoing challenge of discordant couples; and more HIV positive individuals feeling well, living well.

Researchers in Montreal have not found higher infection rates in MSM in Quebec based on data from the Omega Cohort Study. However, as Sutherland added, "there's recent data on other STDs from Montreal suggesting a rise. So maybe looking in the cohort data in Montreal is not the only place we should look. It's always tricky to know what population the cohort is accessing versus the whole population. It's just always a dilemma you have and I think the people in Montreal are worried about that as well and are a bit mystified."

Studies in other cities around the United States, Amsterdam and Sydney indicate a rise in HIV infections among gay men. "We question whether rising STD rates are a predictor of risk for HIV." stated Sutherland. "Nobody knows for sure but they seem to have gone hand in hand in San Francisco and Seattle and other places."

Don Sutherland observed, "I think it's an important phenomena we see over and over again - when HIV prevalence is low, people tend to feel re-assured and it's really the wrong conclusion as we've all learned. That's the time to act but it's very hard to motivate people or mobilize programs or money or people to pay attention. That's why measuring the level of risk or surveying markers of risk are useful to raise the alarm."

One participant observed that in the area of prevention, "messages that suggest to test for the first time would be different than test again." Don Sutherland responded, "That's the kind of information BC would need to have in order to know how to move it forward. I think the population that's accessing testing is probably motivated. Of the group that get AIDS now maybe 75% of them are having their HIV diagnosis and their AIDS diagnosis very close together. In other words, these are people who've not come forward for testing, didn't know until they got sick basically."

Sutherland reminded participants that statistics don't get to the federal level for about two years, so it's not a good source of recent data.

"TRENDS IN HIV, STD AND BEHAVIOUR FOR MSM IN BRITISH COLUMBIA"

Presentation by Dr. Michael Rekart, BC Centre for Disease Control, Vancouver

In his presentation, Dr. Mike Rekart uses BC testing data to show us that there has been an increase in new positive tests in gay men in the year 2000. Up from 95 in 1999 to 128 in 2000, it is difficult to draw conclusions with this one year increase of 35%. Data show increases across the province, especially in gay men over 40. Although Dr. Rekart speculates on the factors that may be contributing to the increase such as treatment optimism and the proliferation of chat rooms, he recommends more research and a prevention strategy.

British Columbia Key Points:

- New HIV positive tests were up from 95 in 1999 to 128 in 2000, reversing a downward trend since the late 80s in BC.
- BC CDC found a 35% increase in newly positive HIV test among MSM.
- MSM who are also IDUs increased from 12 to 13 positive tests between 1999 and 2000.
- Only includes gay men who come forward for testing, so it doesn't include people that aren't testing. Tests are non-duplicates and first positive.
- There is some indication that a good proportion of positive tests are recent infections, but not all.

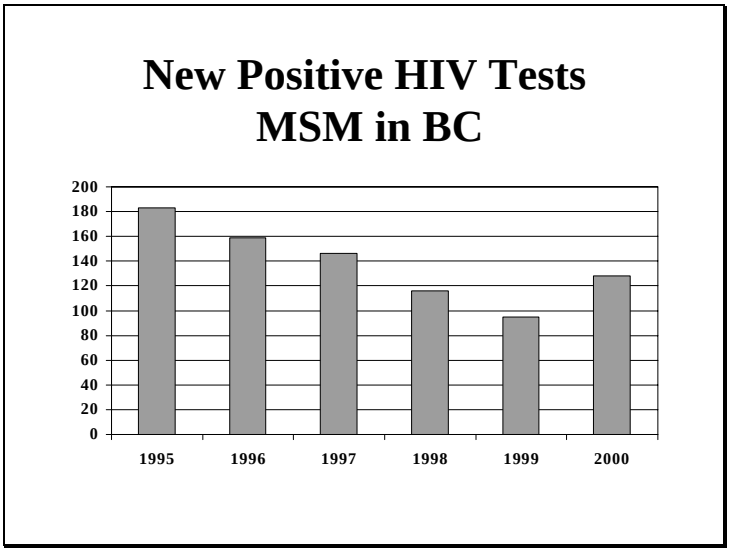
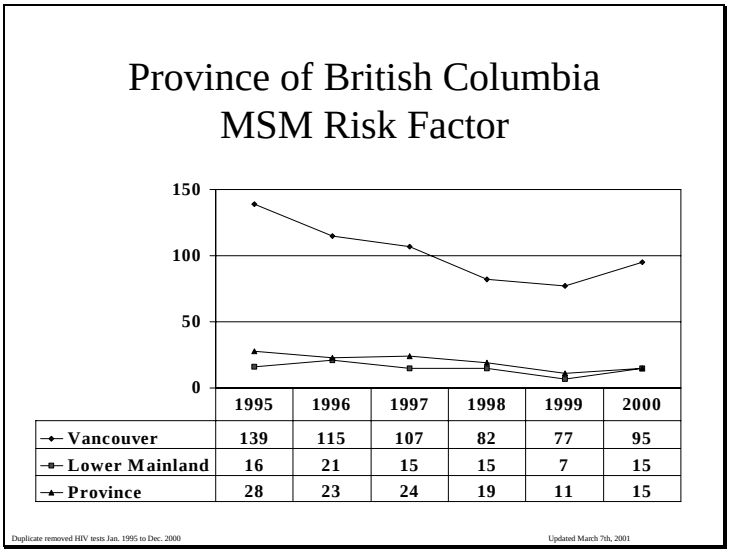


Table 9: Dr. Rekart informed us that "**in the year 2000, we've seen a substantial increase in new positive tests in gay men**. The actual total number in the year 2000 was 128 and in 1999 it was 95. These are substantial numbers but not huge. It's informative, but it's hard to make conclusions from just one year of increase."



	1995	1996	1997	1998	1999	2000
Vancouver	139	115	107	82	77	95
Lower Mainland	16	21	15	15	7	15
Province	28	23	24	19	11	15

Table 10: **There's been increases in Vancouver, Lower Mainland, non Vancouver and Province**. Dr. Rekart continued, "The numbers again are small. The absolute numbers are greatest in Vancouver, but all of these three areas have shown small increases in new HIV tests in gay men."

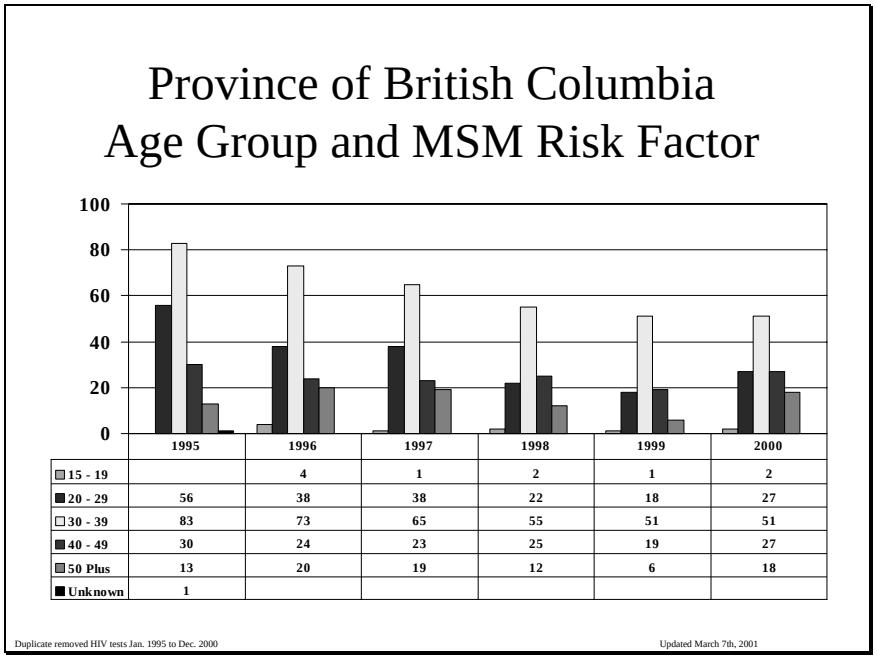


Table 11: Rekart: "If we look by age group, **there's been substantial increase in the 20 to 29, the 40 to 49 and the 50 plus age group.** In the 50 plus age group, the numbers have actually tripled in the last year. Hard to make conclusions, but it's interesting to look at the ages to see what they might be able to tell us."

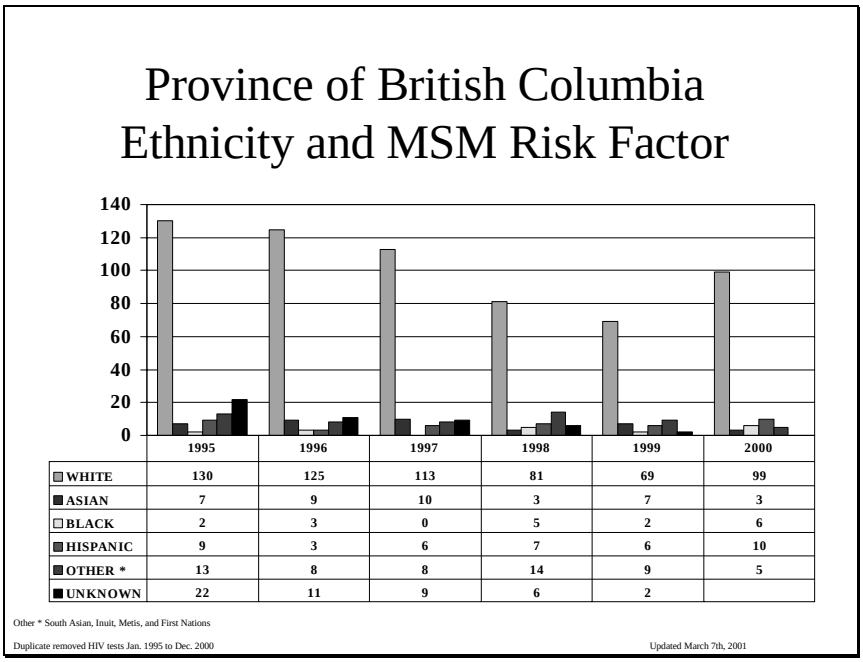


Table 12: Rekart: **"most of the increases have been in the Caucasian gay men,** small increases in Hispanic. They don't appear to be jumping in any group, other than the Caucasian group, although the Hispanic is somewhat of a worry."

Other Key Points:

- There were substantial increases in newly positive HIV tests among both younger gay men (20-29) and older gay men (over 40). A 50% increase (from 18 to 27) in newly positive HIV tests among gay men aged 20 to 29 over 1999. An 80% increase (from 25 to 45 new positive tests per year) among MSM over the age of 40.
- For the past five years the greatest number of MSM testing positive for HIV have been in their 30s
- With regard to Aboriginal gay men over the last three years, the numbers have gone down from 11 in 98 to 7 in 99 to 5 in the year 2000.
- Data is also available on sexually transmitted diseases and gay men for BC.

In 1998, there were 11 infectious syphilis cases in gay men, and 110 for the population as a whole in BC. In 1999 there were 5 cases in gay men and 126 for the province as a whole, and in the year 2000 there were 10 infectious syphilis cases in gay men and 95 for the province as a whole. "Most cases are not in the gay community." Rekart continued, "The gay male cases seem to be related to the gay bathhouses. A lot of the cases are there."

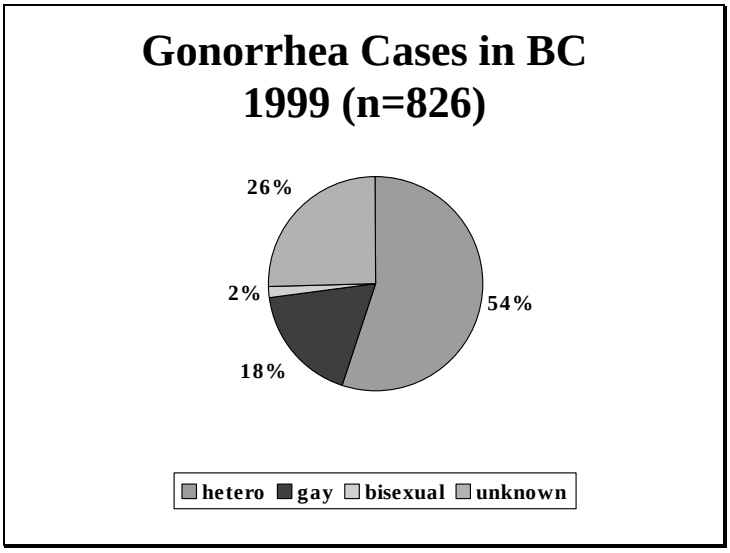


Table 13: "Gonorrhea cases increased from 401 in 1997 to 580 in 1998 to 826 in 1999. If you look at overall cases in 1999 - by hetero, gay, bisexual and unknown - you can see that **about 20% are gay or bi-sexual**. Now these are both genders, so I would guess that a higher proportion than 20% would be in gay and bisexual men. So a very substantial part of gonorrhea cases - at least in this year - are in gay men."

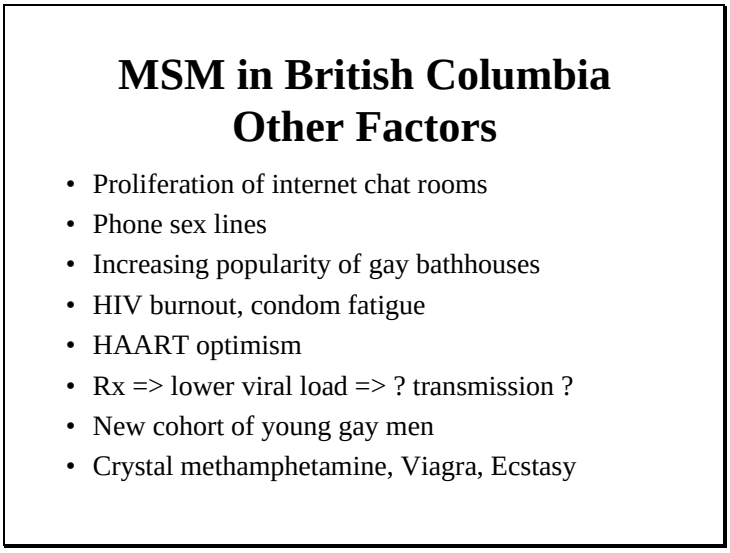


Table 14: **Michael Rekart speculated on the factors contributing to an increase in HIV infections among gay men.**

More research is needed into the factors that may be contributing to higher HIV infection rates in gay men in BC. Rekart commented on the possible factors.

Chat rooms and phone sex lines: "I'm guessing that these chat rooms and these phone sex lines make partnering very easy. These are not all unsafe partnerings - many of them are safe partnerings. But I think that there's a lot more sex going on because of the ease of finding partners in these chat rooms and sex lines. We need to get more information. I think this is something new in the last few years that could explain something of what's going on."

Bathhouses: "The gay bathhouses - there's still the same four that we've always had - three in Vancouver, one in New West. I think they're a little bit more popular now than they used to be."

HIV burnout and condom fatigue: "This is affecting not only gay men but heterosexuals as well. People are sick of hearing about condoms, especially young people."

HAART optimism: "This has been talked about in the U.S. quite a bit. AIDS isn't as bad as it used to be any more. They think, 'Even if I get AIDS I can be treated. I can live a normal life. Chances are in a few years there's going to be a cure, so I don't have to worry so much.' I think it's what people would like to believe."

Transmission optimism: "Thinking that if you're on treatment, it will lower your viral load and therefore you're not infectious anymore. That's not been shown anywhere. A ten-fold decrease in viral load does not equal a ten-fold decrease in infectivity. Nobody knows the relationship - there probably is a relationship between how much virus you have and how infective you are. But nobody can say how close that relationship is. Does it just take one virus to establish an infection in another person? It's quite possible. People want to believe these things and it's easy to believe these things."

New cohort of gay men: "Many of the gay men that are getting infected now with HIV really are a new cohort of people. These people were in grade school when Kevin Brown was speaking in Vancouver. These people don't know who Rock Hudson was. This is a new group of people. There's not many young men nowadays that have seen AIDS or have had boyfriends die of AIDS. They just don't know what it is. I think we need to have new strategies to make them aware."

Drugs in the gay community: "As Ron Stall put it, the gay community is very substance friendly. There's a lot of crystal meth around. There's a lot of Viagra around. There's a lot of Ecstasy around. I think that all of these things combine for more sex and perhaps more unsafe sex. I'm guessing more unsafe sex as well."

Rekart concluded, "I think we need more information but I think we also need to start working on strategies. I think we are in the midst of a reality of increasing unsafe behaviour and infections. I think we should gather more data and try to figure out who and why. But I think we have to start talking about what as well - what do we do about it."

Discussion Points with Participants

Research needed on factors contributing to HIV: As one participant stated, "I'd like to see some good data to back up some of those assumptions. I think that's where we need to go next."

Making HIV Reportable: Rekart commented, "I think with syphilis it's a little bit different than HIV because we have a cure and we have a legal mandate. I'm not supportive of HIV reportability."

Hepatitis C: Rekart commented, "Nobody knows what the actual new infection rates are in Hep C. There's a lot of discussion about Hep C as a sexually transmitted pathogen and what proportion of cases are sexually transmitted versus injection drug use. It's hard to know."

Viral Load and HIV Transmission: On participant observed, "There was a study last year done in Uganda where there were ethical questions raised and it did seem to indicate a lower viral load did equal lower transmission. I've also read for pregnant HIV positive women that there seems to be a correlation between lower viral load and lower risk as well." Rekart replied, "There's certainly a correlation. I didn't mean to say that it's not a factor, I think it is a factor. I think a lower viral load in general causes less transmission per exposure. However, I'm very concerned that that equals 'I don't have to use a condom now'. Although the risk may be 90% less per sexual contact, if you have 10 or 11 contacts, then that no longer means anything. I just don't think there's a one to one correlation between that."

Rekart continued referring to the BC situation, "If you're dealing with a population where there's a lot more treatment around, that should reduce the transmission rate. And we're not seeing a reduction. Furthermore, we're seeing an increase. Then that might make you more worried about the increase. On the other hand, I think that less than half of people that have HIV are actually on treatment right now."

More gay men living with HIV: As one participant observed, "A lot of people that are on treatment are now living a lot longer. We have more gay men alive now than we did earlier on. In a sense there's just more HIV. It might be lower transmission, but the contact is up with HIV."

Prevention messages for gay men in BC: Rekart observed, "It will be very difficult to design messages. Some of the messages are the same, but what kind of emphasis you put on them and why you're doing it again, just right now. It's going to be difficult to figure out exactly what to say without causing too much alarm. Or without making it appear less important than it might be."

One participant suggested, "What are the messages? I think meetings like this need to come up with what are the messages. I think it will be important to figure out the messages that are relevant to BC. The message for Montreal might be quite different than for Vancouver."

Where Gay Men in BC get tested: Rekart observed, "I looked at the number of gay men that test positive at another region other than their residence. It was actually quite low. I thought it would be higher. I think that out of about 128 gay men that tested positive in the year 2000, only about 5 or 6 actually tested at a site outside of their region. Now regions can be quite large, so a gay man from one part of a region could go to another part. But I was surprised. I thought there would have been a lot larger number coming into Vancouver. Maybe that's negative gay men but in the positive group, it wasn't very large."

"INCREASING INCIDENCE OF HIV INFECTIONS AMONG YOUNG GAY AND BISEXUAL MEN IN VANCOUVER"

Presentation by Dr. Bob Hogg, Principal Investigator, The Vanguard Project, Centre for Excellence in HIV/AIDS, Vancouver

In his presentation, Dr. Bob Hogg uses the latest data from the Vanguard Project to demonstrate that incidence rates are on the rise in young gay and bisexual men in Vancouver. In the year 2000, there were 10 new infections, for an annual HIV incidence rate of 4.6%. This is five times higher than the average annual infection rate of 0.9% seen in the first four years of the study. Although this cohort study of 668 gay and bisexual men may not be representational of the gay men's community as a whole, it suggests that incidence is on the rise.

The Vanguard Project is a prospective study of gay and bisexual men aged 15 to 30, living in the Greater Vancouver region. To be eligible for this longitudinal study the participants must not have tested positive for HIV and must be self-identified as gay or bisexual or have had sex with other men. Vanguard participants have completed a self-administered questionnaire and undergone HIV antibody testing on an annual basis since 1995.

Bob Hogg explained that the purpose of this latest study was to determine trends in HIV incidence using data from the cohort of gay and bisexual men. As of December 31, 2000, 668 men had completed at least one questionnaire and two HIV tests. What they found was a significant increase in HIV infections among the 668 study participants in 2000 over the 1995-99 period.

Over the period of the study there has been 25 infections in the study of 668 men. As Hogg observed, "Over the period of the study, our infection rate is approximately 1.3% which is not all that high. But when you look at it by year, you get a different picture."

Incidence of HIV infection among MSM in the Vanguard Project, by calendar year and category

	All participants (n = 668)		Non-injection drug users (n= 590)		Injection drug users (n = 76)	
Year	New infections	Rate (95% CI)	New infections	Rate (95% CI)	New infections	Rate (95% CI)
1995	1	1.9 (0.0 - 5.7)	1	2.1 (0.0 - 6.1)	0	–
1996	4	1.3 (0.0 - 2.6)	3	1.1 (0.0 - 2.3)	1	4.1 (0.0 - 12.1)
1997	4	0.9 (0.0 - 1.8)	1	0.2 (0.0 - 0.7)	3	9.4 (0.0 - 20.1)
1998	5*	1.1 (0.1 - 2.0)	4	0.9 (0.0 - 1.9)	0	–
1999	1	0.2 (0.0 - 0.7)	1	0.3 (0.0 - 0.8)	0	–
2000	10*	4.6 (1.7 - 7.4)	6	3.2 (0.6 - 5.8)	3	9.6 (0.0 - 20.6)
1995-99	15	0.9 (0.4 - 1.3)	10	0.6 (0.2 - 1.0)	4	2.7 (0.1 -5.3)
All years	25	1.3 (0.8 - 1.8)	16	0.9 (0.5 - 1.4)	7	3.9 (1.0 - 6.8)

* Data regarding injection drug use were unavailable for 2 seroconverters, who were only identified through anonymous database linkage.

This means that for every 100 young gay and bisexual men in the Vancouver area, there are one or two new infections per year. This has been similar to the infection rates seen in other studies of young gay and bisexual men across North America.

However, in the year 2000, there were 10 new infections, for an annual HIV incidence rate of 4.6%. This is five times higher than the average annual infection rate of 0.9% seen in the first four years of the study. Bob Hogg put this in context, “that’s as high as injection drug users in the Downtown Eastside of Vancouver as reported by the VIDUS study.”

While all 668 participants are men who have sex with men, 76 are also injection drug users. Ten of the 590 non-injection drug users were infected during the 1995-1999 period; 6 were infected in 2000. That’s an increased incidence rate from .6% to 3.2%. Observed Bob Hogg, “It shows that among gay men that are non-injection drug users, the rate of HIV infection has increased about five times.”

Among the 76 participants who reported injection drug use, the incidence rate was even higher than among participants who did not report the use of injection drugs. The rate of infection for this group is 3.9%. But as Bob Hogg pointed out, “But the important thing to say is that gay men who inject with drugs are more at risk than those that are not injection drug users.”

The study determined that incidence rates were on the rise and consistent with increased rates of rectal gonorrhea and sexual risk behaviours among gay and bisexual men. Bob Hogg concluded by observing that the cohort “may not be representative of what’s happening overall, but it’s suggestive.”

Dr. Hogg suggested areas for further research, such as examining unprotected anal sex in the cohort over time, studying the determinants of seroconversion and the effects of incarceration in this population of gay men.

"THE GAP BETWEEN PREVALENCE AND PREVENTION"

Presentation by Dr. Carl Bognar, Bognar & Associates, Vancouver

In his presentation, Dr. Carl Bognar suggests that the epidemiological account of the spread of HIV in gay men is inadequate for enhancing prevention strategies. He suggests several areas where we need more information to develop prevention messages appropriate for gay men. Dr. Bognar reminds us that prevention is not a one-time event, and that neither the gay community nor the epidemic is static. Homophobia remains a barrier to effective prevention and HIV positive men need to be included in developing messages. He calls for appropriate funding to community-based organizations to bridge the gap between the epidemiological numbers and effective prevention strategies. ***The following is a verbatim text of his presentation****.*

For those of you who don't know me at all, I'd like to say that I'm a gay man, and that I've been living with HIV since 1985 – long enough ago that on a recent visit to hospital, I saw raised eyebrows on a young medical resident who might well have been in kindergarten the year I got infected. So I do have those two qualifications – being gay, and being poz, and in addition, I've managed to build a career as a freelance researcher providing health-related consulting to governments, health regions, and non-profit societies. I don't pretend to speak for the whole community, but I am speaking as someone who has been following the course of this epidemic, with both personal and professional interest, for a long time. Once in a while, my status as an independent researcher allows me to tell it as I see it, and today is going to be one of those days.

On occasion, I have heard people refer to me as a statistician. This always makes me laugh, because although I know a bit about statistics, I find the policy implications of numbers far more interesting than the numbers themselves. As far as HIV prevention is concerned, numbers are only important if they can help to point us in the direction of what to do. Unfortunately I generally find the epidemiological account of the spread of HIV inadequate for thinking clearly about what we need to do now to enhance our prevention efforts. There is much confusion in the gay community about whether there has been an increase in the rate of new infections, among which sub-populations in the gay community, how much of an increase there really is, and why this trend might be happening.

I want to be perfectly clear from the outset that I believe that every new HIV infection represents a personal tragedy for someone. There is still a tremendous personal and social burden to having HIV-disease. New drugs may have extended the expected life span of those of us with HIV, but not without cost – burdens on our livers and kidneys, lipid abnormalities, diabetes, diarrhea, avascular necrosis, nausea, headaches, skin rashes and visual disfigurement, among other side effects, are hard to live with. Not to mention the complications of taking the medications: empty stomach/full stomach, with fat/without fat, every eight hours, five days out of seven, and with the minimum two litres of water a day. And the costs are not only personal. The health care costs must be unimaginable.

So the numbers of new infections are important, and it's important to get those numbers right.

Why do gay men continue to get infected? I think there are many reasons, and they are as complex as human beings and human sexuality. I'm going to talk about a few of those reasons. There are some things we could do without too many additional resources, but there is still a lot

of fuzziness in our knowledge. There is a gap between the carefully honed statistics presented to us, and the implications for action.

First of all, I think we need more finely grained information. Some things that need to be done to gather this information will require some additional resources. In order to develop effective prevention programs for the gay community, we need to develop more applied information, what some people call "social epidemiology". Whatever we call it, we need more information before we start to design our strategies.

I'm going to talk about six issues I see as important: homophobia, treatment optimism, gay men in new relationships, barebacking, the absence of poz men in prevention messages, and the role of testing. There are other issues, to be sure, but these seem like a good place to start.

Homophobia, Harm Reduction and Youth

Last week my email brought a message from the preparatory meetings currently being held by the United Nations for the Special Session on AIDS which is going to be held in New York in June. There has been considerable stewing over the location of these meetings. AIDS activists world wide were incensed that the meetings were being held in a country where it is considered good public health policy to ban HIV-positive people from entry, even for a short term as tourists.

The content of the message was just as disturbing as the location of the meeting. So-called "faith-based organizations" (a new term brought to us by George Bush) made a statement, essentially a re-presentation of a 1996 declaration by the World Council of Churches. A quote:

"We have learnt that prevention works as long as there is openness and dialogue which in turn leads to willingness to accommodate all the scientifically proven HIV prevention strategies: Abstinence, voluntary testing and counselling, mutual faithfulness in marriage and the use of condoms. [Among other activities, the faith-based organizations] will promote behaviour change programs consistent with their understanding of their spiritual mandate."

In short, the message from churches continues to be "If you behave properly, you won't get infected." Sounds like a doomed prevention campaign to me. No wonder gay men feel threatened. Gay men understandably get edgy when bathhouses become the focal point for thinking about possible methods of prevention. Not everyone in society likes our sexual freedom, so the message that gay saunas may be a threat to public health feels more like a judgement than the foundation for good public health policy. We can't eliminate the possibility that gay men are going to have sex with each other, even if we close all the baths and gay bars, increase police patrols in Stanley Park, and close half the apartments in the West End.

It is totally irrelevant to prevention whether my sexual partners are anonymous or not, or even how many sexual partners I have. I remember on a recent visit to Amsterdam, being caught from time to time by amazingly hot and sexual photographs in various public venues. Closer inspection usually revealed that these wonderful photos were actually a message in favour of safer sex. Public health authorities had clearly decided that their opinions about the morality of gay men were irrelevant, that it was best to try to appeal to gay men in the sexual "vernacular" of gay men. Now, an easy way to get my attention is by placing pictures of hot guys in unlikely places. Certainly that was an important part of the prevention strategy, but it wasn't the entire strategy. **This message was respectful of gay men as sexual beings (and had great graphics,**

to boot), and so I wanted to *pay attention to the message*. I felt respected, and this respect had the effect of encouraging me to look after myself and others.

Of course, we are a long way from convincing everyone that morality is irrelevant when trying to convey safer sex messages. There are still school districts not very far from this room where a little kid in kindergarten can't even read a book like "One Dad, Two Dads, Brown Dads, Blue Dads" because he might get a look at a family that doesn't meet some people's definition of family. This is criminal, because good prevention needs to be founded on respect for differences, and lack of respect is going to provide the perfect environment for new infections.

This type of attitude delays young men's acceptance of their sexual orientation. It is well established that young gay men have extremely high rates of suicide. The same type of not-caring-about-yourself that leads young men who are confused about their sexuality to contemplate suicide is the same type of not-caring-about-yourself that leads to unsafe sexual practices.

In short, it would be good prevention to encourage each young gay man to come out as early as possible. Ideally, young gay men would *plan* to have sex, because you need to *plan* to have safer sex, as opposed to having unsafe sex, which you can have just about any time, any where, with no additional equipment required.

This is precisely the place where we need to learn a lesson from harm reduction: that our public health messages will be more effective if we keep clear about not basing them on notions of morality or ideology.

Treatment Optimism

On one of the lists I read regularly, there was a debate about whether HIV is now a 'chronic manageable disease', like diabetes. Kevin Craib and the Vanguard group have started to look at this issue, which they've called "treatment optimism", in collaboration with researchers in London, Sydney and Melbourne. 'Treatment optimism' is an attempt to measure whether people believe HIV treatment will take the worry out of sex. It's about whether a reduced viral load means you don't have to worry so much about spreading the virus. It's about whether HIV is a less serious threat than it used to be because of new treatments.

Recent treatment advances may have created some undue optimism among gay men – younger gay men especially – about what it's like to live with HIV. Unless you want a significant portion of your life to be ruled by appointments with your doctor and the hospital pharmacy, interspersed with regular visits to the lab, you don't want to get HIV. There is lots of room for a public education campaign on what it's like to live with HIV since the advent of the highly touted 'cocktail'.

With Vanguard, there was some beginning of investigation into 'treatment optimism', and we already know that the answer to the question is complex. The Canadian data show that HIV-positive and HIV-negative gay men have quite different reactions to 'treatment optimism'. But in the other countries participating in this study, there were different patterns, patterns that seem to be related to the context and history of public health approaches to HIV prevention in those countries. Gaining these insights and refining them was a rising priority for the Vanguard Project, whose funding is currently in danger of being reduced.

New Relationships

Data from the Vanguard study seem to show that guys who have sex with a regular partner take more sexual risks. Qualitative research suggests that part of this can be explained by naturally increasing levels of trust and intimacy as new relationships are developing. We've talked for a long time about negotiated safety, but unfortunately there's been no concerted effort to get this message out to gay men.

Barebacking

Barebacking. It's really happening, and I think there are multiple possible explanations for this behaviour:

- barebackers are HIV-poz men who assume anyone else who would do such a thing must also be positive, or
- barebackers are HIV-poz men who assume everyone at least should look after themselves, or
- barebackers are HIV-negative men who assume anyone else who would fuck them without a condom is also HIV-negative, or
- barebackers are people who mistakenly believe that HIV is now "just" a chronically manageable disease, like diabetes.

Of course, each of these explanations is true for *some* people, and there are probably lots of other possible explanations as well. Unfortunately, we don't have a clear picture about how much barebacking is going on or what we might to do intervene. The moral to this story: more research is needed before we can plan effective interventions.

The False Dichotomy between Prevention and Treatment

Where, or where, are poz men in prevention messages? There are more of us than ever living with HIV, and we are, thankfully, living healthier lives, at least in the developed world. But poz men are ignored in prevention campaigns. As Bob Hogg said to me recently, "They care about you when you seroconvert, and they care about you when you progress to AIDS, but in between is nothing but a big void." Obviously, every new HIV-infection comes from someone who already has HIV, so poz men must be included in prevention campaigns. Again I am reminded of a poster from Amsterdam, which said, simply, "Let HIV stop with you."

In a recent research study on treatment information I participated in for Health Canada, community groups from coast-to-coast brought up the idea that prevention information should be linked to treatment information. This was interesting, and I think significant, for two reasons – first, because we were dealing with organizations providing services to people already living with HIV, and second, because our project was about treatment information, so prevention wasn't even on our agenda. Good prevention programs for gay men would involve poz men in designing and implementing prevention messages and strategies. So far, we have no resources to make this happen.

Testing

At the recent Antiretroviral Conference in Chicago, the US Centers for Disease Control launched what they were touting as a new prevention initiative – enhanced testing. As a stand-alone initiative, there is something in this that makes me feel rebellious and resentful. My general suspicion of American public policy probably played a part in this reaction. But as part of an integrated prevention and treatment strategy, enhanced testing might well have some merit. Here are some research questions: Are young gay guys getting tested? Why or why not? What impact does testing positive have on sexual behaviours?

So, what to make of all of this?

Here are a few conclusions:

- Homophobia is a barrier to effective prevention.
- Effective prevention begins at a young age.
- Effective prevention needs to include sexually positive images.
- Poz men need to be included in the development of prevention messages.
- Most important, we need some assistance to bridge the gap between the numbers brought to us by epidemiologists and possible actions we might take.

The gay community does deserve some credit for behaviour changes over the past fifteen years. Until the past year, the number of new infections among gay men has been declining just about every year, and the proportion of new HIV infections among gay men (compared with other groups) has been declining. We have done this without a lot of support.

Still, recent increases in infection rates suggest that our prevention efforts need to be strengthened. Prevention messages such as "always use a condom" are too broad and are not likely to be effective given the complexities of human sexuality, and the relationship of gay culture with society-at large. Good public health policy would start where we are, and build on the strengths of the gay community as it exists. We have received little support in these efforts so far. As an example, consider The Man To Man Program at AIDS Vancouver, which carried out a three-year study on prevention issues, to the point of getting a paper published in a respected academic journal, using nothing but volunteer labour.

Much of what I have said is based on common-sense understandings that are widespread in our community. There are many murky areas, though areas which would benefit from further research. In short, we need to know what gay men *think.*

Prevention is not a one-time event; it needs to be an ongoing process. Our community is not static, and there are always new young men entering our community. Nor is the epidemic static: we will always need to enhance public knowledge and understanding as the epidemic evolves and as treatment and treatment impacts change. This is going to require on-going effort.

Community-based agencies are well placed to do this work, because obviously they are the current experts on what is happening in the gay community, and they have lots of experience in making significant contributions to the community, despite woefully inadequate levels of support. This is not the time for governments to be reducing funding dollars for prevention. Concern about rising infection rates needs to be matched by a commitment – both in terms of funding and political will – to the work of community-based agencies.

"CREATING A POLICY FRAMEWORK FOR GAY MEN'S HIV PREVENTION"

Presentation by Paul Perchal, member of Health Canada's Gay Men's Reference Group from BC

In his presentation, Paul Perchal outlines the work of Health Canada's Gay Men's Reference Group. The policy document entitled ***Valuing Gay Men's Lives*** *was released this June 2001 at a meeting of the Federal/Provincial/Territorial (FPT) HIV/AIDS Advisory Group. This policy framework will position HIV within broader health issues and address the following five areas: HIV prevention in the context of gay men's health; determinants of health and gay men's health from a population health perspective; community capacities for research; evaluation; and intersectoral collaboration.* ***The following is a verbatim text of his presentation.***

Three years ago Health Canada organized a meeting with community representatives to discuss HIV prevention for gay men. They were concerned about prevalence rates amongst gay men.

The community told Health Canada there is presently no framework for coordinating HIV prevention efforts for gay men in Canada. Everybody felt that we needed an HIV prevention strategy for gay men like other countries have.

Since some organizations were moving in the direction of looking at the multiple issues associated with HIV infection in terms of gay men's health, people also felt that there was an opportunity to revitalize HIV prevention in the context of gay men's health. That was one of the recommendations that the group made to Health Canada.

Another recommendation was that gay men should be separated out from the MSM acronym. People felt that this was one of the major challenges of doing effective prevention work because gay men do not identify with MSM.

Based on this meeting Health Canada put together a national reference group of gay men from across the country to develop a national HIV prevention strategy for gay men. The national reference group has been meeting over the last year and a half.

The reference group decided it wanted to develop a national HIV prevention strategy in the context of gay men's health. The group also decided it was a strategy for gay men - not a MSM strategy. We made the recommendation to Health Canada that there needs to be a separate strategy for bisexual men and a separate strategy for other non-identifying men who have sex with men. However, we saw some obvious overlap in this strategy with non-identifying men who have sex with men and the area that was identified as a gap, and should be acknowledged in the strategy we were developing, was men from different ethnocultural communities who don't identify as gay.

Health Canada decided that the gay men's prevention strategy had to also integrate population health. As in British Columbia, Health Canada has adopted population health as their official framework for delivering health services. They decided that, if we're going to look at gay men's prevention in the context of gay men's health, it should be in a population health framework.

The goal of the strategy is to revitalize HIV prevention for gay men by repositioning it in the context of broader health issues. We identified five broad areas that we're going to focus on in the strategy. They are:

- HIV prevention in the context of gay men's health
- determinants of health and gay men's health from a population health perspective
- community capacities for research
- evaluation
- intersectoral collaboration

At this point it is not a Health Canada strategy or policy. This work was commissioned for the Programs Unit of the HIV/AIDS Division within Health Canada at the federal level. The HIV/AIDS Division wants to use this as a tool to move HIV prevention for gay men through the Health Canada agenda. As well, they want to use it as an advocacy tool on the provincial level with the federal/provincial/ territorial advisory committee so that the provinces might pick this up and start doing something for gay men in their own provinces.

It's also going to be widely disseminated to gay communities across the country and groups and organizations that are already providing services to gay men that are related to HIV prevention or other gay men's health issues. A secondary reason for the document is to help provide a tool for people at the community level to begin thinking about how they can reframe their HIV prevention programs for gay men.

The document should be guiding the Programs Unit programs and funding over the next three years. It should have an impact on the kinds of programs that you'll see the Programs Unit and hopefully ACAP, at the provincial level, funding in the future.

COMMUNITY-BASED RESEARCH AND GAY MEN IN BC

In assessing the state of research relevant to gay men and HIV prevention in BC, we found that outside of community based HIV groups and the Centre for Excellence in HIV/AIDS, no one is doing research in this area. This shows the importance of community based research efforts in fighting HIV. Yet most community based research projects get no government funding. Even though the Canadian Strategy on HIV/AIDS has a dedicated CBR funding program, few community AIDS groups have been able to access any funds.

Without the research efforts of community AIDS groups in BC, our local knowledge of gay men would be even slimmer. In building the capacity of community groups to take on research, we remain optimistic that they will have an opportunity to access research funding in a restructured and improved Health Canada CBR Program. Community based research remains the best strategic tool we have for addressing the knowledge development, community development and organizational development issues facing community AIDS groups.

Five presentations demonstrate community based research at various stages. Using a suggested template, the presenters go beyond the method and findings of the research project, to include the context and impact of the research process. This provides a framework for collaborative learning – a fundamental way to enable research capacity building. Depending on the stage of research, they are asked to provide:

- **Summary:** Provide some information about the research or program. Does it target gay men in general or a specific community or group of gay men?
- **Provoking Situation:** What conditions or issues had prompted you to take action using research? Why use research? Who initiated the research?
- **Research and Programming:** How are you using community research to assist with gay men's health promotion and prevention programs and advocacy? How would you describe the model of community research you are using?
- **Barriers:** What obstacles did you experience doing this community research?
- **Capacity Building:** What skills and technical resources did you find in the community group or coalition in order to accomplish the research?
- **Method:** What kind of research was it?
- **Findings:** What have you discover about gay men from the data?
- **Influence on Programming:** How did you use the findings in your programming or advocacy for gay men?
- **Impact on gay men's community:** How did the gay men's community respond to the research?
- **Lessons Learned:** What unanticipated learnings occurred during the process?
- **Outcomes:** How did things change because of the research process and findings?
- **Next Steps:** What's the next step you want to take in community research or programming for gay men?

"DEVELOPING RESEARCH QUESTIONS BASED ON OUTREACH WORK TO ASIAN GAY MEN"

Presentation by Mr. Evan Mo, Asian MSM Outreach Educator, Asian Society for the Intervention of AIDS (ASIA), Vancouver

Mr. Evan Mo from the Asian Society for the Intervention of AIDS (ASIA) is at the formative stage of developing a CBR project. By reviewing the activities of his outreach project, he is able to show us the kinds of questions that arise. It is clear that more information in some areas would help him in his programming. It is also apparent that mobilizing his target community around a research project would help him to recruit volunteers and make the outreach program responsive to the evolving needs of gay Asian men.

Summary: ASIA is a prevention education organization targeting the South East and East Asian populations in Vancouver. They provide information to empower individuals to make informed choices about sexual health. They organize workshops, speaks and support groups that are culturally appropriate. The Asian MSM Project does outreach and education to Asian gay men and men who have sex with men.

As Evan pointed out, "I haven't done any community research yet. I am learning along the way and it's interesting to see how questions come along as I talk to guys."

Provoking Situation: (What conditions or issues have prompted you to consider taking action using research?)

The following topics were outlined by Evan as areas where community based research could be used to enable him to get further information on the Asian gay men he is trying to reach.

Techniques for reaching gay Asian men: Gay Asian men are not attending workshops. Is it because workshops are not a culturally appropriate way for Asians to talk about sex? Is it because workshops are not a culturally appropriate way for Asian gay men to talk about sex? Currently Evan is networking with friends, and friends of friends to reach gay Asian men. Is this the most effective way of reaching gay Asian men?

Delivering a culturally appropriate prevention messages to the target group: Evan's major question is, "How am I going to get my message across in a culturally appropriate way?"

Evan outlined that Asians are a very diverse group of people, just like Europeans. Asian gay men come from many origins: Japan, China, Hong Kong, Vietnam etc. They speak Cantonese, Mandarin, Vietnamese, Japanese and other languages. Other considerations include being Canadian-born, being immigrant, first language and experience living in another culture. Evan recounted that in his experience, if an Asian gay man has good language abilities, can identify with Western culture and is out, he will probably volunteer for a mainstream agency.

Evan told us, "I have a group that speaks only in Cantonese and they're quite successful. So I wonder, is this difference in experience affecting them in ways that enable them to do things differently in their choices on sexual health?" He suggested that some of his contacts should be doing the teaching instead of Evan trying to reach them.

Coming out as a young Asian gay man: One Asian youth told Evan, "There's no problem with me being gay with my peers. A lot of my friends know about it. It's only with the grown ups that it's the problem." Evan would like to find out more information on the coming out process of young gay Asian men. What impact does the immigration variable have on coming out? He told us that often criteria for immigration means that a family is well-educated, financially well-off and more open-minded. What effect does age and religion of parents have on coming out?

Relationships: Evan would like to get more information on inter-racial relationships. Some youth are attracted to white men and can't imagine having sex with an Asian man. Is internalized racism a factor? Others, especially if they are older, do not trust white men. Are there trends in gay culture? How do all these phases and trends affect sexual practice and the choices gay Asian men make? Are young gay Asian men being exploited? What is the experience of being exploited?

Although the support groups are for Asians, he has received phone calls from Caucasian gay men asking about support groups. Evan wonders if there's a service need for them as well.

Bathhouse outreach: Evan observed that the Asian men in the bathhouses tend to be older. If they're young, probably they're there because they don't have a place. He recounts, "I was there doing outreach and when I hand them condoms, they'd say 'oh, I don't need that, I don't do anal'." He wonders how out they are and what kind of needs they have. Again he observed, "It's hard to talk to them. What is the best way to reach them, because a lot of them are not out. Or they're married with children and it's just something that they do on their way home. So how am I going to help them more?"

Next Steps: Evan concluded, "If I can find some way of making sense out of all these question, maybe I can be better with the job that I do. Community based research is a good way to go for more information."

"REACHING OUT: A COMMUNITY DEVELOPMENT PROJECT OF EDUCATION, SUPPORT AND RESEARCH"

Presentation by: Dr. Theresa Healy, Reaching Out Project, AIDS Prince George, Prince George

Dr. Theresa Healy reports on a community based action research project for gay men in Prince George called Reaching Out. Supported with fundraised dollars, this project sees AIDS Prince George working with GALA North (the gay and lesbian organization) to assess the program needs of the gay community. With limited resources, the focus is on gay youth. Homophobia pervades the culture. But by listening to community members, the project is able to identify the strengths and vulnerabilities of the gay community.

Summary: Reaching Out is a research, community development and public education project that is a joint initiative of AIDS Prince George and GALA North and is funded by fundraised dollars and in kind support. The project explores how to reach out to the gay community with HIV prevention education that is effective within the culture of Northern BC.

Theresa explained, "The basic premise is that gay men's sexuality cannot be addressed in isolation from the other factors that influence life. Or as one guy told me, 'I just want to run. All

those people after me, wanting to put condoms on my dick'." She emphasized the influence of the social environment on the project, "Homophobia and heterosexism in the North have almost an everyday-ness to it. For a gay man, living in the North means having sandpaper rubbed on your soul daily. The community is active but very splintered. Some are building their own homes on lakes, some are very closeted, some living double lives, some very angry at out activists. It is into this community, attacked from without and turbulent within, that the project began."

Provoking Situation: Theresa observed, "The gay community as a whole does not access AIDS organizations in the North, preferring the safety of accessing services anonymously in Vancouver and Victoria. Not everyone can afford this option. AIDS Prince George recognizing the gap between services needed and services accessed resolved to build a stronger bridge with the existing gay organization and to research how best they could improve services and programs for gay clientele. Initial discussions with GALA North resulted in the agreement to hire a part time project coordinator to develop a community outreach program. By hiring me, the organizations recognized an opportunity to do participatory action research."

Research and Programs: Theresa explained, "The insights and input of the gay men has determined the shape and actions of the project. The focus is on youth. They are coming out earlier and agencies are not aware of this or how to respond. We wanted to do an HIV needs assessment from the perspective of youth and their service providers. Youth were involved in designing and piloting a survey. We did a focus group of youth. The gap was the specific gay youth needs. The youth involved co-facilitate the delivery of workshops. The final workshop will be modeled on other AIDS Prince George education modules."

Theresa outlined her approach to research, "The premise of CBR [community based research] is the community doing for themselves. I had the academic qualifications. I had the experience. I had the philosophical and ideological commitment and I did have a place of respect in the community. And I believe in built in obsolescence, of offering the skills and abilities of a university training to the community in such a way that they can do it for themselves. The decision making and the power rest with the community. I become a facilitator of research."

Barriers: Theresa outlined a number of barriers to the research project that they have experienced to date. "We were not able to do a lot of things that we thought we were going to do with this project."

- **Gay Community in Transition:** As Theresa observed, "A lot of the members of our community are reticent. They come out only after dark to the dances. GALA's mandate as a social support is interpreted as providing the dances and drop-ins. There's a reluctance to undertake other activities by some of the membership. Other members interpret social support as providing counseling, peer support, coming out support, advocacy, political action. There are changes coming."

- **No Resources/Funding to meet Gay Community Needs:** Theresa explained, "There are so many ideas and so many things we could be doing. But I am only one part time person. Many of the ideas have not been carried out, for example, community education, simply because we have no resources. We are looking for funding. Part of it is the chase for money to get more resources in place. We try not to raise the expectations or the hopes of the community when we can't meet them. It's a constant struggle."

- **Homophobia:** As Theresa previous outlined, the environment of homophobia pervades the culture, "There's a casual acceptance of homophobia on a general everyday level. Small

community. No where to run, nowhere to hide. Some still see Pride as asking for special rights and making unnecessary trouble. Approaching City Council for a Pride Proclamation is supported by some."

Capacity Building: The research and action plan was developed jointly by AIDS Prince George and GALA North board members. A commitment was made to build the capacity of GALA North through the process and outcomes of the research assessing community needs. Training was offered to interested community members including designing survey questions. Training has also been offered to involved youth including an introduction to qualitative research methods and facilitation skills. An inventory of community skills and abilities will be undertaken. As well, opportunities for developing a community vision have been offered.

Method: Qualitative community based research. Data collected through focus group discussions, interviews and 'researcher as data collection instrument'. Theresa pointed out that the key to success was in the project management team made up of two gay men – chairs of AIDS Prince George and GALA North boards, the Executive Director of AIDS Prince George and Theresa as the researcher.

Findings: Theresa stated, "we don't have a lot of findings yet, because the research is still going on." Overall what has become clear is that gay men in the North face additional barriers in their search for healthy choices. There are few out role models. The history of gay activism – from small house parties to public space occupation to organization is uneven in Prince George. "It's not that long ago that the dances were happening with men and women dancing together just in case somebody came in.".

Theresa continued, "One of the things that I found is that gay men really need to be able to talk about their relationships and their issues in safe environments. There aren't any really. For some, relationship support is clearly absent. The long term partner who goes back to Ontario for the wedding and you're left behind, not even acknowledged as existing. The erasure of everything you are as a couple. It's very painful and where do you talk about those kinds of things? What I'm hearing from gay men is they don't have alternatives to access. They can't construct confidentiality as they would like. And this is gay men's health."

Influence on Programming: Theresa explained, "It's still in progress. We do have some things like this new workshop. It's clearly good for AIDS Prince George to be educating about homophobia to service providers. So we are moving into designing some degree of programming. The bridge between AIDS Prince George and Gala North is new. That's a really important outcome of this particular project."

Impact on Gay Men's Community: Theresa summarized the divisions: "The out gay men's community has welcomed it, though a segment of the population is highly critical, mostly of 'flaunting', making trouble and attracting attention. But mostly the gay men's community has been very welcoming and supportive and taken on pieces of doing the work."

Lessons Learned: Theresa outlined some lessons learned, "We confirmed our sense that gay men do have the answers and the ideas and the solutions to make change happen. Some of the things that emerged from this project were the monthly services at the Anglican Church and the drop in centre. The things that gay men wanted to do together were not necessarily around HIV prevention. They needed the sense of belonging. They needed their esteem needs met. A young

gay man's choices about safer sex and substance use are sometimes muddled up with homophobia and grief and loss."

Outcomes: Theresa reminded us that the research is still in process. However she outlined several changes that have occurred, "We have a much better focus now because we listened to the community. We're certainly looking at having a gay male community developer role built in to the project, so that I can continue to offer support to the research components. We are building the capacity among gay men themselves to take on the work of the project. Living in Prince George and doing this research, I have gay male friends now in a way that I've never had before. That was another unexpected thing, to be welcomed and embraced so much by the community has been another unintended outcome. One of the major things has been this mentoring and this collegial relationship and these friendships that have developed as part of trying to understand gay male experience in the North.

Next Steps: The project wants to develop a partnership with Smithers to do research on youth and HIV in that community.

Discussion:

A suggestion was made by one participant on whether the homophobia and redneck culture could be taken on more directly in a campaign. A similar campaign was developed in Australia where a rough outback guy on a poster is saying, 'yeah, I'm gay. What do want to make of it?'. The suggestion was in taking this attitude on directly, even mocking it.

We learned that even posters advertising community dances are torn down within 24 hours and must be constantly be put up if the word is to get out. Teams of young people have taken it on to go out and put them back up.

Theresa also explained to participants that the general level of awareness about what to do about homophobia and how to take it on amongst gays and lesbians was low. People don't know their legal options. People are fearful of confronting the social order especially when there are no resources or support for the gay and lesbian community.

There was some discussion on the needs of older men. For example, a man who had been married for years, whose wife is no longer in the picture, wants to come out. He had those feelings when he was younger but couldn't face the situation then. He still is having difficulties.

"GAY MEN'S HIV PREVENTION: A PEER-BASED APPROACH TO COMMUNITY-BASED RESEARCH"

Presentation by Mr. Andrew Barker, Man to Man Coordinator, AIDS Vancouver

In his presentation, Mr. Andrew Barker outlines how the Man to Man program at AIDS Vancouver uses community based research as a way of listening to gay men and interacting with the gay community. It's an ongoing process of creating dialogue, providing information and empowering gay men to take charge of their own health. The project has set the stage for making the shift towards gay men's health away from traditional HIV prevention programming.

Man to Man Program: The Program does education, support, advocacy and research on the health issues affecting gay men. One project is the Gay Men's Action Plan (G-MAP). This peer based qualitative research project examines the values, norms, attitudes and beliefs of gay men in Vancouver. Andrew tells us how community based research helped reoriented the Man to Man Program

Summary of G-MAP: The project was designed to be both an empowering intervention and a means of collecting data to inform programming. Three phases have been completed. The first phase looked at concepts of community relationship and monogamy. The second phase was on gay men in serodiscordant relationships and gay men who use drugs and alcohol. The third phase is looking at barebacking and why people choose to bareback. The project team figures out how to take the information from the research and translate it into programming.

Provoking Situation: Andrew related the story, "When I came into the program about four years ago, it was in a definite state of disarray. We were down to four volunteers. We'd been going through about one program Coordinator every year. We were also seeing changes in the epidemic. At that time we were seeing a shift towards the IDU population. Although HIV was still affecting gay men, we weren't hearing about it so much. We had a sense that the traditional prevention programming wasn't working. The fear based behavioural approach - use a condom or you're gonna die - was no longer working. One of the things we wanted to do was a needs assessment to figure out where the gay community in Vancouver was at and what the issues were, how we could address them and what we could be doing better. We were essentially building the program from the ground up. We really wanted to involve the community in what we were doing, and have this come from the community. Be both an intervention and a means of collecting data."

Research and Programming: Man to Man uses both a health promotion and a harm reduction model of community education. Andrew explained, "We're not going out and saying you have to use a condom or you must do this or you must do that. What we're really trying to do is meet people where they're at in their lives and avoid being paternalistic or judgmental."

The model of community based research that Man to Man used has been documented by Andrew in a manual entitled, *"Building Gay Men's Health: A Peer-Based Approach to Creating Community Change"* Andrew described the model, "We use a focus group process. We wanted this to come from the community so we weren't sending a researcher out there – we were training volunteers. We recruited a number of volunteers to act as peer ethnographers/facilitators and we trained them and gave them some basic skills in focus group facilitation and peer ethnography. The research questions were developed with Terry Trussler's help and with the volunteers. We came up with a number of different questions and themes that we wanted to work on. Then we translated those into very provocative questions. For example, 'monogamy is bullshit - do you agree or disagree?' or 'If you were going to make a movie about gay life in Vancouver, what would it look like? Who would star in it? What would be happening?' The questions were really designed as a kind of stimulus to discussion.

After we developed the questions, we sent our volunteer peer ethnographers out into their peer groups and got them to recruit people like themselves. We didn't have money for advertising, but over the past three years we've had about 70 participants come through and we've had 11 focus groups. Our age range was 18 to 55 across different ethnocultural and socioeconomic backgrounds. We had a balance of HIV positive and HIV negative people. The volunteers conducted the focus groups and we tape recorded those, transcribed the tapes and then the transcriptions were analyzed."

Barriers: Andrew reviewed several obstacles in doing this research project.

- **Funding:** As Andrew put it, "The barrier which was huge was the tight budget that we faced. Essentially we had no budget. We put some other programming on hold but we couldn't spend a lot of money developing things." The project applied for funding to every level of government.

- **Recruiting Participants:** Andrew explained, "Initially we had difficulty recruiting the participants. The volunteer peer ethnographers were quite cautious. They had new skills and they were gung ho but they were wary. 'How do I go out and market this? If I say I'm from AIDS Vancouver, are people going to think that we're coming from one perspective and we're going to be judging them or that it's all about HIV/AIDS.' There was trepidation initially and it was a slow going procedure at first. But once it got going, it really snowballed and on our second and third phases, people who'd been through previous phases of the research were willing to come back sometimes as facilitators or as participants again."

- **Barebacking:** Andrew detailed the issues, "We had no difficulty getting people to come out who wanted to voice their opinions about what they saw going on and what they thought was going on. People who were anti-barebacking. What we had huge difficulty with, and continue to have problems with, is finding anyone who wants to come out and say, 'yes, I bareback and this is why I do it and this is what's going on'. We need to find some of the gatekeepers. We found someone who'd done a documentary on bareback sex and he knew a number of people who did bareback sex. He's been trying to get a group together."

Capacity Building: Andrew outlined several benefits from the CBR project.

- **Positive Evaluation:** "The research process was very beneficial for everyone involved. We had all participants and facilitators fill out an evaluation form. 98% of people said it was absolutely amazing. The other 2% said it was alright, but they wouldn't do it again. Those who really liked it said that they didn't normally in their lives have an opportunity to have open honest dialogue with other gay men about issues pertaining to their lives as gay. People said they'd like to see a lot more opportunity for that kind of dialogue."

- **Translating Research into Programs:** "We've set up opportunities for more dialogue within the gay community. We've translated findings into programming. We've set up a book discussion group and right now we're doing a seven week facilitated group on a book called *How to find love in a Man eat Man World* and that's been going really well. Conversations are very rich, very deep and people are developing social bonds with the other participants which is one of the things we wanted to try and do."

- **Collaborating with Researcher:** "Working with a research consultant like Terry Trussler for guidance and developing our methodology, questions and conducting the analysis was crucial to our success. It gave everyone involved new skills and confidence and an understanding of the value of research to our programming."

- **Volunteer Development:** "Working with volunteers was both challenging and very rewarding. Most of the volunteers in this project were either in school or working full time. Time restrictions were quite strong. But by trying to recruit a somewhat diverse group of volunteers, we were able to then access an even more diverse range of participants."

- **Program Development in the Gay Community:** "The skills that we developed in doing this have remained both within the program and then gone out into the broader community. There is a drop in centre for male sex trade workers in Vancouver called Boys R Us. We took this model to that group of people. We wanted to do some kind of a needs assessment to develop programming, but not wanting to go in and study them. What we did was train the clients in facilitation skills, and got them to conduct their own focus groups with a volunteer co-facilitator. That again was a really amazing experience."

Method: Peer-based participatory action research.

Findings: The complete findings to the research have been written up and appear in an article entitled, "Between what is said and what is done: cultural constructs and young gay men's HIV vulnerability." (See Recommended Resources section.)

"Some of the themes that came up were social isolation, that was a big one; differences between urban and suburban or rural views of gay life; thoughts on monogamy, relationships; personal development; drug and alcohol prevalence; being assertive in relationships; barebacking."

Andrew continued, "One of the main things for me was having a greater understanding of the complex social determinants of health that are contributing to gay men's vulnerability to HIV. We understand a lot more of what people are thinking, what they're feeling, what conditions they're dealing with in their life, whether it be a history of abuse, drug and alcohol use, self esteem problems, racial issues, body image."

Influence on Programming: Andrew outlined several areas where research findings were used to influence programming:

- **Holistic Model of Health:** "We've moved towards a holistic model of gay men's health. Traditionally, HIV prevention programming is 'use a condom or you're gonna die'. We've shifted away from that towards looking at the person as a whole – physically, mentally, emotionally and spiritually - and not just looking at their sexual behaviour. We're talking about a broader concept of gay men's health. That's an important distinction to make because a lot of gay men, for various reasons, don't want to hear about HIV. If we are contextualizing HIV within gay health, I think we're more likely to reach people. Again, addressing them as a whole, not as a risk group or risk activity."

- **Dialogue and Listening:** "We've had a great opportunity to create dialogue and contemplation on many levels about issues pertaining to gay men's health. We ran a series of community polls in Xtra West where the question will be asked, people call a voice mail, vote and we report the results back in the following issue. Those questions were developed from the research findings."

- **Information and Reflection:** "We've done a series of information board campaigns and that's ongoing. We take quotes on the different themes. For example, we might have monogamy as a theme. We have information boards in the bars and bathhouses in the city. We'll put three juxtaposed quotes on monogamy along with images. The idea is to provoke and stimulate some discussion at the bar amongst people there."

- **Appropriate Information:** "We've developed a series of print resources, Pocket Guides, to address many of the issues that we know are facing gay men. We use straightforward

colloquial language. The images are a collage of different body parts. They're appealing to younger gay men which is who our target audience was there."

- **Responsive Programs**: "Related to the research we did with Boys R Us, we've developed an exiting program for male sex trade workers who want to get out of sex work. They identified barriers that are stopping them from getting out. They told us what they would like to be doing. So with that, we developed a series of workshops and programs. We don't push anyone into it."

- **Further Community Based Research:** "We used the findings as a basis for the development of the gay health Vancouver quality of life survey."

Impact on gay men's community: "We've begun an ongoing process of creating dialogue, providing information and empowering gay men to take charge of their own health. What we've done over the last four years has set the stage for where we're at now, making the shift towards gay men's health away from traditional HIV prevention programming."

Lessons Learned: On a more personal note Andrew said, "I would recommend to anyone doing community based research, and particularly if you're working with volunteers, that patience and flexibility are crucial to your success. You may plan to have something done in six months and it could take a year."

He continued, "We learned that living rooms are a lot more conducive to conversation than boardrooms. Taking groups into peoples' homes where they can kick back on a couch, have some food, the conversation will flow freely. Food is a great way of getting people to talk and interact with one another. The questions should really be used as stimulators to discussion."

Outcomes: Andrew stated, "The main outcome is that we've changed our whole approach to gay men's HIV prevention programming in the Man to Man Program. This shift has occurred almost simultaneously in several different gay men's programs around the world, Australia being one of the big ones. It also tied in well with the population health framework and provided us with a greater understanding of what gay men think, feel and believe about a variety of issues. We've built capacity and momentum with the community. It's snowballing and will continue to evolve as we go forward."

Next Steps: "Our goal is to continue to integrate peer based research into the work that we're doing. Using it as both an intervention and a means of collecting data and informing our programs."

Discussion Points with Participants:

- **Impact on volunteers:** The project had ongoing evaluations with the volunteers. Andrew told us, "Not only did they gain new skills that they could then apply elsewhere in their life, but the intervention was just as meaningful for them as it was for the participants."
- **Recruitment of volunteers:** They used existed volunteers as well as recruit new ones. Andrew said, "By the time we started the research, I'd built up a volunteer base from four to ten. We used our networks, people we knew, friends of volunteers and word of mouth."
- **Lack of funding:** Participants had a discussion on the lack of accessible funding for community based research projects. The CBR Program at Health Canada is undergoing a review with the hope that a renewed program is more accessible to community groups.

"USING COMMUNITY-BASED RESEARCH IN GAY HEALTH: A QUALITY OF LIFE SURVEY"

Presentation by Dr. Terry Trussler, Research Consultant, Vancouver

In his presentation, Dr. Terry Trussler outlines how a coalition of groups worked together to consider how HIV prevention might look from a gay health point of view using a population health paradigm to guide the development of the survey. The group uses the results of the Man to Man qualitative community based research project to guide them. They include in the survey a structural issue found in the qualitative data – the lack safe space controlled by gay men. Gay Health Vancouver is surprised by the response – 620 in three weeks. The demographics show a broad range of respondents. Among the most dramatic findings is that 45% of those surveys had experienced anti-gay violence. Over 80% want a community centre for gay men.

About Gay Health Vancouver: It's a coalition of representatives of community organizations providing HIV prevention services to gay men. The Steering Committee for the study included: AIDS Vancouver, YouthCO AIDS Society, Community Based Research Centre, The Gay and Lesbian Centre, ASIA, Pride Health Services and Vancouver Native Health. This was part of a national project called the Three Cities Gay Health Project with groups in Montreal and Toronto funded by Health Canada. The goal of the project was to examine the effectiveness of moving HIV prevention within wider interests in gay men's health.

Provoking Situation: The last survey of gay men conducted in Vancouver had been the 1991 National Gay Men's Survey, looking at HIV and gay men's sexuality across Canada. That survey ran between October 1991 and February 1992, was venue based and drew a sample of 683 in Vancouver. As Terry pointed out, "no other study had been done of any serious extent in the last ten years. This was a fantastic opportunity to learn something about gay men in Vancouver."

Terry continued, "We had some particular reasons why we went into this study. There was speculation that we could reach gay men better in the year 2000, if we diverged from the behavioural condom approach to HIV prevention and went into an holistic approach that addressed health and sexuality in gay men's lives."

Research and Programming: The study was interested in examining links between gay men's HIV prevention and gay men's health using a Population Health framework. Population Health is the current health policy favoured by the federal government, BC government and local Health Board. As Terry stated, "Our research question became 'what can we find out about gay men if we use the determinants of health to interpret gay men's lives'."

"We also had another question, 'what will we find out about gay men's response to HIV prevention if we shift completely over to gay health'." Terry continued, "I thought that we got a really good, resounding reply to that question. Within three weeks, we were able to draw a sample of 620."

Barriers: One of the limitations on the study was whether funding would be sustained by Health Canada into a phase two. Phase two was necessary to do an in depth analysis of the survey, beyond the descriptive, and to consider how the study's findings would impact programming for gay men. Funding was not sustained. As Terry said, "We had enough funding to do the descriptive statistics on this but that's where it ended. Now we need funding to do an in depth analysis."

Capacity Building: The construction of the survey instrument proved to be a valuable experience. Terry explained, "We decided to take the health determinants at their surface. We went through income, social status, gender, culture and the different social determinants. How could we ask a question that would get us some information about social status and gay life, and its association with HIV prevention? It was a difficult thing to do. It took us several months to get comfortable with a survey instrument that would ask these questions in a way that would be relevant for gay men."

New partnerships formed. Terry outlined, "Where we found one of our biggest supports was with Sigma Research in London, UK which do a lot of the gay men's survey work in London. I found that relationship really helpful."

Method: Community-based survey research.

Terry commented, "We knew that it was going to be rough to try to get a sample. How do we get a general audience of gay men so that we can ask certain relationships about what it's like where you live? Do you like where you live? Do you feel safe where you live? What about partners? Your whole experience of life?"

"How did we get the sample? We went to the community newspaper *Xtra West* and sold them on the idea of the shift into gay health. They were very excited about the idea. They gave us the middle spread of the community newspaper to print out the survey questionnaire. We developed a system of drop boxes at gathering points around the West End and Commercial Drive. We also had a dedicated mail box, if you wanted to put it in the mail. We also went out on the streets and had a outprint of what appeared in the newspaper developed into a pamphlet and we actually gave them out on a Saturday afternoon on Davie Street and Sunday on Commercial Drive. We got 620 men to present their data to us."

Findings:

- **Age Groups:** "A good cross section, with different kinds of over-representation. In the 30 to 39 age group, 42% of the whole sample." (Data: 18-29 - 14.4%; 30-39 - 42.1%; 40-49 - 24.0%; 50-59 - 11.8%; 60-76 - 5.3%)

- **Identity:** "91% call themselves gay."

- **Education:** "Like other studies in Auckland, Sydney, London or Toronto, we found that gay men tend to be highly educated. Graduate degrees (18.6 %) and university degrees (26%) accounted for a very large part of this sample, although it's spread from people who didn't complete high school (2.7%) to many who have some college or university (28.6%)."

- **Ethnocultural Diversity:** "We picked up a fair diversity in ethnicity, but under represented in some areas. 59.6% Canadian; 4% Aboriginal; 7.3% Asian; Latin American 3.5%"

- **Income:** "We crossed all income and employment levels."

- **Lived in Vancouver:** "A lot had lived in Vancouver less than 10 years (50.2%), which was something that we had wanted to find out. In our qualitative work, we heard about the transience of life in Vancouver. They come with a big dream that they're going to live on the

west coast in this wonderful climate, in a gay accepting city. But they find out in a couple of years that it's really not that way. It rains a lot, it costs a lot to live here, the employment is shaky – so they leave. And this actually was a problem."

- **Time spent with other gay men:** "How much of their lives do they actually spend in their attachment to the gay community. It tends to be fairly high. (25.1% half of their free time; 33.9% three quarters of their free time)

- **HIV status:** "This was an interesting finding because it's not known how prevalent HIV is in the gay male community, because we don't know what the population of gay men is. So it's really hard to tell how much of the gay population is actually HIV positive. In consulting with Sigma Research in London, what we found is that their survey sample of HIV positive men was almost exactly the same as ours in an overall sample that was ten times larger than ours. In a sample of 7,800 in London, they got 16% HIV positive men and so did we."

- **Relationships:** "We asked a lot of questions about relationships because social factors are a very large part of the population health model. *What the model says is that social status and social inclusion account for more than 50% of health status.* That means we should be looking, rather than at absolute behaviours, at how people are relating to each other, their inclusion in society, their relationship to other people in society and their relationships among each other. Gay relationships then become important questions to ask. 44% of men in our sample reported being in a relationship. More than a quarter of them had been in that relationship for less than a year."

- **Discussing Serostatus in a Relationship:** "Really important question – is your partner's HIV status the same as your own? We found that 74% said yes it was the same and 14% said it was not the same, so that meant that they had at least a discussion about their HIV status. 12% don't actually know."

- **Discussing Sexual Safety in a Relationship:** "A large number had actually discussed the issue – 89%. In some places for example Sydney, this was found to be actually quite a bit lower than in Vancouver."

- **Abuse in a Relationship:** "Those who've experienced violence or abuse within a gay relationship amounts to 33%, which is three times above the national average for those living in heterosexual relationships.

- **Sex outside a Relationship:** "About the current culture of gay men - do you allow sex with others outside the relationship? The person answering this may say yes, but his partner may say no. So we're getting a one sided view of that. 33% say their relationship includes sex with others. The intuitive idea is that gay relationships are totally open. What we found is that 61% say we don't allow sex with others outside the relationship."

  "Counter intuitive to what people believe about the openness of gay men's relationship - how important is it to have a boyfriend and also have sex on the side. Quite a bit lower than we had been predicting. 71.3% said it was not very or not al all important."

- **Condoms and Monogamy:** "We asked some questions about attitude to try and figure out what the culture is right now. For example, feeling that monogamy is a safe way to avoid condoms. 47% disagree. So there's not such a deep trust in negotiated safety. We haven't

done education around negotiated safety in Vancouver but it has come into the prevention literature. By and large gay men don't see monogamy as a safe way to avoid condoms."

- **Importance of Monogamy:** "Another realization about gay men that we weren't expecting - the importance of having a monogamous life with a partner. 70% said it was important or very important. This is totally incongruent to what general society believes about gay men, and what we believe about each other."

- **Opportunities for Meeting Men:** "How easy or hard is it to find a new partner in Vancouver? We've been hearing qualitatively that one of the problems of Vancouver is that it's such a cold city. It's hard to break in. We found that about 54% were reporting that they find it difficult to meet new men in Vancouver. That isn't so strong but it was interesting to find out that there's a strong sentiment that Vancouver is a difficult place to meet new men."

- **Care for Relationship Issues:** "We asked who had sought care for relationship issues. 12% are saying once, but then when you go into more than once, it's 21%."

- **Unprotected Sex:** "To develop our analysis of unprotected sex, we got some assistance from Sigma Research. They had already designed the question for London and New York and we thought it was a really good question. The thing was to ask two different questions to find out a reasonably complete picture about unprotected sex. *How many men have you fucked without a condom? And how many men have fucked you without a condom?* In the last six months."

  "In our sample somewhere between 60-65% report "none" compared to New York at 50%. Then there's about 24% who report unprotected intercourse with one other man. We think this represents the partner in a relationship."

  "The critical difference between "unsafe" and "unprotected" anal intercourse has been developing in the literature for some time now. Basically it comes down to "unsafe sex" is "unprotected sex" which is also "serodiscordant". When you think of it with this sort of precision, you realize that partners who are both the same serostatus and don't have sex outside the relationship are at no risk of infection. So in this analysis you might say that about 85% of our sample is practising a reasoned safe sex protocol. The relative risk for unprotected sex in the relationship depends, of course, on how well the partners stick to sexual exclusivity. Our data suggests this commitment is stronger than the stereotypical version of gay life."

  "So what about the other 15% who are reporting unprotected sex with more than one man? For one thing we found out that this figure of 15% was consistent with both Montreal and Toronto in spite of differences in the way we approached our sampling and survey questions. This is interesting in itself but we have taken our analysis further to try to understand what may be occurring culturally in unprotected intercourse with more than one man. Sigma research calls this the risk calculus."

- **Risk calculus:** "Basically, what we see in this analysis is that HIV negative men report more unprotected casual sex with multiple partners in the top position than the bottom. We also notice that HIV positive men are reporting unprotected sex with multiple partners who they believe are also positive. According to this picture HIV negative men take the top position more and HIV positive men take the bottom position more. The interesting thing about this is

that it presents the idea that men who take these risks have worked out a kind of crude street level harm reduction to afford some level of protection. It shows that their choice of "barebacking" is not completely reckless. Our data on this is not as reliable either to New York or London where they had much larger samples of 7,000 compared to our 600 but we think it's interesting that we can see some of this trend in the data we have."

- **Bareback Sex:** "Do you think there's too much barebacking going on? Again, we were trying to find out attitudes from personal experience of what guys have seen. There's quite a large number who say, yes. The other side of it is that if you feel that if you insist on a condom, that you won't get any sex. We find that's actually quite low. (9.3%) People haven't given up condoms completely."

- **Importance of Sex:** "What's the importance to you of getting sex wherever, whenever you want? In terms of looking at all the other variables about quality of gay men's lives, no that's not as important as we thought it was either; 63% said it was not very or not at all important. What's in the press isn't exactly what comes out when we get a cross sectional sample of gay men to look at and actually get them to report on what their feelings are."

- **Marginalization:** "Looking at social status factors, we couldn't find anything in terms of income and education that might be indicators that gay men are oppressed. But you have to look at other things to realize how much homophobia affects gay men and what their true social status is no matter what their income, no matter what their employment is. We found gay bashing to be really critical. Look at this - 45% of a cross sectional sample of gay men in Vancouver can say that they've experienced anti-gay violence. When you start looking at social determinants, the experience of violence is part of the whole experience of being put in your social status, wherever that is."

- **Alcohol Use:** "We asked questions about drugs and alcohol. If you look at Vanguard in the 20 to 30 age group, there's a lot of alcohol use. On a casual basis, about 97% of gay men in the Vanguard sample report using any alcohol at all, and about 60% to 70% report using it regularly. We find that alcohol use is more moderate in the cross section of the sample than we would have predicted. 25% report no use of alcohol. 34.1% report some use during a typical week. And 26.8% report using alcohol at least 1 to 3 times in a typical week."

- **Drug Use:** "Marijuana. I really wasn't expecting to find that it was just slightly higher than tobacco use. Cocaine - much lower than we expected. Party drugs - much lower than we expected (12.4% sometimes use). If you went to a rave, you'd find that many of gay men there were using ecstasy. But that's rave culture and that's what you would find there. If you look at a cross section of gay men, you find a totally different answer."

Impact on gay men's community: Terry concluded, "I do think it's a good picture of the average gay man, because it's such a good cross section. Around the cross section, I would say that if you would go to Pride Day, that you would see what we saw. Most of the guys there are between 30 and 39 and so on. However, and these are the drawbacks, I really believe that we got the sample of men who respond positively to the idea of gay health. They're also probably going to be the ones who are most involved in the community. We don't get people recruited who either think, 'oh, this is just another HIV thing, I'm not gonna be part of that.' Or else, 'I don't go in any study'. Those who respond to gay health positively will respond but those who don't won't."

Next Steps: A more indepth analysis of the data needs to be completed. Funding will have to be found for this. A deeper analysis will provide data on some of the critical issues that may be contributing to higher incidence rates of HIV. As well, because at this point it is impossible to get a representative sample of gay men, other studies on local gay men will begin to give us a better picture of the demographics and size of the population.

"INTEGRATING CBR FINDINGS AND EXPERIENCE INTO PROGRAMS FOR GAY MEN"

Presentation by Ms. Katrina Jensen, Education Coordinator, AIDS Vancouver Island, Victoria

In her presentation, Ms. Katrina Jensen reports on a qualitative study carried out by AIDS Vancouver Island between 1996 and 1998. The Men's Attitudes about Relationships and Sexuality Project (MARS Project) enabled many men on Vancouver Island and the Gulf Islands to share their feelings about relationships, safer sex and having unsafe sex for the first time. They talked about the de-gaying of AIDS. AIDS Vancouver Island learned the merits of building local knowledge to inform program development. From the study is born the Men's Wellness Project incorporating much of what was learned. Katrina concludes that the research project helped make them responsive to gay men.

Summary: The Men's Attitudes about Relationships and Sexuality Project, known as the MARS Project, was a qualitative community based study located at AIDS Vancouver Island in Victoria between 1996 and 1998. Funded by Health Canada, the project set out to explore the feelings and beliefs about sexuality, relationships and safer sex amongst gay, bisexual and other men who have sex with men living on Vancouver Island and the Gulf Islands in BC. The researchers were Stephen Samis and Karen Whyte.

Provoking Situation: Katrina reminded us about the national Men's Survey, "It mainly focussed on gay and bi-sexual men who lived in metropolitan areas. It was a quantitative survey of 4,803 men who had sex with men in cities across Canada and there was 683 men from Vancouver, and there were 58 men from Victoria. There was no other city, town or region on Vancouver Island that was approached to participate in that. There needed to be more research done in regional and rural areas."

A funding opportunity occurred in 1995 when Health Canada's National Health Research Development Program (NHRDP) announced a call for proposals for a multi-centre study of community-based qualitative research on the determinants of risk for HIV. AIDS Vancouver Island was awarded funding to study men's attitudes about relationships and sexuality.

Research and Programming: Katrina outlined the three guiding principles of the study, "That determinants of risk of HIV infection cannot be separated from the rest of the lives that people live. That preventing the spread of HIV involves more than delivering and developing safer sex education campaigns. And that qualitative research that enables men to tell their stories is a really effective way of getting information." The benefit for programs was clear – this method of data collection enabled men to share their feelings and experiences. Katrina continued, "In fact it

was the first time that they'd had an opportunity to discuss those issues. Not just issues about safer sex, but issues about relationships and sexual abuse - a whole range of things. It was also the first time that they could step outside the cone of silence around unsafe sex and acknowledge unsafe sex was happening in their communities."

The MARS Project report put it this way, "the opportunity to discuss issues related to sexuality, sexual identity and safer sex is deeply meaningful, and perhaps even health promoting for many men."

Method: 85 men were interviewed using an unstructured narrative approach, and there were two focus groups. Katrina stated, "We were lucky in that the regions across Vancouver Island were well represented in the interviews. There was also good ethnic representation. The failure in recruitment was in young gay men, bisexual men and men who have sex with men, that is heterosexual men who don't identify with gay communities."

Findings:

- **Consolidating and affirming knowledge:** As Katrina put it, "The findings really consolidated what we already knew. That safe sex between men involves much more than condoms, negotiation skills and low risk activities. There's a whole range of issues like homophobia, self worth, issues of sexual abuse, especially child sexual abuse, lack of supportive communities, issues to do with coming out."

- **Sexual abuse:** Katrina explained, "The sexual abuse was quite surprising to the researchers. Not that sexual abuse existed, but that men were willing to talk about it. They really saw something that hadn't been addressed, probably in the general male community, let alone in the gay male community."

- **De-gaying of AIDS Service Organizations:** Although AIDS Services Organizations play a strong community development role in the lives of gays and lesbians in rural and regional areas, Katrina pointed out that "some men talked about the de-gaying of AIDS service organizations." She continued, "As someone who's worked in the AIDS movement for a few years, I know there has been a real shift. Part of that shift has been to make AIDS services friendly to all the populations affected by HIV. Some men talked about the impact that had. They didn't feel as welcome in AIDS service organizations as they'd once been."

- **Target Programs Needed:** Katrina said they gained a number of insights, "One size fits all programs don't work. They need to be targeted efforts towards for example heterosexual men who have sex with men as distinct from gay and bisexual men."

- **HIV Negative Men:** The researchers were told that, "AIDS service organizations need to work more with HIV negative men." This has been integrated so much into programming now that as Katrina remarked, "we're actually starting to hear now from positive men who are saying there's nothing for positive men here."

- **Eroticizing Safer Sex:** Katrina talked about the difficulties of eroticizing safer sex, "Some people have unsafe sex because it feels good and because there is more intimacy involved in exchanging fluids than in not. I think we haven't really done a great job of eroticizing safer sex and that after how many posters, safer sex is still not as erotic as unsafe sex."

Lessons Learned:

- **Building Local Knowledge:** Katrina pointed out the merits of building local knowledge, "The report made our regional context more relevant and even though findings may have concurred with studies done in metropolitan areas, now we knew the focus we needed to take."

- **Learning how to approach community members:** The Project decided not to make HIV/AIDS a dominant feature of the participant recruitment even though the focus was HIV risk determinants. Katrina explained, "This was the right decision because many men commented that they wouldn't have participated if it had had AIDS all over it, for a number of reasons. One of them is that they felt that some of the researchers that they'd been in contact with in the past had been patronizing. Another was that they were feeling burnt out about AIDS and were ready to talk about something else."

Outcomes:

- **Shift in Program Perspective and Name:** Katrina explained, "To signal a shift towards placing things within a wellness context, we changed the name of the project to the Men's Wellness Project. But we still identified the worker as a gay community outreach worker."

- **Community Forums:** "We hold community forums that are about broader issues than just HIV, AIDS, safer sex, condom use. The forums have been popular among a specific group of gay and bisexual men."

- **Bareback Forum:** Katrina explained, "The barebacking forum was appreciated by men in the community, because of all the hoopla about barebacking. There'd been controversy in the gay newsletter that was quite judgmental and not very useful for prevention efforts. Men appreciated the opportunity to talk about these issues."

- **HIV Negative Men:** Katrina said, "We worked really hard to create space for negative men. We had a negative support group that ran for a long time. We made sure that our programs were generically targeted to all gay and bi men and not just positive men. We have a gay men's book group. We have therapeutic groups and social groups, some of which are totally non HIV. They provide a social supportive environment for gay and bisexual men to meet."

- **Gay injection drug users:** Katrina provided an example, "Last year there was a controversial ad that we took out in the Gay and Lesbian Pride Program. I was surprised at the controversy it created. The publisher of the Pride Guide didn't want to print it. It focussed on this whole idea of shooting clean. There was a lack of willingness to believe that we have gays that shoot drugs that aren't clean. Victoria's a very conservative community. We didn't back down. I wrote a two page explanation of why we needed to say this in an open setting. The controversy didn't abate and a lot of people supported us."

- **Gay men versus MSM:** They found that "MSM actually wasn't a very useful term" for their programming.

- **Listening to the gay community:** "We heard from young gay men that they didn't want to have separate programs from lesbian, queer or bisexual women. They wanted to have things

to do together. We've made a concerted effort in our programs targeting gay youth that we include women. That's actually been quite successful. It's not to say that there shouldn't be spaces created for young gay men to be together with people of their own gender."

Katrina concluded, "The MARS report did have a really good impact. It really consolidated the wellness efforts that organizations all over the world are leaning towards."

Next Steps: Further research needs to happen, "One of the things that I would like to see is more research done with men who have sex with men."

HIV PREVENTION ENVIRONMENT FOR GAY MEN IN BC

Throughout these capacity building sessions, we asked participants about the environment in BC for gay men. Participants from Vancouver, Victoria, Prince George, Kelowna, Nelson, Salmon Arm and other smaller communities and rural regions shared the following experiences and perceptions about the current HIV prevention situation.

INCREASED HIV INFECTION AMONG GAY MEN

National and provincial surveillance data show a rise in HIV infection rates in gay men. Other data on rates of sexually transmitted diseases in gay men support this. As well, data from the Vanguard cohort study of young gay men strongly suggest that infection rates have begun to rise.

Participants made several observations about the HIV infection rates in gay men:

- the infection rate amongst gay men is already too high
- is there an acceptable level of infection in the gay community?
- is this increase a blip or a trend?
- would it be damaging for us to talk about endemic HIV in the gay community?
- gaps in local research about gay men make it difficult to know why infections may be rising

FUNDING FOR GAY MEN'S PREVENTION

Gay men organized themselves, created community AIDS organizations, created safer sex information and got the word out long before public health responded to the epidemic. AIDS Vancouver is the first community AIDS organization in Canada.

However, there has been little support for sustaining the prevention efforts of gay men in Vancouver or BC. One participant suggested, "There's no co-ordination or attention in this area. There's never been a concerted effort of pouring resources into communities for gay men. It just didn't happen that way. Most of what happened early on was trying to educate the public about AIDS not being a gay disease. It didn't do a lot for the gay man."

The lack of resources and funding to respond quickly and comprehensively to continuing HIV infections was a dominant theme throughout our meetings. Here are a few of the comments:

- "Given that the number of guys who are testing for HIV and the number who are HIV positive, the problems of gay men is still an issue because of the limited availability of resources."
- "We don't have money to do costly campaigns. We don't have money to do a lot of things actually. I looked at some of the budgets that other cities have and I wonder why is there this inequity."
- "Society thinks that gay men should know the answers now. HIV's been in the community for 20 years. We should know what we're doing. We don't need any more funding. But that's obviously not the case."

HOMOPHOBIA HINDERS PREVENTION

The most important barrier to mobilizing the gay community and developing appropriate HIV prevention strategies is homophobia. Participants from around BC talked about homophobia especially in smaller communities and rural areas. Gay communities in BC exist in a climate of homophobia, often in an unsupportive "redneck culture". As one participant put it, "For people living in smaller communities in the province, on some level, it's still quite hellish." Gay organizations that exist in some of the cities and towns were described as being in "survival mode". Even in Vancouver and Victoria, the infrastructure of the gay community is fragile, under-developed and under-resourced.

Violence and the threat of violence for gay men and lesbians is ongoing. As one participant stated, "We could never put up a [gay-related HIV prevention] poster in our community, with religious based communities and issues. Most of the young gay men are going underground or using Internet services." A study in Vancouver reported that 45% of 549 gay men reported gay related violence. One participant from a smaller city remarked, "We're dealing with people who are still being beaten."

Prejudice and discrimination against gay men and lesbians continue to be part of the culture, especially in smaller communities. Religious organizations and older generations of citizens are often the community gatekeepers. They influence local funding, access to schools and the development of community health programs. As one person told us, "All the religions are there and they're the ones that are ruling a lot of what's going on."

One community developer observed, "Some gays and lesbians in our community won't go in the church. But an outcome of our [community development] project is that some of the gay and lesbian people in our community said they needed a place to be spiritual. On the other hand, along the line of the hypocrisy, one of the major churches in our community was convincing its parishioners to bring gays and lesbians to church so they could be converted and saved."

A participant from a small city in BC emphasized the need for creating a supportive environment. "I was in Toronto when I saw this poster that said 'being lesbian and gay is not a crime'. I thought to myself, 'If we brought that back and put it up, the window would be broken and the poster would be torn down. It would be vandalized. Those are more of the issues that we need to be dealing with to create a safe environment for these rural men and women to be able to come out, be tested and whatever else is needed."

Although much of the discussion was on the social environment created by homophobia, one participant reminded us that AIDS helped the gay and lesbian equal rights movement and that "we did incredible work around homophobia and we see new legislation today in this country." However, it was also acknowledged that although this is a good foundation, it will take years to build a supportive culture for gay men, lesbians, bisexuals and transgendered people.

HOMOPHOBIA: BLAMING GAY MEN FOR RISING INFECTIONS

Many participants worried that the current research and prevention environment is one of blame and judgement, and characteristic of homophobia. Several comments characterize this concern:

- "I hear the public health people talking about it as kind of a mortal sin. They think because there's been an upward trend [in infections] over the period of one year that that means that everything has fallen apart and we haven't made any headway. I think that we deserve some recognition for the accomplishments that we have made. There is definitely cause for concern and I'd like to see them contribute some resources to help us deal with that."
- "The medical profession and the nursing profession are blaming gay men. I've heard it and I found it rather shocking because it's so easy to do that without thought."
- "One of my worries is could there be a backlash if the increase in incidence of HIV goes up?"

Many observed that the scope of issues for gay men getting HIV has not been addressed or understood. Much of the interpretation of epidemiological data is speculative.

Participants agreed there is a lack of action and resources to mobilize gay men, even with the statistics as evidence.

HOMOPHOBIA: POLITICAL CORRECTNESS SILENCING GAY MEN

Throughout the capacity building sessions, participants struggled to understand and explain the current realities for gay men and HIV. One comment echoed what many expressed, "What happened along our path that we have to now struggle for our place in the larger debate?"

One participant recalled that at the International AIDS Conference in Berlin in 1993, Dr. Meurig Horton had delivered a plenary on the 'de-gaying of AIDS'. "It was the first time we'd ever heard of anything like this, but it seemed to stir up something in us. I'd have to say that ever since then, that what we have really seen is the de-gaying of AIDS in the whole movement, not only on the international scene but on the national scene as well." We were reminded that gay men in many countries have had to use advocacy initiatives to ensure that their prevention programs received funding.

Many others observed:
- "I think in Vancouver what I've seen is the diminishing presence of gay men in the halls of leadership of the HIV movement and diminishing resources."
- "It became very politically incorrect for myself and a bunch of my gay male colleagues working in HIV/AIDS to even feel comfortable talking about gay men's issues in front of what seemed to be a plethora of other more needy issues."
- "Our attentiveness to political correctness - and the fact that we feel we have to be attentive to the whole LGBT community when we address this - is just choking us. And we are not claiming what is gay men's stuff. We are just overwhelmed by a sense of political correctness. And as a result, contributing I think to a new permission around homophobia."
- Some expressed dismay that the replacement of MSM with the LGBT model continues to minimize the impact of HIV on gay men. Said one participant, "Is it the gay community or the LGBT community - which community? It's a big problem so I think that's where leadership really has to step forward and make that decision."
- "There's more politically correct homophobia going on in our own backyard and that reflects on how gay men feel about their health in general, as well as HIV prevention."

Another summed it up this way, "Homophobia definitely impacts peoples' health choices in the way they look at themselves and how they protect themselves, how they feel about their own health."

ASSESSING GAY COMMUNITY INFRASTRUCTURE IN BC

In the early nineties, after the findings of *Men's Survey* were released, community educators and counselors gathered at regional consultation meetings to discuss the implications of the research and develop an action plan. Among the recommendations listed in *Gaily Forward: implications of the Men's Survey*, was that the "fragile infrastructure of gay community organizations" needed to be developed and linked to AIDS service organizations. Gay culture and community norms were recognized as powerful influences in HIV prevention. A decade later it's still not happened. What we heard about gay community groups across BC is that "they're in survival mode". One rural participant acknowledged the impact that AIDS has had on the gay community, "We talk about holistic environments but there's this huge cohort of men, this community that are no longer there. There's this gap where a lot of people would have been had they not died of AIDS."

In one of our sessions we asked participants about gay community groups in their region and any links to AIDS service organizations. We heard some examples. AIDS Prince George is currently working with GALA North on a community development project. In Kelowna there are gay men who volunteer for both the AIDS Resource Centre and the Okanagan Rainbow Coalition. Most linkages are fragile. Most gay community groups are volunteer driven. In some regions no gay community group exists, in others it is not functioning.

From afar there may appear to be a thriving organized community in Vancouver, but the infrastructure is weak and hasn't developed significantly since the beginning of AIDS. The Man to Man Program at AIDS Vancouver is tenuously linked to the LGBT Centre. It's one of only a few gay community groups that gets funding to hire staff. The LGBT framework, although a well used advocacy approach, does not work for developing targeted programs. Qualitative research by the Man to Man Program revealed that many men would like to have community space for gay men.

Although little progress has been made in gay community infrastructure development in the past decade, the sentiment still exists that "We should shift more to partnering with the gay community organizations or having them more involved in prevention work."

AIDS service organizations have their own challenges. They must create an organizational culture where groups affected by HIV can co-exist. Homophobia makes this difficult and gay men that can don't participate in the programs or volunteer. Gay men in urban settings may be able to develop other supports. It's not so easy in a rural environment. One participant summed it up, "I think an AIDS service organization - especially in smaller communities - needs to have so many different bridges."

Gay men need ways to get organized for mutual support and advocacy. One area that received much attention in these capacity building sessions was chat rooms. In a way, the popularity of chat rooms among gay men exposes the conflicting mandates between public health and gay culture. It's a kind of cross-cultural conflict. As one gay man observed, "Chat rooms are worldwide. Why can't we look at that as something positive between gay men? It's opened a big door to everyone in the country. Every single person I know, relationship or not, has a computer. It's a new social life. And people do meet each other." Epidemiologist point to chat rooms as facilitators of SDIs and HIV. Chat rooms have been labeled a risk behaviour for HIV. Not much concrete evidence exists that can explain chat rooms. But there is no doubt that the internet is

helping communities get better organized and this includes gay men. Overcoming vulnerability to HIV and other diseases as a community means strengthening community networks and building community institutions.

ASSESSING HEALTH CARE FOR GAY MEN

Some of the health care issues faced by gay men living in smaller cities, towns and rural areas are similar to gay men in urban and suburban areas. But all have to face distinct issues based on their social environment. (For further information, see article *"Being dealt with as a whole person"* listed in the Resources section.)

In the rural areas the health care system in general is so unsupportive that gay men may not be able to find an appropriate and informed physician. One participant from a BC city said, "We've got maybe three or four doctors that are willing to take gay men on and actually have some grasp of what they have to start looking for."

In rural areas so much of the gay population seems hidden. It's a challenge to even know how they can be reached with messages and information, especially in an intolerant social climate. Many gay men are isolated. And many times we heard about the lack of trained professionals and services for gay men, particularly for mental health issues.

Many participants talked about the impact experiences like coming out, internalized homophobia and sexual abuse have on how gay men care for themselves. As one health professional put it, "I don't think gay men necessarily get what they need through the HIV testing experience. Gay men's health in general isn't being addressed in the way it needs to be. I'm learning more because I have the time to spend talking in depth about those issues. I don't think men get that in their health care."

One health professional recommended that the Canadian Medical Associations guidelines for HIV pre and post test counseling be revise to be more culturally appropriate for gay men. Another health professional commented that the simplistic messages just don't address the complex issues that gay men face. "In the system they get, 'what are you doing that for and you need to put on a condom'. It's so simplistic and it rarely gets to those deeper issues. People caring about themselves and wanting to look after themselves."

At a basic level, the system won't change unless gay men advocate for change. But internalized homophobia and fear keep many from getting involved. Self-esteem and empowerment are two areas where much work needs to happen. On gay man observed, "Self esteem is needed to believe that you're worthy enough to have services that are appropriate for you." In rural regions especially, positive gay role models don't exist and even issues like literacy are a barrier to education.

ASSESSING HIV PREVENTION PROGRAMS FOR GAY MEN

Knowledge, tools and resources are needed to build targeted prevention programs for gay men in BC. Those programs that exist do not have adequate resources for the size of the community and the complexity of issues.

In assessing HIV prevention programming for gay men, participants made these observations:

- lack of financial resources for gay men's prevention
- lack of dedicated programming for gay men's education, prevention and health promotion
- no provincial infrastructure supporting gay men's HIV prevention and community development
- erroneous assumptions being made that gay men have the information, are privileged in the resources they receive and have dealt with the impact of HIV in their communities
- no strategies to sustain early efforts and successes in gay men's prevention
- the economic argument that prevention is cost effective for governments has been demonstrated in various research, for example Greg Williams' shows that each new case of HIV costs $150,000 to $225,000 in direct health care costs.

There are two core programs for prevention in BC. The Men's Wellness Program at AIDS Vancouver Island with one full time staff person responsible for Victoria, Vancouver Island and the Gulf Islands. The Man to Man Program at AIDS Vancouver has one full time staff person and another assists with 4-6 hours per week, responsible for one of the largest urban gay communities in the country, as well as responsibilities in suburban communities in the Lower Mainland. Both are funded with provincial dollars. Both programs are volunteer based.

AIDS Prince George funds a small community action research project for gay men from fundraised dollars. ASIA in Vancouver has a part time staff person doing support and education to all Asian gay men, bisexual men and men who have sex with men across all Asian cultures. YouthCO AIDS Society in Vancouver has an outreach worker who provides support to all HIV positive youth including gay youth.

This is the extent of community based peer prevention programs for gay men in BC. These services also provide support for HIV positive gay men. Participants could not identify other community prevention programs for gay men.

There are activities going on around the province, such as condom and information distribution at social events. These are volunteer driven activities with few resources. They are not comprehensive prevention programs for gay men. Although this represents a basic activity of primary prevention, research tells us that for many gay men this is not enough.

Participants noted that wrong assumptions are being made about prevention programming for gay men in BC. Gay men are involved in AIDS service organizations. But fewer than years ago. Fewer volunteers, fewer board members. Assumptions are being made that the involvement of gay men in organizations must mean that these organizations have targeted outreach programs or research and community development initiatives for gay men. This is typically not so.

From a rural perspective, one participant observed, "The gay men that do come out are usually the ones that are already positive and want more information. Or those that are associating with somebody that is positive." There is health promotion information available to HIV positive gay men. But no specific support or prevention programs.

Assumptions are made that gay men must know the prevention information. But as one participant observed, "People say they've got the information. They know what they should be doing. Which as we all know is not the case."

Another commented, “I think our relationship with the gay community would be with fundraisers.” Gay men throughout the province continue to be the biggest and most reliable fundraisers for AIDS service organization, most assuming that some of that money is going toward a program for gay men. This may not be the reality.

One participant observed, “When I see nothing happen, it’s because nobody’s organized. There’s no voice. We’re all pretty isolated. We’re trying to deal with things in our own communities, but there’s no mechanisms to get better organized.” Participants agreed that, “Gay men are not organized in the province of BC. There just doesn’t seem to be much in the way of a structure, infrastructure, anything cohesive to connect people together province wide.”

The current situation is difficult for many to reconcile. Increased infection rates, few resources and little organization. How could the gay community be in this situation after being hit so hard with HIV? One participant reflected, “This is so tough this environment. We can’t get the funding. We see gay men being marginalized from the HIV environment. How can this possibly be?”

IDENTIFYING HIV VULNERABILITIES

Drawing on their extensive knowledge and experience, participants at several community capacity building sessions examined why gay men continue to have high infection rates for HIV.

To help them review the complexity of issues in gay men’s lives, participants used the ‘vulnerability grid’. HIV vulnerability is looked at from four perspectives: individual issues, interpersonal issues, cultural or social aspects and structural features. What becomes clear is how interrelated the issues are, yet we are reminded that we often focus on the individual and interpersonal behavioural issues in HIV prevention and neglect the socio-environment aspects. Participants also recognized that a particular vulnerability can be found in more than one area, further reinforcing the need to consider multiple approaches to prevention efforts.

A comprehensive prevention strategy needs to consider interventions that address these individual, interpersonal, cultural and structural vulnerabilities.

GAY MEN’S INDIVIDUAL VULNERABILITIES TO HIV

- internalized homophobia
- low self-esteem, depression
- life course transitions, such as coming out, mid life evaluation
- denial of HIV risks; don’t want reminders
- natural desire for unprotected sex
- fear of rejection; fear of AIDS
- influence of drugs and alcohol
- the sexual appeal of risk
- rural isolation
- HIV is part of gay identity
- grief and loss
- condom breakage

- perceptions of young gay men about HIV: how it affects their lives, their community, relevance of community AIDS groups
- others include, decision making includes rational and emotional aspects; some don't take HIV test, then can't disclose status; fitting into a group or community; possible periods of high infectivity such as window period & times of high viral load; so-called feelings of invincibility of youth; courage of youth: coming out in high school, desire to self-actualize, resiliency; is it really possible to sustain 100% condom use over time?; older men especially, can lose erections while using condoms; anxiety of getting infected; sense of relief at becoming infected; fatalism; HIV infection is inevitable for gay men

GAY MEN'S INTERPERSONAL VULNERABILITIES TO HIV

- making assumptions that other's HIV status is the same
- difficulty talking with peers about sex and HIV
- sexual safety is mixed with issues of trust, commitment, relationships
- verbal and nonverbal meanings make communication complex
- differing definitions and ideas of words like monogamy, relationships, serostatus
- need for contact with other gay men, to be desired, to belong to a community
- new technology like phone lines and chat rooms may promote meeting but not communications
- using the risk calculus
- serodiscordant relationships
- finding appropriate or comfortable language to assert or negotiate desire safely; gay men have information but it's difficult to translate into improved negotiations; condom use in a relationship can denote lack of trust; young gay men's perceptions of relationships and communication; age differences and power differentials; little support for gay men negotiating safety; little support for gay men making decisions and getting comfortable with varying degrees of risk with regular or casual partner; little support for monogamous partners; some gay men may lack of experience setting and maintaining personal boundaries; the intensity of gay sex and HIV; drug and alcohol use and risk calculus

GAY MEN'S SOCIAL AND CULTURAL VULNERABILITIES TO HIV

- homophobia, stigma and discrimination
- social ideology of let them look after themselves
- no cultural or social support for talking about issues of sexuality and HIV
- silence about HIV in gay culture
- counter cultures forming that are fed up with condoms
- coming out is a cultural shock that brings out issues of belonging and fitting in
- HIV linked to sexual identity as gay
- confused community ethics: take care of ourselves vs take care of each other
- post-AIDS phenomenon; is the crisis over?
- treatment optimism (US ads showing hyper masculinized gay men on HIV treatments have been banned
- crystal as the current drug of choice
- new taboos to break: barebacking, condomless sex
- no opportunities for community dialogue on underlying emotional issues

- life course transition periods
- condom fatigue
- gay culture is drug friendly - use of drugs and alcohol as part of the gay community; parents lack of information, experience on sexuality to support gay youth; use of power by men and older gay men; lack of mentorship from the lost generation of gay men; difficult for parents to trust older gay men; many barriers to parents of gays getting education about all the issues; cultural myths and realities about intergenerational sex, recruitment and exploitation; bareback and bug chaser stories: fetishizing HIV; beliefs that HIV positive gay men get more attention and have less anxiety about infection; meanings attached to condom use may be indicative of positive or negative serostatus, and vary depending on location of gay community (for example, Vancouver vs Sydney); perceptions of the epidemic by gay youth; invisibility of AIDS in gay communities with new treatments; the development of an AIDS vaccine; fatalism in gay culture about getting HIV and early death; inevitability of youth getting infected; glamorization of the party scene and drugs; moral comments by gay men about different issues like barebacking;

GAY MEN'S STRUCTURAL VULNERABILITIES TO HIV

- decreased resources for gay men's HIV and health education
- no resources preparing guys for coming out and being gay
- no PEP available
- widespread homophobia, heterosexism in all aspects of culture
- increase social tensions as courts award legal protection to gays and lesbians; intense homophobia in rural environments
- lack of HIV prevention campaigns for gay men; most are about HIV treatments
- limited gay men's social and cultural venues
- institutional denial, especially in health care
- few ways to pass on gay culture to guys of any age just coming out
- LGBT model can create barriers for gay men
- condoms not available whenever needed; no support when coming out; shame from traditional society; media images showing HIV drugs associated with hyper healthy guys may send message that HIV is not life threatening; lack of images of health young gay men in mainstream media; Cuerrier case criminalized nondisclosure of HIV positive status before sex; don't test, can't tell; anonymous sex means protected by ignorance; laws related to drug and alcohol use and harm reduction; position of gay men in society changing; pressure on youth to be out and queer / not to come out; North American paradoxical attitudes about sexuality: sexuality is used to advertise, difficult to talk about; perceptions of young gay men of gay culture; lack of mentorship or leadership; difficult to access schools to educate about gay men, safer sex, HIV; new therapies have changed the epidemic for many gay men; more gay men living with HIV; more information needed on infectivity during drug holiday periods and times of high viral loads

REFLECTING ON VULNERABILITIES

After brainstorming and discussing the range of HIV vulnerabilities for gay men, we observed that not a lot was new. We had done this type of examination before. So much of what predisposes gay men to HIV infection is not new.

We are still trying to build a stronger gay community that can provide support for those coming out and services that are culturally appropriate. We are still educating against homophobia in the mainstream society.

In the community, older gay men, either HIV positive or negative, have survived a time of many deaths, great fear and loss. One participant observed, “Today we have a new generation that sees no holocaust before it.” Younger gay men have their own sense of the epidemic. Growing up and coming out with HIV as part of the territory has informed their life experiences.

There are generational issues to consider. Younger gay men have perceptions of HIV in their lives and communities that lead them to wonder at the relevance of HIV organizations and prevention efforts. As one participant framed it, “it’s an older guy thing.” On the other hand, as another participant observed, “Infections happening in an older population might be correlating with guys in mid life crisis or reevaluating what their life’s all about and taking new directions.”

Together we talked about the complexities of gay culture and how we continue to be vulnerable to HIV. We turned our attention to what is new or changing. We could identify several things:

- treatments for HIV
- decreased visibility of men who appear to be ill
- increased number of gay men living with HIV
- recent research
- chat rooms
- new norms in gay culture

What are the new norms of gay culture in Vancouver? Is it that more gay men are having condomless sex? Is it that we are now talking about the sex without condoms that we’ve always engaged in? Is it that a silence has been broken? Is there a counter-culture developing against condoms?

One colleague recalled, “In 96 at the AIDS conference in Vancouver, when the Australians presented negotiated safety, it was like a bomb went off in North America. But in reality, if I looked at most of the friends I have in longer term relationships, if I’d asked them, they would say no, ‘we don’t use condoms with each other’. Shortly after that you saw more epidemiological reports where people said, ‘yes, I don’t use condoms with my long term partner’.”

Our first attempts to talk about condomless sex came in the early nineties when we used the language of relapse and even recidivism. Basically language that meant a return to bad behaviour. We tried to tone that down by using, ‘slip up’. Negotiated safety for many gay men represented a positive step forward in breaking out of messages about always using condoms. The field now struggles with bareback sex. There are many interpretations of what bareback sex means for sexual safety. The fact is HIV prevention for gay men is in a state of turmoil. One size fits all messages simply do now work. As the field struggles to invent new strategies, many gay men are left to develop their own risk calculus about condomless sex.

For some gay men “the real striking difference is the lack of shame or apology for the unsafe sex.” But unprotected sex is not always unsafe sex. Our challenge is to work out prevention strategies that can enable gay men to be a safe as they want to be based on informed choices.

One gay man observed, “We’ve been talking about condoms as a barrier to sexual intimacy. It’s fascinating to hear what men have to say about that. I think that’s an example of something that we need to talk about that we’re not talking about very much. What is the meaning of sex? What is the meaning of sexual intimacy? How do condoms get in the way? Where do we start talking about that? And support each other around where we are with those feelings.”

New senses of being HIV positive are developing in gay culture. One gay man stated, “It’s almost perceived that if you want to be really gay, you’ve got to be positive.” Another pointed to the sense of relief some experience at being infected, “The relief isn’t for becoming infected, the relief is to stop worrying about becoming infected.” This led to another comment, “I hear more and more now within the gay context, this sense of relief. I find that so troubling that we would get to a place in our culture and in our individual self esteem, that we would call it relief.”

Gay men are influenced by mainstream culture as well. One participant asked, “Can anybody really talk about sex openly, honestly, and intimately with a partner, with a stranger, with a friend. We’re not very good at having open, honest, frank discussions about sex in general. It’s not just our community that’s in denial or not talking about it. But it’s all of society.”

One participant brought the discussion to the Vancouver gay community. “I think that many of the cultural icons in our own community don’t promote safe sex or get the issues of HIV/AIDS out in the public eye as much as they do back east or in most of the large American cities. There’s some work we can do in Vancouver that could help make it more visible but not by making the individual visible but just the issue and the prevention messages.”

This led us to begin to consider what to do in Vancouver. The consensus was that new approaches are necessary. One participant observed, “What we need to do is to get people to look at the information that’s still out there, to get them to look at it in a new way.” Another continued, “It is not that we need a new message, but how to get people to listen to it again. How do you get them to hear the same message in a different way so it’s applicable to their lives?” It came back to informed choices, “How do we encourage that the diverse ways we express our sexual desires are appropriate, without being moralistic and allowing people to make informed choices, based on integrity and honesty between ourselves as gay men?”

One participant reminded us that “all these problems highlight how difficult it is to change peoples’ behaviour and in a lot of ways how well we’ve done as a gay community.”

These discussions are important to have. One colleague commented, “As a community and as an individual. I think the most valuable thing that could come out of this discussion is examining the questions. Not only can we do it at this table, but that’s what the community needs to do. That’s where the gains come - from people thinking about the issues themselves.” We agreed, “To reach people, we need to find a way to be able to talk with each other as a community about what we’re not talking about.”

MOVING AHEAD ON GAY MEN'S HIV PREVENTION

Carl Bognar's call for more information to bridge the gap between the epidemiological data and effective prevention strategies was clearly supported by participants. The latest data has alerted us, but as one community researcher put it, "There's something that's needed between the solid scientific epidemiology and what we can do at the community level to change things."

Listening to the community and learning more about the culture of gay men was put forward as a basic step in any prevention initiative. One participant summed it up this way, "The idea is that the community already has the solutions. The gay community knows what it needs and we need to get out there and listen."

But as one researcher stated, "Even if there isn't an increase in new HIV infections in gay men, 95 a year, which we had last year, is still way too many." Participants were definitely concerned with rising infection rates in gay men. But they were more concerned that HIV infection rates have been unacceptably high for years and that no appropriate prevention resources or are in place to respond.

Throughout the research capacity building sessions, participants brought forward suggestions about what needs to happen to effectively address the HIV prevention and health needs of gay men in BC.

RECOMMENDED STRATEGIES FOR MAKING PREVENTION WORK

DEVELOP A COMPREHENSIVE PLAN FOR GAY MEN'S PREVENTION

Participants agreed that gay men's prevention in BC is underdeveloped and under-resourced. They also agreed that the current issues are complex and need solutions that are "more comprehensive than just a single focus".

In voicing their frustrations about the current situation, participants called for new approaches to address the situation, new approaches to find out what's underneath the structure of gay men's lives. One participant wondered "how much a limited vision of what's happening drives a limited agenda about what to do about it. We have everything reduced down to a few behaviours. It's all reduced down to a small number of variables that are convenient for an understanding of the research."

Developing a community plan can move prevention efforts from isolated activities to a coordinated collective approach that recognizes the range of interventions that must be offered. It will enable us to include behavioural, socio-cultural and structural interventions, education, vaccine preparedness and community capacity building. It will enable us to set prevention goals and establish research priorities.

Many times participants voiced their support for more opportunities to work together, like these research capacity building sessions. As one presenter put it, "Only by working together are we ever going to understand what kind of messages we need."

CREATE A FUND DEVELOPMENT INITIATIVE

Lack of resources, particularly financial resources, was a constant theme in every capacity building session. As one participant stated it, "This is one of the real frustrations that we have right now. In some cases there are models that we know could work, but whether we could implement them here is a whole other story about the resources available to do it." Although there are financial resources flowing from government to community groups, only a small amount seems to be dedicated for gay men's HIV prevention and health promotion programs. As previously described, government funding is supporting small programs in Vancouver and Victoria.

Government clearly has a role to play in ensuring that proper resources are dedicated to address the impact of HIV on gay men. As well, as part of a comprehensive prevention strategy, participants suggested that a fund development plan be organized to raise money from foundations, corporate partners and through fundraising activities.

BUILD LOCAL KNOWLEDGE ABOUT GAY MEN

As one community researcher put it, "Within the community lies the ideas and the solutions." Dr. Donald Sutherland from Health Canada encouraged us provincially to develop our local knowledge in order to create effective HIV prevention programs.

The features of urban, suburban, small city and rural life all present their own challenges. What we learned is that the overall environment of homophobia makes it difficult for groups to mobilize gay men. Lack of knowledge about gay men makes it difficult to address their issues. Lack of resources makes it impossible to proceed.

Researchers and educators want to know more about gay men in BC. We need to know more about trends in gay culture. As one participant said, "Trends are happening within gay culture that are happening in spite of us, and HIV prevention has not caught up to it – from barebacking and an overall negative attitude toward the HIV industry that has developed. We really don't have an answer for it in HIV prevention."

The knowledge and experience that can come from doing community based research will help organizations to plan and build prevention programs that address current needs.

DEVELOP A POLICY FRAMEWORK FOR A PREVENTION STRATEGY

Putting HIV prevention within a gay health framework was the approach most suggested by participants. This is in keeping with gay communities around the globe. Some participants also reminded us that we have been using a social justice framework and this will continue to be applicable. As one participants stated, "Jonathan Mann used to say that whatever we do with HIV prevention, it will always be insufficient if we don't look at the issues of marginalization."

Part of creating a comprehensive strategy will be developing a useful and appropriate framework for creating policies that will support gay men's prevention and health in BC.

ENSURE GAY MEN HAVE ONGOING BASIC PREVENTION

Ongoing basic HIV prevention is a foundation for any strategy. This means condoms, lubricant and up-to-date appropriate information being available for gay men. It sends a message of ongoing support to gay men.

As well, new men are always coming out and getting connected to the community. This means that basic information will always be in demand. One participant observed, "I was the first person in five years that he'd been out and active as a gay man who ever spoke the word 'HIV' to him. He was shocked that I brought it up and I was floored at the fact that I was the first person that every talked about it to him, in the context of a sexual environment."

Participants also suggested that we need to do the work of developing new messages to go with the basic information. One participant put it this way, "I think we have to examine how we get the message out and what we're prepared to do to change the message. Not change it in basics, but change it in delivery. I think preparing people to make better choices has got to start earlier in their lives. Information given is great, and I think that should be back out there again."

PROVIDE GAY MEN WITH EDUCATION ON HIV ISSUES

Many participants felt that education in the gay community would be an important part of any strategy. Men entering the community may not know much about HIV positive gay men. Ignorance of HIV issues and prejudice against those living with HIV occurs in the gay community too. What we heard is that mainstream society believes that everyone in the gay community has all the information and does not discriminate against HIV positive men. As one participant put it, "Assumptions are made about gay men and the gay community being accepting, aware and educated about all the issues. And it's not so."

Other participants made the following comments:

- "There's a huge need for education of gay men and youth. They don't seem to be interested in that issue at all."
- "We know that people have the information. They have the transmission information. They have the prevention information. They have the tools. What else is going wrong?"
- "It's not getting to the people that could use it, because some gay man know nothing and have never had the opportunity to discuss it."

SUPPORT ANTI-HOMOPHOBIA EDUCATION FOR THE BROADER BC SOCIETY

With few resources, community HIV organizations are having to make decisions about what to do: broader education or targeted initiatives. Both are needed in any comprehensive prevention strategy. One educator described his dilemma, "It's not that I don't address gay male issues because I talk about myself. But I don't go looking for gay men and I've never had any kind of gay men's program. Mainly because I'm trying to dispel that thought that the general public still has that it's a gay male issue. Arguing it's a gay male plague, and that if they're anything but, they have nothing to worry about. We also have to address the gay male issue. I've always felt that I've failed gay men as an AIDS service organization." We need to recognize that prevention must be tackled on various levels and that resources are needed to do that. Education to the public is important for creating a supportive social environment.

DEVELOP TARGETED PREVENTION INITIATIVES FOR SPECIFIC GAY MEN

As one participant expressed it, "Under the umbrella of HIV prevention, we should have specific strategies for specific aspects of the gay community." The idea of one message for the whole community was dismissed as no longer effective. Beyond the basic prevention and education, many gay men have specific needs around issues of sexual safety and safer injection use. Another participant gave several examples, "initiatives targeted towards issues of substance use; targeted around issues of empowerment in personal relationships; negotiating safer sex. The diversity of our experiences necessitates a diversity of responses."

Gay communities have many distinct groupings of people living in different environments. The challenge will be to develop appropriate initiatives to address these needs. Community research can help to identify these needs. Specific initiatives will ensure that prevention programming reaches the greatest number of gay men in Vancouver, Victoria and in communities in BC.

TAKE A HOLISTIC APPROACH TO GAY MEN

Participants argued for trying to address gay men more holistically in research and programs. To look at the social, psychological and spiritual dimensions that affect health and not just sexual health. What most participants noticed about the epidemiological data is that "the whole individual is not being addressed, only the sexual aspect of the individual." As one said, "life gets reduced to a risk behaviour". This is a sensitive issue for gay men who have been socially marginalized for sexual practices. What would it be to look at "what is the daily life of a young gay man or older gay man who takes risks? What are the stresses? Are there things that we can do anything about?" This carried over to participants supporting a greater focus on gay men's health and not just HIV prevention.

RECOGNIZE THE IMPORTANCE OF GAY CULTURE IN PREVENTION PROGRAMS

There was recognition that prevention interventions must go beyond the behavioural. As one participant commented, "We do have ideas and they're not necessarily the ideas of tackling the behavioural problems or the problems that individual people have. They're about building our culture. They're about us recognizing that there is a spirit to gay culture that is worth developing. To work with something that is productive and constructive, and that from the richness of these great ideas that there may be some kind of solution."

Even working on an individual level means tailoring the approach to fit the person's social and cultural context. As one suggested, "I don't think any one approach is going to reach everyone. I think you have to break it down and target it, which then means, you might need several organizations of different people to target those different populations."

The importance of gay culture was a theme throughout. "People get reduced to behaviours, even though we say over and over again that things should be culturally appropriate. I think for most of society, they don't see gay men as having a culture, that there might be trends that develop in terms of peoples' language and thinking."

The concept of cultural appropriateness must be built into the programs and services of gay men. As one health professional put it, "Best practice means that when you're doing an HIV test and you're doing it with a gay man, you do it differently than you do it for a heterosexual. Let's not

have one blueprint for all the work. Whoever's been tested that way, you know that it leaves you angry and not wanting to go back there again."

RECOGNIZE THE IMPACT OF STRUCTURAL INTERVENTIONS ON PREVENTION EFFORTS

Structural interventions need to be taken seriously too. One researcher stated, "I think anything that we can do to strengthen the structures and institutions of the community would be good for HIV prevention. I came across a paper that looked at the relationship between suicide among young Aboriginal men and the status of land rights and treaty rights. This paper was able to demonstrate that where Aboriginal people had made the greatest growth with respect to land claims and Aboriginal title, those areas had the lowest suicide rates among young men."

In the qualitative community based research done by the Man to Man Program, one major finding was "the lack of gay space in Vancouver where gay men feel any sort of collective presence of gay life." Setting up new community institutions, like a gay men's social and cultural centre or a gay men's health organization is very difficult. In this survey men also wanted a community improvement plan and better access to Vancouver decision makers. Economic development of the "gay village" is an issue. Often city by-laws and structures do not enable gay community development. The lack of attention to the structural issues that affect gay men's lives may be key to creating a healthy community.

Another participant brought up Vancouver's community structures that are venues of profit. "The fact that some bathhouses give condoms and lubricant, some don't. Some provide safer sex information, some don't. And I think that could be extended to peep shows and video shows and adult movie theatres. Everybody knows these are places where men have sex with each other and a lot of them are gay men. But there is no culpability for the people that make the profit. If people are going to be sexual in those environments, we should give them the opportunity to do it cleanly and safely."

Another participant reminded us, "You have to be organized as a community to be able to put that kind of pressure on businesses to bring about change or have them respond." Gay men, especially in smaller cities and rural areas, continue to be challenged by their attempts to organize. Much of the involvement is voluntary and it's often the same few who try to do it all and end up burning out.

What would be the impact on prevention efforts if funds were available to develop gay community groups across the province?

ENSURE THE INVOLVEMENT OF HIV POSITIVE GAY MEN IN PREVENTION EFFORTS

HIV positive gay men must play an active role in prevention efforts. As one participants put it, "I think there's a lot we can learn from HIV positive men because they've been dealing with holistic health issues for many years."

It's about HIV positive men and HIV negative men working on this issue together. As one participant said, "It's about protecting each other and protecting our community."

Many HIV positive gay men participated in these sessions. One commented, “As a person who is living with HIV, I think there’s still a cost, a huge burden in having HIV and that every case is problematic. We have to figure out how to stop it.”

Another stated, “I tested positive three years ago and I lived in denial about it for a very long time. I’ve probably been positive for 10, 15 years. I’ve done a lot of asking myself what’s this about. I think there’s a lot of that out there.”

The complexities of this epidemic are huge and we need the experience of HIV positive gay men to understand the dynamics and cultural trends in the gay community. One HIV positive gay man showed us some of the complexities when he talked about being rejected because he always discloses that he is HIV. “It’s frightening that these men did not want to have sex with me because they know I’m HIV positive, but are willing to have sex with somebody who they haven’t got a clue about being HIV positive and engage in risky behaviour.”

MAKE COMMUNITY CAPACITY BUILDING INTEGRAL TO PREVENTION

Any prevention strategy for gay men should address marginalization and isolation. These are social status indicators and social status is a key determinant of health. Capacity building here is about providing opportunities for community members to participate, contribute, learn and feel a sense of community attachment.

In BC, community infrastructure and gay community leadership is underdeveloped. The gay male community needs opportunities to critically reflect on collective and individual issues. As well, those working in the field need the opportunity to listen to the collective experience of gay men and consider standards of community and professional practice that will be health promoting. These kinds of discussions will help us all become more conscious of the issues we are facing.

Many participants spoke of the need to build the confidence and assertiveness of gay men both as individuals and as a community. As one participants stated, “I think we should try to focus on our strengths and build on those strengths.” Participants called for opportunities for community skill building.

CONSIDER THE WORK PRACTICES OF PREVENTION PERSONNEL

Recent exposure to understanding bareback sex has shown the importance of educating prevention personnel on the merits of taking a non-judgmental stance when dealing with the complex issues of condom usage. Negative judgments will quickly create barriers.

This is about ensuring that those taking an active role in community prevention efforts have opportunities to research and discuss the complex issues before them. A prevention strategy needs to outline best practice principles in doing prevention.

HIGHLIGHT THE PREVENTION ACCOMPLISHMENTS OF THE GAY COMMUNITY

Many times participants reminded us that gay men have done much in lowering infection rates, educating the public and advocating for humane health policies. As one said, “We must declare the accomplishments of gay men’s work. In the epidemic and in general. If we don’t continue to

remind people how amazing it is in terms of what we have done to contribute to prevention and the response in this epidemic, nobody will continue to believe the role that we have had. We have not only saved lives in our community, but we have saved hundreds of thousands of lives in other communities, because of the response that we have insisted upon."

Past accomplishments need to be integrated into current prevention work.

CURRENT PREVENTION ISSUES TO CONSIDER

Throughout our research capacity building sessions, many participants put forward ideas that should to be addressed in future community initiatives. These are identified here for future community research and planning activities. This is not meant to be a complete list.

CONTEXTUALIZE GAY MEN'S SEXUAL EXPERIENCE

A theme throughout from participants was to hear more about the experiences of gay men and the context of their sexual experience. For example, one participant suggested a focus on decision making. "If we are just talking about focussing on the sexual interaction between two men without talking about why that's important to us - for fun, for love - we're not contextualizing the decision making process that gay men go through. And if we contextualize the process - the question, it makes the answer resonate much more clearly."

Community based research can help here. Qualitative data about men's experience can be documented and used in campaigns.

ADDRESS SERODISCORDANT PARTNERS AND RELATIONSHIPS

Many participants wanted to know more about the complexities of serodiscordant relationships. Not just to provide support to partners, but also to educate gay men about relationships between HIV positive and HIV negative men. We heard first hand from one of the participant, "I brought home all these new condoms that were supposed to be great and we were having sex and the condom broke. Now I'm on triple combination therapy and I must say this is not the first time that I've had to go on prophylaxis, but the medications are making it really difficult for me to talk. It's like being drunk with none of the good stuff."

As another participant observed, men have questions, fears and uncertainties about "getting involved with HIV positive men. What happens if the person gets sick? What happens if I get infected? What are the possibilities of a relationship in a serodiscordant couple? We could easily use a poster couple to talk about how fulfilling a relationship can be in spite of the specific challenges that come with HIV." HIV positive men have their own questions and fears about entering such a relationship. Gay men need a supportive community environment and access to education and information.

Participants also suggested that the range of relationships that gay men form be acknowledged and supported in prevention efforts. As one participants said, "We haven't been paying enough attention to the structure of relationships and the communication in relationships." One community study reported on a range of responses from gay men on the definition of monogamy.

Community based research can help organizations listen to serodiscordant partners and find out more about interpersonal communication in relationships.

ASSESS INDIVIDUAL AND COMMUNITY MENTAL HEALTH NEEDS

Psychosocial and mental health issues were raised often by participants. Many cities outside BC now have accessible programs to provide gay men with individual and collective support. Some are directly prevention oriented. One participant told us of a program in London, UK, "Gay Men Fighting AIDS has worked up an HIV prevention program for those men who feel insecure about their ability to negotiate a safe encounter. There was a random control study to see whether it worked. They gave the workshop to some groups, as opposed to a control group which they gave a pamphlet to on negotiating sexual safety. The workshop proved itself to be very worthy. It was all based on Ron Gold's research in Australia." GMFA used community based research to develop an effective intervention and wrote up the study to inform other community groups

Gay men have invented ways to express collective feelings about HIV. The Quilt has been an important symbol. The Candlelight Memorial is an annual event. Just recently the possibility of an AIDS Memorial has become a reality in Vancouver, but not without significant opposition from mainstream society. Some participants wanted to know more about the psychological impact of HIV on the gay community. Community based research could help us know more.

Other mental health issues brought up by participants include coming out experiences, internalized homophobia, sexual abuse, and dealing with parents and family.

Community reflection was brought up often as a way for gay men collectively to talk about emotional issues. Community reflection needs to be part of any prevention campaign.

PREPARE GAY MEN FOR MAKING CHOICES

HIV infection for many gay men is about the transmission of the virus during serodiscordant unprotected anal sex. So much can influence the circumstances of whether this sexual activity will result in infection. As one participant put it, "There's a lot that we can do to prepare people before they get into the interpersonal transaction. There's a lot that can be done on the individual, cultural and structural levels to prepare people as best as possible, so that they can be in a better place to negotiate."

If the emphasis is on making choices, then prevention strategies need to know something about how gay men will make choices. This means listening to gay men about their experiences.

ADDRESS THE LIFE COURSE EVENTS OF GAY MEN

Research is emerging showing that individuals can experience vulnerability to HIV when they go through periods of transition in their lives. Although we understand a lot about coming out, other adult developmental knowledge about gay men is lacking. One community researcher reported on a study, "We found out that we hadn't been paying enough attention to adult development, to the changes that go on between being a young man and an older man in gay life. How that is different from mainstream men in their growth and change through adulthood. We could see that there are

different vulnerabilities that happen to gay men when they change in age groups, and when the relationships fall apart and new ones form."

Many participants talked about the distinct needs of young gay men. One participant stated, "Today we have a new generation that sees no holocaust." But it was also pointed out that older gay men need specific prevention strategies The presentation from Dr. Rekart showed us that infection rates in gay men in their thirties has been consistently the highest. As well, the highest increases in HIV infections have been in gay men over 40, especially over 50. As one educator told us, "We hear older gay men talking about how they feel. There's a lot of services for young men, but that once you get to 25 or 30, that there's not the same resources." Age and developmental state are important factors to consider in developing a prevention strategy.

TALK ABOUT STREET LEVEL HARM REDUCTION

It seems that more gay men are devising their own harm reduction strategies for having safer sex. Some cities such as London, UK, have built prevention campaigns around this. We need to know more about risk reduction techniques in Vancouver and BC. As one participants explained, "You can ask the guy what his status is. That's not a definite way to know what another person's status is, but it's street level harm reduction. Or you can size him up by what he looks like, or how he approaches you. Then you decide what position you're going be in. If you're unsure, you don't put yourself in the receptive position, you put yourself in the insertive position. This is known as the risk calculus. It's going on in New York, San Francisco, London and what we found out, roughly through our survey is, it's going on in Vancouver too."

BUILD KNOWLEDGE ON GAY HEALTH ISSUES

Issues concerning gay men's health need to be identified through research. Gay health came up in every session as the next important concept to explore in prevention. A provincial study of gay men's health concerns was suggested.

DISCLOSURE OF HIV STATUS

The Cuerrier case in Canada made it mandatory for an HIV positive person to disclose his or her status to their partner before having sex. Before this, the practice in the gay community had been to take responsibility for protecting yourself. This court decision shifted responsibility to the HIV positive person to disclose.

It's become confusing. You can't assume someone is HIV negative just because they don't disclose. What protection does the HIV positive person have in the situation?

The gay community needs to talk more about disclosure issues. As one participant said, "I know men that personally feel that it's nobody's business what their status is and if somebody's going to be playing sexually that it's their responsibility to protect themselves. Then there are other people that feel quite strongly that it's important to negotiate, disclose and talk about it, so that the levels of safety and responsibility are shared. And probably many in between."

INTERNET CHAT ROOMS

Chat room communication was a big topic of discussion in all sessions. Many were concerned with how to intervene in a supportive way with gay men chatting on line. One participant told us, "Since I've started introducing myself to men on line, I am quite overwhelmingly shocked at the prevalence of non-disclosure and people not talking about HIV in the context of making sexual connections. I have often been rejected because of my HIV status in this environment. At least 80% of the men that I meet, if I didn't bring it up, it would never get mentioned. So they're willing to risk bareback sex with people without even talking about it."

Some participants acknowledged the importance of the Internet, especially for rural gay men, in getting connected and meeting other gays. Chat rooms do facilitate meeting but more research is needed to understand the risk conditions that may be set up.

PREVENTING HIV WHILE SUPPORTING PEOPLE LIVING WITH HIV

Many participants struggled with the dilemma presented in trying to prevent HIV while at the same time ensuring that there is a supportive environment for people living with HIV. As one participant put it, " I don't feel at liberty to come out with a campaign that makes HIV sound bad because so many people are living with HIV. I see a role for the positive guy to play. They're really the only people who have license to say, 'Okay HIV has changed but it's still not fabulous'." This speaks to ensuring the involvement of persons living with HIV in any prevention initiatives.

COMMUNITY MOBILIZATION

A young gay man said, "I wasn't on the the scene in the 80s but from what I've heard, HIV mobilized the community. That really brought them together. But I don't see anything like that now." An urban outreach worker described the difficulties, "We take our materials out to the community. We run the programs. We have some visibility. But in terms of reaching the general gay community, I think there's still reluctance. People don't want to hear about AIDS organizations, don't want to hear about prevention programs, don't want to hear about HIV/AIDS. The gay community is very fragmented and there's not any one element that's mobilizing people, bringing everyone together."

Gay men in rural settings continue to be challenged in their attempts to organize. Much of the involvement is voluntary. Many participants from rural environments stated that it's often the same few who try to do it all and end up burning out.

Community mobilization is a foundational issue for community groups doing health promotion. It came up throughout these five meetings. Participants want opportunities to learn about mobilizing gay men.

UNPROTECTED SEX VERSUS UNSAFE SEX

Participants reminded us to be more diligent in making the distinction between unprotected sex and unsafe sex in our research and in our education programs.

ASSESS CURRENT PREVENTION ACTIVITIES

Participants provided examples of initiatives they are taking. They also wondered if it was having an impact on gay men. For example, many AIDS service organizations spend time trying to get into the school system to educate young people about HIV/AIDS. Some have few difficulties. Some never get in. Others have to adhere to strict guidelines. These questions came up, "Does this help in the prevention of HIV in gay men? Does it help create a more supportive environment for gay men? Is it beneficial for high school males who might be questioning or coming out?"

With many calling for new approaches, it is time to assess what we are doing in HIV prevention for gay men.

GAY MEN VERSUS MSM

Participants sent a clear message that gay men and men who have sex with men (MSM) are different populations and need their own prevention strategies. They also questioned the usefulness of LGBT (lesbian, gay, bisexual, transgendered) strategies in being able to address the specific program needs of gay men.

VACCINES

Vaccine clinical trials are already a reality for many gay men. Activists are already talking about developing a vaccine strategy for Canada that would include community preparedness. More discussion is needed here to ensure that vaccine education becomes an integral part of any HIV prevention strategy for gay men.

RESEARCH TO SUPPORT PREVENTION EFFORTS

In our five sessions, we heard about many community based research projects. Participants were able to identify many areas where we needed to listen to the community to understand the local circumstances of gay men.

What follows are some of the areas where research was suggested:

- **Sexual interaction**: continue to research sexual and interactive behaviour among gay men where HIV transmission can occur and the context of that behaviour.
- **Prevalence and incidence**: continue to look at the gaps in prevalence and incidence data and testing trends.
- **Movement patterns** of gay men in BC: moving to Vancouver, moving back to smaller city or town, testing and treatment, sex in the city, coming out, looking for community. We heard from many participants on this issue.
- **Gay health** in Vancouver, Victoria and across BC. Participants asked, "Where are we able to see any kind of provincial picture?" Another said, "We don't have that much information about gay men and gay men's health province wide. There's a wealth of information out there that could be collected and the spin off of research is often community development."
- **Homophobia** in the province and how to educate about gays and lesbians; how to reduce internalized homophobia; how to do anti-homophobia campaigns in rural areas and not inflame the general population

- **Chat rooms**: more research on how chat rooms are evolving in gay culture; there is little knowledge and conflicting values
- **Risk taking**: AIDS educators want to know the relation between taking risks and such issues as coming out, sexual abuse, internalized homophobia and sexual abuse.
- **Drug and alcohol**: role of drug and alcohol use in prevention issues.
- **Gay culture trends**: listening to the community and keeping up with cultural trends around prevention issues
- **Serodiscordant relations**: listening the situations of serodiscordant partners, their issues, and assumptions.
- **Gay relationships**: negotiated safety, risk calculus
- **Emotional issues**: there are many affective issues that need further inquiry
- **Life course events of gay men**: understanding gay adult developmental issues and their relation to sexual safety
- **Street level hard reduction**: more information on informal risk reduction strategies of gay men
- **Disclosure of HIV status**: these situations have become more complex and we need to hear what gay men are experiencing
- **Treatment optimism**: more BC information will help us understand the issue locally

RECOMMENDED RESOURCES

ABOUT COMMUNITY BASED RESEARCH

Allman, D., Myers, T. & Cockerill, R. (1997). *Concepts, Definitions and Models for Community-Based HIV Prevention Research in Canada.* Toronto: University of Toronto.

This is a literature review of community-based research along with an analytic framework that can be applied to the planning and evaluation of community-based research projects.

Community Based Research Centre. (2000). *Communities Creating Knowledge: A consensus statement on community-based research.* Vancouver: Community Based Research Centre.

More than thirty HIV/AIDS community researchers and educators from many countries came together at a satellite meeting of AIDS Impact, 4th International Conference on the Biopsychosocial Aspects of HIV Infection in Ottawa, July 1999 to discuss community based research. Over the next year the group worked electronically to craft a consensus statement for CBR that includes guiding principles of CBR, case stories, recommendations for the field and a framework for developing an International Network for Community Based Research on HIV/AIDS.

Evans, K.R. (2000). *Building a Foundation for Community-Based HIV/AIDS Research*. Halifax: Sexual Health Services Coalition of Central Region.

Report on a series of Halifax workshops that brought together stakeholders to set community-based research priorities and begin skill development in this area.

Marchand, R. & Trussler, T. (2000). *Communities Creating Knowledge: building capacity for community-based research in HIV/AIDS.* Vancouver: Community Based Research Centre.

Report on "Communities Creating Knowledge", a satellite meeting of AIDS Impact, 4th International Conference on the Biopsychosocial Aspects of HIV Infection in Ottawa, July 1999. The report contains seven case studies of community based research projects from South Africa, New Zealand, Australia, United Kingdom and Canada.

Trussler, T.& Marchand, R. (1997). *Field Guide: Community HIV Health Promotion – Theory, Method, Practice.* Vancouver: AIDS Vancouver/Health Canada.

This book provides the foundation for doing community based research as part of your community HIV health promotion work. A look at health promotion theory; an examination of successful HIV projects leading to the development of a model of HIV fieldwork – Study-Plan-Do.

Trussler, T. & Marchand, R. (1998). *Knowledge from Action: Community-based Research in Canada's HIV Strategy.* Vancouver: AIDS Vancouver/Health Canada.

This reports provides a rationale and vision for enhancing community based research in Canada under the current Canadian Strategy on HIV/AIDS. Reviews many examples of CBR.

Trussler, T., Marchand, R., et al. (1999). *Creating Knowledge for Action: evaluation national workshop on community based research.* Ottawa: Canadian AIDS Society.

An evaluation report of a satellite meeting on community based research sponsored by the Canadian AIDS Society and held in coordination with the 2nd Canadian HIV/AIDS Skill Building Symposium in Winnipeg. Report outlines 11 community based research projects in Canada and offers a number of resources for assessing research capacity in communities.

ABOUT GAY MEN IN BC:

Allman, D. (1999). *M is for Mutual A is for Acts: male sex work and AIDS in Canada.* Vancouver: Health Canada/AIDS Vancouver et al.

A review of the literature of male sex work in Canada with an emphasis on HIV/AIDS.

Barker, A. (2000). "New attitudes, new message." *Living +,* No. 9 (November/December), 10.

Andrew Barker outlines AIDS Vancouver's Man to Man Program.

Barker, A. (2001). *Building Gay Men's Health: A peer-based approach to creating community change*. Vancouver: AIDS Vancouver.

This manual by Andrew Barker, Coordinator of the Man to Man Program at AIDS Vancouver outlines how the program reoriented its approach to prevention using community based research. He offers lots of experience on training volunteers as peer ethnographers, running focus groups and integrating research into programming.

Bhat, A., Yee, W., Koo, H. (1994). *Behind the Asian Mask: a survey of Asian MSMs and HIV Awareness.* Vancouver: Asian Support AIDS Project, AIDS Vancouver.

Survey of 102 gay Asian men in Vancouver. This community based research was a first in the gay Asian community in Canada and provided critical information for developing prevention programs.

Botnick, M.R. (1993). *Results of the Provincial Outreach Survey.* Vancouver: Man to Man, AIDS Vancouver,

A 1993 community based research provincial needs assessment to gain a basic understanding of the state of the province and current educational and service initiatives for gay men around BC.

Botnick, M.R. (Ed.) (2000). *Gay Community Survival in the New Millenium.* New York, London, Oxford: The Haworth Press, Inc.

This monograph discusses the often discordant ideologies between AIDS service organizations and Gay community service organizations in the Lower Mainland of British Columbia, as they seek legitimization and attempt to recruit constituencies of gay men who are either HIV-positive or HIV-negative. The book examines the economic, social, political, ideological and interpersonal rifts between the two serostatus groups.

Canadian AIDS Society. (1994). *Gaily Forward: Implications of Men's Survey.* Ottawa: CAS.

A report for HIV educators and counsellors working with gay and bisexual men on the regional and national working conferences that looked at the implications of *Men's Survey*.

Canadian Public Health Association. (1998). *Safe Spaces: hiv prevention for gay, lesbian and bisexual youth.* Ottawa: CPHA.

Kamloops was involved in the Gay, Lesbian and Bisexual Outreach Project that led to the development of this guide. *Safe Spaces* encourages community groups to support gay, lesbian, bisexual youth in the pursuit of knowledge and healthy communities.

Healy, T. (2001). *"Why do we even have to do this? Why can't we be treated the same?": Report on the results of a focus group with Gay Youth in Prince George, BC.* Prince George: AIDS Prince George.

This is a report of a focus group with Prince George gay youth as part of a project between AIDS Prince George and GALA North. It outlines the results of a training workshop that includes the observations of gay youth and recommendations for change with key sectors such as teachers, counsellors, police.

Martindale, S. (2000). *Five Year Report: Vanguard Project.* Vancouver: BC Centre for Excellence in HIV/AIDS.

A five year review of the studies and activities of the Vanguard Project, an ongoing study of HIV rates and risk factors among young gay and bisexual men in the Vancouver area.

Myers, T. et al. (1993). *Men's Survey*. Ottawa: Canadian AIDS Society.

A report of a national venue based survey of 4,803 Canadian gay and bisexual men. Data on 683 men from Vancouver, 58 from Victoria, 20 from Prince George and 22 from Kelowna.

Samis, S.M. & Whyte, K. (1998). *"It's about a lifetime": Men's Stories about Sexuality, Relationships and Safer Sex. Final Results from the MARS Project.* Victoria: AIDS Vancouver Island.

A qualitative community based research project to explore the feelings and beliefs about sexuality, relationships and safer sex amongst gay, bisexual and other men who have sex with men living on Vancouver Island and the Gulf Islands of BC.

Schilder, A. et al. (2001). "Being dealt with as a whole person." Care seeking and adherence: With benefits of culturally competent care. *Social Science & Medicine.* 52, 1643 – 1659.

Qualitative research on 47 HIV positive persons, including 27 gay men from Vancouver. Offers insights into experiences with the health care system in BC and HIV antiretroviral therapies.

Trussler, T., Perchal, P. & Barker, A. (2000). "Between what is said and what is done: cultural constructs and young gay men's HIV vulnerability." *Psychology, Health & Medicine*, Vol. 5, No. 3, 295-306.

The results of a community-based participatory research project used by the Man to Man Program at AIDS Vancouver. 71 participants attended 11 focus groups conducted by trained peer researchers.

Trussler, T. et al (2000). *Gay Health in Vancouver: a quality of life survey.* Vancouver: Community Based Research Centre.

A report on a community based survey research project conducted by a coalition of community groups under the name Gay Health Vancouver. 619 participants completed the survey that used the determinants of health to construct questions that would provide data on gay health. Community groups wanted to explore the idea of doing HIV prevention within a gay health framework.

Web sites with gay men's research and resources:

Sigma Research, UK is a social research group specialising in the behavioural and policy aspects of HIV, AIDS and sexual health. They have done many important studies on gay men.
http://www.sigmaresearch.org.uk

Gay Men Fighting AIDS (GMFA), UK is a community group devoted to gay men's prevention. Their newsletter, F***Sheet is an excellent publication. You can get their newsletter, CBR studies and other resources at their web site.
http://www.demon.co.uk/gmfa/

EPIDEMIOLOGY

To get the Canadian HIV/AIDS & STD surveillance reports and epi updates from Health Canada's Bureau of HIV/AIDS, STD and TB, go to:
http://www.hc-sc.gc.ca/hpb/lcdc/bah/public_e.html

To get the British Columbia HIV/AIDS & STD update reports from the BC Centre for Disease Control, go to:
http://www.bccdc.org/stdaids/index.shtml