

*Rapporteur Report-Back*

# 10<sup>th</sup> B.C. Gay Men's Health Summit

The New Literacy of Gay Men's Health

Vancouver, B.C.  
October 30 & 31, 2014



## Rapporteur Process...

- 8 people from Quebec and Ontario took part and reported back on the major themes of the summit.
- Each rapporteur provided an overview of all the presentations attended.
- At daily meetings after the summit, the rapporteurs worked together to summarize the key themes.
- This presentation was developed to provide a summary of these themes.



# The Rapporteurs!



# The 10<sup>th</sup> B.C. Gay Men's Health Summit

“...a conference for those working or volunteering in gay men's health and HIV prevention in British Columbia and Canada to exchange information and plan future initiatives.” (CBRC)

- Held in Vancouver, B.C. on October 30 & 31, 2014.
- Community Based Research Centre (CBRC) project in collaboration with the Health Initiative for Men (HiM) and the BC Centre for Disease Control.
- This year's theme: The New Literacy of Gay Men's Health



## Defining "Gay Men"<sup>1</sup>

- Our belief: 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. cisgender and transgender men) or sexual orientation identification (i.e. gay, bisexual, queer, two-spirit, pansexual).
- Wherever possible, we have reproduced the terms used by presenters when giving their presentations.
- The term "gay men" at times has been used with the intent that the diversity of our identities and terms are, in part, contained within it.

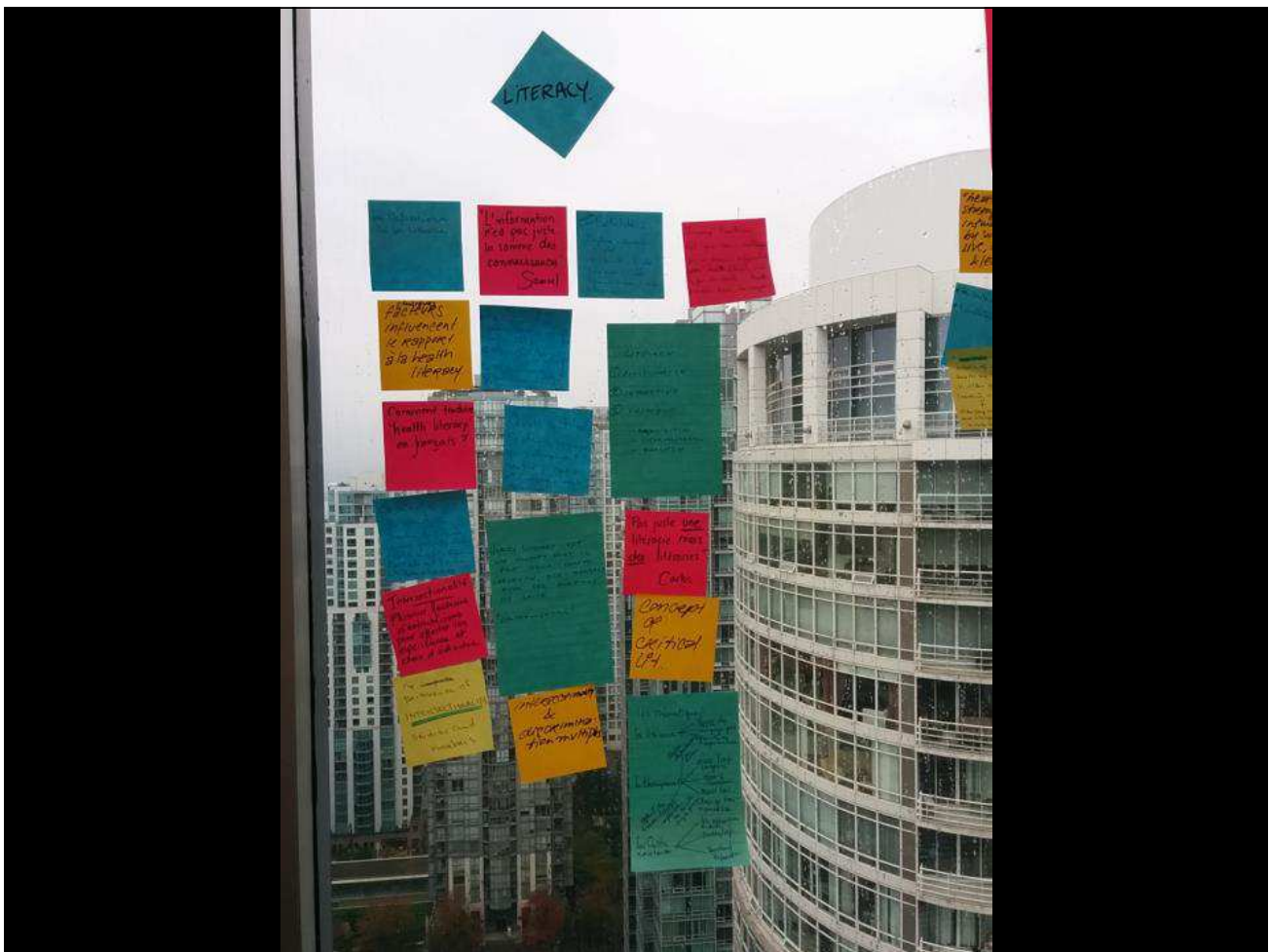


[1] CATIE. (2010). New Directions in Gay Men's Health and HIV Prevention in Canada: Pan-Canadian Deliberative Dialogue Report, 2010 (p. 32). Retrieved from <http://www2.catie.ca/en/resource/new-directions-gay-mens-health-and-hiv-prevention-canada-pan-canadian-deliberative-dialogue-0>

# Major Conference Themes

- Literacy
- Change in the prevention landscape (past, present and future)
- Communication
- Risk and risk communication
- Undetectability as identity
- Stigma and discrimination
- Resilience and how to develop it
- Mental health among MSM:
  - Suicide among young people
  - Isolation
  - Techniques for managing mental health
- Initiatives and projects that contribute to change





# Literacy (1)

- Literacy as a concept shows us that information is not just the sum of knowledge, but includes how it is handled and communicated.
- Literacy requires a number of competencies:
  - **Ability to access** information
  - **Understand** information
  - **Evaluate** information
  - **Communicate** information
  - **Apply** information

# Literacy (2)

- Sexual health literacy gives us the opportunity to re-examine the information that we provide to users of our services and the means we use to communicate this information.
- This is why the ultimate goal of our work as a health workers is to make sure we provide quality information, that it is accessible for the people we see and that it is relevant, so that users can make the best decisions in light of their motivation and context.



# Literacy (3)

- The concept of intersectionality also leads us to understand the complexity of literacy by focusing on a number of factors that intersect and affect individual choices and experiences.
- Therefore, there are many parameters to consider and they come together in a common space (systemic vision).





## Changes in the Prevention Landscape (past, present and future)

- A sole focus on condom promotion is being re-examined given the fact that only 50% of MSM regularly use one, sometimes not correctly, and it is therefore not 100% effective.
- One part of the solution would be to make screening more accessible by introducing self-testing options. For example, the SPOT project showed that 90.2% of users would agree to self testing.
- Other solutions for the future would also be to allow for greater access to pre-exposure prophylaxis, treatment as prevention and HPV vaccination.
- It would also be important to strengthen government lobbying to integrate new prevention technologies.



# Communication (1)

- What are the key messages for MSM?
- When should they be addressed?
- How? (verbal, text, photos, diagrams, interactive...)
- How is the information received and used?
- A review of the websites on HIV prevention shows disparities in language.
- The language used is often complicated and too technical.



# Communication (2)

- We see a lack of information on the following topics:
  - Serosorting
  - Undetectable viral load
  - Primary or acute infection
  - Treatment as prevention (TasP)
  - PrEP (pre-exposure prophylaxis)
- *These are complex subjects that require common messaging and vocabulary.*





## Risk (1)

- How to define risk?  
(loss of something of value?)
- Negative connotation with this term
- Concept of good versus bad citizen  
(may involve feelings of guilt, shame, fear....)
- Would it be better to talk about likelihood? (at the same time, need to be careful about using statistics)

## Risk (2)

- Different levels of comfort with risk
- Where do desire/pleasure fit in?
- What are the benefits to the risks?
- Instead of reducing the risks, could we talk about increasing the benefits? (benefit maximization vs. risk reduction)



## Factors that Increase or Decrease the Perception of Risk

- **Controllability (contrôlabilité)**
- **Voluntariness (caractère volontaire)**
- **Familiarity (familiarité)**
- **Fairness (équité)**
- **Benefits (avantages)**
- **Understanding (compréhension)**
- **Dread (crainte)**
- **Alternatives (alternatives)**





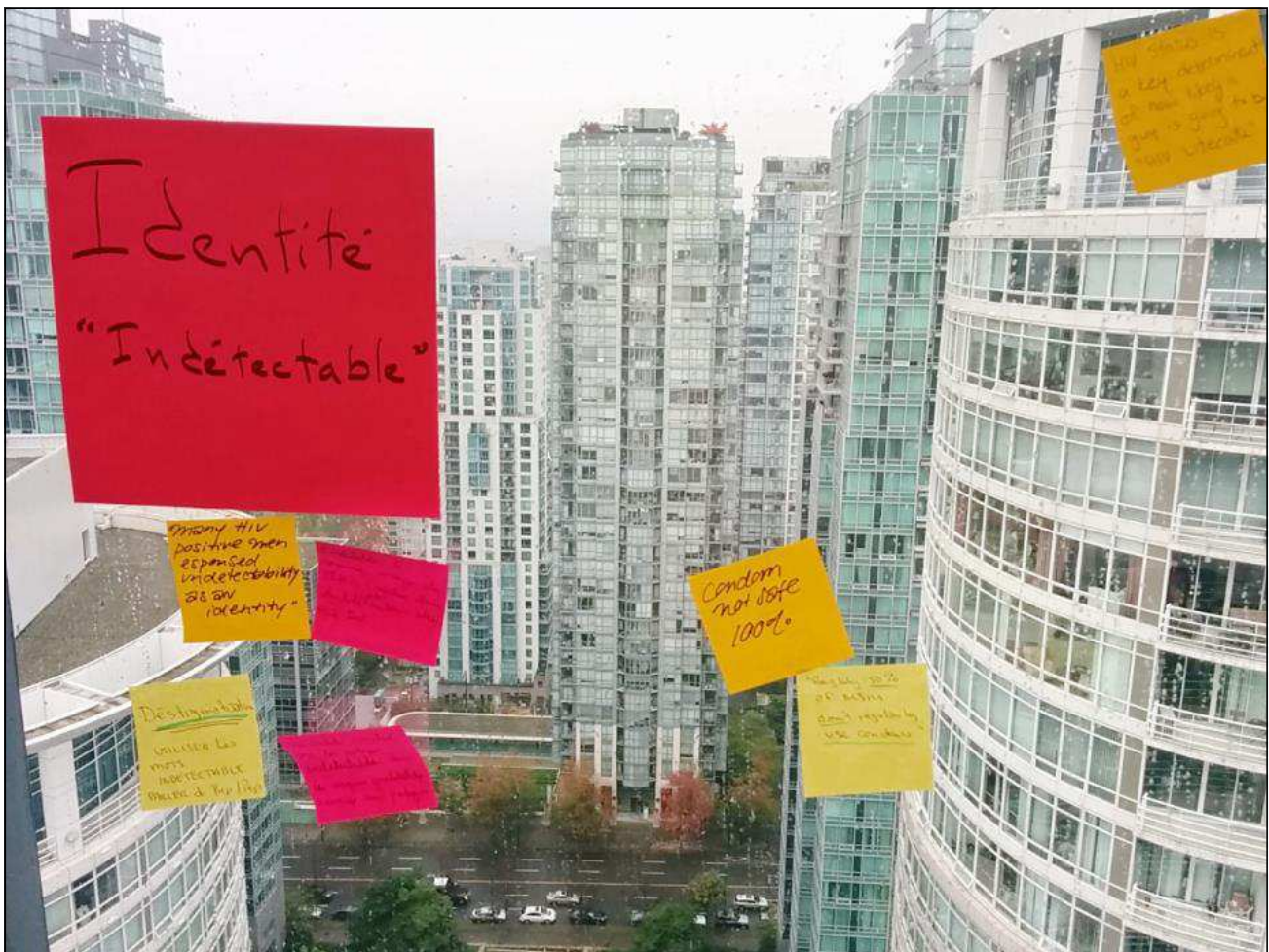
## Communication of Risk (1)

- Becomes complicated with changes in prevention (ex. undetectable viral load, PrEP)
- Anal sex without a condom with a partner of unknown or positive HIV status does not necessarily equate high risk
- Various methods of prevention therefore need to be taken into account

# Communication of Risk (2)

- Respond to needs vs. imposing "our" needs (or public health needs)
- Adapt language to the user
- Adapt interventions to people's behaviours instead of having the ultimate goal of changing behaviour
- Have clear, specific, consistent and relevant messages





## Undetectability as Identity (1)

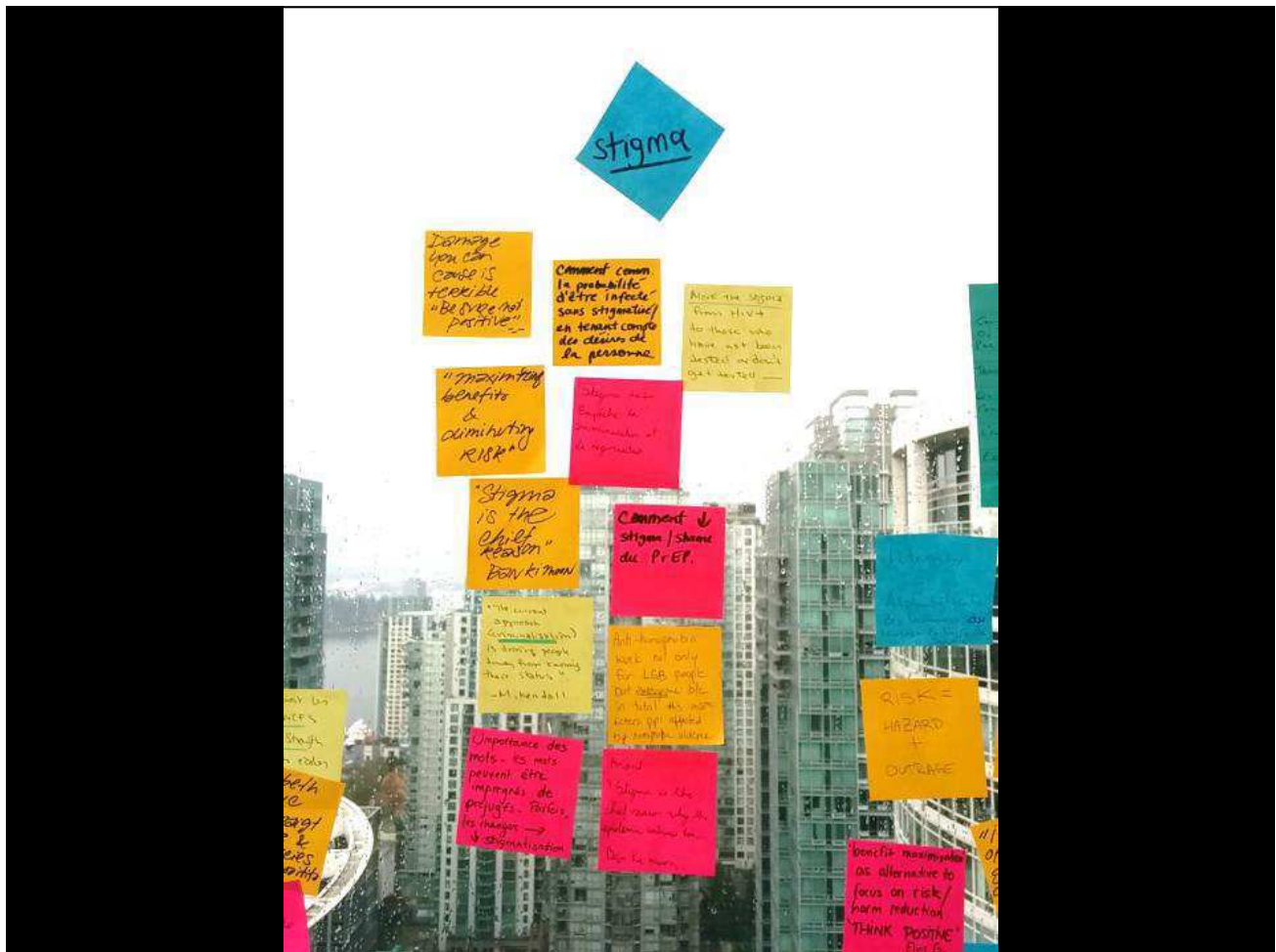
The term "**undetectable**" is used when there is a very low amount of virus in the blood (viral load).

Current laboratory testing can detect HIV starting at a certain threshold (40 or 50 copies per mL of blood, depending on the test performed). Below this threshold, the viral load is called **undetectable**.

<http://pvsq.org/2012/07/indetectable-quest-ce-que-ca-signifie/>

# Undetectability as Identity (2)

- Some HIV-positive men use undetectability as an identity.
- Communication tools often do not include the concept of undetectability in the qualitative risks associated with sexual practices.
- Add the concept of undetectability to the range of HIV prevention methods, which also include PEP, PrEP and condom use.
- **Endogenous practices show that...**  
In group sex scenarios some HIV-negative men purposefully have sex with HIV-positive men with an "undetectable" viral loads; this shows that serosorting is more common, and complex, than it is often portrayed.



# Stigma and Discrimination (1)

UN AIDS provides the following definition of stigma and discrimination:

"[...] a 'process of devaluation' of people either living with or associated with HIV. [...] Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status."



# Stigma and Discrimination (2)

There are various types of stigma:

- **Individual stigma:** prejudice against a person due to his or her health status or other characteristics that are "different" than the social norm
- **Perceived stigma:** the fear and experience of being stigmatized
- **Self-stigma** (or internalized stigma): prejudice against self
- **Structural or institutional stigma:** prejudice against individuals or groups of individuals in respect to society or institutions that often presents as discrimination (for example, we can say that we live in a heteronormative, homophobic society)





## Stigma and Discrimination (3)

### Impact of HIV-related stigma:

- Reduces the number of people who agree to being tested
- Significantly reduces the positive impact of prevention-related messages
- Prevents honest negotiation about sex
- Words that evoke prejudice reinforce stigma (ex: clean, victim, ...)
- Causes shame and chronic doubt



## Stigma and Discrimination (4)

### According to Ban Ki-moon, Secretary General of the UN (2008):

"... One of the biggest hurdles for our global response to AIDS is psychological.

That is the stigma factor. To greater or lesser degrees, almost everywhere in the world, discrimination remains a fact of daily life for people living with HIV. One-third of all countries have virtually no laws protecting their rights. Almost all permit at least some form of discrimination - against women and children who contract the disease, against gay men, against communities at risk.

Stigma remains the single most important barrier to public action. It is the main reason too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason the AIDS epidemic continues to devastate societies around the world."



<http://www.un.org/sg/articles/articleFull.asp?TID=83&Type=Op-Ed&h=0>



# Resilience

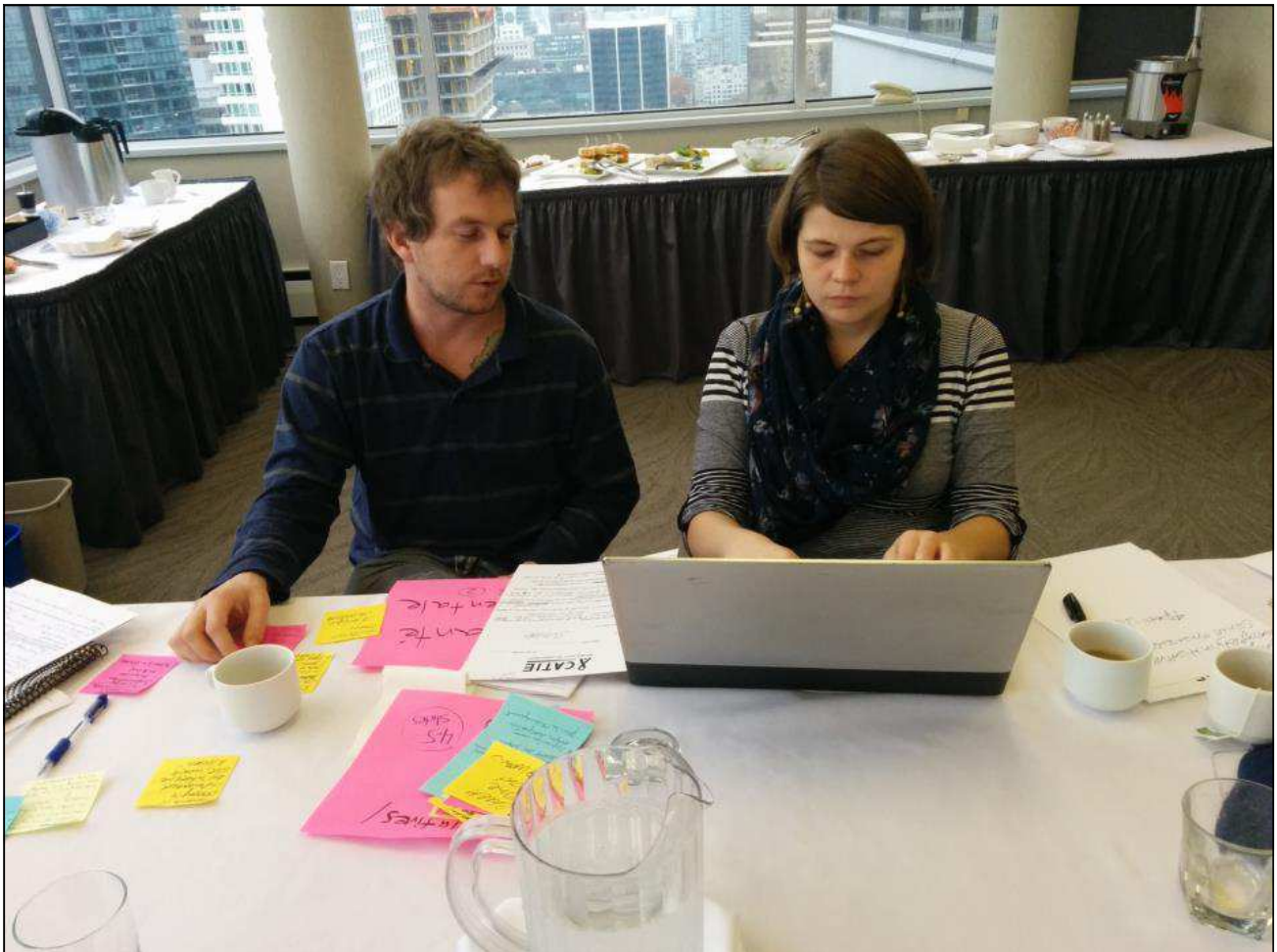
Resilience embodies the personal qualities that enable one to thrive in the face of adversity.

Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and Anxiety, 18*, 76–82.

# Developing Resilience

Some strategies can help in developing resilience:

- Support groups
- Peer-support programs
- Helping relationships
- Support groups for men recently diagnosed
- Ability to build and maintain social networks
- Developing adaptive capacities



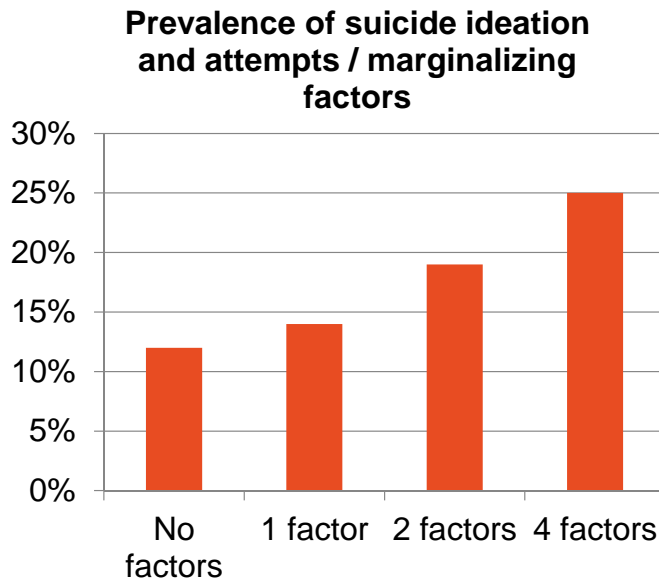


## Suicide among Young People (1)

- The prevalence of suicide ideation and attempts is 4 times higher in MSM than in heterosexual men\*
- More marginalizing factors increase the risk

*\*Particularly in bisexual men, those with lower income or lower education level*

## Suicide among Young People (2)



### Marginalizing factors include

- Mental health issues
- Physical violence
- Sexual or psychological violence at school
- Physical violence
- Sexual or psychological violence at home
- Problematic substance use



■ prevalence/factor

## Suicide among Young People (3)

### Key protective factors:

- Family connectedness
- Social network and sense of belonging at school
- Feeling safe at school

"Health is strongly influenced by where we live, work and learn."

Elizabeth Saewyc



# Isolation

---

- Isolation increases the chances of premature death by 45% in older MSM.
- Older MSM have a 50% greater chance of experiencing isolation than heterosexual men of the same age.



# Techniques for Managing Mental Health

---

- Facilitate self-help, support and peer discussion groups
- Stress management
- Theatre (effective expressions)
- Brainstorming to identify solutions
- Information as a way to inspire change





# Check me out Campaign

AIDS Coalition of Nova Scotia, Halifax, Canada



**My Annual Checklist For Sexual Health**  
For Gay, Bisexual & Bi-Curious Men

because HIV prevention and treatment are different now,  
**we recommend that ...**  
all sexually active gay / bi / bi-curious men get tested once a year\* for HIV and other Sexually Transmitted Infections (STIs).

### recommended STI tests:

- HIV, Syphilis, and Hepatitis B & C ( blood test )
- Gonorrhea and Chlamydia ( urine test )

\*if you have multiple sexual partners we recommend every 3-6 months for HIV and STI tests. For more info go to [www.acns.ns.ca/Check-Me-Out](http://www.acns.ns.ca/Check-Me-Out).



## we **ALSO** recommend you consider the following:

### vaccinations we recommend

- Hepatitis A and B \*\*
- HPV \*\*\* ( especially for HIV+ men, and for men under 26 )

### for men over 21

- testicular self exam ( do this for yourself - ask your doctor how )

### for men over 40

- talk to your doctor about early detection of prostate cancer

### for men over 50

- rectal exam ( including anal lesions )
- colorectal cancer screen

### for HIV+ men

- rectal exam ( including anal lesions )

\*\* only covered by MSI in NS if you identify yourself as a gay, bisexual or other 'man who has sex with men'.

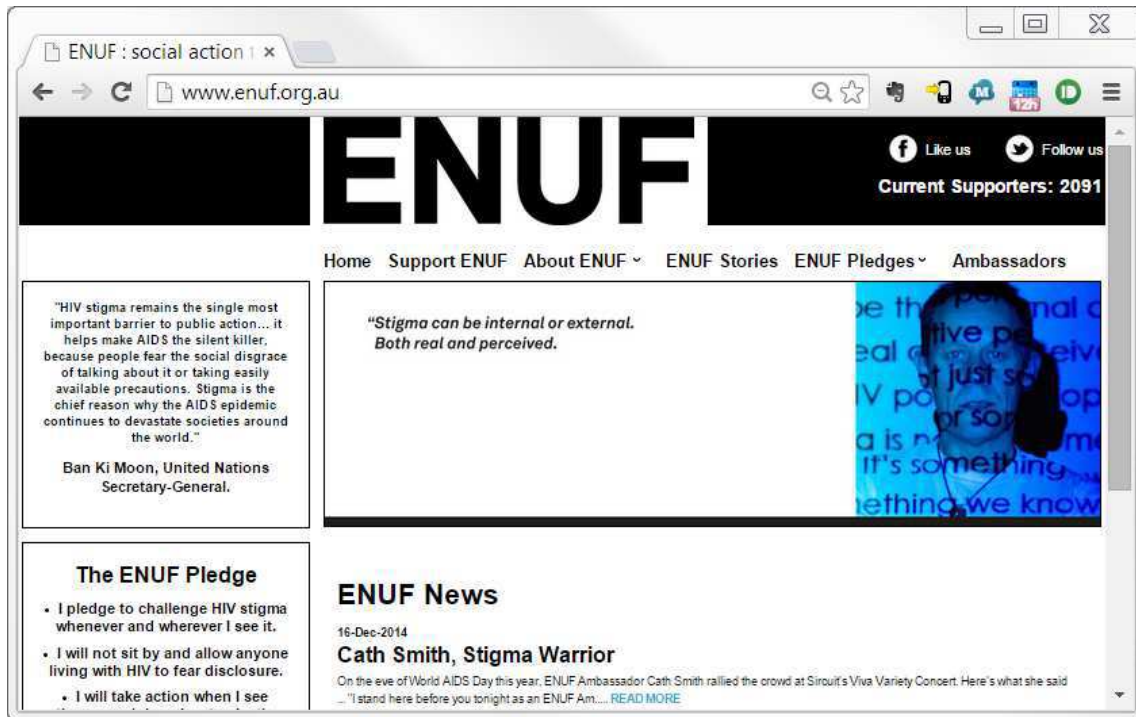
\*\*\* the costs of this vaccine are currently not covered by MSI in NS for gay / bi men, but research suggests that they should be.

[www.acns.ns.ca/check-me-out](http://www.acns.ns.ca/check-me-out)

# ENUF

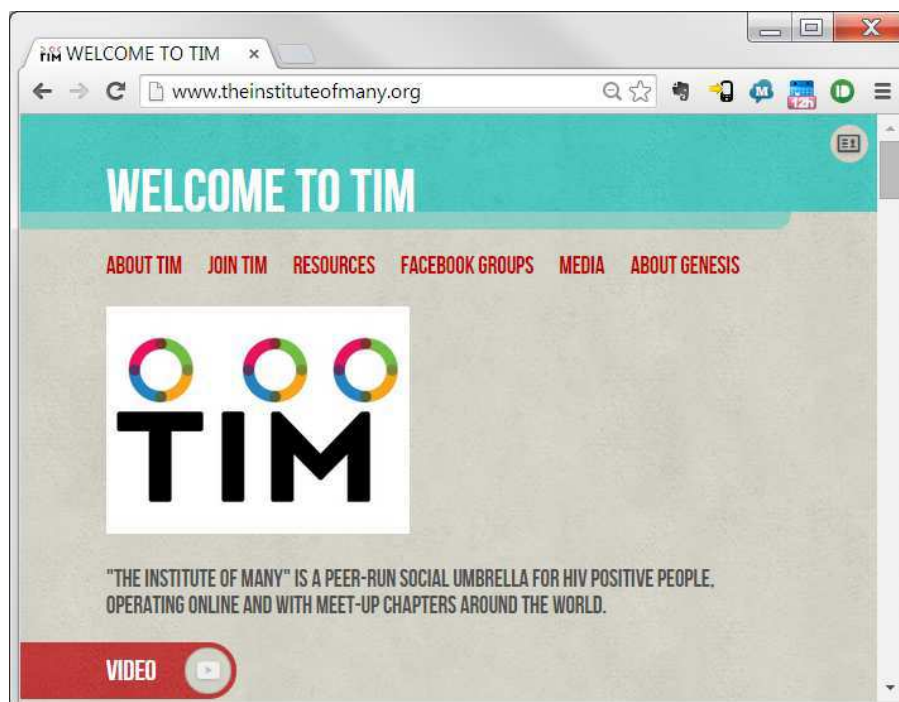
Living Positive Victoria, Australia

www.enuf.org.au



# The Institute of Many - TIM

www.theinstituteofmany.org





# ScrewCrew

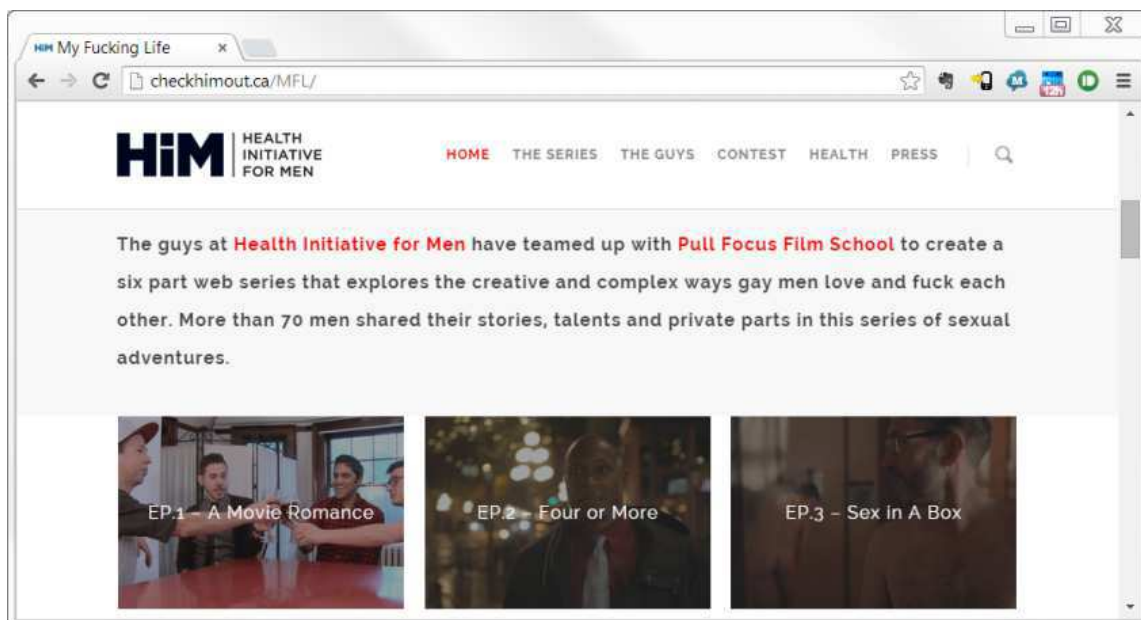
AIDS Vancouver Island, Victoria, Canada

www.avi.org



# My Fucking Life

Health Initiative for Men (HIM), Vancouver, Canada



<http://checkhimout.ca/MFL/>

# Totally Outright

Heath Initiative for Men (HIM), Vancouver, Canada

[www.checkhimout.ca/totallyoutright](http://www.checkhimout.ca/totallyoutright)



**Want to meet other young, fun, smart guys?**

*Do you want to learn how to be a better friend, lover, boyfriend?*

**Totally Outright is a four day leadership workshop** for young gay, bisexual, trans, and queer guys interested in being healthy, sex-savvy trendsetters. Over two weekends you and twenty other young men will participate in interactive, thought provoking presentations from community leaders and experts in gay men's health. Topics range from coming out to sex, drug related harm reduction to relationships, and a whole lot in-between.

**Totally Outright will be on the weekends of March 1st/2nd and 15th/16th 2014**, hosted in the penthouse conference room atop the Blue Horizon Hotel in downtown Vancouver, home to one of the city's most inspiring views. Food and supplies are provided and there are no costs for participating. *We encourage you to...*

**APPLY NOW!**

*"It was amazing to be able to sit down with a group of gay guys and talk about some of the issues facing us."*

# Importance of Gay/Straight Alliances

<http://www.mygsa.ca>



<http://ecoleensante.inspq.qc.ca/mosaik.aspx>



# Importance of "Anti-homophobia" Education for Professionals

Training "Pour une nouvelle vision de l'homosexualité" (for a new vision of homosexuality), Institut national de santé publique du Québec (INSPQ)

UN ADOLESCENT VOUS CONFIE QU'IL SONGE AU SUICIDE PARCE QU'IL N'ACCÈPTE PAS SON ORIENTATION SEXUELLE... UN ÉLÈVE SOUFFRE D'ÊTRE ÉTIQUÉTÉ COMME « FFF » PAR SES PÈRES À L'ÉCOLE... UNE FEMME VOUS DEMANDE DE L'AIDE CAR ELLE VIT DANS UN CLIMAT DE VIOLENCE CONJUGALE AVEC SA CONJOINTE... DES PARENTS VOUS CONSULTENT PARCE QU'ILS ONT DE LA DIFFICULTÉ À ACCEPTER L'HOMOSEXUALITÉ DE LEUR ENFANT... UN HOMME VOUS CONFIE AVOIR DES RELATIONS SEXUELLES AVEC D'AUTRES HOMMES SANS SE PROTÉGER...

POUR UNE NOUVELLE VISION DE L'HOMOSEXUALITÉ

INTERVENIR DANS LE RESPECT DES ORIENTATIONS SEXUELLES

**EN DÉPÎT DES AVANCÉES EN MATIÈRE DE DROIT À L'ÉGALITÉ DES PERSONNES D'ORIENTATION HOMOSEXUELLE, LA RECHERCHE RÉVÈLE DES LIENS ENTRE L'ORIENTATION SEXUELLE, L'HOMOPHOBIE ET CERTAINS PROBLÈMES DE SANTÉ, PHYSIQUE OU MENTALE. ENCORE AUJOURD'HUI, DE NOMBREUX JEUNES ANTICIPENT DES**

**BUT**  
En conformité aux différentes orientations préconisées par le PROGRAMME NATIONAL DE SANTÉ PUBLIQUE et la STRATÉGIE QUÉBÉCOISE DE LUTTE CONTRE L'INFECTION PAR LE VIH, L'INFECTION PAR LE VHC ET LES INJECTIONS TRANSMISSIBLES SEXUELLEMENT, cette activité de formation permettra d'agir sur les facteurs

**ÉLÉMENTS D'APPRENTISSAGE**

- Affirmation de soi dans le respect des autres.
- Concepts et théories concernant l'homosexualité et la bisexualité.
- Estimation de la population homosexuelle et bisexuelle au Québec.

## Community Rapporteurs

The community rapporteurs who contributed to developing this presentation are:

- **Martin Bilodeau**, Portail VIH/sida du Québec
- **Denis Delorey**, Sidaction Mauricie, Trois-Rivières
- **Luis Fonseca**, Action positive, Toronto
- **Carlos Idibouo**, Arc-en-ciel d'Afrique and Action positive, Montréal and Toronto
- **Samuel Gauthier**, BRAS Outaouais, Gatineau
- **Eric Lefebvre**, RÉZO, Montréal
- **Marie-Christine Rochefort**, GRIS Québec, Québec
- **Michael St-Gelais**, MIELS Québec, Québec

# Thank you very much for your attention!

---

- For any questions about the CATIE community rapporteur project, please contact:

Sophie Wertheimer, Regional Health Education Coordinator  
[swertheimer@catie.ca](mailto:swertheimer@catie.ca) / 1-800-263-1638 ext. 250

or

Len Tooley, Coordinator, Community Health Promotion Programming  
[ltooley@catie.ca](mailto:ltooley@catie.ca) / 1-800-263-1638 ext. 271

