

Engaging Gay, Bi and other Men who have Sex with Men

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**Community-Based Research Centre
for Gay Men's Health**

Jody, who?

A Note on Language



My Story – coming out to nurse Marlene



Why gay, bi, Two-Spirit, and other Men who have Sex with Men (gbMSM)?

What's all the fuss?



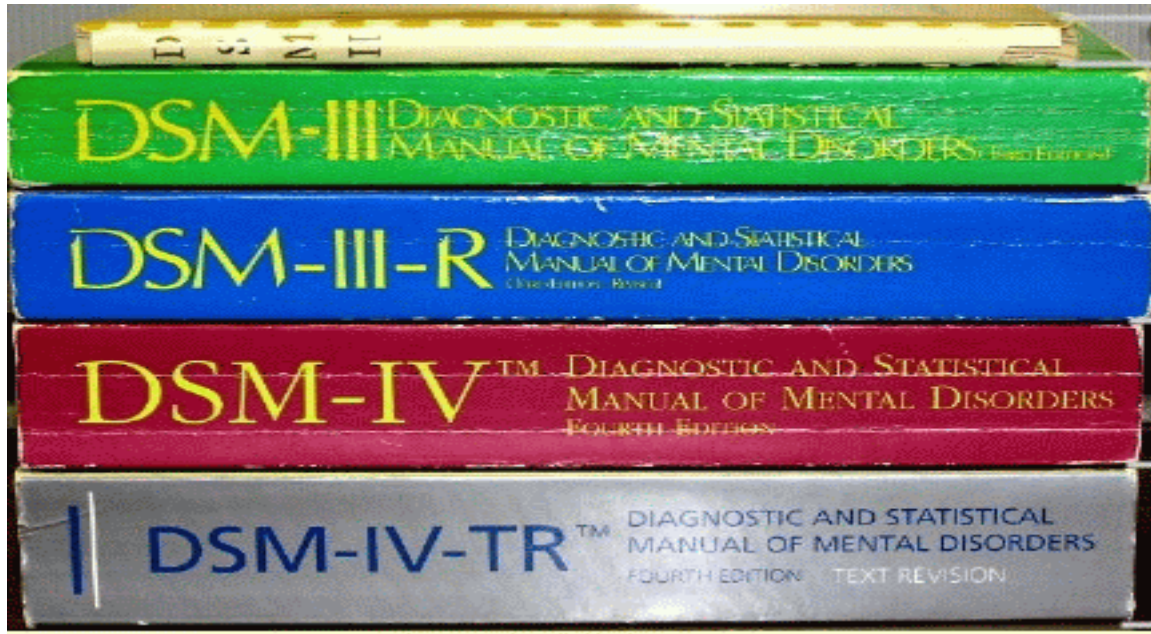
Homosexuality Decriminalized in 1969

“I think the view we take here is that there’s no place for the state in the bedrooms of the nation, and I think what’s done in private between adults doesn’t concern the Criminal Code”

- Justice Minister Pierre E. Trudeau, 1967



Declassification of Homosexuality as a Mental Disorder



1973

American Psychiatric Association

1990

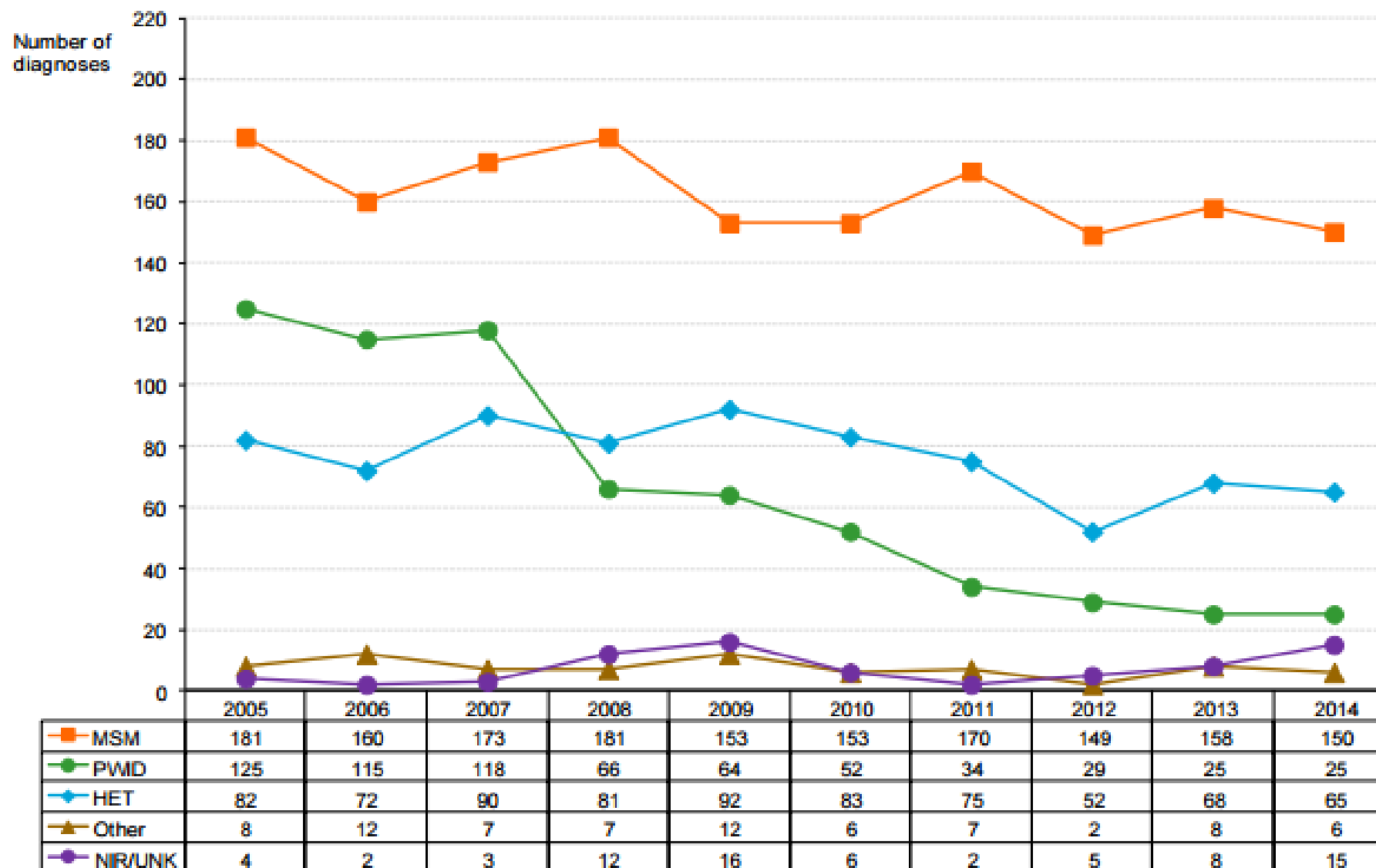
World Health Organization

gbMSM Health Outcomes

- Trauma experienced through bullying, harassment, violence, rejection
- Shame, stigma, distress, minority stress, depression & anxiety
- Very high rates of attempted suicide
- Very high rates of substance use & abuse & smoking
- Very high rates of partner violence
- Very high rates of STIs & HIV



14. New HIV diagnoses in BC by exposure category - total, 2005 to 2014



MSM - men who have sex with men

PWD - people who inject drugs

HET - heterosexual contact

NIR - no identified risk

UNK - exposure unknown

Other - blood/blood products, occupational, perinatal, or other exposures

Why is HIV so prevalent?

- increased per-act probability of HIV transmission for penile-anal sex
- higher rates of men living with HIV in gay sexual networks
- versatility
- sex education programming that is silent on gay men's sexuality
- profound societal stigma towards HIV and gay men (syndemics)

Health care providers should continue to work with gbMSM in ways that acknowledge, rather than shame, risk taking.

“I don’t see many gay men in the North.”

The BC CDC estimates that 2,200 MSM live in the Northern Health authority. That same report estimates that number is under-reported, and could be 30 – 40% higher (BC CDC/PAN Key Population Size Estimate Project 2016)

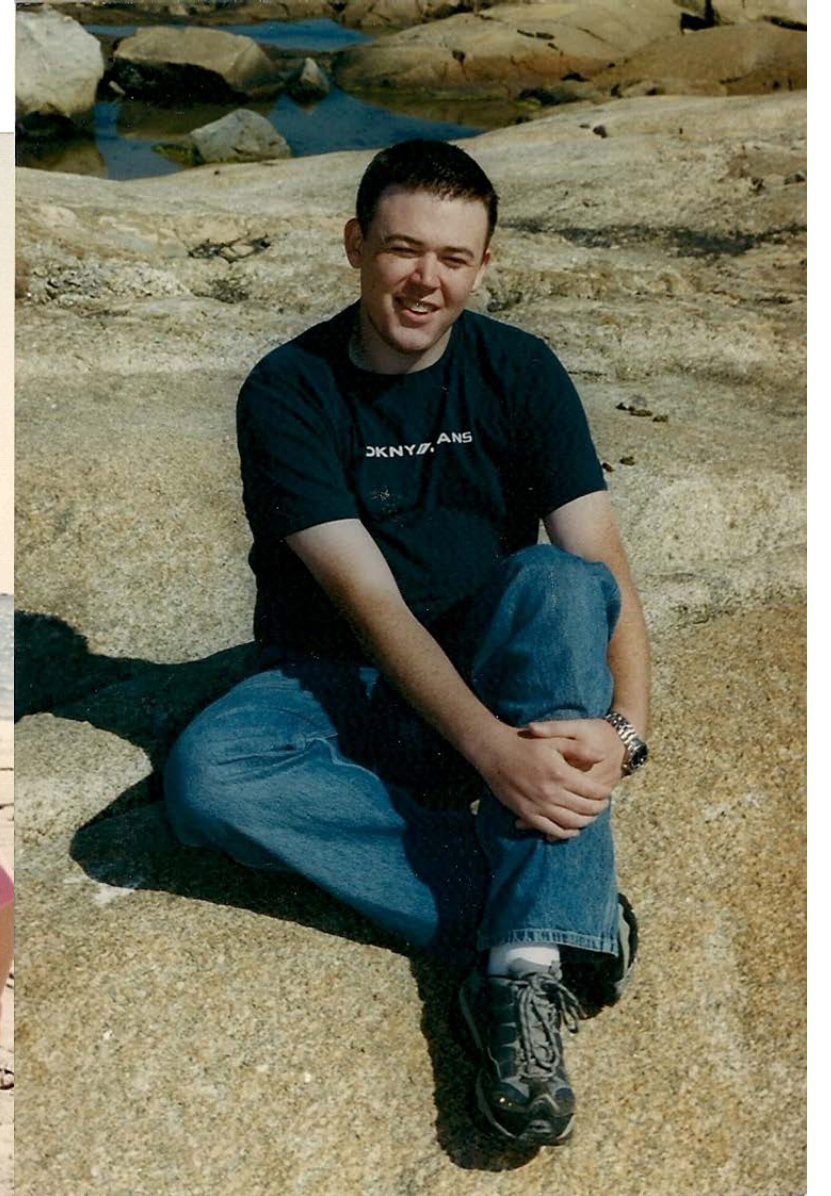
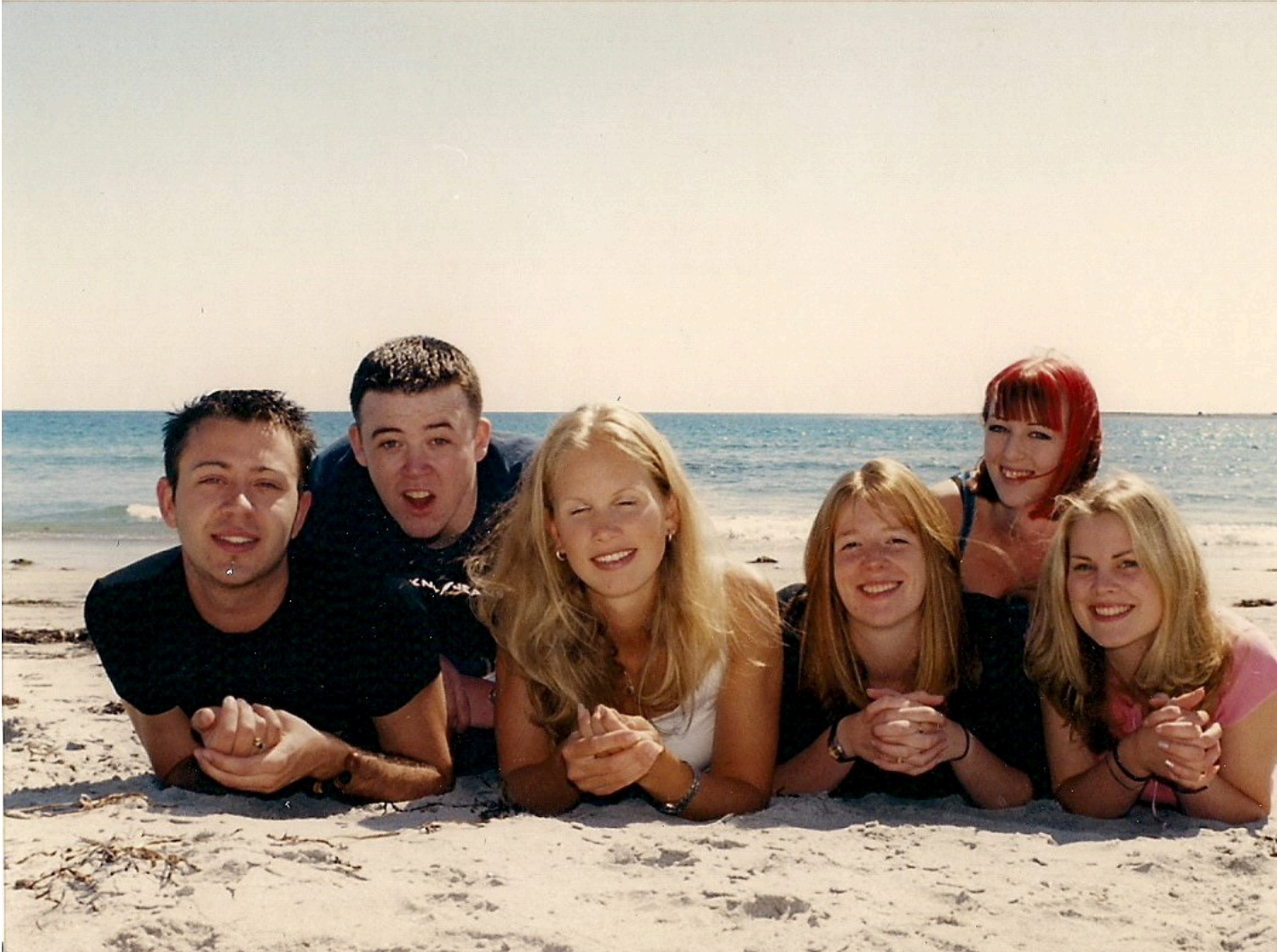
In Northern Health, only 58% of MSM identify as ‘gay’, while 37% identify as ‘bi’, 6% identify as ‘straight’ and 5% identify as ‘queer’

24% reported condomless anal sex with unknown partners, 44% reported not being tested for HIV in the last year, 23% have NEVER had an HIV test, 48% were unaware of Post-Exposure Prophylaxis (PEP) and 55% were unaware of Pre-Exposure Prophylaxis (PrEP)
-Sex Now, 2015

In Northern Health, 60% of MSM are NOT out to their healthcare provider. This is the highest proportion in BC (Interior = 41%, Island = 40%, VCH = 19%).

MSM who are not out to their healthcare provider are 10x less likely to have received an HIV test in the last year. – Sex Now 2015

Sean's Story



The gbMSM Experience

Understanding Health Factors Associated with Risk

Syndemics by Ron Stall

- (n.) a cluster of epidemics that act additively to predict other epidemics
- (adj.) of or pertaining to such a cluster*

Syndemic Theory by Ron Stall, PhD

- Multiple dangerous epidemics afflict urban gbMSM communities; each of them important and each interacting with the other.
- These epidemics interact to drive HIV risk and HIV infection among gbMSM.
- Progress on fighting any one of these epidemics is likely to be limited by lack of progress in fighting other interactive epidemics in tandem.



Maybe it's not homosexuality, maybe it's homophobia?

- Violence victimization of young gbMSM is commonplace
- Violence victimization in adolescence predicts poor health outcomes among the general population, including gbMSM
- The experience of homophobic attacks at a very early age may be a root cause of syndemics within gbMSM communities
- Importance of resilience and social networks

What Do We Know About Protective Factors Among Gay & Bi Men?

- Family connectedness, teacher caring, other adult caring, and perceived safety at school (for younger gay men) (*American Journal of Public Health, 99(1), 110-7*)
- Levels of protective factors are generally higher among bisexual than among gay respondents (*American Journal of Public Health, 99(1), 110-7*)
- Sense of Coherence (*Anxiety Stress Coping, 27(6):662-77*)
- Social Support and Self-Efficacy (*The Gerontologist, 53(6):963-72*)
- Social Network Size (*The Gerontologist 53 (4): 664-675*)

The gbMSM Experience

Gay men are leaders in preventing HIV

- Strategic Positioning
- Serosorting
- Condom use
- Regular testing
- ARV use/TasP
- PEP/PrEP use

Know Your Risk

Not all sex has the same risk. Your risk of picking up or passing on HIV depends on the kind of sex you have, your HIV status, your partner's HIV status and condom use. The guys at HIM believe you can have great sex and still reduce your risk by making smart, informed decisions. We're not going to tell you how to have sex, but we will offer some techniques for reducing the risk associated with the kind of sex you want to have.



No Risk or Very Low Risk

Kissing / Spit swapping, Hand job / Mutual masturbation, Receiving or Giving oral sex with a condom, Rimming with a dental dam

Low Risk

Receiving oral sex with no condom and no ejaculation in mouth, Giving oral sex with no condom and no ejaculation in mouth, Rimming with no dental dam, Anal sex (topping or bottoming) with a guy with a different or unknown HIV status with a condom

Moderate Risk

Giving oral sex with ejaculation to a guy whose status is unknown or different

HIV Risk Calculator

Moderate Risk

1- What kind of sex are you having?

Getting Sucked Sucking Rimming

Topping Bottoming

2- Are you?

HIV Negative HIV Positive I don't know

3- Your partner is?

HIV Negative HIV Positive I don't know

4- Are you using condoms?

Yes No

CALCULATE HIV RISK

Yoga with HIM

A group for gay men.

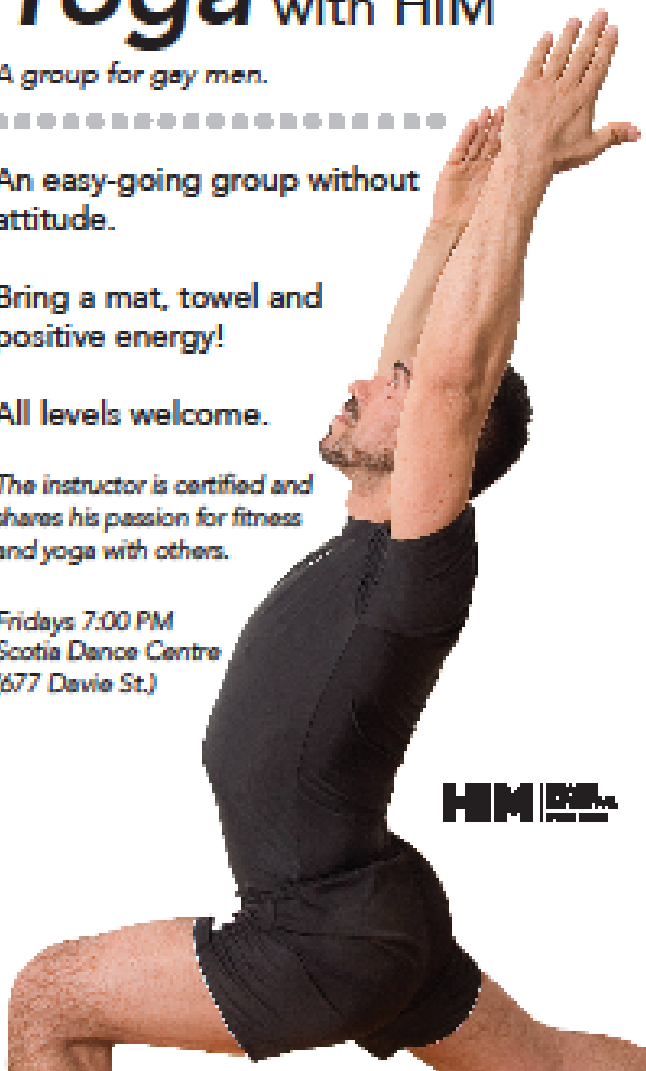
An easy-going group without attitude.

Bring a mat, towel and positive energy!

All levels welcome.

The instructor is certified and shares his passion for fitness and yoga with others.

*Fridays 7:00 PM
Scotia Dance Centre
(677 Davie St.)*



HIM | HEALTH INITIATIVE FOR MEN

Gay Men's Health is more than HIV

ARE YOU A GAY DAD?

READ ON!

Health Initiative for Men is offering an interactive group for dads who are gay.

Come and join other dads to explore the joys and challenges of being a dad who happens to be gay.

6 weeks starting in May 2010

Tuesday evenings 6:30 - 8:30 pm
#310 - 1033 Davie St., Vancouver

If you have any questions or want to register please call 604-488-1001 or email: register@contacthim.ca



HIM | HEALTH INITIATIVE FOR MEN
<http://www.checkhimout.ca>

Seek & Treat/STOP HIV

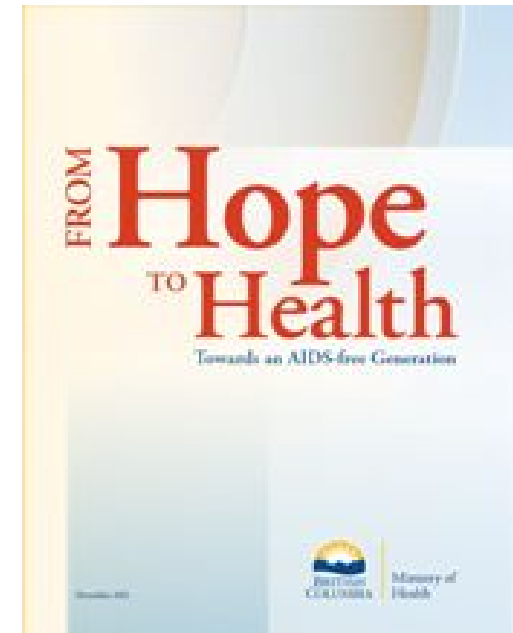


From Hope to Health

- STOP HIV – initially 48 million dollar pilot in Vancouver & Prince George
- From Hope to Health – annual 20 million to STOP HIV. Distributed to proportionately to all Health Authorities
- Testing/treatment targets
- Funding for prevention

Challenge for gbMSM

- Lack of capacity outside Vancouver



From Hope to Health to Public Health Officer's Report Implementation


- PHO Report: HIV, Stigma & Society release in June 2014
- PAN writes letter to Ministry
- Steering Committee directs CIC to move forward with key recommendations
- CIC identified implementation as one of 4 strategic priorities (Sept 2014), struck working group (Spring 2015)
- Health Authorities contribute funds to hire a consultant (that's me!)

PHO Priorities

- 1) BC Gay Men's Health Strategy
- 2) Healthy Schools
- 3) Prevention Scale Up
(access/competency)
- 4) Mental Health & Substance Use
(access/competency)
- 5) Combat prosecutorial guidelines for HIV
criminalization
- 6) Increase research/surveillance/data

HIV, Stigma and Society:
*Tackling a Complex Epidemic and Renewing HIV
Prevention for Gay and Bisexual Men
in British Columbia*

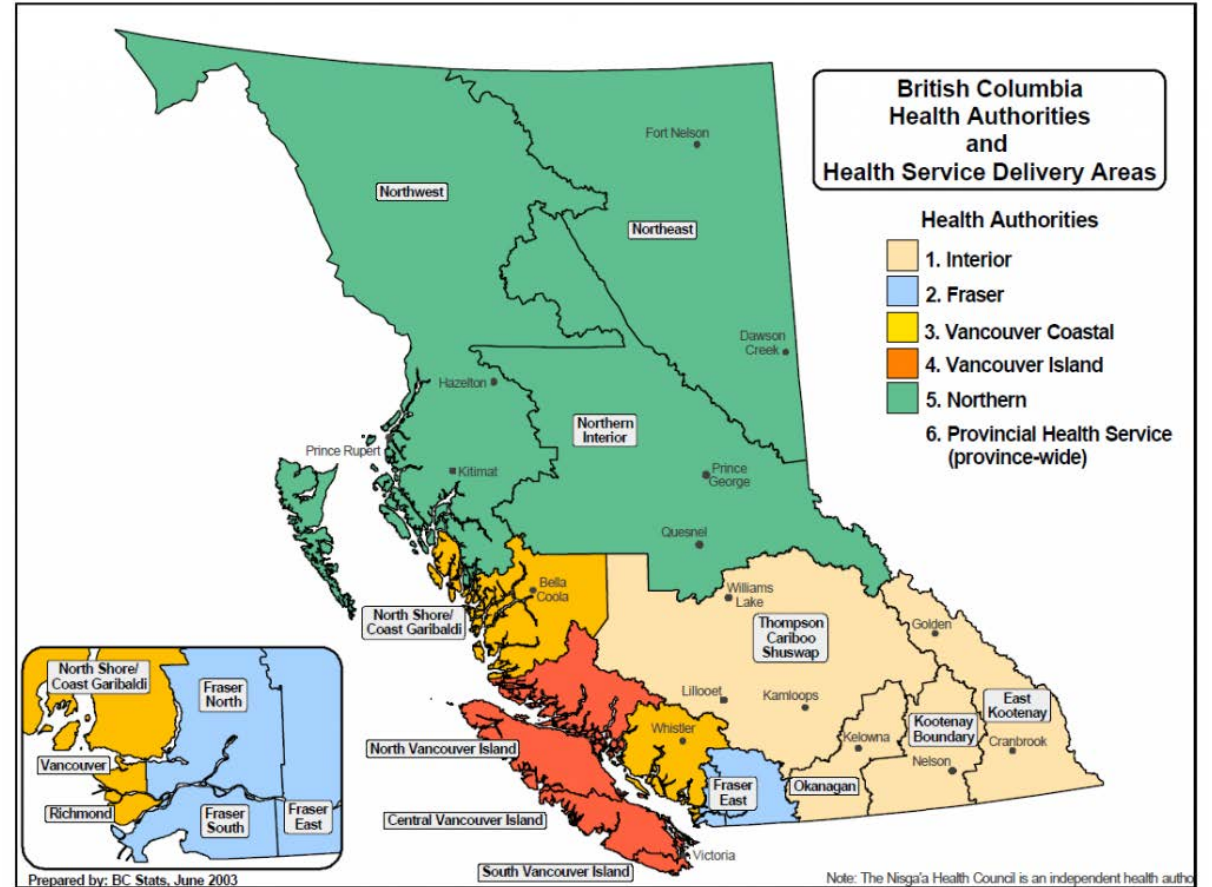
The cover features a grid of 16 small images arranged in four rows and four columns. The images depict various scenes: a solid purple square, two men on a beach, a man's portrait, a cityscape, a man and child, a solid purple square, a man in a hospital bed, a man in a hat, a man hiking, a group of men, a solid purple square, a man at a desk, a couple embracing, a person on a beach, a man in a kitchen, and a solid purple square. The images are connected by a dotted purple line.

 **BRITISH COLUMBIA**

Provincial Health Officer's
Annual Report

Approach

- Visit regions
- Consult stakeholders
- Make recommendations
- Engage decision makers
- Influence change (structural and quick wins)
- Use PHO priorities to stimulate dialogue



Outcomes to date

- Connections, networking, engagement with 200 stakeholders (more than 40 stakeholders in Interior, 70 on Vancouver Island, 30 in the North)
- Capacity building, information/best practice sharing (condom distribution/testing nights)
- Solutions (eg. including gay men in Trauma Informed Practice)
- More than 40 suggested activities for community orgs, health authorities and educators
- Major themes: two pronged approach (targeted service + structural change), cultural competency (today!), think up-stream, start younger (Mpowerment)

Todd's Story



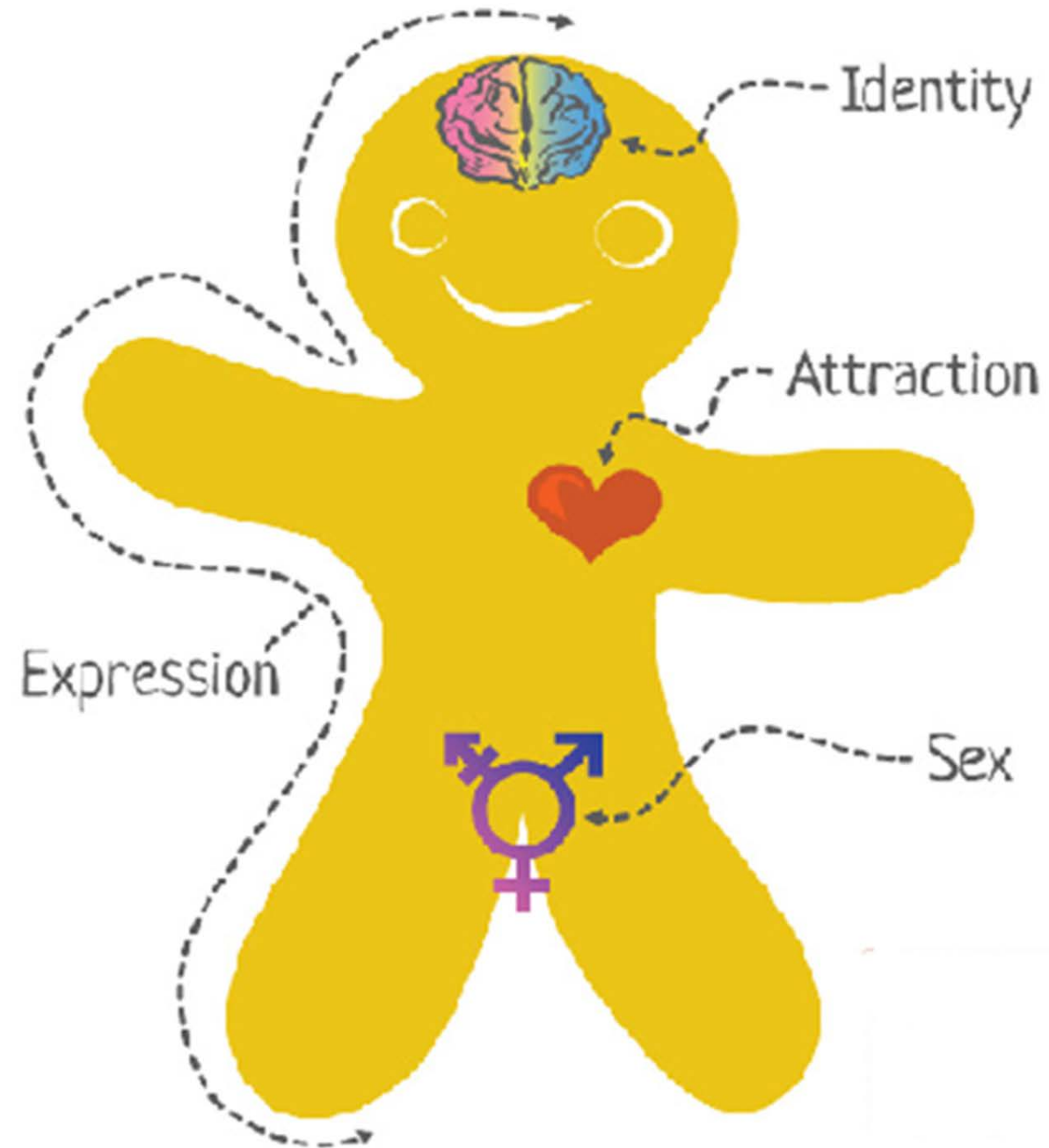
Working with gbMSM

Some things to note:

- 1** | Most people receive little education about gender or sexual diversity.
- 2** | Speaking about gender variance or any kind of sexuality is uncomfortable for most people.
- 3** | Sexual orientation and gender identity are defined by the person not the provider.
- 4** | Mental health symptoms and syndromes result from minority stress, impacting sexual behaviour.
- 5** | Primary care must be accessible and relevant to all persons, including gbMSM.

Components of Identity

- 1 Gender Identity
- 2 Gender Expression
- 3 Biological Sex
- 4 Sexual/Romantic Attraction



Who are we?



Gay, Bisexual, Queer, Two Spirit, Trans* other MSM

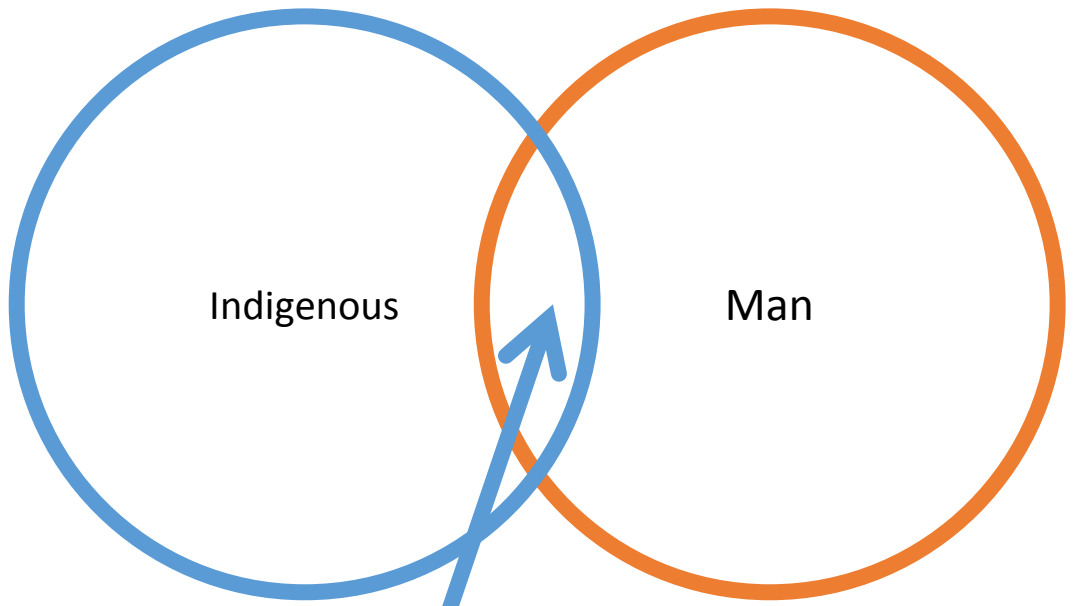
- It is not up to the provider to determine an individual's identity for them.



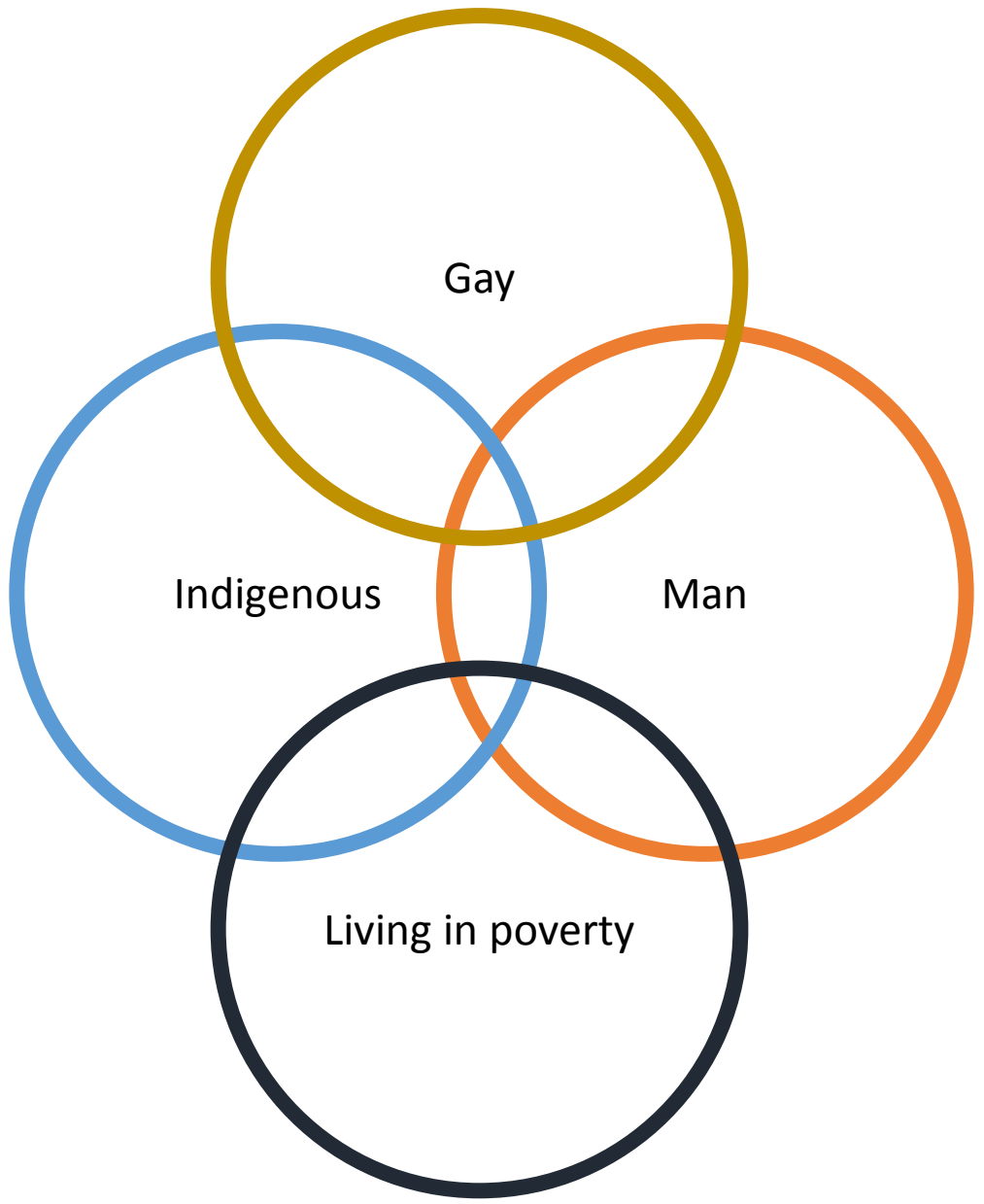
Intersectional Identities

- Each individual carries multiple, overlapping identities and often more than one of them is an identity that causes them to face oppression or discrimination.
- These overlapping or interlocking identities are called “intersections” or “intersectional identities”





Intersection of cultural and gender identities



Working With gbMSM

Understanding Heteronormativity

Heteronormativity is the cultural bias in favor of opposite-sex relationships of a sexual nature. This can take many forms from marriage to music.

We live in a heteronormative society where homophobia and violence represent the extreme elements.

Many people are attempting to change this culture. The western gay rights movement has had unprecedented successes.



Working With gbMSM

Understanding The Determinants of Gay Men's Health

Gay Men and other men that have sex with men have different determinants than other minority groups.

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- ***Social Environments***
- ***Physical Environments***
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- ***Gender***
- ***Culture***
- ***Stigma***



Working With gbMSM

Understanding Life Course Model and the Impact of Generations

“How gay men think about themselves, their bodies and their desires is a product of social and historical time.”

Phillip Hammack, PhD, University of Santa Cruz



“The life course model helps account for the impacts of significant and ongoing political and social change towards gay men on the lives and health of gay men.”

Generations Theory

Health determinants for gay men are not static, and are linked to / originate from the generation they are born into:

Stigma Generation (born in the 1930s):

transformation of gay identity from diagnosable mental illness to legitimate social identity

witness to the entire AIDS epidemic; survivors

Stonewall Generation (born in the 1940s):

first generation to experience gay liberation in late adolescence / early adulthood

longer period of their life course free from stigma and criminalization of gay sex

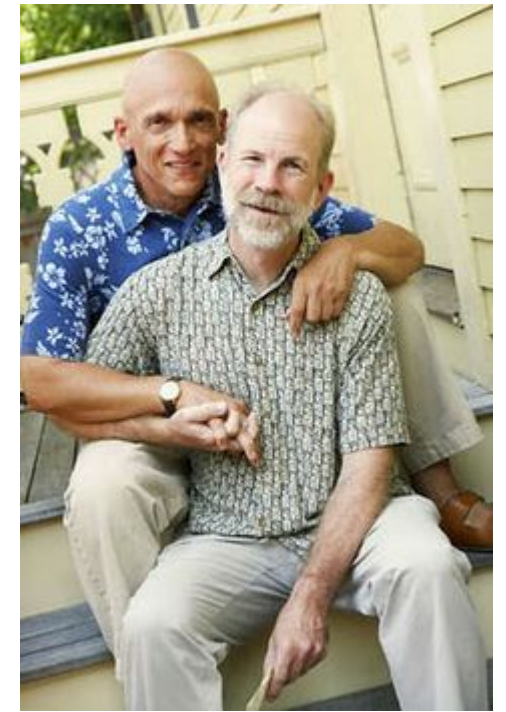
Like Stigma Generation, witnessed devastation of AIDS epidemic firsthand

Experienced profound setbacks to gay liberation movement

AIDS 1 generation (born in the 1950s and 1960s)

“probably the hardest hit by AIDS, given that they were at the peak of their sexually active lives when it was emerging”

“it was like living in a war zone for this generation, with outwardly healthy and attractive men in their 20s and 30s falling ill and dying in a matter of weeks”



Generations Theory cont.

AIDS 2 generation (born in the 1970s)



experienced childhood and adolescence at a time when the AIDS epidemic was often conflated with gay sex, disease and death

did not, however, experience the same personal losses as members of the AIDS 1 generation

Awareness of risk, vigilance in condom use; safer sex practices

Internet emerges, treatment advances gradually transformed collective consciousness of HIV/AIDS from a lethal illness to a chronic, manageable health condition

discourse shift from AIDS to issues such as marriage equality and human rights protections



Post-AIDS or marriage equality generation (born in the 1980s and '90s)

Growing up under radically different social and political contexts than all previous generations

“They are the first generation to now experience their same-sex desires absent the same fear of AIDS that consumed members of my generation when we were beginning to have sex”

Coming of age in an era of unprecedented advances in rights and equality for GSM individuals and communities

Barriers to Care



- gbMSM frequently withhold information about orientation, gender, sexual practices and behavioural risks
- Many health providers are uncomfortable, reluctant or undertrained to take sexual history
- Some health providers will treat us just like ‘everyone else’ – but we actually have specific health needs
- How health providers communicate with our patients can improve their engagement in care and thus improve their health outcomes

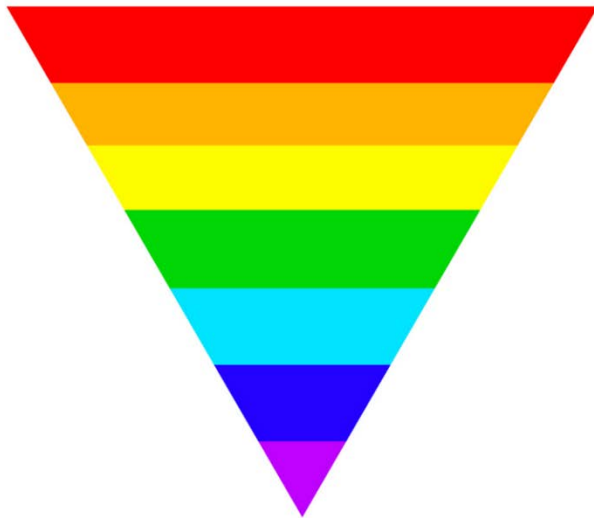
How healthcare providers 'show-up' impacts care

- What you know
- How you talk
- How you deliver care



A Safe Space

**This office is a safe
space for all people.**



lesbian, gay, bisexual, pansexual, asexual,
straight, two-spirit, transgender, cisgender,
queer, questioning, ally

“It’s not enough to know in your own head and say, “Oh, I’m okay with it.” You’ve got to indicate that to me. Because I’ve been through so much homophobia that I am not going to take it for granted that you’re okay with me. ... I still don’t assume that people are okay with me, or with us.”

(Health Care Professional, Vancouver)

Invisibility and Coming Out

Assumption that LGBT people can be spotted

- However, many are not identifiable

People need safe opportunities to disclose and safe spaces to be out

- Having identifiable LGBT2S staff, signage, reading materials, etc. may make it easier for clients to be out

Confidentiality

- Ensure privacy and discuss confidentiality before asking about potentially sensitive information

Taking a Sexual History

- Do you have sex with men, women, or both?
- Use general terms such as 'partner'(s) or 'significant other'(s)
- Aim for inclusivity, avoid assumption
- Married does not mean monogamous
- Non-binary or poly relationships exist
- Sexual orientation is not equivocal to sexual activity
- Don't assume condoms, mean 'safe' or 'protected'
- Ask about activities including oral, anal, digital, vaginal, use of shared sex toys

Billy's Story – an encounter with nurse Suzanne

- Consulted both follow-up nurse & newly diagnosed
- Patient felt 'harassed' & shamed by nurse for 'anonymous' sex
- Nurse felt she was being 'lied to', suspected patient was withholding information

Additional feedback: operating hours matter!