

*Rapporteur Report-Back*  
**11<sup>th</sup> Annual**  
**BC Gay Men's**  
**Health Summit**  
*Undoing Stigma*  
*Vancouver, BC*  
*November 5th & 6th, 2015*



“We are the gardeners, and we have to cultivate all our flowers.”

*-Dr. Evan Adams, Keynote Speaker  
Chief Medical Officer,  
First Nations Health Authority (BC)*

Presented by:

Date:



Canada's source for  
HIV and hepatitis C  
information

La source canadienne  
de renseignements sur  
le VIH et l'hépatite C

# The Rapporteur Process...

- 14 people from across Canada attended & reported back on key themes of the 11<sup>th</sup> Annual BC Gay Men's Health Summit in Vancouver
- Each rapporteur summarized every presentation they attended
- At daily debrief meetings each day after the Summit, rapporteurs worked together to summarize key themes and take home messages
- This presentation was created to summarize these themes

# CATIE Rapporteurs at Summit 2015!



# The 11<sup>th</sup> Annual BC 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, BC on Nov. 5<sup>th</sup> - 6<sup>th</sup>, 2015
- Project of the Community Based Research Centre (CBRC) in collaboration with the Health Initiative for Men (HiM) and BC Centre for Disease Control (BCCDC)
- This year's theme: Undoing Stigma

# 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.



# Major Conference Themes

- Stigma and its impact on social determinants of health (i.e. access to health care, supportive social networks)
- Unpacking the impact of stigma on various levels: individual, interpersonal, and structural
- Diversity, intersectionality, and inclusiveness in gay & queer communities
- Stigma faced by vulnerable communities (i.e. gay youth, trans, and HIV-positive communities) & their responses
- Confronting stigma in HIV/STI/HCV care
- Resilience and strategies to support gay, bi, trans, two-spirit men
- Holistic approaches to addressing stigma, including mental and physical health
- Addressing stigma through community-based research, storytelling, and innovative programs/campaigns

# Keynote: Structural Stigma and the Health of Lesbian, Gay, and Bisexual Populations

**Presenter: Dr. Mark Hatzenbuehler, Columbia University, NYC**

- Stigma is a multilayered construct: individual, interpersonal and structural; *need to use multiple and creative methodologies* to study the impact of stigma
- Structural stigma is associated with HIV risk outcomes (stigmatized social env'ts can create barriers to info/knowledge, disclosure to health providers)
- Structural forms of stigma (i.e. same-sex marriage bans) may have negative health consequences (i.e. increase in mood disorders).
- Research on structural stigma can be used to address homophobia and critique and inform public policy
- “Stigma should be considered alongside other social determinants of health” – Dr. Mark Hatzenbuehler

# Panel: Gay Youth Fighting Stigma – Initiatives from *Totally Outright*

**TOTALLY OUTRIGHT** 2015

- ***Totally Outright***: Sexual health leadership program for young gay men in Vancouver, Winnipeg, Toronto, and Ottawa

*Young gay men need anti-stigma tools & supportive spaces to communicate w/each other across platforms (i.e. in person vs. online apps)*

1. ***Think Before You Type***: HIM campaign to promote healthy communication & positive online interactions. Joshua Edward, Health Initiative for Men, Michael Kwag, CATIE (Toronto)

- Disconnect among gay men disapproving of racism and discrimination, but tacit approval of preferences (ethnicity, HIV status etc.) in online environments.
- Stigmatizing language like “no fats, no fems, no Asians” need to be addressed through community-based responses through engagement with gay men

Resources: [thinkbeforeyoutype.ca](http://thinkbeforeyoutype.ca) or [Facebook.com/TBYTVancouver](https://www.facebook.com/TBYTVancouver)





# Panel: Gay Youth Fighting Stigma – Initiatives from *Totally Outright* (cont.)

2. ***OurSpace***: A youth-led initiative to support the health & wellbeing of young guys who like guys. Aidan Ablona & Vincent Francoeur, OurSpace (Toronto)

- There is space (and value) to doing gay men's health work outside of ASOs. ***OurSpace*** is a great community response to a need among young gay men, because there is a lack of safe meaningful supportive environments for gay youth
- Resources: [thisisourspace.ca](http://thisisourspace.ca)

3. ***Gays vs. Gays***: How stigma reinforces isolation within gay, bi, queer, and two-spirit men in Winnipeg. Jared Star, Rainbow Resource Centre (Winnipeg)

- Stigma reinforces intragroup isolation
- Resources: [dontletshamedecide.ca](http://dontletshamedecide.ca) (anti-stigma video, other resources)



# Panel: Strategies in Prevention & Care on Stigma

## 1. *Speaking Our Truth: Addressing HIV-related stigma through CBR*

Jaydee Cossar & Andrew Beckerman, Pacific AIDS Network

- Community-based research (CBR) is a powerful tool to inform policy making, but high costs and funding are limiting factors
- A stigma index has been developed in BC and is used to inform CBR

## 2. *Correlates of successful HCV treatment in HIV co-infected MSM.*

Syune Hakoban, Vancouver Infectious Disease Centre

- MSM may have inferior outcomes for HCV therapy when interferon-based regimens are utilized

## 3. *Sero-adaptive strategies of GBM with more frequent partner change in Momentum Health Study.* Kiffer Card (BC Centre for Excellence in HIV/AIDS, Simon Fraser University)

- People change their sexual practises based on who they are having sex with (i.e. regular partner vs. casual hook up or anonymous sex)
- HIV positive vs HIV negative individuals utilize different seroadaptive strategies

# Workshop: The Art of Resistance

Introducing *The Annals of Gay Sexuality 2015: The Contemporary HIV Zeitgeist*. Robert Birch, UVic; Marcus Greatheart & Michael V. Smith, UBC

- “Our stories are the interventions we need”
- It’s important to acknowledge that shame exists and to trust other people around you. Embarrassing/shameful moments are opportunities to learn & support each other
- Community knowledge is valuable; witnessing the stories of peers and others creates community and comradery
- Suggested readings: Gentrification of the mind: Witness to a lost imagination (Sarah Shulman), My Body is Yours (Michael V. Smith)

# Panel: Communities Fighting Stigma

We need to create welcoming and safe spaces for MSM to connect in order to decrease isolation.

1. ***The Access, Identity, and Men (AIM) Study: How South Asian MSM navigate their sexual and overall health.*** Ramraajh Sharvendiran, Alliance for South Asian AIDS Prevention (Toronto)

- AIM study suggests that religion can be a source of stigma *and* strength. It's not easy to be out in all spaces and at all times.

2. ***End-of-life concerns among older gay men: The pervasive influence of stigma.*** Patrick Aubert, Simon Fraser University

- Health care resources need to be sensitive to queer relationships across the life course: gay men are sometimes transient, and social connections shrink as one gets older.
- Double stigma: sexual identity + age. Leads to desexualization of older gay men.

# Panel: Communities Fighting Stigma (cont.)

3. *The cascade of care of HIV-positive MSM in the Vancouver downtown east side.* Sahand Vafadary, Vancouver Infectious Diseases Centre

- Exploring new ways to engage local community through portable clinics, POC testing in the DTES (for HIV & HCV)
- MSM make up ~8% of population in DTES, 1 of 6 have never been tested for HIV

4. *Uncommon ground: Ecologies of social difference in gay and MSM agricultural producers.* Joshua Edwards, HIM

- Migration out to country/rural areas is possible. Queer farmers are on the margins.

# Panel: Stigma in the Face of PrEP

In order to increase PrEP access, we have to address the stigma

1. ***The IPERGAY Study & PrEP: Overview.*** Maxime Blanchette, IPERGAY-Montreal, REZO

- The process to access PrEP automatically enacts/reinforces stigma: need to report sufficiently risky behaviour to access PrEP
- Taking PrEP has the unintended side effect of reducing anxiety around sex & HIV

2. ***Health Promotion Case Management Team & increasing access to PrEP in Vancouver.*** Marcus Sanzi, AIDS Vancouver

- Stigma around PrEP also originates/is reinforced within the gbMSM community
- Prescribing MDs/nurse practitioners are also being stigmatized



# Panel: Stigma in the Face of PrEP (cont.)

3. *PrEP Provider Perspective.* Dr. Mark Hull, BC Centre for Excellence in HIV/AIDS

- PrEP strategy must include better facilitation of provider referrals  
Early PrEP adopters are overcoming a variety of barriers, including:
  - (1) lack of community knowledge about PrEP
  - (2) access to prescribers (and lack of PrEP knowledge among providers)
  - (3) significant financial and/or procedural barriers (i.e. accessing private insurance coverage)
- National clinical guidelines on PrEP are currently in development

# Roundtable: Using Innovation in Stigma Research

## *Nailing down concepts & samples: a discussion on research methods to investigate the health impact of stigma*

- Facilitators: Travis Salway Hottes, University of Toronto; Mark Hatzenbuehler, Columbia University; Marina Morrow, SFU
- Stigma research requires innovative approaches and re-thinking our methods
- Stigma research is siloed and lacks an intersectional lens: need to recognize that gbMSM have multiple, complex identities
- “There’s knowledge in the margins, groups experiencing prejudice need to be consulted” (M. Hatzenbuehler)

# The Other Scarlet Letter – Stigma & Mental Health

Presenter: Aaron Purdie, Health Initiative for Men

- The stigma attached to mental illness prevents people from accessing care, affects their level of engagement with treatment, and impacts treatment outcomes (Hayward & Bright, 1977)
- There is a cyclical relationship between stigma & mental health: stigma → mental illness OR mental illness → stigma.

# Panel: Fighting Stigma - Education Policy and Empathy

Empathy is an important factor to consider when fighting stigma.

**1. Access to primary care for gbMSM by supporting family physicians to provide safe & appropriate care.** Elizabeth Holliday, Van. Coastal Health

- Care providers can make safer spaces with the use of symbols (e.g., rainbow flag, pamphlets, inclusive posters, etc.), ensuring inclusivity and challenging heteronormative assumptions
- Cultural competency CME course developed for PCPs in Vancouver

**2. The importance of GSAs for reducing victimization in BC schools.** Ryan Watson, UBC

- GSAs are creating safe spaces for all students, regardless of sexual orientation or gender identity, creating effective buffers to prevent youth from experiencing bullying and discrimination
- “Harness empathy to fight stigma”

# Panel: Confronting Stigma in HIV/STI/HCV Care

Important to research why MSM may disengage from care/services

## 1. HIV treatment response among HIV+ gbMSM in BC, ON & QC.

Zachary Tanner, BC Centre for Excellence in HIV/AIDS

- Youth are less likely to seek care: need psychosocial support & peer navigation services

## 2. Characteristics of HIV+ patients lost to follow-up in an infectious disease clinic in downtown Vancouver. Dr. Hakobyan, VIDC

- Multidisciplinary approaches are required to care for MSM at risk for disengagement of care; MSM just as likely as IDUs to disengage from care

# Confronting Stigma in HIV/STI/HCV Care (cont.)

**3. Not out to your provider? GetCheckedOnline is coming to a neighbourhood near you.** Mark Gilbert, BC Centre for Disease Control, Ontario HIV Treatment Network

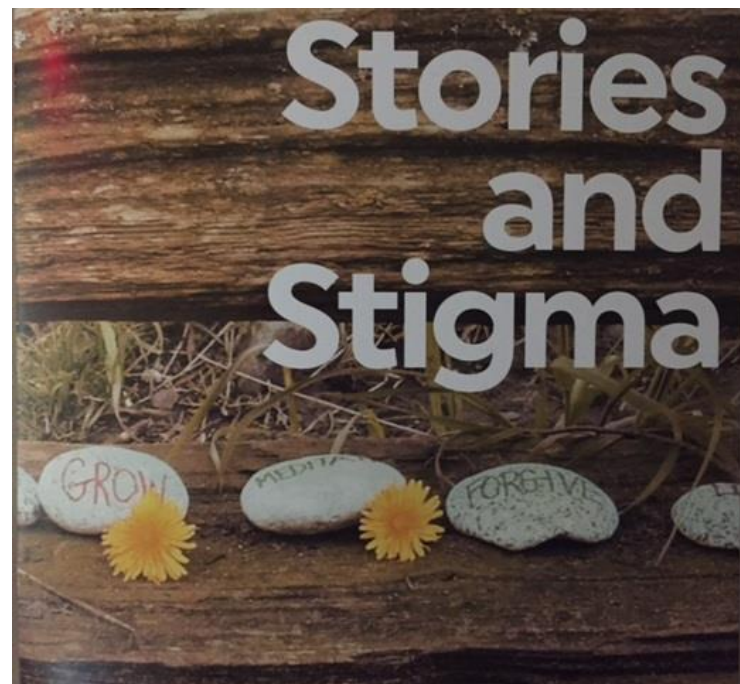
- Many gbMSM are not out to their HCP that they have sex with men (especially those outside major urban centres)
- Innovative online-initiated HIV/STI testing services extend access to patients not out to HCP, allowing for more privacy (and potentially more convenience)
- Resources: [justmakesense.ca](http://justmakesense.ca) (HIM promotional campaign for GetCheckedOnline); [getcheckedonline.com](http://getcheckedonline.com)



# Stories & Stigma: Exploring Stigma in the Lives of Gay Men

Readings from *Stories & Stigma* (CBRC publication)

- The value of artistic expression on health needs to be reconsidered
- “Stigma reveals who, where, and how people are struggling” – Robert Birch
- “Through growth I now believe ‘normal’ means trying to be me” – Travis Shaw



# Panel: Innovative Approaches to Undoing Stigma

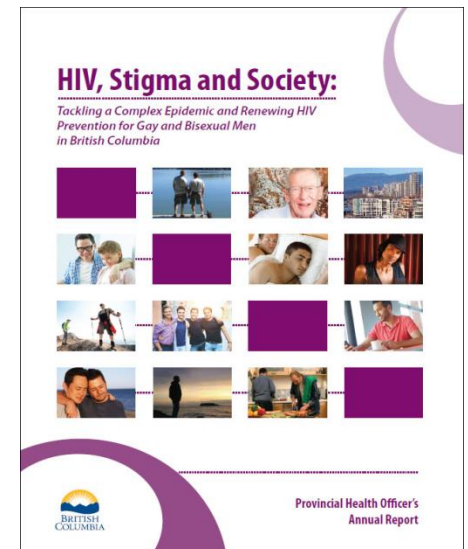
- 1. The pain with many faces: Challenging in identifying chronic loneliness in older gay men.** Eddy Elmer, Vu University Amsterdam
  - Speaking up & being ignored has become a common experience
  - Older gay men are 2x likely to experience loneliness compared to non-gay elders
- 2. Stigma & discrimination within the queer men's community & how it prevents access to supportive care.** Victor Huynh & Marcus Sanzi, AIDS Vancouver
  - We must be mindful of policies and research that use a white, middle-class, heterosexist lens
  - Defaulting to such a lens perpetuates many risk factors, which leads to poor health outcomes for gender and sexually diverse communities

# Forum: Building a BC Gay Men's Health Strategy

Facilitators: **Jody Jollimore**, Consultant; **Chris Buchner**, Van. Coastal Health; **Troy Grennan**, Prov. Health Services Authority; **Stacy Leblanc**, Pacific AIDS Network; and **Dylan Wall**, Living Positive Resource Centre

Forum Objective: Build action strategies based on BC Provincial Health Officer's report, *HIV, Stigma and Society: Tackling a Complex Epidemic and Renewing HIV Prevention for Gay and Bisexual Men in British Columbia* (2014):

1. Develop a Gay/MSM Health Network
2. Healthy Schools
3. Combination Prevention Scale Up
4. Mental Health & Substance Use



# Workshop: Learning Environments to Foster HIV Leadership - The Mpowerment Project

Facilitators: Sarah Chown & Navi Dasanjh, YouthCO HIV & Hep C Society

- Empowerment of young gay men through discussion of personal experiences in safe, supportive environments
- YouthCO & Mpowerment program is an example of creating HIV leadership and community, using tools & skills in order to discuss HIV, stigma, safer and desirable sex, etc.
- The program demonstrates the value of safety in youth spaces, and nurtures safety through:
  - Core training
  - Community agreements
  - Inclusive language guidelines
- Resources: BC HIV Stigma Index - <https://vimeo.com/139825306>

*“Listening and  
responding with love!”*

# Workshop: Heteronormativity & Gay Relationships

Facilitator: Edward Sandberg, Private Practice Therapist

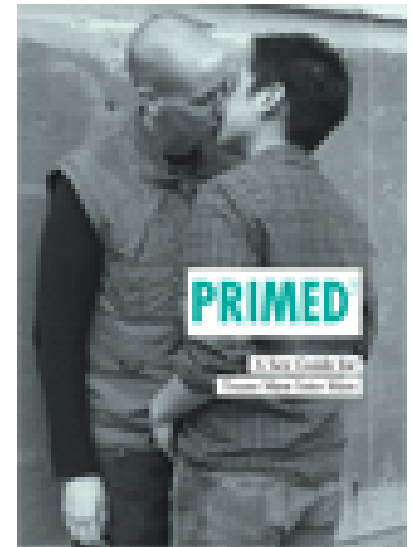
- Does heteronormativity affect relationship choices among gay men?
- We limit our relationship choices based on:
  - Stigma
  - Weight of history
  - Unawareness of alternative models
- Cornerstone of relationships is communication and negotiation
- Focus on skills & ability, not gender
- *“In to me, see” (Intimacy)*
- Recommended reading: [The Ethical Slut](#), various articles on Gay Voices on HuffPost

# Keynote Panel: Stigma & Trans Men's Health

Session Title: Understanding & undoing intersecting stigmas in the lives of gay, bi, & queer trans men

## 1. **Syrus Marcus Ware**, York University, Toronto

- Queer trans men experience intersecting stigmas that impact their access to & engagement with healthcare and community
- Start bringing trans folks to the table in program and resource planning from Day 1: Get creative at being more inclusive (& ask for help!)
- Need to nurture self-determination among trans communities and put an end to gender policing
- Resources: *Primed 2.0* (available at CATIE Ordering Centre – [catie.ca](http://catie.ca)), Trans Pulse Study (<http://transpulseproject.ca/research/>)





# Keynote Panel: Trans Men's Health (cont.)

## 2. Ayden Scheim, Western University, London

- Significant unmet health needs among trans communities:
  - 30% of trans people in Ontario *consider suicide in a given year*;
  - 21% report ever *avoiding a visit to ER* when they needed it, due to being trans;
  - problems accessing condoms & culturally competent HIV/STI testing
- Trans men increasingly a part of gay/bi men's sexual culture, but access is dependent on being seen as male; trans stigma may compromise agency in negotiating sex

## 3. Kai Scott, Van. Parks Board Trans & Gender Inclusion Steering Committee

- As we increase access for one group, it opens up discussion on inclusion for other marginalized groups (i.e. universal bathrooms not just accessible to trans people, but also those with disabilities)

# Panel: Communities of Resilience

1. How to subvert stigma in an epidemic: *Angles*, PWAs, and the dismantling of AIDS and poz-phobia in 1980s Vancouver. Ben Klassen, SFU

- Mainstream media played an essential role in generating moral panic surrounding HIV/AIDS,
- Grassroots gay publications like Vancouver-based *Angles* (1983-1998) confronted homophobia in the media, giving a voice to PWAs

2. “Undetectable”: Gay men’s narratives of sex, identity, acceptance, and stigma. Daniel Grace, UofT

- The impact of ARVs and undetectability is informing identity, risk reduction practice, and community norms (sex, treatment)
- “Being undetectable means I am normal again”- Study Participant
- Resources: [www.acutehivstudy.com](http://www.acutehivstudy.com)

# Panel: Communities of Resilience (cont.)

3. Resilience among long-term HIV+ two-spirit men in Ontario: The seven paths – findings from the Two Spirit HIV/AIDS Wellness and Longevity Study (2SHAWLS). David Brennan, UofT; Sandy Lambert, AHA Centre

- 72% of all Aboriginal people living with HIV have had an AIDS diagnosis
- 2SHAWLS explores 7 truths of resiliency for HIV+ Two Spirit Men
  1. What we believe about the world (worldview)
  2. Accepting & working w/challenges in a good way (finding strength)
  3. Connecting to community for healing (recognizing your true power)
  4. Putting community connection to action (walking towards balance)
  5. Journey to “living the way of a good life” (*mino-bimaadiziwin*)
  6. Sustaining the journey of “living the way of a good life” (self-care)
  7. Accepting & learning to live with our whole selves (living our truth)
- Resilience is not found in a linear progression through these truths, but is rather grounded in the values & perspectives of indigenous PHAs

# Workshop: Trans Inclusivity in Gay Men's Health

Facilitators: Everett Blackwell, Kai Scott, Olivier Ferlatte, and Andrea Szewchuk

- Queer trans men face dual stigma for being queer/gay AND trans
- A trans inclusive approach requires: policy space for trans people (i.e. universal bathrooms); use open-ended questions and processes (i.e. 'check all that apply') in surveys
- Define what inclusivity means: imp. for trans people to have leadership roles in research & programs (& meaningfully engaged)
- Change needs to be at the organizational level; identify partners to work with to help integrate inclusivity

“Small changes can make a difference”

Resources: [www.sexnow.ca](http://www.sexnow.ca) (Sex Now Survey), Chase Ross (YouTube)

# Keynote: Impacts of Stigma on Indigenous Health

**Presenter: Dr. Evan Adams, Chief Medical Officer, First Nations Health Authority**

- “*We are the gardeners, and we have to cultivate all of the flowers*”
- Defining Aboriginal people by their deficits needs to be challenged
- Surveillance & monitoring of the health of Aboriginal populations has been sorely lacking in historical context – this data is necessary to strengthen community health
- Holistic and *relational* approach to health is essential: need to support the health of the whole person, and of the community
- Need to challenge assumptions about what ‘isolation’ looks like: could be emotional, social, as well as geographic
- FN communities not experiencing the full benefits of TaSP (ARV adherence and viral suppression is lower): treatment cascade reveal significant disparities – only 31% have achieved viral suppression in BC

Resources: *First Nations Health Authority (www.fnha.ca)*

# 2015 BC Gay Men's Summit Rapporteurs

- Brian Hansen, Calgary Sexual Health Centre, Calgary
- Chris Aucoin, AIDS Coalition of Nova Scotia, Halifax
- Dane Griffiths, Gay Men's Sexual Health Alliance, Toronto
- Evan Westfal, Institute for Sexual Minority Studies, Edmonton
- Garnet Woloschuk, OUTSaskatoon, Saskatoon
- Joey Heath, AIDS Committee of Newfoundland & Labrador, St. John's
- Luc Malenfant, AIDS New Brunswick, Fredericton
- Luiz Lisboa, Alberta Health Services, Edmonton
- Maxime Blanchette, REZO/IPERGAY, Montreal
- Patrick Daigle, Nova Scotia Health, Halifax
- Ryan Tran, Asian Community AIDS Services, Toronto
- Rapporteur Leads (CATIE Staff):
  - Michael Kwag
  - Lara Barker
  - Thomas Egdorf

*Many thanks to the Summit organizers for the conference and for hosting the rapporteurs!*

