

# New Directions in Gay Men's Health and HIV Prevention in Canada



Pan-Canadian Deliberative Dialogue 2010  
REPORT

On March 4, 2010 in Montreal QC, preceding the *Leading Together Skills Conference*, a day-long satellite meeting was organized to identify strategic priorities in research and programming in gay men's health and HIV prevention in Canada. *The Pan-Canadian Deliberative Dialogue* was co-hosted by CATIE and the Canadian AIDS Society, and organized in partnership with the Canadian Rainbow Health Coalition, the Sexuality, Vulnerability, and Resilience Research Project housed at McGill University, and the Community-Based Research Centre.

This report reflects the discussion among the forty representative researchers, policy makers and front-line programmers working in this sector across the country, and provides new directions in gay men's health and HIV prevention in Canada.

CATIE would like to thank the following people for working with us to help produce this report. Their time and knowledge were invaluable and much appreciated.

Writer

**Len Tooley**

Editors

**Véronique Destrubé**

**Ed Jackson**

Design, Layout and Illustration

**Jonathan Kitchen, JAK Creative**

Translators

**Jocelyne Demers-Owoka**

**Stéphanie Lemyre**

Reviewers

**Stephen Alexander**

**Don Bapst**

**David Brennan**

**Gens Helquist**

**Ted Kerr**

**Nick Mulé**

**James Murray**

**Bill Ryan**

**Kris Wells**

Printing of this resource has been made possible through financial contributions from the Canadian Institutes of Health Research and the Public Health Agency of Canada. The views expressed in this resource do not necessarily reflect the views of the Public Health Agency of Canada.

CATIE is Canada's source for up-to-date, unbiased information about HIV and hepatitis C. We connect people living with HIV or hepatitis C, at-risk communities, healthcare providers, and community organizations with knowledge, resources and expertise to reduce transmission and improve quality of life. For more information, please visit [www.catie.ca](http://www.catie.ca) or call 1-800-263-1638.

**Permission to reproduce.** This document is copyrighted. It may be reprinted and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: *This information was provided by CATIE. For more information, contact CATIE at 1-800-263-1638.*

Additional copies of this publication can be ordered through CATIE's Ordering Centre, available online at [www.catie.ca](http://www.catie.ca) or by calling 1-800-263-1638.

© 2010, CATIE. All rights reserved.



Canada's source for  
HIV and hepatitis C  
information

# New Directions in Gay Men's Health and HIV Prevention in Canada



Pan-Canadian Deliberative Dialogue 2010  
REPORT

## Contents

Executive Summary .....	5
Context and History of Project.....	8
What is a Deliberative Dialogue? .....	9
The social determinants of health: An introduction .....	9
Report on the Deliberative Dialogue .....	10
Identifying the barriers and finding common ground.....	11
Challenging ourselves and asking important questions about gay men’s health .....	13
Learning from our successes: Some “good news” stories.....	15
Changes we need to see happen.....	17
Research Issues: Gaps and Priorities.....	19
Key Structural and Policy Issues .....	21
Key Opportunities and Actions.....	22
References.....	23
APPENDIX I: Background and Development of the Deliberative Dialogue .....	24
APPENDIX II: Agenda for the Deliberative Dialogue .....	28
APPENDIX III: Participants.....	29

## Executive Summary

On March 4th, 2010, CATIE hosted the *Pan-Canadian Deliberative Dialogue, New Directions in Gay Men's Health and HIV Prevention*, an official satellite conference of the Canadian AIDS Society's 6<sup>th</sup> *Canadian HIV/AIDS Skills Building Symposium: Leading Together 2010*. This one-day deliberative dialogue (see box next page) brought together 40 community programmers, policy makers and researchers involved in gay men's health and HIV initiatives from across the country. The deliberative dialogue was preceded by a series of cross-country "webinars" in which leading experts in gay men's health gave evidence-based presentations to the deliberative dialogue participants on the newest developments in gay men's health. The aim of the one-day meeting in Montreal was to explore a growing movement to re-frame HIV prevention among gay men in a way that acknowledges the broader context of their health and well-being rather than focusing specifically on their HIV status and safer sex practices. In short, the deliberative dialogue was held to further discussion on the burgeoning of a new, national, Gay Men's Health Movement, and to begin developing an action plan that would help realize this goal.

### The Context

In the early 1980s when HIV emerged as a major epidemic in gay men's communities, a number of gay men's health initiatives that had been developing throughout the 1970s were forced to quickly change their focus to HIV and AIDS. Gay men organized themselves to advocate for recognition from government and healthcare providers and initiated an unprecedented cultural shift to change their sexual practices and stem the rising tide of HIV infections. Almost a quarter of a century later, however, HIV incidence among gay men across Canada is not decreasing. There is a growing recognition that in order to truly address and impact rates of HIV transmission among gay men, we must understand and address other challenges in our communities: depression, isolation, homophobia, drug use, bullying in school, and the effects of childhood sexual abuse. This movement is in line with a shift in Public Health practices across Canada to understand and address health in a broad social, ecological and holistic framework.

### Outstanding Themes

A diversity of opinions, ideas, suggestions and calls to action were heard throughout the deliberative dialogue. Below is a summary of the outstanding themes that emerged.

#### Defining the issues and finding common ground:

Participants were presented with four key points in order to begin the dialogue and were unanimous in supporting them:

- HIV infection rates among gay, bisexual, two-spirit and queer men and other men who have sex with men across Canada remain unacceptably high.
- The current level of HIV prevention programming and research activities specifically targeting gay/bi/two-spirit/queer men across Canada is, with few exceptions, uneven, inconsistent, sometimes non-existent, and significantly underfunded.
- The narrow focus on transmission risk reduction and condom use which has dominated much of HIV prevention programming for years no longer meets the real health needs of the broad range of gay, bisexual, two-spirit and queer men and other men who have sex with men.
- We need to develop educational programs, community engagement strategies and research agendas that focus on the impact of the broader social determinants of health of gay/bi/two-spirit/queer men.

### Defining "Gay Men"

Within the HIV movement, there is growing acknowledgement that the term "men who have sex with other men" (MSM), which finds its roots in the epidemiological classification of sexual behaviours, partly erases gay men's cultures, identities and lived experiences and tends to define them solely by whom they have sex with. Conversely, referring simply to "gay men" can be problematic as the term gay is laden with cultural and social meanings and values with which some men do not associate. Indeed, there is a significant number of men who participate in the "gay" community – and who are involved romantically, socially and sexually with "gay" men – but do not themselves identify as gay.

Throughout research, policy and community programming on gay men and gay men's health, a wide range of terms is used to acknowledge the limits of simply referring to MSM as gay. It is our belief that a gay men's health movement must incorporate a broad definition of its population and reflect the current diversity of identities and terms within our work and communities. This means including all men who engage with other men romantically or sexually regardless of their gender identity (i.e. men or transmen) or sexual orientation identification (i.e. gay, bisexual, queer, two-spirit, pansexual). However, the term has continuing political and historical resonance and, for the sake of simplicity in this report, we have frequently elected to use the term "gay men" with the clear understanding that the diversity of our identities and terms are contained within it.

**Identifying gaps:**

There was a broad agreement that challenges to a successful gay men's health movement exist at many different levels of our communities, organizations and government.

- **Gay men are not adequately represented or recognized** at provincial and national levels of government or in national health promotion activities.
- **A number of research gaps** need to be filled in order to move forward appropriately.
- **We have primary and secondary school systems that ignore gay men, LGBTQ (lesbian, bisexual, gay, transgender, queer) issues, and our specific health needs** both in terms of sexual health and other health concerns.
- **Our agencies face a number of serious challenges**, including uneven distribution of services for gay men nationally and difficulty retaining talent.
- **As a movement, we need to address the co-factors that affect vulnerability to HIV** and truly address the social determinants of health.
- **The experiences of two-spirit, newcomer/immigrant men and men from racialized communities** need to be highlighted, understood and addressed.
- **Rural gay men's** experiences are unique and often unaddressed.
- **Problems with funding structures are a significant impediment to change.** This prevents us from moving forward and doing new kinds of work. Funding is predominantly based on preventing individual HIV infections; gay men do not receive funding proportionate to the burden of HIV infections they represent; it is often not sustainable; and funders' reporting requirements often don't reflect the reality and nature of work we are doing and need to be doing more of.

**Challenging ourselves and asking important questions about the gay men's health movement:**

In order to develop a truly unified, effective and inclusive movement we have to address some defining issues.

- **Defining and re-defining our movement:** Who are "we?" and where do other LGBTQ communities fit? Acknowledging gay/bi/two-spirit/queer men, and exploring the terms we should be using to identify ourselves as a movement.
- **Do AIDS Service Organizations (ASOs) have the resources and capacity** to initiate and carry the gay men's health movement forward? Who will spearhead this movement?
- **Identifying the passion, anger and resistance** that exist in the movement today: is there complacency in the gay men's community?
- **Balancing the need to acknowledge HIV's effect in gay men's communities**, while at the same time avoiding defining gay men's health issues by HIV.
- **Being Gay Men, but also just being Men:** How are we similar and how are we different to heterosexual men?
- **Questioning our assumptions and conceptions** of "resiliencies and vulnerabilities."
- **North-South partnerships and working across borders:** Working with US organizations is of value to our agencies, but are they impeding our ability to present a unified front within Canada to address government and policy makers?

**Identifying key actions and opportunities for moving forward:**

What actions must we take in order to promote gay men's health provincially and nationally?

- **We must act to address the broader social-structural influences of gay men's health:**
  - o We need to work within the school system to create spaces where LGBTQ youth thrive.
  - o We need to develop the resiliency skills of younger gay men through mentorship.
- **We must increase research on specific populations.**

**The Deliberative Dialogue Process**

A deliberative dialogue is a form of discussion aimed at finding the best course of action. Deliberative questions take the form "What should we do?" They are values-based dialogues rather than agenda-driven debates. These dialogues allow participants to develop a shared understanding of each others' perspectives. Deliberative dialogues:

- Examine multiple approaches to solving a "problem" by bringing together individuals with a diversity of experiences, opinions, and core values.
- Are purposefully exploratory by promoting a dialogue that allows break out of habitual viewpoints and the consideration of new opinions.
- Involve thinking together actively and collectively to explore a question or issue and search for a common understanding.
- Strive for a critical turning point by entertaining the possibility of a common and collective understanding of the issue at hand.

- **We must focus our efforts at national, provincial, and regional levels.**
- **We need to identify the people in our community** who will spearhead the movement.
- **We need to foster change within our organizations** to broaden their understanding of gay men’s health, partly by networking with other groups fighting for health equality.
- **We need to understand, recognize and build upon our** pre-existing strengths.
- **We need to refocus on developing and applying our political advocacy skills.**
- **We need to advocate for better access to appropriate health care** that addresses gay men’s needs.
- **We need to support and be part of the capacity building of the broader LGBTQ movement across the country.**

## Evaluation Results

At the end of the deliberative dialogue, participants provided evaluation feedback regarding their participation in the dialogue and its relevance to the work they do.

Overall, responses were positive. Participants generally felt that the webinars were accessible and increased their knowledge of gay men’s health issues. More than 80% of respondents felt that the deliberative dialogue represented diverse points of view in gay men’s health, that it provided a good networking opportunity, and that it enhanced their understanding of a broader approach to gay men’s health.

Participants indicated that more time may have been required in order to address all of the goals of the dialogue; in particular, focusing on action plans, resources and moving beyond work that has been done in the past decade to new and emerging ideas was called for. Overall, participants indicated their desire for concrete action, a national coalition, and continued dialogue, follow-ups and meetings to keep the momentum from the dialogue moving forward.

## Moving Forward

CATIE is committed to helping maintain forward momentum on directions in gay men’s health and a reinvigorated perspective on HIV prevention strategies through:

- (1) Supporting development of an ongoing Pan-Canadian Gay Men’s Health Network.
- (2) Hosting periodic teleconferences and webinars on topics of interest.
- (3) Liaison with relevant research bodies such as the SVR (Sexual and Gender Diversity: Vulnerability and Resilience) Research Team, the Canadian Rainbow Health Coalition and Rainbow Health Ontario, and programming networks such as the Ontario Gay Men’s Sexual Health Alliance, the BC Gay Men’s Health Summit and other regional HIV/AIDS networks.
- (4) Distribution of relevant resources through the CATIE Ordering Centre and website.

## Context and History of Project

The *Pan-Canadian Deliberative Dialogue, New Directions in Gay Men's Health and HIV Prevention*, is part of an emerging trend to re-focus and re-contextualize HIV prevention among gay men in a way that acknowledges the complexities of our lives, our health, our histories and our communities. HIV has dominated the health concerns of gay men and other men who have sex with men in Canada for nearly 25 years, resulting overall in a significant shift in sexual risk behaviours, unprecedented in the annals of health promotion. Nevertheless, the Public Health Agency of Canada (PHAC) reported in 2008 that as many as 47% of new HIV infections nationally continue to be identified in men who have sex with men (MSM). This signals a need to re-invigorate HIV/AIDS prevention efforts among gay/bi/two-spirit/queer men.

Various organizations dedicated to gay men and lesbians' health were emerging, gaining traction and getting noticed in the late 1970s in Canada. When HIV hit the gay community, many gay men quickly realized that the priority had to be on HIV. Most of these health initiatives either disbanded to form what would later become our established ASOs, or re-focused their efforts specifically on HIV. Decades later we are realizing that while HIV still remains a significant concern in our communities, we have a good deal of other health issues that impact our day-to-day lives. We are moving beyond the "totalizing metaphor" of HIV and re-connecting with our history and identities as gay men. We believe that by redefining gay men's health in a more holistic way, our lives and wellbeing will be improved: this will ultimately have an impact on our efforts to prevent transmission of HIV.

The move to re-contextualize HIV prevention among gay men draws from a broader discourse in public health that focuses on population health and health promotion – disciplines that aim to understand and influence higher-level social, structural and environmental factors that drive the health of individuals and groups. The 1999 national public policy report *Toward a Healthy Future: Second Report on the Health of Canadians* used a population health framework to assess the state of Canadians' health and facilitate changes to policy and practice based on population-level statistics. Gay and Lesbian activists and health researchers quickly noted, however, that in this 248-page publication, gay men and lesbians had only been mentioned once – in that they may be at a greater risk of committing suicide. Ryan and Chervin (2000), in their landmark papers *Framing Gay Men's Health in a Population Health Discourse* and *Valuing Gay Men's Lives*, responded to this oversight by writing comprehensive discussion papers evaluating gay men's health through a Population Health and Health Promotion lens. Their papers reported, and expanded upon, an "emerging, yet identifiable, paradigm and practice shift occurring in the Canadian...[field] of HIV prevention among gay and bisexual men" toward addressing broader health issues in gay men's lives. The discussion papers explored the many social and cultural drivers of gay men's health and proposed a comprehensive framework for moving forward.

Ten years after the *Framing Gay Men's Health* paper was released, there remains a general but mistaken perception that gay men's HIV and general health issues are well-resourced and well-developed; however, there is a surprising lack of communication and sharing around innovative community programming (despite interesting new initiatives beginning to appear in different parts of the country), a dearth of promising research beyond the narrow focus of HIV-related individual behaviour change, and an absence of a more critical gaze directed at current approaches to the "Men who have Sex with Men" (MSM) study field.

A myriad of other health issues and social determinants, which may be having an impact on HIV rates and which affect the overall health of gay/bi/two-spirit/queer communities across the country, have been given little priority by researchers, policy-makers, health-care workers and community programmers during this period. What research that does exist establishes clearly that gay men experience significant health disparities compared to heterosexual men, and these disparities may be fuelled by experiences of isolation and victimization early in life. In addition, the evolution (and understanding) of complex cultural developments in gay men's communities (rural vs. urban differences, diverse ethno-racial micro-cultures in large cities, greater fluidity in sexual and gender identities among young people, growing numbers of newcomer and immigrant MSM, growing economic and class disparities within sectors of a diverse gay male community, earlier coming-out age of gay youth, growth of internet meeting places, an aging "out" population with emerging and related health issues, to name but a few) bring new challenges and opportunities to HIV prevention and overall health promotion for gay men.

Within this context, two important issues need to be highlighted:

- (1) A troubling unevenness in the visibility and presence of targeted HIV prevention programs for gay men across the regions of the country (even those using traditional approaches), and
- (2) A growing need to model fresh approaches to HIV prevention and to conceptualize ways in which a social determinants of health framework translate into concrete programming.

Early in 2009, CATIE responded to the growing need for a centralized, focused, pan-Canadian dialogue to explore these emerging trends by holding an initial national consultation with a representative group of community programmers, policy makers and researchers involved in gay men's health and HIV initiatives from across the country. One of the primary outcomes of this consultation was a plan to organize a larger *Pan-Canadian Gay Men's Health Deliberative Dialogue* in order to bring opinion leaders, researchers, policy-makers, community members and service providers from across Canada together and incite dialogue.

This report summarizes the productive and insightful dialogue that occurred during the one day deliberative dialogue that took place on March 4, 2010 in Montréal, Québec. It includes quotes from participants extracted from the session transcripts. The deliberative dialogue was an official satellite conference of the Canadian AIDS Society's 6<sup>th</sup> *Canadian HIV/AIDS Skills Building Symposium: Leading Together 2010*.

## What is a Deliberative Dialogue?

A deliberative dialogue is a form of discussion aimed at finding the best course of action. Deliberative questions take the form “What should we do?” They are values-based dialogues rather than agenda-driven debates. These dialogues allow participants to develop a shared understanding of each others’ perspectives.

Deliberative dialogues differ from more customary forms of discussion and conference in a number of important ways:

- **Examining multiple approaches to solving a “problem”:** Bringing together individuals with a diversity of experiences, opinions, and core values allows for “grey areas” to be explored and addressed in detail.
- **Purposefully exploratory:** The deliberative aspect of the dialogue allows participants to explore different approaches. This can help people break out of habitual viewpoints and consider new opinions. By working through the conflicts and trade-offs associated with an issue, people clarify what is most important to them, improve their understanding of the subject, and may find common ground from which alternatives can develop.
- **Actively thinking together:** Instead of simply talking together or exchanging information, an attempt is made to collectively explore a question or issue, weigh the strengths and weaknesses of alternative points of view, and search for a common understanding.
- **Striving for a critical turning point:** This can be the difference between an ordinary and an extraordinary dialogue, when participants shift out of an identification solely with their point of view and entertain the possibility of a common and collective understanding of the issue at hand.

CATIE’s goal was to take the conversations about gay men’s health and the implications of a new approach from the general to the specific, from the abstract and ideological to the practical implications of a change in our approach.

## The Social Determinants of Health: An Introduction

Throughout this report many references are made to the Social Determinants of Health (SDOH) as they apply to gay/bi/two-spirit/queer men.

The concept of the *determinants of health* is based on the idea that in order to achieve health and well-being, certain pre-existing requirements (*determinants*) must be met. Commonly listed determinants of health include housing/shelter, income equality, and access to food, education, social inclusion, health services, and healthy environments. Without education, for instance, individuals and communities might not understand important actions they can take to improve their health (such as sanitary measures, healthy eating, and safer sex practices). Without income equality, people are less able to fulfill their basic needs, such as appropriate housing and shelter. Without housing and shelter, it becomes difficult to sleep, eat and rest adequately; without good sleep and healthy eating, illness is often inevitable. These many important determinants form a complex system whereby those people in society with more resources (money, access to services, social privilege, etc.) tend to enjoy, at a population level, better overall health outcomes.

Raphael (2008) defines the Social Determinants of Health in the following way:

*“Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health are the primary determinants of whether individuals stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members.” (p. 2)*

Heterosexism and homophobia are two often-mentioned social determinants of gay men’s health. Homophobia, for instance, can lead to work, family, and educational environments in which gay/bi/two-spirit/queer men are unsafe or explicitly rejected, which can ultimately impact their health in significant ways. Consider a young teenager whose parents discover his sexuality and reject him as their son, forcing him to leave home; this teen now has to find housing, attempt to stay in school, and find ways to support himself financially, socially and emotionally. Some youth who find themselves in these situations are exposed to increased amounts of violence, drugs, and situations in which they are exploited by others, often resulting in poor health outcomes. In this example, homophobia can be understood as a determinant of health that threatens one’s housing, education, drug use, and ultimately one’s health and well-being.

Ryan and Chervin (2000) further remind us that heterosexism and homophobia are only two of the social determinants that affect gay men’s health. Gay men’s identities are far more complex than simply their sexual orientation and include other dimensions such as race, class, language, gender identity and religious beliefs. It is therefore important to remember that when we think about the *social determinants of health* for gay/bi/two-spirit/queer men, we must acknowledge not only heterosexism and homophobia but racism, sexism, transphobia, able-ism, classism, xenophobia, and the many other forms of oppression and discrimination that ultimately impact our health and well-being.

## Report on the Deliberative Dialogue

The following section briefly outlines how the deliberative dialogue was conducted and presents the themes and discussions that emerged through the process. The themes are exemplified by key quotes.

### The Process

The deliberative dialogue was carried out as a semi-structured group discussion moderated by Ken Monteith, Executive Director, COCQ-SIDA, supported by simultaneous translation. A copy of the agenda can be found in APPENDIX I. In summary, the discussion was structured around the following topics:

- **Defining the Issues: Finding Common Ground**
- **Community Issues:**
  - o **Resilience and Vulnerability**
  - o **Collaboration and Mobilization**
- **Research Issues: Gaps and Priorities**
- **Structural and Policy Issues**
- **Furthering the Agenda: Next Steps**

At the outset, participants were presented with four statements about gay men's health and HIV prevention to incite discussion and debate. These statements were:

- HIV infection rates among gay, bisexual, two-spirit and queer men and other men who have sex with men across Canada remain unacceptably high.
- The current level of HIV prevention programming and research activities specifically targeting gay/bi/two-spirit/queer men across Canada is, with few exceptions, uneven, inconsistent, sometimes non-existent, and significantly underfunded.
- The narrow focus on transmission risk reduction and condom use which has dominated much of HIV prevention programming for years no longer meets the real health needs of the broad range of gay/bi/two-spirit/queer men.
- We need to develop educational programs, community engagement strategies and research agendas that focus on the impact of the broader social determinants of health of gay men.

Throughout the dialogue, participants explored the idea of gay men's health in many different ways: they addressed challenges and structural barriers to our health, they raised important questions about critical issues we need to resolve as a movement, they highlighted successful and promising work, and they started calling for concrete action and change at many different levels.

The deliberative dialogue was digitally recorded and detailed notes were taken throughout the day. A basic thematic analysis was conducted which allowed the discussion to be classified into four broad categories. Within each category a number of themes emerged, which are outlined below and exemplified by key quotes.

## Identifying the barriers and finding common ground

There was broad agreement that barriers to a successful gay men's health movement exist at many different levels of our communities, organizations and country.

**Gay men are not adequately represented or recognized at provincial and national levels of government or in national health promotion activities.**

- Numerous participants discussed the challenges of working in homophobic bureaucracies where gay men are underrepresented.
- While many governments have embraced the notion of health promotion and population health, they don't have the foresight to include queer people.
- Anti-smoking campaigns, cancer campaigns, alcohol campaigns; all of these are very relevant to LGBTQ populations but they almost always totally ignore LGBTQ populations.
- The aboriginal government is another level where gay/MSM issues need to be addressed in a concrete way.
- Some provinces lacking an HIV/AIDS strategy force HIV/AIDS service agencies to rely on inadequate Federal funding.

***“We have to stop accepting the fact that governments choose to ignore the very specific and unique health needs of this community.”***

*“A provincial public service organization did a survey of its members. Less than one percent identified as queer. Why aren't they coming out? Because it's such a homophobic environment that they're afraid to be known as gay.”*

*“In our province we have a tobacco reduction strategy that doesn't include queers. We have an alcohol reduction strategy that doesn't include queers. We put in a four-million dollar crystal methamphetamine campaign after the epidemic went through the gay male community [and] started affecting straight kids. We have to stop accepting the fact that governments choose to ignore the very specific and unique health needs of this community. We've got to get our communities to get angry about the fact that we are not included in the policy work that our governments do.”*

*“If you look at New Brunswick, there is no HIV strategy at all coming from the province. So that really means that agencies have to depend on federal funding, and that federal funding doesn't trickle down as well as it should.”*

We have primary and secondary school systems that ignore gay men, LGBTQ issues, and our specific health needs both in terms of sexual health and other health concerns.

- Young LGBTQ youth are still growing up in homophobic environments that do not allow them to thrive, and do not give them the skills, information and support to develop healthily.

***“We're growing up with a decade and a half of learning how to hate ourselves.”***

*“It's not just that nobody's teaching men how to be gay men, it's that we're growing up with a decade and a half of learning how to hate ourselves. It's going to take a long time for us to stop hating ourselves. But we have to start somewhere, and education [is] one of the places we have to start.”*

*“One in ten high schools in the US has a gay-straight alliance. Why don't we have this in Canada?”*

**Our agencies face a number of serious challenges:**

- Across Canada, services for gay men are very unevenly distributed and focused in urban centres.
- Retaining talent: there are inherent challenges in an under-funded industry that requires a great deal of commitment from workers.

***“How do you retain history and maintain an organizational memory with those conditions?”***

*“The Sherbourne Health Centre's LGBTQ program had to turn away large numbers of transpeople [who] fell outside of their geographical jurisdiction. That was a horrible thing to have to deal with, but at the same time they used that to educate the ministry about the high demand. This [identification of opportunities] is not replicated evenly across the provinces.”*

*“We're concerned about burnout, fatigue. We've talked about people being underpaid, people who are doing the work for no pay, simply because we know how important this work is.”*

*“In Ontario, HIV/AIDS is one of the worst-paid sectors to work in the social services. How do you retain history and maintain an organizational memory with those conditions?”*

## As a movement, we need to address the co-factors that affect vulnerability to HIV and truly address the social determinants of health.

- We are still not adequately addressing many of the co-factors that influence our vulnerability to HIV such as depression, isolation, and loneliness.
- The gay men's health movement hasn't figured out how to adequately address the social determinants of health.

---

*"We can't talk about prevalence or incidence of HIV without putting in perspective all our knowledge on the co-factors that lead people to vulnerability and risk taking vis-à-vis HIV. At RÉZO we carried out a survey with 225 respondents and 25% said that they had had difficulty with psychological distress related to isolation and solitude in the six months preceding the survey."*

---

## A significant amount of work needs to be done to highlight and understand the experiences of newcomer/immigrant men and men from racialized communities.

- There is a lot more that we don't know about these communities than we do know.
- Working in the Spanish-speaking and Latino community has particular challenges, including trying to find ways to give those men in our community who do not have official resident status a voice. Numerous other newcomer groups face similar challenges.
- Two-spirit men, especially those in rural communities, are not being reached and require more access to information, education and services.
- Many men from these communities find it difficult to engage with the ASO and gay men's health communities because of the entrenched language of power and entitlement that has come from decades of gay activists in Canada fighting for their rights.

---

*"We don't have a good snapshot nationally, even in Ontario. We have a really strong sense that prevalence rates are going up in Spanish-speaking communities and other racialized communities in Ontario, and while we don't know the stats we know that the rates are there, and they can't be denied."*

*"A lot of these men in this work are not visible because they don't have status, so they're afraid to be part of the movement because they can't be identified in a public setting in the way that many men with Canadian status can be."*

***"In my community... they don't have names for homophobia, discrimination and stigma."***

---

*"In my community, with immigrants, they don't speak the language, sometimes they don't have immigration status, and they are gay or they are MSM or they don't even have a name for their sexual experience, they don't have names for homophobia, discrimination and stigma. It's a long way for us to come to deal with those issues."*

---

## The experiences of rural gay men are unique and often unaddressed.

- Many rural gay men connect with urban centres as social and sexual outlets, and therefore share some health concerns; however, they have significantly less access to services and resources and less acknowledgement from their governments and communities.

---

*"Prince Edward Island is a unique case. The Department of Health in PEI indicates that there's been 47 positive test results since 1985. We don't have anonymous testing on our island yet and most likely you will be related to the person testing you. Many people who test positive test in Moncton, Halifax or Toronto."*

*"In the past we've always tried to create prevention programs that have tried to do things that work in Hamilton, Ottawa or Toronto. We're currently doing some research as to what we can do prevention-wise. Part of that is adapting to meet the reality that the majority of guys are becoming positive off the island."*

---

## Funding structures create significant barriers that prevent us from moving forward and doing new kinds of work.

- Funding for gay men within HIV prevention is not proportionate to the burden of HIV that gay men bear.
- Funding remains predominantly prevention-based, which makes it difficult to move beyond issues focused solely on HIV prevention.
- Funding structures and coordination are not conducive to an up-stream, community-based approach to gay men's health or HIV prevention.
- Research funding is limiting the types of knowledge we need to acquire and preventing us from doing upstream, structural research with a focus on LGBTQ communities.

***"If you look at HIV incidence and prevalence, we're really underfunded."***

***"The process to get funding outside of the HIV/AIDS envelope is pretty arduous."***

- Funders' reporting requirements, such as number of condoms distributed or number of people outreached to, don't reflect the nature of the work that is being done.
- Funding often is not sustainable, leading to short-lived programs that need to re-invent themselves regularly in order to continue functioning.

---

*"If you look at the size of the population – the diversity – if you look at HIV incidence and prevalence, we're really underfunded. In the city of Toronto, even though gay men last year were 70% of new infections, less than a quarter of the funding goes to gay men's prevention."*

*"We used to have a broad network of queer community organizations across the country. Those have been decimated over the last 20 years. I get e-mails and calls on a constant basis from groups across the country who can't survive and are closing their doors because they can't find money to address coming out issues, suicide, substance abuse, all those other things that impact on HIV prevention."*

*"The process to get funding outside of the HIV/AIDS envelope is pretty arduous. These funding agencies tell us, you know, 'we only do things that deal with HIV/AIDS.' We are having some difficulty being recognized as an organization that also does prevention work. So we're sitting on two chairs here, and this complicates our work enormously."*

*"The work is stymied by project-based funding and a lack of core funding. It would be marvellous if we could push things to a place where core funding became a more significant way in which non-profits are supported."*

*"There is no recognition that gay men themselves by their very nature are in fact a vulnerable population under a population health approach. The narrowness of the funding, even to HIV, confines our very efforts to improve our health."*

---

## Challenging ourselves and asking important questions about gay men's health

Some important questions were raised throughout the deliberative dialogue that we need to address in order to create a unified, purposed gay men's health movement.

### Defining and re-defining our movement: Who are "we?"

- As a movement, how do our definitions and terms reflect the lived realities of younger generations and newer forms of LGBTQ culture? Are younger people still identifying as gay men and associating with established gay communities?

***"It's never going to just be a men's movement. We need our women allies, we need our trans allies."***

- Challenging and exploring the identities of "Gay Men" and "MSM": where do these terms come from and do they really reflect who we are? Is it important to hold on to the term gay men to continue resisting homophobic currents which prevent other men from identifying as gay, or does using this term alienate important members of our community?

---

*"There are people who have been very focused on gay and bisexual men, but there are many others who are focused on LGBTQs, and if you look at trans populations there are highly specialized health issues there. Are we prepared to look at those collaborations? And some of the feelings and resentments in terms of the women who came forward in a big way to provide support in the HIV and AIDS crisis and did not see the same kind of reaction from gay men on breast cancer issues and other issues that lesbians have been facing."*

*"I don't want us to get caught in a binary where it's either/or. It's never going to just be a men's movement. We need our women allies, we need our trans allies."*

*"There's so much power that the gay community has gained in the last thirty years. I come here as an immigrant and think, 'OK, how do I break in and speak up?' There's so much entitlement among the middle-class, 30's to 40's to older gay movement leaders, who are mainly white, and have all that privilege, unintentionally, as a residue of everything that you guys have gone through. It's a bit scary. We have to look at how we can do things differently to allow people to speak up and become part of the movement."*

---

### Are ASOs the right place to initiate and carry the gay men's health movement forward?

- We must consider the overall capacity ASOs have to spearhead this movement. In the end, we will probably have to take a broader look beyond ASOs when addressing gay men's health issues.
- It is important to address the needs of our communities in a measured way: learning from our past, we shouldn't necessarily re-focus all of our work on gay men.
- Who are the other groups working on broader issues that affect gay men's health? How can we connect with these groups so that we're not "reinventing the wheel"?

---

*"We have to be cautious about embedding this work solely within ASOs. It's not that gay men's health is not a priority – it absolutely is – but is it beyond the capacity of ASOs to address this?"*

*"There have been too many expectations of what an ASO should do. ASOs are not the organization to do everything – but we've come to expect that because they are the only ones getting funded to do things."*

*"If we as ASOs respond too quickly to the priorities of different communities, we might be repeating mistakes. We've been at that place of 'just seeing the need, getting to the job, and just doing it.' We need to be constantly checking that we're connecting with the community, and figuring out how to engage the community rather than have the community engage us."*

---

## Identifying the passion, anger and resistance that exist in the movement today: Is there complacency in the gay men's community?

- With the professionalization of the AIDS movement, some believe we have created a culture of complacency among gay men who think that ASOs are responsible for their health and don't feel the need to advocate beyond that.
- We need to acknowledge new "queer" communities and perhaps realize that working with these communities is where we'll find a lot of passion and motivation.

**"Why do we have three times the rate of addictions, drug use, depression?"**

**"Young queer folk... they're involved in all kinds of stuff – sometimes queer stuff, sometimes not."**

*"I'm finding great complacency in the gay men's community about our health issues. Yes, I think probably 75% of us are leading OK lives. If you go beneath the surface, then, why do we have three times the rate of addictions, drug use, depression?"*

*"In my community there are a ton of politically active young queer folk. They're protesting the Olympics, they're fighting to get some sewage treatment, they're involved in all kinds of stuff – sometimes queer stuff, sometimes not."*

## Balancing the need to acknowledge HIV's effect in gay men's communities, while at the same time avoiding having gay men's health issues get defined by HIV.

- If gay men's health focuses too much on HIV, gay men might mistakenly define their health on the basis of their HIV status. This is a totalizing metaphor that renders many other significant health problems invisible.
- At the same time, as poz gay men, some may see us as examples of a stereotype; nevertheless, being out and vocal in public can help break down stereotypes. We need the right resources and support to do this well.

**"It's important to... emphasize that poz men are not 'prevention failures'."**

- How do our roles and titles challenge or reflect homophobic communities and cultures around us? Does calling ourselves "gay men's health workers" alienate us from certain groups, or is changing our titles to "men's health workers" more a response to homophobic institutions that would ignore our concerns?

*"We've targeted gay men a lot, linking them to HIV/AIDS. Because of this, a lot of men think they're healthy if they don't have HIV, and not healthy if they do have HIV. But we know health is a much broader issue than that."*

*"It's probably easy for us to slip into poz/neg perspectives talking about gay men's health, and it's important to broaden this and emphasize that poz men are not 'prevention failures'."*

*"Sometimes in our roles we have the opportunity for resiliency: to challenge people's assumptions and biases. Being out there in public as a poz gay man opens the door to challenging assumptions just as much as it risks entrenching the assumptions that are there."*

*"Is it pathologizing gay men with respect to HIV by having titles like 'gay men's HIV prevention' and not just 'Men's HIV prevention'? Maybe we need to remove the 'gay men' label."*

*"I understand the idea of not having 'gay' in a title, but why is it that other community members aren't OK with having that in our title? I wonder if this all comes back to homophobia rather than a true evolution toward acceptance."*

## Being Gay Men, but also just being Men.

- Some participants felt that it is important not to differentiate ourselves from other men too much because while we are gay, we are still men and consequently have many of the same health issues.
- On the other hand, being gay has made our experience unique from other men. Having to reject society's equation of heterosexuality with masculinity has forced us to redefine ourselves, and has led us to experience different health outcomes from heterosexual men.
- It's also important to acknowledge, value and highlight the stories, experiences and lessons that trans men bring to our community. Our bodies are not all the same, but we are all still men.

*"As a homosexual man, should I consider my health as different from other men? If we push too much on aspects of our health that differentiates us from other men, that might not be a good thing."*

*"There are significant differences in life experiences of someone who grows up and recognizes and accepts they are not heterosexual. We are like other men because we have the bodies of men, but in terms of things like mental health, there are many significant differences."*

*"Gay/bi trans men have really had to look at masculinity. If we could start talking in the schools – Johnny teases Davey not necessarily about who he's going to have sex with, it's about gender."*

*"It is very important to remember that even though generally we identify as men, our identity shouldn't necessarily assume that our bodies are male all in the same way."*

## Questioning our assumptions and conceptions of “resiliencies and vulnerabilities.”

- We often do not acknowledge or study the source of our resiliencies; how (in terms of strategies/resources/resiliencies) do some of us achieve high levels of health and well-being?
- Certain adaptive traits might constitute resiliency in one context but lead to vulnerability in another.
- Challenging the requirement that gay men need to be resilient: if we continue to emphasize resilience, will we end up teaching ourselves how to cope with inequalities versus fighting to erase them?

**“I’m tired that somehow, as a gay man, I have to be more resilient than the rest of society.”**

*“Having had my childhood in New Brunswick, I understand that knowing I was gay and living in that context taught me how to be resilient. But moving to a larger community, that resilience turned into a vulnerability and led to [my] becoming HIV positive. That, however, turned into resilience when it came to accessing HIV services.”*

*“I’m tired that somehow, as a gay man, I have to be more resilient than the rest of society.”*

*“The downside of resilience is that people are just kind of integrated, they feel they’re integrated in the world, and they don’t need to advocate for anything anymore.”*

## North-south partnerships and working across borders.

- Linking to organizations in the US has proven helpful to certain Canadian gay men’s health initiatives, especially for agencies working with men from racialized and immigrant communities, as there is not a great deal of support from within Canada to draw from.
- However, there is concern that without partnerships within Canada, it might be difficult to influence change at higher levels of government and policy.

**“If HIV doesn’t have borders, why should we?”**

*“I work in an organization that works with racialized men, and one of our most enduring relationships is with an organization like Gay Men’s Health Crisis in New York, which works with a large number of black African and Caribbean men. Unfortunately across Canada there’s nowhere to look to get that support. That tells us a lot about what needs to be done, especially when it comes to minoritized and racialized men, and newcomer men as well.”*

*“If HIV doesn’t have borders, why should we?”*

*“While I agree that referring to communities in other countries and particularly to the United States may be helpful in terms of programs and other things, I think it also takes away from our ability to network with each other. I’m not saying that it’s one or the other, but public policies are made in our provinces, and in Ottawa. I would hate to think that our links are always only in another country.”*

## Learning from our successes: Some “good news” stories

Throughout the deliberative dialogue a number of promising and hopeful strategies and programs were mentioned.

### Aboriginal and Two-Spirit Men have had success with finding creative sources of funding.

- New sources of funding like the Anglican Church and the Urban Aboriginal Strategy have allowed for some creative programming to happen.

*“I had to be really creative about accessing funding. So for example I received money from the Anglican Church from the Primates World Relief and Development Fund for the last six years – twenty-thousand dollars each year – and I was able to spend it in any way that I wanted to. Another funding pot that I was able to access was called the Urban Aboriginal Strategy.”*

### Some of Ontario’s successes are the result of working with LGBTQ politicians.

- Community members have worked hard to educate and align LGBTQ politicians with issues that matter. Two examples are George Smitherman, the former Ontario Minister of Health and Long Term Care, and Kathleen Wynne, former Ontario Education Minister, who advocated putting LGBTQ issues on the table.

*“There was a time we had an out gay man [in Ontario] as a Minister of Health who had to be educated. He came around and he kind of set a tone in terms of the population health approach, saying that this is a vulnerable population, meaning LGBTQ not just gay men. He was able to capture going beyond the prominent illness of HIV/AIDS and make it a priority.”*

### Quebec's success going through the Human Rights Commission.

- Quebec now has a formal anti-homophobia policy which could be used as a template to roll out to other provinces across the country.

*"Recently the Ministry of Justice announced a policy for the whole province on combating homophobia. In that policy, which was a result of years of consultation and activism around the political and administrative bureaucracy, we now have at least a template in terms of policy [for] confronting homophobia and education and healthcare."*

***"We now have at least a template in terms of policy [for] confronting homophobia and education and healthcare."***

### Poz Prevention's successes as a movement.

- The poz prevention movement has been very successful at broadening their approach to health beyond prevention of transmission to show that looking at well-being is a very effective way of achieving many health goals simultaneously. It has also helped bring down barriers between poz and neg men to increase communication and partnership.

*"To varying degrees we've started to look at positive prevention in a broader beyond-condom kind of way, and recognizing sexual health and broader health issues as really key to impacting HIV transmission. If you're looking at the wellness of somebody then you're going to have a much larger impact on things like HIV transmission, healthcare costs, and so on. And I think that's really an area that has leverage with what governments want to hear."*

***"We've started to look at positive prevention in a broader beyond-condom kind of way."***

### HiM (Health Initiative for Men) in Vancouver has taken an upstream approach and is still working within funder's requirements.

- A very successful condom promotion campaign in bars and bathhouses has allowed the Health

***"We must go upstream and start dealing with some of the issues that deal with risky behaviours."***

Initiative for Men in Vancouver to successfully meet the requirements for a condom promotion campaign.

- At the same time, HiM has implemented a number of programs that address social determinants of gay men's health.

*"One of our big philosophies is that we must go upstream and start dealing with some of the issues that deal with risky behaviours. Our major funder wants to see condom distributed. We have to do both. We have gay men's groups of various shapes and forms – an ESL group, a two-spirited group – and also we've opened up a sexual health centre to promote testing and peer counselling, and we're also setting up counselling for gay men on mental health issues."*

### The AIDS Committee of Toronto's monthly discussion groups called "One Night Stands."

- ACT's discussion groups on community, relationships, and other topics have been highly successful and shown that there is a strong desire among gay men to connect in new ways and in new spaces.

***"There's this huge untapped desire for men to come together and talk about these things."***

*"We've doing these monthly discussion groups for gay men called One Night Stands. Ostensibly, it's HIV prevention, but none of the topics are related to HIV. So we talk about coming out, we talk about community, we talk about monogamy versus open relationships. And what's fascinating is that there's this huge untapped desire for men to come together and talk about these things."*

### The Sex NOW Survey is an opportunity to collect National data and information.

- The Community-Based Research Centre in BC has had a good deal of success with its Sex NOW survey, which they have broadened to allow gay men across the country to fill out. Nation-wide initiatives like this are needed to get a better sense of the experiences of gay men country-wide.

*"We don't have any national research going on. I work for the Community-Based Research Centre, and we thought it would be so great if we could have [our] Sex Now survey done at a national level so we can have national data about gay men."*

## The transformation of Action Séro Zéro (focused on HIV prevention) to RÉZO, a gay and bisexual men's health organization.

- This change acknowledges research and experience showing that issues such as stress, depression, social isolation, drug use, etc. play significant roles in the physical, social, sexual and emotional well-being of gay and bisexual men.

---

*“We can't talk about prevalence or incidence of HIV without putting in perspective all our knowledge on the co-factors that lead people to vulnerability and risk taking vis-à-vis HIV. At RÉZO we carried out a survey with 225 respondents and 25% said that they had had difficulty with psychological distress related to isolation and solitude in the six months preceding the survey.”*

---

## Changes we need to see happen

A number of important changes that need to be worked toward were discussed.

### We need to understand, recognize and build upon our pre-existing strengths.

- Many gay men are leading healthy lives. We need to look to them to understand how they have achieved health and well-being.
- Our community may be diverse and somewhat segmented, but we do have a community and this is a resource we need to tap into.
- We have learned as individuals and organizations how to be resilient and work with others when our resources are inadequate. These skills will be essential moving forward.

---

*“Why is it that even with all this stuff that we talk about upstream, it's still a relatively small percentage of men who experience some of the challenges we're talking about. I want to understand what's happening with the other 76% of men who are healthy.”*

*“I think one of our resiliencies has been around how we've connected to other communities and allies to our community. I think we need to talk about how shifts are occurring in the younger generations and where they're turning for community.”*

---

## We need to work within the school system to create spaces where LGBTQ youth thrive.

- If we truly want to work upstream, we have to find ways to facilitate safe and healthy spaces in the educational system for LGBTQ youth.

***“Let's start talking about sex in the school...and then we'll start having people growing up respecting themselves and each other.”***

- We need a national LGBTQ education network to bring together some support and empower young people to advocate for themselves.

---

*“How do we build into the educational system what seemed to stop when HIV hit? And that's gay men telling their story, and getting it out there. What's going on, why we need rights, why we need protection. Let's start talking about sex in the school, let's start talking about anti-homophobia, and then we'll start having people growing up respecting themselves and each other.”*

*“We need a national LGBTQ educational network like we see in the United States with GLSEN (Gay, Lesbian and Straight Education Network) to help to bring together some of the support and empower these young people. They're the educators in their schools where the teachers have abdicated their responsibilities.”*

---

## We need to develop the skills of younger gay men through mentorship.

- Intergenerational mentorship and skills building with younger gay men are essential to help a new generation of young gay men understand their community's history and have the skills to continue working towards equality.

***“People can't make decisions if they don't have information, particularly young people.”***

---

*“We also need intergenerational mentorship. People can't make decisions if they don't have information, particularly young people. We're working with Big Brothers and Big Sisters to start what we call a queer-to-queer mentorship program. We're just taking the content and putting a queer twist on it. It gives that larger societal legitimization.”*

---

**We need to refocus on developing and applying our political advocacy skills.**

- We have, in our past, been extremely politically astute and achieved great successes as a movement – often with very little funding. We need to look back and draw upon these skills moving forward.

---

*“There’s a need for a political movement that includes deeper levels of community engagement. The focus needs to change to leadership and the development of skills about political advocacy, and not just about funding.”*

---

**We need to advocate for better access to appropriate health care that addresses gay men’s needs.**

- We have a health care system that does not understand or address gay men’s health issues as unique. Furthermore, gay men do not have access to healthcare providers that understand their lives and contexts. This is unacceptable and work must be done to educate the health care system.

---

*“I work with the Spot Clinic in Montreal and we’ve implemented a community site that makes screening very quick, and with our preliminary data, we know that men will prefer attending this type of organization because it’s adapted to their reality.”*

---

**We need to build links and bridges between the diverse actors in the LGBTQ health movement.**

- By forming partnerships and coalitions and exchanging knowledge and support, we can enhance the gay men’s health movement while at the same time support our allies. A unified movement reflects the nature of solidarity and diversity we seek to espouse.

***“Maybe gay men don’t want to get all their services from ASOs but other organizations as well.”***

---

*“It’s important to recognize that there’s a lot of other groups, organizations out there that are doing really amazing work that don’t necessarily fall into the ASO/HIV organization model. Maybe gay men don’t want to get all their services from ASOs but other organizations as well.”*

---

**We need to connect with other movements for social justice.**

- A great amount of work is already being done by other social and political movements to advance the concerns of LGBTQ people. Linking with and supporting these movements should be seen as an important way we can achieve our goals.
- We need to work toward and reinforce capacity building as part of the broader LGBTQ movements across the country.

---

*“Looking at human rights, we need groups like EGALE at the table, or others, who perhaps aren’t even formed yet, who are prepared to lead and support our work on this issue. We have to have that dialogue with the full spectrum of our community.”*

---

## Research Issues: Gaps and Priorities

Many research gaps and priorities were identified through the discussion. In particular, participants felt it important to outline some key points about the approach to research that needs to be taken:

- Research needs to be expressed in clear language and has to focus on outcomes with applicable conclusions.
- Results should be readily useable.
- Research should arise from the community, impact policy, be applied through programming, evaluated, and then spur on further research – a cycle of constant community analysis.
- We need to emphasize a strength-based analysis. A lot of the knowledge for change that we need already exists in our communities: we need to pull it together.
- More links between the community and academia need to be made. This will involve understanding and addressing academic cultures of publishing and further expanding our Knowledge Transfer and Exchange capacities.
- A good deal of research does already exist. This research needs to be collected and synthesized so that we can use it for:
  - o Advocacy
  - o Strengthening our community organizations’ ability to apply for funding
  - o Determining the gaps that exist
- Less epidemiological research and more qualitative research focusing on behaviours, identity, homophobia and other complex processes and phenomena that impact our health needs to be conducted.

The group then identified and constructed a list of *key research gaps that need to be addressed*. In order to support a social ecological approach to health, whereby health is viewed as a function of individuals and the environments in which they live, research priorities have been organized into various environmental levels. This allows us to start understanding the inter-relationships among individuals with their “biological, psychological and behavioural characteristics and their environments” (Bartholomew, Parcel, Kok and Gottlieb, 2006, p.9).

These research gaps include:

- **Research that addresses broader social-structural influences on gay men’s health**
- **Research on specific populations**
- **Research at national and provincial levels**
- **Community-level research**
- **Organizational-level research**
- **Individual and behavioural-level research**

<b>Research that addresses broader social-structural influences of gay men’s health</b>	<ul style="list-style-type: none"> <li>• Shifting the focus away from strictly behavioural research. In other words, we have to move beyond epidemiological research that says “gay men get HIV because they have unprotected anal intercourse” and then attempts to explain why they have unprotected anal intercourse.</li> <li>• Understanding the cost of homophobia (both external and internalized) so we can speak to policy-makers on a cost-benefit analysis level.</li> <li>• Communication technologies and their impacts on gay and bisexual men’s health and communities.</li> </ul>
<b>Research on Specific Populations</b>	<ul style="list-style-type: none"> <li>• Addressing specific issues faced by an aging gay male population.</li> <li>• Latino and other newcomer populations, cultures, and unique circumstances.</li> <li>• Other ethnic and racialized populations such as immigrants, migrant workers, and refugees.</li> <li>• Young queer social/sexual networks and movements.</li> </ul>
<b>Research at National &amp; Provincial Levels</b>	<ul style="list-style-type: none"> <li>• Information on general demographics – broad population surveys and census surveys (and related advocacy).</li> <li>• Research identifying gaps between national and provincial policies and practices.</li> <li>• Broad national surveys to capture the breadth of depth of gay men’s experiences and circumstances across the country.</li> </ul>
<b>Community-Level Research</b>	<ul style="list-style-type: none"> <li>• Focus on rural realities and the challenges and/or stresses of immigration from rural life to an urban setting (and the process of adaptation).</li> <li>• Gay men who do not consider themselves to be, or are not, part of the “gay community.”</li> <li>• Addressing diversity in the gay community – what is it? How does it work or not work?</li> <li>• How is our community socially fragmented, what causes this fragmentation, and what brings people together?</li> </ul>
<b>Organizational-Level Research</b>	<ul style="list-style-type: none"> <li>• What programs work? Intervention research and program evaluation need to be ramped up and shared widely.</li> </ul>
<b>Individual- and Behavioural-Level Research</b>	<ul style="list-style-type: none"> <li>• Determining gay men’s health needs to influence policy.</li> <li>• Social determinants of coming out and the impact that coming out has on well-being.</li> <li>• What are the components of assets and resilience among gay and bi men and how do they influence behaviour? (What keeps gay men healthy, versus what makes them sick?)</li> <li>• Continued research on syndemics – how multiple epidemics (drug use, depression, etc.) interact<sup>1</sup>.</li> </ul>

<sup>1</sup> For an in-depth discussion of how psychosocial “syndemics” drive HIV transmission among gay men, see <http://www.champnetwork.org/how-do-psychosocial-syndemics-drive-hiv-among-gay-men-and-what-can-we-do-about-it>.

## Key Structural and Policy Issues

As a group, participants identified and outlined what they felt to be the *key structural and policy issues* to gay men's health and the gay men's health movement.

### Invisibility of LGBTQ populations in research, theory, government, service:

- We live in an era of public health and population health data, yet LGBTQ communities are not yet “on the map.”
- Funding bodies don't seem to have grant lines specifically for men's health or gay men's health.
- There is no federal department/secretariat looking at gay men's health or more broadly at LGBTQ health.
- There is a lack of queer membership on funders' review panels.
- The lack of training of health and social service workers in terms of the lives and needs of LGBTQ people leads to bad/non-adapted/homophobic services – part of the structural problem.
- Gender identity and sexual orientation are not included in the official “social determinants of health.”
- There is no “single point of access” for gay men to access health-related services outside of ASOs.

### Conducting research:

- There are a number of challenges in doing good Community-Based Research (CBR):
  - CBR is given lower priority in funding structures because of its focus on qualitative knowledge.
  - CBR can be arduous for both the researcher and community.
  - When CBR is administered through universities it usually involves a lot of “red tape.”
  - Ethics boards often do not understand the communities and common cultures that CBR requires.
  - Research methodologies used by communities often don't “fit” with the methodologies used by funding bodies. Further, typical methodologies (in more formal research) often don't reflect a Social Determinants of Health framework.
- Major research funders are biomedical-oriented.
  - E.g. SSHRC focuses CIHR onto biomedical research versus looking at social determinants of health.
- There is a dearth of research on issues faced by gay men outside of HIV.
  - For example mental health, youth suicide rates, etc.
- We continually and routinely miss MSM in our research and tend to have very narrow recruitment locales.

### Using the research we do have:

- There is very little “good” KTE (Knowledge Transfer and Exchange) for gay men's health research.
- There are few mechanisms and little capacity for utilizing research to impact policy.

### Community and organizational capacities:

- There is a lack of mentoring and building leadership within our own communities.
  - We're not building the generation to carry on this sort of work – we need to be investing in that.
  - Some small projects are taking place, but they are project-based and often don't have resources to evaluate and share experiences.
- There is a lack of knowledge/capacity regarding research funds and how to access them.
- Our communities often do not celebrate and recognize our own diversity, which can reproduce oppression among ourselves.
- The capacity and responsibility of ASOs to integrate focused gay/bi men's health initiatives is limited.
- A lack of clear, jargon-free messaging from and for our community about our health issues.
- We need to sustain these dialogues and discussions moving forward.

### Challenges we face as people:

- As gay/bi men, we have learned to accept and tolerate second-rate services.

### Ideological underpinnings:

- There is little intersection between HIV prevention for gay/bi men and the world of “gay men's health.”

### Data collected by funders often isn't truly reflective of the work being done by organizations

- A focus on quantitative statistics such as “number of condoms distributed” and “number of people spoken to” prevents us from collecting the real, valuable data about what's going on in our populations and communities.

## Key Opportunities and Actions

Based on the identified research issues and gaps as well as structural and policy issues, participants created a list of concrete actions and opportunities for moving forward:

- **We must address the broader social-structural influences on gay men’s health.**
- **We must focus our efforts at provincial and national levels.**
- **We have to continue community-level action and improve upon it.**
- **We have to take action at the level of our organizations.**

<p><b>We must address the broader social-structural influences on gay men’s health.</b></p>	<ul style="list-style-type: none"> <li>• We need to emphasize a human rights framework in gay men’s issues.</li> <li>• We must capture the potential of social media to influence change.</li> <li>• We should open vocabulary to LGBTQ people in general to include all these groups in the effort: important to be open rather than closed in terms of our recommendations.</li> </ul>
<p><b>We must focus our efforts at provincial and national levels.</b></p>	<ul style="list-style-type: none"> <li>• Advocate to have sexual orientation and gender identity added to the census.</li> <li>• Create a “National Pink Tank”:             <ul style="list-style-type: none"> <li>• An opportunity for researchers, service providers, business community, etc. to move the gay men’s health agenda forward.</li> </ul> </li> <li>• Advocate to get gay men recognized as a special funding group by the tri-council of research funding bodies (SSHRC: The Social Science and Humanities Research Council; NSERC: The National Sciences and Engineering Research Council; and CIHR: Canadian Institutes of Health Research).             <ul style="list-style-type: none"> <li>• We should design one “recommending body” that would work with all the funding agencies for research.</li> </ul> </li> <li>• Build on the new anti-homophobia policy in Quebec, and use this as an example to roll it out across the country until it becomes national (similar to same-sex marriage).</li> <li>• Address immigration and citizenship issues faced by gay men.</li> <li>• Support the human rights complaint against Health Canada claiming that the department does not provide adequate services for gay men.</li> <li>• Lobby to ensure that the adolescent health behaviour survey (mandated to occur in grades 7/9/12) includes a comprehensive component on sexual health that includes sexual orientation.</li> <li>• Start working now with opposition parties in terms of sensitizing them: figuring out who the health and justice ministers might be, and getting them ready to “open the tap” that’s been closed for the past number of years while the current government has been in power.</li> <li>• Organize a national protest day – a “die in” day.</li> </ul>
<p><b>We have to identify our resources at the community level.</b></p>	<ul style="list-style-type: none"> <li>• Find people to “champion” this movement.</li> </ul>
<p><b>We have to take action at the level of our organizations.</b></p>	<ul style="list-style-type: none"> <li>• Create a knowledge pool or cluster of existing information among our organizations.</li> <li>• Broad anti-oppression education – ensuring that gay men have an understanding not only about the responsibilities of health care providers, but their rights when accessing services.</li> <li>• Talk to and research other groups fighting for health equality (ability/disability movement, etc.) and share strategies and resources.</li> </ul>

## Moving Forward

CATIE is committed to playing a role in maintaining forward momentum on directions in gay men's health and a reinvigorated perspective on HIV prevention strategies through:

- (1) Supporting the development of an ongoing Pan-Canadian Gay Men's Health Network.
- (2) Hosting periodic teleconferences and webinars on topics of interest.
- (3) Liaisons with relevant research bodies such as the SVR (Sexual and Gender Diversity: Vulnerability and Resilience) Research Team, the Canadian Rainbow Health Coalition and Rainbow Health Ontario, and programming networks such as the Ontario Gay Men's Sexual Health Alliance, the BC Gay Men's Health Summit and other regional HIV/AIDS networks.
- (4) Distribution of relevant resources through the CATIE Ordering Centre and website.

---

## References

Bartholomew, L.K., Parcel, G.S., Kok, G., and Gottliem, N.J. (2006). *Planning health promotion programs: an intervention mapping approach* (2<sup>nd</sup> edition). San Francisco, CA: Jossey-Bass.

DA Falconer & Associates. (2007). *Ontario gay men's HIV prevention summit 2007: summary report*. Toronto, ON.

Federal, Provincial and Territorial Advisory Committee on Population Health for the Meeting of Ministers of Health. (1999). *Toward a Healthy Future: Second Report on the Health of Canadians*. Ottawa, ON.

London, Scott. (2005). *Thinking Together: The Power of Deliberative Dialogue*. Available at: <http://www.scottlondon.com/reports/dialogue.html>

Raphael, D. (Ed.). (2008). *Social Determinants of Health: Canadian Perspectives* (2<sup>nd</sup> ed.). Toronto: Canadian Scholars' Press Incorporated.

Ryan, B., and Chervin, R. (2000). *Framing gay men's health in a population health discourse: a discussion paper*. Ottawa, ON: Canadian Strategy for HIV/AIDS. Link to CATIE Web site: <http://library.catie.ca/PDF/P7/19265.pdf>

Ryan, B. and Chervin, M. (2000). *Valuing gay men's lives: reinvigorating HIV prevention in the context of our health and wellness*. Ottawa, ON: Canadian Strategy for HIV/AIDS. Link to CATIE Web site: <http://library.catie.ca/PDF/P7/19191.pdf>

## APPENDIX I: Background and Development of the Deliberative Dialogue

The March 4th 2010 Deliberative Dialogue was the culmination of a multi-phase project spearheaded by CATIE as part of a Gay Men's Health Initiative. This facilitated a discussion of broad policy and research issues and secured the attendance of many significant stakeholders involved in gay men's health and HIV prevention across Canada.

The deliberative dialogue process was organized into several phases:

- Initial National Consultation on Gay Men's Health      Feb 18, 2009
- Researcher Meeting during CAHR Conference              April 24, 2009
- Development and Promotion                                      Aug 2009-Jan 2010
- Research and Participant Pre-Learning                      Dec 2009-Feb 2010
- Deliberative Dialogue Satellite                                  March 4, 2010
- Skills Building Symposium                                        March 5-6, 2010
- Final Report and Dissemination of Results                March-April 2010 and beyond

### Initial National Consultation on Gay Men's Health: February 18, 2009

Early in 2009, CATIE held an initial national consultation with a representative group of community programmers, policy makers and researchers involved in gay men's health and HIV initiatives from across the country. The consultation was held in Toronto on February 18, 2009 and was co-sponsored with the Canadian AIDS Society in conjunction with the Ontario Gay Men's Sexual Health Summit. Several participants in this group have continued to act as an ongoing advisory committee for CATIE's Gay Men's Health Initiative.

From that meeting, two working groups were struck:

- A planning group to help organize the **National Gay Men's Health Deliberative Dialogue** Satellite meeting in March 2010; and
- A working group to begin drafting **Action on Gay Men's Health and Wellness in Canada**, an agenda-setting strategy document (a) to promote the reinvigoration of HIV prevention programming and research efforts for gay and bisexual men in the context of a broader health and wellness framework, and (b) to guide changes in relevant policy and research agendas.

### Researcher Meeting during CAHR Conference: April 24, 2009

During the CAHR conference in Vancouver in April 2009, CATIE arranged an informal meeting with a number of researchers interested in gay men's issues to determine if there is a need for a more coordinated approach towards stimulating research initiatives in Canada around gay men's health and HIV prevention. The discussion highlighted the need to advocate for the refocusing of research funding priorities to stimulate social science research and a more holistic approach to gay men's health issues. Currently, there is little receptivity to research beyond a narrow biomedical framework. From this meeting, a contact list of individuals interested in research in gay men's health issues was generated.

### Development and Promotion Phase: August 2009-January 2010

During this time, three main activities were to be planned, managed and implemented:

1. CATIE staff participated in the two Gay Men's Sexual Health Summits in Vancouver (Nov 9-10, 2009) and Toronto (Feb 17-19, 2010) and CATIE regional conferences where they promoted the March 4 forum goals, encouraged Skills Conference participation, identified local issues in gay men's health and HIV prevention programming, and discussed programming, policy and research issues being raised by gay men's health working groups.
2. Representative participants for the deliberative dialogue were identified and invited.
3. A series of pre-deliberative dialogue webinars were planned, and research, policy and program leaders were actively solicited to conduct them.

## Research and Pre-Forum Participant Learning Phase: August 2009-February 2010

Collaborated with key research, program, and policy leaders to plan, research, develop and present a total of seven webinars that:

1. Provided an overview of the evolution and current state of HIV prevention and health programming for gay men in Canada and selected high-income countries with identified gay/MSM populations; and
2. Provided an overview and analysis of the current state of research into gay men's health in Canada.

These webinars were presented to participants invited to attend the one-day satellite meeting and brought participants to the same level of knowledge and preparedness for the one-day satellite.

The seven webinars took place over a series of three conference calls:

### **Teleconference 1: Status report on gay men's health programming and research**

Date: Monday, February 8

- **Research on HIV risk among gay, bisexual, and other men who have sex with men: UPDATE 2007-2010**  
*Barry Adam, University of Windsor and Senior Scientist and Director of Prevention Research, Ontario HIV Treatment Network*

In this presentation, Barry reviewed the Canadian and Ontario epidemiological data on HIV among MSM, and then presented the concept of syndemics, where there is an “additive interplay among a set of dangerous psychosocial health conditions driving the HIV/AIDS epidemic among gay men” (Stall et al., 2003). He discussed how multiple epidemics among gay men – substance use, childhood sexual abuse, mental health problems – interact with and reinforce each other, leading to certain men being significantly more vulnerable to HIV than others. He also discussed important topics in HIV among gay, bi and MSM men: sero-discordant couples, disclosure of HIV status, sero-sorting as a harm reduction practice, treatment as prevention, erectile difficulties, barebacking, and issues faced by gay men from certain demographic and ethno-cultural groups.

- **The evolution of gay men's health**  
*Bill Ryan, McGill University*

Bill presented on emerging trends in gay men's health and identified the shift that is occurring globally throughout gay men's communities to see HIV as only a part of the broader issue of gay men's health. He outlined the shift in values occurring from seeing HIV defined as a problem with gay men not using condoms when having anal sex and requiring professional intervention to creating a nurturing, health promoting environment that allows men to explore their identities, develop their own tools, and build on their strengths. Agencies across the globe were used as examples of the shift away from a sole focus on HIV prevention and services to looking at gay men's health more holistically under the new set of values. Bill concluded by reminding us of the importance of addressing gay men's issues directly in childhood education, and also urging us to explore how we have learned to oppress ourselves and each other growing up in an oppressive society: “We are all graduates of the school of oppression!”

### **Teleconference 2: An update on a syndemics approach to HIV prevention among gay men; integrating a gay men's health approach into programming**

Date: Monday, February 22

- **An update on a syndemics approach to HIV prevention for gay men**  
*Ron Stall, University of Pittsburgh*

Ron provided participants with an in-depth analysis of the syndemics concept by presenting research that highlighted the multiple epidemics gay men face and how those epidemics are mutually reinforcing, leading to worse health outcomes for gay men and a continued high incidence of HIV in our communities. Urban gay men have very high rates of distress and depression, attempted suicide, childhood sexual abuse, HIV infection, substance use and abuse, and partner violence. He also outlined a “life-course” approach to understanding syndemics by acknowledging the different phases gay men go through as they mature from childhood, and how various oppressive or traumatic experiences affect them throughout their lives. He concluded by remarking that in order to truly address the HIV epidemic among gay men, “progress on fighting any one of these epidemics is likely to be limited by lack of progress in fighting other interactive epidemics in tandem.” He argued that we need to address homophobia, support our youth, build community, adopt a life-course perspective on gay men's health, address ethnocultural and economic disparity issues in health, improve public health practice, understand resilience, fight stigma, and link our movement to broader LGBTQ populations.

- **From Séro Zéro to RÉZO: integrating a gay health approach into programming**  
*Thomas Haig, RÉZO, Montreal*

Thomas discussed the activities of RÉZO, formerly Séro Zéro, in the context of the history of the gay men's health movement. He reminded participants that there had been a gay men's health movement in the 1970s which had disbanded and re-structured around HIV in the early eighties. Thomas then outlined RÉZO's gradual shift to a broader health promoting perspective and moving away from a strict focus on HIV prevention. He noted that gay men who responded to their survey were dealing with a large amount of stress, anxiety, mental health issues, body image concerns, solitude and social isolation. Lastly, he outlined some of RÉZO's programming (outreach work, mental health projects, youth-related advocacy).

**Teleconference 3: Ethnoracial gay men and health; Gay men's health in the age of the Internet; Integrating a gay men's health approach into programming**

Date: Wednesday, February 24

- **Health promotion challenges working with MSM from immigrant and newcomer communities**  
*Suhail Abualsameed, Sherbourne Health Centre, Toronto*

In his presentation, Suhail highlighted some of the most salient concerns and issues in doing health promotion with MSM from immigrant and newcomer communities. In the presentation he challenged us to think beyond the term MSM: instead of using the term to "include" people who don't identify as gay, we have to make efforts to understand the contextual realities for newcomers and address socio-economic and cultural contexts. He ended by posing the question: "Do we try to change newcomers' attitudes and perceptions towards health care to fit into the 'Canadian way,' OR, do we try to provide a culturally sensitive approach to supporting their health needs?"

- **Gay men's health in the age of the Internet**  
*Anthony Lombardo, University of Toronto*

Anthony highlighted the growing salience of the internet in gay men's lives. He discussed the internet's place in socializing with other gay men/MSM, experimenting with sexuality, expanding social networks, and meeting sexual partners. A number of gaps in HIV prevention among gay men were identified, such as recognizing the Internet as a 'setting' that impacts risk behaviours, lack of focus on important MSM populations, and the little focus on broader structural issues at work with men's use of the internet. He reviewed current approaches to online prevention and the little information there is on evaluation and response, and suggested a few potential directions in online outreach such as: prevention that is more resonant with men's experiences, prevention that better addresses men's non-HIV/sexual risk concerns, addressing men's reasons for being online (like loneliness or depression) and addressing structural issues in gay men's use of the internet and sexual risk.

- **Strengthening the health and well-being of gay men: Health Initiative for Men**  
*Rob Gair, HiM, Vancouver*

Health Initiative for Men (HiM)'s history, approach and activities were presented by Rob Gair. HiM recognizes that gay men face challenges different from other groups, that they are starting to organize to take ownership of their health, that gay men's communities play an important role in health, and that gay men are building on foundations that already exist. HiM is a response to the changing lives of gay men: HIV transmissible behaviour is on the rise, testing is declining, online networking is increasing as community involvement decreases. In summary, there is strong need and support for a stand-alone gay men's health organization. Rob then outlined HiM's health promotion services such as their website, HIV testing campaign, condom campaign, anti-homophobia campaign and general health promotion activities.

## Deliberative Dialogue Satellite: March 4, 2010

The focus of the Deliberative Dialogue was influenced by the CIHR funding grant that helped to finance it, which involved a requirement to:

- Support collaboration of researchers and community programmers to identify gaps in research and programs;
- Highlight areas of collaboration; and
- Build consensus on research priorities and KTE needs in gay men's health, including HIV prevention.

Ken Monteith, Executive Director of COCQ-SIDA, was engaged to facilitate the conversation, and simultaneous translation and recorded audio were used to ensure full participation (in both English and French) and to allow for preparation of this report. Because of funding limitations, participation was by invitation with a goal of balance between researchers, policy-makers, and frontline program planners and workers, as well as regional and ethno-racial representativeness. A total of 40 people participated in the Deliberative Dialogue.

The forum was co-sponsored by the Canadian AIDS Society in partnership with CRHC (Canadian Rainbow Health Coalition), the SVR (Sexuality, Vulnerability, and Resilience) Research Project housed at McGill University, and the CBRC (Community-Based Research Centre).

## Skills Building Symposium: March 5-6, 2010

Because the Deliberative Dialogue meeting by necessity engaged a limited audience, the larger Skills Conference provided the opportunity for two things to occur:

- (a) The first full plenary of the main program on March 5 was designated a gay men/MSM theme. This lead plenary allowed speakers from the Deliberative Dialogue to present key ideas and conclusions on gay men's health and HIV prevention to all participants in the main conference; and
- (b) The active participation of Deliberative Dialogue participants in the workshops of the Skills Conference, infusing the thinking and perspectives that emerged from the discussions in the one-day meeting.

The presentation at the plenary of the Skills Conference involved three speakers presenting and highlighting the results of the deliberative dialogue. These included:

- **Opening Statements**

*Ed Jackson, CATIE*

In the opening statements, Ed set the stage for a renewed dialogue among HIV/AIDS organizations about the role of gay men's health and addressing factors other than HIV as a stand-alone health issue. In his talk, Ed discussed the incredible achievements gay men have had in inventing and promoting safer sex in their own communities, but acknowledged that HIV still affects gay men in a very serious way. He linked current trends in broadening the HIV/AIDS approach to "gay men's health" and outlined some of the major trends in the new direction gay men's health is taking.

- **Research on HIV Risk among Gay, Bisexual and other Men who have Sex with Men**

*James Murray, AIDS Bureau, Ministry of Health and Long Term Care (Ontario)*

James provided an overview of what the vast library of scientific research is telling us about gay men and HIV risk behaviour. Recent trends were discussed such as a differential distribution of risk, psychosocial factors associated with high-risk sex, substance use issues, understanding childhood sexual abuse, and the increasing acknowledgement of ethno-racial, newcomer, and queer trans men. He then suggested where the research is opening promising doors and where the research is silent. Lastly, he discussed potential new areas of research that may help to direct our programming.

- **The Evolution of Gay Men's Health**

*Bill Ryan, McGill University*

Bill sketched out a framework for approaching health promotion education for gay men that is gaining currency across the country. He presented on emerging trends in gay men's health and identified the shift that is occurring globally throughout gay men's communities to see HIV as only a part of the broader issue of gay men's health. He discussed agencies across the globe as examples of the shift away from a sole focus on HIV prevention and services to looking at gay men's health more holistically under the new set of values.

## Final Report and Knowledge Dissemination Phase: March-April 2010 and beyond

The final report from the Deliberative Dialogue will be distributed through the CATIE Ordering Centre and at workshops and Summits focused on gay men's health across the country. The development of two additional reports has been identified as useful tools: an inventory of gay men's health programming across the country, and an "Action on Gay Men's Health and Wellness in Canada" strategic plan document. In addition, further regional workshop and conference opportunities will be identified to facilitate a broader national consensus around future directions in advocacy, programming and research in gay men's health.

## APPENDIX II: Agenda for the Deliberative Dialogue

8:30 – 9:00	<b>Meet and Greet:</b> Continental Breakfast
9:00 – 10:00	<b>Setting the Scene:</b> <ul style="list-style-type: none"> <li>• Welcome and Overview</li> <li>• Participant Introductions</li> <li>• Ground Rules for Discussion</li> </ul>
10:00 – 10:45	<b>Defining the Issues:</b> <ul style="list-style-type: none"> <li>• Finding Common Ground</li> </ul>
10:45 – 11:00	<b>Nutrition Break</b>
11:00 – 12:30	<b>Community Issues:</b> <ul style="list-style-type: none"> <li>• Resilience and Vulnerability</li> <li>• Collaboration and Mobilization</li> </ul>
12:30 – 1:30	<b>Lunch</b>
1:30 – 2:30	<b>Research Issues:</b> <ul style="list-style-type: none"> <li>• Gaps and Priorities</li> </ul>
2:30 – 3:15	<b>Structural and Policy Issues:</b> <ul style="list-style-type: none"> <li>• Challenges and Opportunities</li> </ul>
3:15 – 3:30	<b>Nutrition Break</b>
3:30 – 4:50	<b>Furthering the Agenda:</b> <ul style="list-style-type: none"> <li>• Follow-up and Next Steps</li> </ul>
4:50 – 5:00	<b>Wrap Up</b>

## APPENDIX III: Participants

### Alex McClelland

Principal Consultant  
Spark Consulting Group  
Toronto

### Art Zoccole

Executive Director  
Two-Spirited People of the First Nations  
Toronto

### Barry Deeprise

Co-chair, Gay Men's Wellness Initiative  
Ottawa

### Bill Ryan

Adjunct Professor, School of Social Work  
McGill University  
Montreal

### Brent Oliver

PhD Candidate, Department of Social Work  
University of Calgary

### Captain Snowdon

Coordinator, Gay Men's Community Development and the  
Men's Wellness Program  
AIDS Vancouver Island  
Victoria

### Chase Curtis-Grindell

Public Health Nurse, Healthy Sexuality and Harm  
Reduction Team  
Chair, GLBTT Sexual Health Coalition  
Winnipeg Regional Health Authority

### Darryl Roberts

Executive Director  
Living Positive Resource Centre  
Kelowna, BC

### David Brennan

Assistant Professor, Factor-Inwentash Faculty of Social  
Work  
University of Toronto

### Doug McColeman

Education and Prevention Director  
AIDS Community Care Montreal (ACCM)

### Ed Jackson

Director, Program Development  
CATIE  
Toronto

### Francisco Ibanez-Carrasco

Manager, Universities Without Walls  
Ontario HIV Treatment Network (OHTN)  
Toronto

### Gens Helquist

Executive Director  
Canadian Rainbow Health Coalition  
Saskatoon

### Gerardo Betancourt

AIDS Community Educator  
Centre for Spanish Speaking Peoples  
Toronto

### James Murray

Senior Program Consultant  
AIDS Bureau, Ontario Ministry of Health and Long-Term  
Care  
Toronto

### Jean Dumas

PhD Candidate, Social and Public Communication  
Research Assistant, Sexual and Gender Diversity:  
Vulnerability and Resilience (SVR)  
Université du Québec à Montréal

### Jeff Dodds

Consultant, Healthy Sexuality  
Manitoba Health and Healthy Living  
Winnipeg

### John Maxwell

Director of Policy and Communications  
AIDS Committee of Toronto

### Ken Monteith

Executive Director  
COCQ-SIDA  
Montreal

### Kevin Murphy

Gay Men's HIV Prevention Worker  
AIDS Committee of London

### Kris Wells

Researcher  
Institute for Sexual Minority Studies and Services,  
University of Alberta  
Edmonton

### Len Tooley

MPH Candidate, Dalla Lana School of Public Health,  
University of Toronto and  
HIV Test Counselor, Hassle Free Clinic  
Toronto

**Mark Hanlon**

Executive Director  
AIDS PEI  
Charlottetown

**Michael Kwag**

Vice-Chair, Board of Directors  
Health Initiative for Men (HiM)  
Vancouver

**Moffatt Clarke**

Program Consultant, British Columbia Regional Office  
Public Health Agency of Canada  
Vancouver

**Murray Jose**

Executive Director  
Toronto People with AIDS Foundation

**Nick Mulé**

Associate Professor, School of Social Work  
York University  
Toronto

**Olivier Ferlatte**

Researcher  
Community-Based Research Centre  
Vancouver

**Patrick Berthiaume**

Research and Health Planning Officer  
Ministry of Health and Social Services (Quebec)  
Montreal

**Randy Jackson**

PhD Candidate, School of Social Work  
McMaster University  
Hamilton

**Riyas Fadel**

Coordinator, Provincial Networking and Knowledge  
Transfer Activities  
COCQ-SIDA  
Montreal

**Rob Gair**

Secretary, Board of Directors  
Coordinator, Frank Talk  
Health Initiative for Men (HiM)  
Vancouver

**Robert Rousseau**

Executive Director  
RÉZO  
Montreal

**Russell Westhaver**

Associate Professor, Department of Sociology  
St. Mary's University  
Halifax

**Shannon Thomas Ryan**

Executive Director  
Black CAP  
Toronto

**Stephen Alexander**

National Programs Consultant  
Canadian AIDS Society  
Ottawa

**Suhail Abualsameed**

Coordinator, Newcomer/Immigrant Youth Project  
Sherbourne Health Centre  
Toronto

**Ted Kerr**

Artist  
Consultant, HIV Edmonton

**Todd Coleman**

PhD Candidate, Population Epidemiology  
University of Western Ontario  
London

**Webinar Presenters:****Anthony Lombardo**

Dalla Lana School of Public Health  
University of Toronto

**Barry Adam**

Senior Scientist and Director of Prevention Research  
Ontario HIV/AIDS Treatment Network and  
University Professor, Department of Sociology,  
Anthropology and Criminology  
University of Windsor

**Ron Stall**

Chair, Department of Community and Behavioral Health  
Sciences  
Graduate School of Public Health  
University of Pittsburgh

**Thomas Haig**

Coordinator, Research and Program Development  
RÉZO  
Montreal





CATIE  
555 Richmond Street West, Suite 505  
Toronto, ON M5V 3B1  
1-800-263-1638  
[www.catie.ca](http://www.catie.ca)

© 2010, CATIE.

CATIE Ordering Centre Catalogue Number: AT1-40224  
(Aussi disponible en français, AT1-40225)

