MOVING AHEAD:
ASSESSING GAY MEN'S HIV PREVENTION IN BC

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FOR BC CENTRE FOR DISEASE CONTROL

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EXECUTIVE SUMMARY

The goal of this assessment was to review HIV infection and prevention for gay men and recommend an appropriate course of action to deal with recent and future increases in new HIV infection in this community in British Columbia (BC). We collected, summarized and compared data from 72 key informants, 6 focus groups, the research literature and the capacity assessments of 5 major centres (Montreal, Toronto, Sydney (AUS), London (UK) and San Francisco), as well as Vancouver itself, Victoria, Prince George and other regions of BC. Our findings can be summarized as follows:

- New HIV infections have increased significantly in gay men in BC since 1999.
- British Columbia has capacities and resources for MSM prevention but these are over-extended and under-organized for the scope of the problem and preoccupied with other areas.
- Additional leadership and technical resources are available in BC to undertake corrective action but these will require support.
- Strong interest from all relevant resources and services already exists for a collaborative MSM prevention research, planning and programming initiative for BC. Most saw a potential solution in a periodic research and planning framework and most were willing to support the effort in significant ways.
- There is a critical need for coordinated and sustained MSM prevention campaigns to address shifting norms and values as they are detected through community research. There needs to be resources available to take initiatives into the community to influence community norms and ultimately reduce transmission.
- Where there is community-based research and collaborative planning, MSM prevention is more effective. London, UK and Sydney, AUS had the most organized prevention systems grounded in periodic research, detailed planning and well supported dedicated prevention programs. Montreal has many of the same features on a smaller scale coordinated by one MSM dedicated prevention service organization..

To accomplish what is required this report makes recommendations under the key areas of planning, research, programs and support. Our recommendations are summarized as follows:

- Public health, community educators and prevention researchers should build capacity to collaboratively plan and coordinate prevention interventions that are based on research, front-line experience and evaluation. Creating a planning framework will ensure a sustained, evidence-based approach.
- Public health, community educators and researchers should use research to plan prevention programs and as an organizing strategy for mobilizing gay men and influencing gay culture. Action research should be used as a prevention intervention in itself.
- Public health, community educators and researchers should take on a major collaborative prevention intervention such as a community survey.
- Government needs to re-examine funding for gay men's prevention efforts to ensure that it matches the scope of the issue. This includes better tracking systems for prevention dollars, strengthening existing initiatives, support for collaborative planning, research and programming, and developing strategies for multi-sectoral funding mechanisms.

ACTION PLAN

GOAL: TO PREVENT HIV INFECTION IN GAY MEN IN BC

A. SHORT TERM OBJECTIVE: TO REVERSE THE RECENT INCREASES IN HIV INFECTION

1. *Disseminate Moving Ahead: Assessing HIV Prevention for Gay Men in BC.*
Distribute report across BC. Who: BCCDC. Dates: Mar 2002.

2. *Support AIDS Vancouver gay men's HIV prevention campaign: Condom or Cocktail?*
Invest in AIDS Vancouver (AV) multi-media social marketing campaign to be launched February 2002. Who: BCCDC. Dates: Feb 2002 .

3. *Support Pride 2002 prevention survey & campaign.*
Support collaborative survey project in Vancouver, Victoria & Prince George. Who: BCCDC & Community Based Research Centre. Dates: Aug 2002.

4. *Increase BCCDC Street Nurse resources to gay community.*
Increase hours devoted to gay men by BCCDC Street Nurse Program for education, prevention & collaborative activities. Who: BCCDC. Dates: Feb 2002 .

5. *Strengthen existing prevention initiatives for gay men.*
Enhance/increase prevention activities of AIDS community groups to ensure a greater impact. Review current programs; develop new prevention initiatives. Current services may need to be re-focused. Who: AIDS Division (MOH), Regional Health Boards, AIDS Community Groups. Dates: April 2002.

6. *Support regional needs assessments for gay men and MSM.*
Community AIDS groups, Health Boards and Gay Organizations should work collaboratively to assess the prevention needs of gay men and MSM in regions throughout BC. Using the same assessment tools will keep costs down. Who: BCCDC, Health Boards, Community groups. Dates: 2002-2003.

B. LONG TERM OBJECTIVE: TO CREATE A SUSTAINABLE GAY MEN'S PREVENTION STRATEGY & INFRA-STRUCTURE RESULTING IN ANNUAL DECREASES IN HIV INFECTION

1. *Build capacity for evidence-based prevention planning & message development.*

Bring together prevention educators, researchers and public health from Vancouver, Victoria and Prince George to work with London's Sigma Research to prepare for survey project.

Who: Community Based Research Centre (CBRC). Dates: March 2002.

2. *Develop a collaborative planning framework.*

Bring together stakeholders to establish a planning framework with goals and objectives.

Who: BCCDC & CBRC. Dates: Meeting Fall 2002; document by March 2003.

3. *Implement planning cycle for multi-centred Pride 2003 prevention survey & campaign.*

Bring together prevention stakeholders from Vancouver, Victoria, Prince George and other locales to develop messages and a new survey based on 2002 findings. Who: BCCDC, CBRC, Gay Community. Dates: Mar-July 2003.

4. *Create a Dedicated, Sustainable Service Organization/Foundation for HIV Prevention in Gay Men.*

This organization/foundation option will direct/lead ongoing efforts, manage dedicated resources and become self-sustainable with a combination of private, public and project funding.

Who: Stakeholders, MOH, BCCDC. Dates: 2005.

INTRODUCTION

This past World AIDS Day, December 1, 2001, Vancouver achieved the dubious distinction of being cited in the UNAIDS annual report along with Madrid and San Francisco. The UN's concern was a striking rise in HIV infection rates among Vancouver's gay men. Shifting norms and weakening prevention have apparently fueled increases in sexually transmitted diseases and HIV incidence among gay men in Canada, Australia, Western Europe and the US. Vancouver's situation is among the most alarming. The UN has now called for renewed and more appropriate prevention efforts. How did we get here? And what do we need to do about it?

In 2000, we witnessed the reversal of a five year downward trend in positive HIV tests in men who have sex with men (MSM) at the BC Centre for Disease Control. New HIV positive tests were up from 107 in 1999 to 142 in 2000 representing a 33% increase. This news was reinforced and confirmed by a report of 10 new infections in the Vanguard cohort study. Those new infections in a sample of 750 of Vancouver's young gay men represented an annual HIV incidence rate of 4.6% or five times higher than the average annual infection rate of .9% in the first four years of the study.

In a rapid assessment study of the context behind these statistics in the spring of 2001, the Community Based Research Centre (CBRC) in Vancouver found that few resources under the BC Ministry of Health's HIV/AIDS Provincial Framework were actually being devoted to gay men's HIV prevention, even though gay men continue to be the single most affected population. As well, the CBRC study found the existing prevention infrastructure so fragmented and eroded that a quick and comprehensive response to the rising infection rates was next to impossible to mount.

Considering the community's experience with HIV and AIDS over the last 20 years, the incapacity to respond adequately to this new threat came as a surprise to many. Even though gay men played a significant role in managing the HIV epidemic earlier on, a close examination of today's programs revealed that dedicated prevention efforts and budgets have all but disappeared.

As we learned, rising infection rates, coupled with the "de-gaying" of HIV/AIDS programs is a phenomenon that is currently being experienced in large urban centres around the world. Now it is clear that the de-gaying of AIDS has also affected Vancouver. De-gaying is an expression that was coined earlier in the epidemic to describe shifts in the concentration of prevention resources away from gay men to address other risk populations. Health promoters, who were aware of de-gaying and its potential harms, cautioned that leaving such a large affected group unattended, could cause another HIV catastrophe. Though the current situation is too early to call catastrophic, the signs of trouble show we need to take action before the situation gets worse.

The BC Centre for Disease Control responded by undertaking this assessment of HIV prevention efforts for gay, bisexual and MSM. As we discovered, the shift of our own regional resources arose while community prevention programs were still developing their capacities to address local gay men. With fewer resources, dedicated programs were left struggling to cope with new prevention challenges arising from rapidly changing values and norms.

To assist in this analysis, we consulted with leading prevention experts in San Francisco, London (UK), Sydney (AUS), Montreal and Toronto. From this comparative vantage we were able to recognize Vancouver's gaps and how to address them. We also spoke with local specialists and non-aligned gay men about what actions they felt needed to be taken. Their ideas reflected much of what we learned about best practice elsewhere which needs to be tried in this region. We also

studied prevention strategies documented in the research literature that are working in other jurisdictions and known to be effective. The result is our recommendations for a sustainable response that will have an impact on the current situation for gay men in BC.

We propose an evidence-based, collaborative prevention planning framework, informed by an annual survey of MSM, which would co-ordinate and provide leadership for existing infrastructure, while building its capacity to influence the situation and reduce transmission. The balance of this report outlines in detail what we learned about how to organize such a strategy from other centres and how to make it work in British Columbia.

ABOUT THE ASSESSMENT

The goal of this assessment was to review the currently known ground of HIV prevention for gay men with the purpose of recommending a course of action appropriate for British Columbia. Our objectives were to:

- Probe what is happening in gay men's prevention in British Columbia
- Examine successful prevention activities and systems in other jurisdictions
- Review the latest prevention literature and research
- Uncover the knowledge and perceptions of non-aligned gay men in the region
- Consult community AIDS groups and programs addressing gay men
- Make recommendations for a renewed regional, gay men's HIV prevention strategy

In conducting the assessment, we reviewed gay men's HIV prevention activities in BC with a special focus on Vancouver, one of Canada's largest gay communities and an international gay destination. We also looked closely at the situation in Montreal and Toronto for comparison, and to some extent at regional experience in Quebec and Ontario. Searching outside of Canada for international comparisons, we chose London, UK and Sydney, AUS because of their prominent gay communities and their relative success in managing the epidemic to date. We also looked very closely at San Francisco, a west coast city with many similarities to Vancouver, but with a larger gay community that tends to be the first to experience new trends in the epidemic.

Some limitations arose in making these comparisons. Systems of tracking the epidemic and funding programs tend to vary by jurisdiction, even within Canada. Nevertheless, we learned much about where British Columbia has fallen behind and what needs to be done to reinvigorate action in the best possible way.

In all, we interviewed 72 key informants, most of them in person and some by telephone. Each interview was audio taped for further documentation and analysis. We talked to leading, internationally recognized prevention researchers, epidemiologists, health planners and advocates for their professional insights. We also spoke to recognized community specialists in gay men's prevention programming for their experience with current conditions. In addition, we organized six focus groups involving some 40 non-aligned gay men, specifically recruited from outside of community HIV/AIDS networks, in order to probe the reach and influence of current prevention programming to the ordinary citizen. Four groups were conducted in Vancouver, one in Victoria and one in Prince George. The discussions were audio taped, transcribed and systematically analyzed for relevant content.

EVIDENCE-BASED PREVENTION

What makes successful HIV prevention? What we learned from London (UK), Sydney (AUS) and Montreal is that HIV prevention for gay men is complicated by ever changing shifts in cultural norms which can only be managed by a well-informed, action-oriented planning cycle grounded in periodic research. Community-based research, collaborative planning and informed action are the hallmarks. In circumstances under which little level 1 or level 2 evidence exists about methods of preventing HIV transmission in gay men, community-based research has played a significant role in tracking cultural trends and shifting strategy to keep prevention efforts and messages fresh and relevant. Lessons learned about the efficacy of this approach in London, UK, where Sigma Research has played a critical role in organizing community prevention research and planning, are now being applied in New York and San Francisco.

Two books have helped shaped the evolution of evidence-based HIV prevention planning, one from a leading author in the UK and one from Vancouver.

Peter Aggleton's *Success in HIV Prevention* (1997) outlined five principles for successful prevention programming:
1. Assess what the community knows and believes.
2. Identify environmental and other constraints to safe practice.
3. Plan the intervention.
4. Intervene in a culturally appropriate way.
5. Evaluate the intervention.

This model was distilled from prevention experience worldwide in studies conducted by the World Health Organization (WHO).

Closer to home, Trussler and Marchand examined prevention work across Canada in the *Field Guide: Community HIV Health Promotion* (1997). Their evidence-based model was shaped by the outcome of a nation-wide case study which demonstrated that programs using research as a basis for action were more effective than those that were all action and little planning. The resulting model came to be known as *Study, Plan, Do* in the shorthand of the HIV prevention community. As is often the case, the *Field Guide* gained greater recognition in places other than Canada and in large measure *Study, Plan, Do* was adopted by Sigma Research in London, UK, and the AIDS Council of New South Wales in Sydney, AUS.

Study, Plan, Do encourages continuous cycles of research, planning and evaluated action. The model details this work as follows. *Study*: examine HIV risk conditions by listening to the affected people in their own social context. *Plan*: convert findings into a productive strategy to improve conditions. *Do*: build supportive networks, engaging people in creating environments that promote health. Evaluation is continuous throughout by analyzing the impact of action on actual outcomes.

Guided by these best practice principles, we approached this assessment of gay men's HIV prevention by examining the *research, planning and programming* activities in each jurisdiction we studied.

THE FIELD OF GAY MEN'S HIV PREVENTION

In this report we use several terms to refer to men who may be behaviourally at risk for HIV transmission: gay men, bisexual men and men who have sex with men (MSM). These terms invoke different meanings depending on perspective, culture and identity. Care in their use is critical to both prevention and epidemiology.

MSM, for instance, has developed as a blanket term to cover all men who have sex with men whether they identify as gay, bisexual or heterosexual. In this way MSM satisfies epidemiological needs to group and describe those behaviourally at risk but misses important points of identity, culture and possibly even behaviour. Public health professionals in San Francisco, for example, told us from their knowledge, that heterosexual men who sometimes have sex with other men, i.e. MSM, usually engage in only oral sex, which is considered to be low risk. The concern is that for, some purposes, grouping MSM together blurs crucial details about sexual norms which consequently affects prevention strategy.

To a certain extent, MSM has also satisfied the needs of some ethnic groups who have defended the position that many men of colour may be exclusively homosexual but either cannot or will not use the term gay as an identity. The mix of ethnic and sexual identity is in conflict in some

diaspora cultures, especially for new immigrants, and this too may affect the aims of prevention if it remains unrecognized. To complicate matters even further, many young MSM of colour have long abandoned their cultures of origin and fully accept the term gay.

The term "gay" is generally accepted among MSM who have adopted an open identity. Yet, there are cultural reasons why the term gay also applies to a minority of homosexual men who do not apply the term to themselves. Some exclusively homosexual men, especially those living in suburban and rural regions often reject the term gay as an identity because they believe it represents a specific lifestyle that they disagree with or they fear reprisal and discrimination from their neighbours. Aboriginal men sometimes use their own term "two spirited", referencing cultural traditions. Nevertheless these men will freely participate in gay culture and use the gay venues of Vancouver as their downtown playground. We picked up threads of these claims in the focus groups we organized for this assessment in Prince George and Victoria. But this is not an exclusively Canadian or North American phenomenon and is well documented in Australia and Europe (Dowsett, 1998).

By and large the vast majority of homosexual men recognize gay culture as quite diverse whether participants call themselves gay or not. A survey of gay men's quality of life conducted by the Community Based Research Centre in Vancouver in May 2000, for example, found that 91% of respondents considered themselves "gay" while 6% called themselves "queer" and the remainder "bi". The point is that gay men are accessible both as an identity and culture and to a large extent they represent the majority of MSM who most need to participate in HIV prevention. To bring the point home another way, few men other than epidemiologists know what the acronym MSM means. As pointed out to us in San Francisco, if MSM services were to be established, there would be very few, if any, clients.

Another feature of gay culture which plays an under-recognized role in HIV prevention is the place of HIV positive gay men. Common sense would point out that HIV prevention should include positive men since it takes one to transmit the virus. But few prevention campaigns in gay communities anywhere have directed messages toward positive men or sought their inclusion. In the early days of the epidemic positive men often acted as spokesmen for HIV prevention, but the implicit audience was always HIV negative men. Staying negative made sense to everyone but it was also a hidden bias in prevention language and practice.

Now that positive men are living longer and healthier on HIV medications, their participation in prevention is an even greater concern. It has long been recognized that facilitating supportive environments for those living with HIV is good prevention strategy. Well supported positive men are more likely to practice safe sex because they care about not transmitting the virus to others. But HIV positive prevention is largely taken for granted and rarely taken much further. Recognizing this, the San Francisco Public Health Department sponsored the *HIV Stops With Me* campaign in the summer of 2001 which appeared on billboards, the internet and television to bring home a message of inclusion to positive men.

With no cure for AIDS or vaccine in sight, HIV prevention continues to mean preventing transmission, by whatever means. Early in the epidemic, gay men mobilized to respond to AIDS by setting up community organizations and prevention networks. These community structures produced appropriate information for gay men and offered support to all including those living with HIV/AIDS. These actions influenced community norms and helped to mobilize gay men in the widespread use of condoms. Indeed, the term "safe sex" was invented by gay men.

But this kind of mobilization is difficult to sustain for long periods of time. New generations unaffected by AIDS have joined the gay population and, due to the very success of earlier prevention efforts, the perception of threat has diminished. By now gay men have long figured out that condoms are not the only way to prevent transmission, and though the means may be less reliable, shifting norms appear to be overtaking condom ethics. As well, in many of the community organizations that gay men developed, prevention budgets have shrunk to minimal in favour of care and support programs where needs are more persistent and results more obvious (Wohlfeiler, 2000). Under these circumstances voluntarism for gay men's prevention work has also shrunk drastically because it is no longer seen as socially important role.

With such declines in community participation in HIV prevention, greater emphasis on individual behavioural change has been nevertheless relentlessly pursued, mainly by professionals. Behaviour change targeted to gay men has usually included testing, test counseling, risk reduction counseling, skill training, workshops, venue outreach and prevention case management. While these programs remain appropriate for some individuals, twenty years into the epidemic the challenges of shifting cultural norms are now more than apparent in the recent increased rates of HIV transmission. So where does this lead?

Countries where health promotion has been the health policy, such as Australia and the United Kingdom have gone beyond individual prevention to try to influence the social and cultural conditions that sustain gay men's vulnerability to HIV. Economic, social, organizational and cultural factors influence social behaviour and therefore need to be considered in prevention programming. For example, widespread talk of "barebacking" amongst a minority of San Francisco's gay men eventually led to the majority claiming the practice even though they actually did use condoms. Such is the power of social norms on HIV prevention.

In Canada, Population Health policy assumes wider determinants of health are at play than individual behaviour alone, which fits with broader conceptions of HIV prevention beyond safe sex. For example, gay men's low social status in society can affect their vulnerability to HIV because their right to existence may be denied to such an extent that prevention efforts never reach them. YouthCO AIDS Society found that the assumption that young gay men know the safe grounds of gay sex is often a mistake because gay sexuality is never addressed directly in high school and the barriers to doing are insurmountable. Given this, community level prevention is now thought to require some influence on stigma, discrimination, community attachment, community development and other indicators of social inequality in order to reduce gay men's vulnerabilities to HIV.

Given this environment and recent experience with HIV incidence increases, it is apparent that the situation needs to be taken under control in British Columbia before things get worse. While BC is not alone in this experience, we found that in London ,UK, Sydney, AUS and Montreal where gay dedicated prevention efforts are well-planned and grounded in periodic research, incidence rates have not increased as sharply as they have in other less organized gay centers. Vancouver is apparently the least organized of any. While no-one can really say with confidence why rates have not spiked in the more organized cities, the signals are clearly worth noting.

OVERVIEW OF FINDINGS

We used matrix analysis to compare and summarize data from 72 interviews, 6 focus groups, the prevention research literature, and the capacity assessments of 5 other major urban centers, Vancouver itself, as well as Victoria and Prince George. From this analysis we noted strengths in other centers which could be applied in BC. We also noted BC's existing capacities and accessible skill base to accomplish what is required.

The essence of what we learned is as follows:

1. Where there is community-based research and collaborative planning, MSM prevention is more effective.
2. British Columbia has capacities and resources for MSM prevention but they are over-extended and under-organized for the scope of the problem and preoccupied with other groups.
3. Additional leadership and technical resources are accessible to undertake corrective action but require funded support to become available.
4. Strong interest from all relevant resources and services already exists for a collaborative MSM prevention research, planning and programming initiative for British Columbia.
5. There is a critical need for coordinated and sustained MSM prevention campaigns to address shifting norms and values as they are detected in community research.

1. COLLABORATIVE RESEARCH & PLANNING

We found that London, UK and Sydney, AUS had the most organized prevention systems which were very clearly grounded in periodic research, detailed planning and a finely tuned understanding of the MSM prevention environment. Both cities have well supported, MSM dedicated prevention programs with a comprehensive array of services and message campaigns. They were also centers which did not see the sharp increases in infection rates recently experienced by others.

Montreal has many of the same features on a smaller scale, coordinated by one MSM dedicated HIV prevention service organization. Montreal also missed the recent increases in infection rates. We also found San Francisco in the process of mounting an extensive prevention planning strategy in response to rising rates. London's Sigma Research has been consulting with the San Francisco AIDS Foundation in their effort to undertake an annual community-based survey of gay men.

2. BC'S MSM PREVENTION CAPACITIES

AIDS Vancouver's Man to Man program (now called Gay Men's Health Programs) has a history of innovative MSM prevention work, some of it internationally acclaimed. Nevertheless, the capacity of these efforts to reach very far into the community for very long is a serious gap owing to scarce resources. We found little recall of its recent prevention campaigns in our focus groups even though they received instant popularity as evidenced by disappearing stocks. Vancouver has significant other resources focusing on youth, Asian MSM, and sex workers but they tend to be thinly extended. There is also a strong community of service workers and care providers who are willing to devote energy to be better coordinated.

Outside of Vancouver resources become very thin but there are centers where some capacity exists to collaborate province-wide. Victoria has some diverse capacities among care providers and one MSM dedicated prevention worker. Prince George has a small volunteer network and a prevention researcher allied with its university. Some limited capacities also exist in Kelowna, Kamloops and Nelson. Most centers beyond Vancouver have signaled difficult environments in which to conduct MSM work.

3. Additional leadership & technical resources

An array of resource persons such as gay men's physicians, street nurses and pubic health professionals have indicated their availability to participate in a response to the rising infection rates when called on. There exist as well a variety of freelance resource people who know the terrain and have specialized skills such as survey research and community organizing. These people could become available if attracted by supported projects. In addition, there are institutional resources which could lend support to an organized MSM prevention initiative such as the BC Centre for Excellence in HIV/AIDS and its professionals working on the Vanguard young MSM cohort study.

4. Interest in a Collaborative Initiative

In conducting interviews for this report, a strong and consistent interest was shown among all parties for the establishment of a collaborative prevention, research, planning and programming initiative for MSM in British Columbia. Most saw a potential solution in a periodic research and planning framework and were willing to support the effort in significant ways such as organizing survey volunteers, and recruiting study participants. All evidence suggests the environment is right for such a development and the community of support for it already exists.

5. Coordinated & Sustained Campaigns

Whatever is learned in research and converted to planning there needs to be strong support for MSM prevention activities in the communities. One of the persistent problems cited by AIDS Vancouver was the inability to print enough prevention resources for the size of the population. While its resources were seen to be popular, AIDS Vancouver was also not able to keep pace with the demand from other regional organizations for its literature.

One of the hallmarks of London, UK, Sydney, AUS, Montreal and San Francisco's efforts was a strong visual presence in community venues, the media and print resources. The AIDS Committee of Toronto's television based campaign *Condom Country* was highly successful in terms of visibility and recall. It was the only campaign mentioned within our BC wide focus groups, where participants indicated the power of television to perk their interest. Such campaigns are acknowledged to have a limited half-life. In any case arising issues need to be addressed with new messages.

Existing resources in BC can undoubtedly benefit from collaborative research and planning but there needs to be resources available to take initiatives into the community to achieve what is required to shift norms and ultimately reduce transmission.

WHAT THE NUMBERS SHOW

We found that there are some myths about the age of MSM involved in recent HIV infection rate increases which could affect prevention strategy. Focus group participants by and large attributed the recent increases to younger gay men. From our interviews and conversations in the field, we also noticed a general assumption that youth were most at risk. BC testing data, however, point to men over 30 as being most at risk.

The "youth at risk" myth has featured in the prevention research literature in recent years. In the mid 1990's there was some fear, especially in San Francisco, that HIV had spread into lower age groups. Coupled with the assumption that younger men were more sexually active, there was, for a short time, an instinctive drive to shift prevention resources to favour gay youth. While there was nothing particularly wrong with this effort, in time, the field began to recognize that rapidly rising infection rates did not materialize as expected. Nevertheless, policies such as the Canadian Strategy on HIV/AIDS (CSHA) were already written with gay youth in view, which may have shifted attention, once again, away from the group most at risk.

Of course, there may well be some confounding issues at play. For example, younger gay men may not be testing as regularly as other age groups which could skew both the data and perceptions of actual conditions. Perceptions may also be influenced by the Vanguard cohort which consists of men 18-30. Most of what we know recently of gay men's sexuality in the region has been conveyed by that study. On the other hand, *Gay Health in Vancouver*, a study conducted by the Community Based Research Centre in the spring of 2000 found that men aged 30-39 were both more sexually active than other age groups and more apt to be behaviourally at risk.

So, while existing evidence may well have some weaknesses, the data apparently show adult gay men to be a significant factor in the epidemic. There are cultural reasons why the 30-39 age group figures large in this respect. Gay men are known to experience development and maturation in different ways than heterosexual men (Kooden, 2000). While most men in their twenties are moving into marriage, most gay men are uncovering their sexuality. By the time they reach their thirties, gay men are likely to be experiencing sexual liberation while heterosexual men are having families.

TRACKING THE GAY EPIDEMIC

The AIDS Era: The BC Centre for Disease Control has been tracking AIDS diagnoses in BC since the 1980's. Cumulative data to 2000 show that 3000 persons have had an AIDS diagnosis in BC. Of those, 2405 were MSM, representing 80% of the cases. According to Health Canada, MSM have accounted for 78.3% of all AIDS cases in Canada up to the end of 2000.

To the end of 1999, over 2000 AIDS deaths had been reported in BC. 80% or more (1600+) of these were likely gay men. The actual total is thought to be higher because of under-reporting, especially in the 1980s. Obviously, AIDS has had an enormous impact on the gay community. With the availability of advanced treatments starting in 1996, though, we have seen a dramatic decrease in both the number of AIDS diagnoses and deaths.

Many key informants felt that the impact of having so many die and the loss of leadership has been quietly devastating for the gay community. A large segment of the population who would now be aged in their mid forties and fifties are missing. These men, many of whom helped open

the way toward more gay acceptance in society, may well have been productive mentors to today's gay youth and those now in their thirties. But they are the legacy of BC's loss to AIDS.

HIV Testing: HIV data has become a more relevant way to track the epidemic and its continuing impact on the community. In British Columbia, we have excellent data on those who are testing positive. Systems are in place to ensure that duplicate tests are not counted. Information is available on who is testing positive by risk category, age, health region and ethnicity.

In BCCDC terms, the category MSM – men who have sex with men – indicates transmission likely occurred from sexual activity between men. Most persons in the MSM category, however, are culturally gay or bisexual men. It is unlikely that someone who does not identify as gay would be comfortable telling a health care worker that his risk was sex with another man. Separate data is also available on those who have a dual risk of sex with another man and injecting drugs.

As mentioned earlier, one important limitation of HIV test data is that it only captures those who test. Not much is known about the testing behaviour of gay men in BC or Vancouver. In a 1991 survey (Myers et al 1993) 24.5% of Vancouver's sample 657 gay men reported that they did not test. Nearly a decade later, the *Gay Health in Vancouver* survey found that only 10 percent of its sample of 620 had not tested. On the other hand, 27% had tested within the last six months and another 21% had tested within the last year. Results from that survey also suggested that younger gay men were testing as frequently as the 30-39 age group, however, one important limitation of the sample was its bias toward those already interested in gay health.

Cumulative testing data to the end of 2000 indicates that 4776 persons in MSM categories have tested HIV positive. This represents 55.4% of the total number (8620) who have ever tested positive in BC.

To the end of 2000, 1713 persons testing positive had no risk category identified. Given the stigma attached to identifying oneself as gay, some men would prefer not to reveal their sexual orientation in a health care setting. It would be reasonable to apply the proportion of those MSM testing positive (55.4%) to the category of "unknown". This would mean that another 949 persons with an unknown risk factors were likely MSM. Using this analysis, we might say that in BC the number of persons testing positive who are MSM is approximately 5725 or 65% of the total.

Rising Infection Rates: In BC, the MSM portion of those testing newly positive for HIV had been decreasing since 1995. But in 2000, there was a 33% increase in positive tests in MSM. The actual number of positive tests increased from 107 to 142.

Data from the Vanguard Study of young gay men also showed a dramatic jump in HIV incidence rates from an annual average of .9% for the years 95-99 to 4.6% for 2000. This data along with the testing data from BCCDC strongly suggests that there is a rise in HIV infection rates among gay men in Vancouver.

Testing data from Vancouver for the first 9 months of 2001 show 124 positive tests in MSM categories. If this continues, we would see a 24% increase (163) in new HIV infections over 2000.

A closer look at the testing data in Vancouver by age category gives us insight into the prevention issues we are facing.

VANCOUVER TEST DATA BY AGE AND YEAR

Age cohort	1999	2000	2001 (9 months)
20-29	20	34	28
30-39	61	49	49
40-49	22	33	32
50+	11	13	14

Although rates for 2001 are for the first 9 months, in some age categories they are as high as last year's totals and numbers of infections in the over 40 and over 50 groups indicate a steady rise. This could be explained by prevention fatigue and a greater desire for intimacy in relationships.

In Vancouver in 2000, 77% of gay men testing positive were Caucasian or white. Most other ethnic groups show men testing positive: African, Asian, Hispanic and Aboriginal. In Vancouver in 2001, for the first 9 months 83% of men testing positive are Caucasian or white. Positive tests in other ethnic groups include 5 Asian men and 4 Aboriginal men.

Ethnicity is something to consider in surveillance data. It is widely believed that men who have sex with men from visible ethnic groups are less likely to seek HIV testing and less likely to identify as gay men or MSM. This is also true of 2-spirited men from Aboriginal cultures.

1999 and 2000 Vancouver testing data showed 8 men in the dual risk category of MSM/IDU each year. To September 2001, there have been 9 MSM/IDU testing positive. In the Vanguard Study in 2000, 76 participants identified as both young gay men and IDU. The rate of infection for this group was 3.9%.

The VIDUS study also has data on gay men or MSM. 3.3% of study participants (31out of 932) have a regular male partner. 9.2% of participants have had sex with another man in the last six months. 22.8% of all participants have had sex with another man sometime in their lives. MSM/IDU are more likely to be HIV positive – 15.3% of the MSM/IDU group is positive compared to 7.7% of overall participants. This study focuses on injection drug users on the Downtown Eastside and is not studying gay men and injection drug use specifically.

PREVENTION RESEARCH ISSUES TO CONSIDER

1. Test & cohort study data provides a picture of the gay epidemic but not the whole picture. We need periodic surveys to keep abreast of social trends and more accurate HIV prevalence incidence data.
2. We need to know more the current testing behaviour of gay men: age and ethnic group patterns.
3. Current test data show most infections are in Caucasian gay men in Vancouver.
4. Test data show the 30-39 age group has consistently had the highest rates of HIV.
5. Test data also show that older gay men between ages 40-49 have rates of HIV infection as high as young gay men ages 20-29.
6. Rates of HIV infection have been increasing in gay men over 50 over the last three years.
7. MSM/IDU data indicates individuals at dual risk of infection; we need to know more.

READING THE LITERATURE

We selected research literature for review that actually addressed the current situation with respect to gay men's HIV prevention. In summing up, we were greatly assisted by two recent review articles that covered much of the relevant prevention research from the last ten years (Adam 2001, Stall et al. 2000).

SHIFTING NORMS

The main trend signaled in all recent literature on MSM and HIV is that unprotected sex has been steadily increasing in large urban gay capitols worldwide since the mid 1990's (Adam 2001, Stall et al. 2000). Until late in 2000 there seemed to be no corresponding rise in HIV infection consistent with this trend. This circumstance may have played a role in making HIV appear to be a lessening threat (Stall et al. 2000). However, as might have been predicted, increases in HIV transmission have now shown up in several cities including Amsterdam, New York, San Francisco, Toronto and Vancouver (Adam 2001).

Explaining why these trends have occurred has exposed some critical differences amongst prevention theories and their capacities to address the current situation. In general, theories that explore the traits of "risk takers" (Strathdee 1998) to explain why they engage in unprotected sex are proving weak in offering much of value to alter current trends (Parker et al. 2000; Wohlfeiler 2000; Waldo & Coates 2000). Psychological research has played a dominant role in HIV prevention science throughout the epidemic, but its inherent explanatory bias toward "mental process" has tended to limit intervention methods to individuals (Waldo & Coates 2000). In the search for more socially informed ways to address HIV and gay men's sexuality, many prevention researchers are now recognizing the significant impact of cultural processes on individual volition.

CULTURAL CHANGE

The cultural environment of HIV prevention for MSM has changed considerably since there was broad agreement about safer sex and condoms reinforced by illness, fear and death. Change was already being shaped by new generations of young men, who knew little of the AIDS experience, joining the gay population, even before the widespread use of antiretrovirals (Adam 2001, Stall et al 2000). As the epidemic appeared to shift toward the poor, injection drug users and more marginalized MSM of colour, the demand to shift the focus of intervention became louder and more extreme. In the anticipation of where the virus might be going, the emphasis on gay men drifted away even though, in most cases, they remained the largest affected group (Hickson et al. 2000).

Within both the AIDS care community and prevention science, a tendency to deny the importance of gay men in the course of epidemic sent an unintended message in unanticipated directions (Stall et al. 2000). No longer seeing themselves represented in prevention messages, MSM got the idea that HIV was no longer a gay issue (Wohlfeiler 2000). This theme certainly came through in regional focus groups organized for this report. Moreover, few prevention programs funded by government ever sponsored gay men's prevention directly (Parker et al. 2000). From this, gay men got the message that society thinks of them as undesirable and expendable, another theme expressed within our own regional focus groups.

Given an environment of less apparent threat and little gay focused attention, cultural shifts also occurred within gay life. Unprotected sex has increasingly become more accepted. As Stall et al. (2000) have observed, the social and behavioural responses among MSM are at least as complicated as the HIV virus itself. Gay men, in knowing the risk factors, shaped risk reduction

strategies for sex without condoms. To a certain extent the self-styled harm reduction may be working but in some cases, they may also cause transmission.

Many observers now agree that current conditions are a set-up for tragedy: a stable and pernicious background rate of HIV infection amongst gay men with periodic sharp increases in transmissions as norms shift with apparent threat (Stall et al. 2000). So what is to be done?

Broad Health Goals

Astute prevention scientists have been pointing toward approaches which broaden prevention beyond individuals to encompass networks, groups and communities for some time, but circumstances have now become more urgent, so the impetus to attempt new strategies. Among suggested interventions are those which would affect gay life internally by addressing the common search for community and the failure to find it (Stall et al. 2000). Few gay communities have much of substance to sustain the social cohesion that MSM experienced during the nadir of the epidemic, when building organizations to respond to illness and death brought so many together in a common bond. Now many of the organizations gay men built in those times are either distracted by the persistent need for care services by other groups, or shifts in values that de-emphasize their importance and thus gay men's prevention budgets (Wohlfeiler, 2000).

Another theme arising in the literature is the need to approach gay men's HIV prevention more holistically to take into account the wider realities affecting gay men's health such as their relationships and their place within society (Adam 2001; Stall et al. 2000) Some of this work will be aided by shifting the approach of prevention research to accommodate community-based research which would include gay men in addressing their own questions and bridge worlds between science and culture (Stall et al.). The use of qualitative research to keep abreast of fast paced cultural change is increasingly recognized as a necessary, not casual, endeavour (Stall et al. 2000). Indeed, community-based research may well play a role in enhancing social cohesion which would, in turn, create better conditions for prevention (Hickson et al. 2000).

Structural Approach

Recent literature is also pointing toward structural approaches which would improve conditions of societal stigma and violence in which gay men continue to live as a means to create better prevention environments. It seems obvious that in order to build community and address the wider context of HIV prevention that gay men need safe places in which to encounter each other productively (Hickson et al. 2000). But in reality, few such spaces exist, especially in Vancouver and BC, a persistent theme in all of our focus groups. Some theorists have suggested that building gay men's centers in smaller towns might prevent young gay men from migrating to larger cities where HIV is more prevalent (Wohlfeiler, 2000). In British Columbia it may make more sense to support such a centre on or near Davie Street, largely considered the gay downtown of the region, where a majority of the region's MSM have some attachment.

In considering prevention messages, the research literature is increasingly recognizing the importance of gay culture in crafting what to say. In general, it is well recognized that prevention messages need to speak the language of their audiences and address what they actually experience. Stall et al. (2000) suggested addressing gay men's "tendency to infer a partner's serostatus without asking", by questioning the assumptions upon which sexual safety decisions are made. Guided by research at the Centre for AIDS Prevention Studies, the San Francisco AIDS Foundation created the *How do you know what you know?* campaign that appeared on billboards and in the community press in the Castro area this year.

Further thinking has also considered where the onus of prevention messages for gay men should be placed. Sigma Research in London, UK has presented an intriguing case for messages that let gay men decide (you decide) what to do instead of telling them what to do directly (we decide). The effect allows gay men to think through a personal response rather than to reject an imposed rule. Thus “Use a condom every time” gives way to “Are you safe enough?”.

LISTENING TO BC'S GAY MEN

As part of the assessment and in alignment with current thinking about qualitative approaches to prevention research, we organized six focus groups to listen to the perceptions, opinions and ideas of ordinary gay citizens from British Columbia. The main criterion for recruitment was that participants were not volunteers or working for a community AIDS group. To keep the process at arms length, we contracted six experienced peer facilitators who were responsible for recruiting participants and conducting the sessions. All sessions were audio taped and later transcribed verbatim. Our facilitators recruited 40 gay men in all. We offered a $25.00 honorarium for participation.

Our objectives were to develop knowledge about gay men's experiences with the following:

- Recall of recent news on gay men's sexual health issues (news recall)
- Recall of recent prevention campaign messages (prevention message)
- How prevention information impacts on one's personal experience (personal impact)
- Knowledge of gay men's sexual health programs and organizations (referenced agencies)
- Opinions of performance in handling gay men's issues (perceived performance)
- What is felt to be needed to address HIV prevention and sexual health issues (what's needed)

We organized the groups to learn from a diverse mix of gay men from Vancouver, Victoria and Prince George. In Vancouver groups were arranged as under age 30, over age 30, Asian men and Aboriginal men. Groups in Victoria and Prince George were mixed. We also arranged three interviews in Cantonese with non-English speaking Asian men: a refugee, an immigrant and a foreign student.

All participants completed a consent form and a confidential information survey. The survey gave us the following demographic profile of participants:

Age: mean age 33; 12 participants under age 30; range 20 to 52.

Education: 40% some college or university; 30% high school or some high school; 30% college, university or graduate degree.

Income: 40% less than $15,000; 25% $15,000 to 25,000; 7.5% $30,000 to 39,000; 17.5% over $40,000.

Ethnicity: 45% described themselves as Canadian or European; 32.5% Aboriginal; 32.5% Asian; one (2.5%) as other (Russian Jew).

Relationship Status: 62.5% single; 25% in an exclusive relationship with a man; 7.5% in an open relationship with a man; 1 (2.5%) other (bisexual) and 1 (2.5%) no answer.

Serostatus: 62.5% HIV negative; 30% HIV positive; 5% unknown; 1 (2.5%) no answer.

We took a conversation analysis approach to the transcripts, performed a content inventory and identified key statements (Gubrium & Holstein 1997). The content inventory follows. We then summarized information from all the focus groups to develop a general picture of experiences, perceptions and ideas of gay men in BC. Focus group research is not statistically representative but does effectively capture a range of experience existing in a group.

FINDINGS

Overall, participants were thoughtful about the topic of HIV prevention and gay men's sexual health. Many acknowledged there were few opportunities to discuss such important matters. Current prevention programs and services in BC, however, did not appear have much impact. Their recall of recent gay men's prevention information campaigns appearing in local gay media was very limited.

Most were aware of news that HIV incidence was on the rise, but they attributed the situation to younger gay men or others, not themselves. Many mentioned the *Condom Country* ad from the AIDS Committee of Toronto as seen on TV as the way they heard about HIV incidence increases. By and large hepatitis was a more recalled topic than any other. Nevertheless there was much confusion over A, B or C.

Most participants recognized the critical role that HIV and other sexual health issues play in their lives but they noted very little visibility of gay men in the media or government sponsored material. Many appear to have concluded that HIV and AIDS is no longer a gay issue, nor seen to be a gay issue. Some have clearly translated the absence of attention as a cue that HIV is no longer the threat that it was to gay men, nor is safe sex as necessary.

> *"I just think people don't care. They don't believe it's going to happen to them and they haven't had evidence of it in their lives. You were saying you have lots of HIV positive people in your life. I don't have anybody in my life. So it's not in my conversations."*

> *"I'm just concerned about the comeback of barebacking as they call it. I was thinking about that on the way down here. Are we fatigued? Do we just not care anymore? Is AIDS no longer the fearsome plague that we called it in the 80s, ravishing the country and the world?"*

It appears still common that gay men figure out on their own how to stay safe without the guidance of accurate or relevant HIV information. The comments of one man from central BC were particularly poignant:

> *"When I left home I knew nothing about sex, nothing about condoms. God forbid you talked about sex in our household. I engaged in IV drug use, I shared needles, I had unprotected sex. I'm very lucky to be alive because I was in such a naïve position. I didn't even know the information was out there, never mind knowing where to access it. I learned via people I met or dated about the risks I was taking."*

Participants were asked to talk about how HIV news and information affects the way they approach sex or how it affects their lives. Many expressed the idea that others were at risk more than themselves. There was some confusion about the risk of oral sex. There was a range of responses to prevention information. Some were very cautious and anxious while others didn't feel worried at all.

> *"It's really like a load on your back. And I go with it, but it just feels a fact of life that you have accepted but still it's a burden. Just one more thing that you have to deal with."*

No matter the experience, everyone recognized the complexities of sexual negotiations and that sexual safety information had to be more than just tips on how to put on a condom.

> *"I would say with any person that I have been intimate with, it is negotiated moment by moment. And from person to person. And whether or not it's on or off is kind of negotiated within the sequences. It's not to say it's on all the time or it's off all the time."*

"I think, for myself, I'm too trustworthy. I know I don't use condoms all the time. I love to bareback. So when I ask a person, 'are you or aren't you?', I assume I can trust their answer."

Participants were asked to talk about the performance of organizations, communities or government agencies handling gay men's sexual health. Overall, participants expressed the feeling that government didn't really care about gay men's health. AIDS was only important insofar as other populations might become infected.

Many participants talked about the need for a more supportive society. Mental health was recognized by many men as a critical aspect of sexual health. Most recognized their own mental health challenges in managing a marginalized social status in society, sexual health being one of them.

"We all started our formative years hating ourselves; we still have a lot of people who despise us."

"HIV isn't about just what you're doing physically. It's about what kinds of relationships you're in and how comfortable you feel being honest and how much you care about your own health and someone else's and those are all things that are about mental health. And about the bigger picture of sexual issues."

Participants were very concerned about creating a more supportive gay community. In every focus group we ran, participants expressed a deep desire for safe space for gay men to organize. They generally recognized officially mandated HIV organizations, but in most cases felt alienated, unwelcome or unwanted. AIDS Vancouver was seen largely as an institution offering care services for HIV positive not negative men, AIDS Prince George, a heterosexual organization. Two spirited men felt alienated from both gay community and many AIDS organizations. Northern gay men noted their relative isolation in a disturbingly anti-gay environment.

"I think that basically all of the AIDS organizations completely dropped the ball around HIV prevention. The focus seemed to be on getting condoms out there, without thinking about putting a condom on."

We asked participants how issues of sexual health can be effectively addressed for gay men. All groups referred to the need for a safe gay environment to meet, get organized and get services and information. Participants cautioned against using fear based messages. They asserted a need for accurate information expressed in their own language and images, which would support their decisions without preaching.

"I don't think it's about the need to feel frightened. I think what brings it home for people is feeling connected to the issue."

"It's best to have information that empowers you to make decisions instead of just stopping you."

In summary, we felt what was said in the focus groups was highly reflective of contemporary thinking for the average gay man. We were quite concerned about the extent to which ordinary gay men fail to perceive their risks. Nevertheless, the absence of discourse about the issues seems abundantly clear. In McLuhan's terms the medium, or lack of, it is clearly the message. Where little dedicated action or discussion has been apparent, the evidence of HIV threat has all but disappeared.

PREVENTION FOCUS GROUPS OCTOBER 2001

	News recall	Prevention Message	Personal impact
Vancouver 30+	Younger gays getting AIDS Barebacking infecting young Crystal meth / unsafe sex New strain, drugs don't work HEAL anti HIV theories	Free bowls of condoms, where? Hep C brochures (ABC?) Fruity Booty etc *not seen* Condom Country – Pride TV Shigella: never heard of Hep C in paper (sexual transm)	Sex not changed in 15 years Negotiated moment to moment Don't put self in those situations Constantly aware of HIV Info nice but no saran wrap 4 me Dental floss danger Info is wallpaper
Vancouver -30	HIV on the rise younger men Bareback sex on internet Hep A vaccine available (cite paucity of venues, resources)	"Tend to ignore them, so many" Give me TV Web unpredictable Gayhealth.com Condom Country poster	Feel no threat, no worries Over-react to safety slip-ups Carry condom at all times Contradictions re oral safety Paranoia: want sex, don't enjoy it Stopped having sex Gay culture lacks intimacy
Vancouver: Asian	Stats on rising HIV South African stats Hepatitis B vaccination Never heard of shigella Hep C sex transmission Barebacking reason for rise	Condom Country	More aware of high/ low risk Confirms others may be unaware Asian infections fastest rising? Fact of life but still a burden One more thing have to deal with Too much precaution bad to
Victoria	Top or bottom higher risk? Barebacking coming back Can't recall seeing anything Hep A warning, vaccination Hep A&B in one vaccination TB scare for HIV+ Rise in HIV young gay men	Bullying topic UVIC AVI is for PWA's	More risk of violence than HIV Mental health more an issue Relationship skills greater issue HIV not just physical sex: relationships, comfort, honesty
Prince George	Condom Country HIV on rise Word of mouth HIV on rise in PG Hep B increase Hep C sex transmission Silenced, embarrassed, prefer privacy Rely on word of mouth	Needle Centre '1 prick' poster Nothing at hospital or doctor's/ Nurse's; multiple partners cause	Had scare: found test humiliating & no community support Uncertain safety of oral sex Confusion, conflicting messages Aggressive "no condom" men Learned safety from peer/dates: lucky to be alive Less fear of PWAs
Vancouver: 2-Spirited Aboriginal	Two men on horseback Hep C more known than HIV Gonorrhea back again HIV super bug, no treatment	Condom Country TV ad Man Line ad Xtra West is white propaganda Materials don't reflect aboriginals	2 spirited people invisible I don't practice any safe sex
Summary	Sporadic recall of issues Rising HIV seems to be known, attributed to younger men	Very low recall of local materials Sporadic recall of press Hep mentioned more than HIV	Risk is youth, others' issue Conflicting messages re oral More than physical sex tips needed Fear backfires against safety Cultural issues at play

PREVENTION FOCUS GROUPS OCTOBER 2001

	Referenced agencies	Perceived performance	What's needed
Vancouver 30+	Fed, Prov, City gov'ts Vancouver Richmond Health Bd AV, PWA, Wings Friends for Life perceived as white, middle class. School system should be more responsible.	Needs: Takes our own to know our own. AV has great HIV+ services Europe's more graphic sexy-safe approach should be tried here. No psych services for gay men	Accurate, honest, up to-date info Safe space to discuss health Supportive providers: Spectrum Police protected places; parks Need non-bar place to meet, organize: community centre Need supportive government
Vancouver -30	Vanguard, Bute Clinic, 3 Bridges AIDS Vancouver YouthCo, Youth Quest, GAB at The Centre	AV is for HIV+ Media needs to be less PC. Prevention seen as ineffective. Nothing gay specific in press, not seen as a gay disease anymore. Rise in infection unaddressed.	Health info that speaks language of its readers. Broader distribution strategy. Gay community center: health info, services, meeting place.
Vancouver: Asian	ASIA, AIDS Van, STD Cllinic YouthCO, BC PWA, Friends for LIfe	Trying to reach out but hard unless people come for help. Asians fear being seen getting info for sexual health – fear attention of other Asians.	Scare tactics unrealistic, just the facts, risk self-assessment. Need resources and common place to go: info, testing counseling, on the scene and available to gay men.
Victoria	Baths provide condoms. AVI has park patrol, Hep Vic Native Friendship Pride Collective Capital Health Reg. UVIC SEXY youth outreach	Baths doing more than req. Men seem indifferent to safety Less spent condoms visible in notorious parks AIDS orgs have "dropped the ball" on prevention.	Visible representation in media Relationship skills, info Gay health role models, mentors How to address people who don't pay attention or care? People would be safer if they felt connected.
Prince George	Needle Drop-in: supportive Nrthrn Health Unit, youth friendly AIDS PG, info available Gala North, not proactive YAP Youth Around PG PG Native Friendship Ctr Doctor, pharmacy, sex shops	AIDS PG seems "hetero agency" Info there but not out there or proactive about prevention. South appears more responsive. Should not be left to voluntary orgs, needs stability, gov't backing.	Gay health addressed along with homophobia; training Practical info, ie anal health Workshops to address physical, financial etc well being. Gay men need encouragement to love each other.
Vancouver: 2-Spirited Aboriginal	Healing our Spirit Van Aboriginal Cultural Society Member of PWA but don't go AIDS Van good service ie money	Support from other 2 spirit men Not comfortable at PWA, white Feel different as ab or 2 spirit Treated differently sometimes: ie YouthCO refers us as "you guys" See selves-natives perceived as "given everything" we want.	Support groups for issues 2 spirit supportive places and spaces, healing circle, get organized.
Summary	Generally recognize organizations that look after gay issues but don't feel attached or involved or in some cases even warmly welcomed.	Degaying denies HIV's importance to gay men, thus medium is the message, gay men are de-emphasizing HIV's role in their health.	All groups referenced need for safe gay environment to meet, get organized, get health services and info -- widely recognized centers of gay wellness.

SIX GAY CITIES

We conducted seventy one (72) key informant interviews with prevention researchers, allied professionals, public health officials and HIV prevention workers to examine the situation of gay men's HIV prevention in five other urban centers, London, UK, Sydney, AUS, San Francisco, Montreal, and Toronto by means of comparing them with Vancouver. We assembled the data in a matrix to illustrate the comparative analysis.

This analysis proved to be somewhat of a challenge because every jurisdiction keeps records differently. We gathered information in five areas:

- epidemiological trends
- funding patterns
- prevention research
- planning
- programs

Estimates of the number of self-identified gay men (MSM pop.) were either in the literature (Archibald 2001) or provided by key informants. For various reasons gay population figures are highly approximate but they provide some insight about scale relative to prevention effort. Due to the effects of social stigma, no jurisdiction has accurate figures on the size of its gay population.

In reviewing the six city matrix, the reader should be aware that data are not collected and organized using the same systems and units of measurement. As well, sources of funding vary by jurisdiction. Benchmarks are not consistent across jurisdictions. Key informants are also apt to describe their local situation optimistically.

Overall, London, UK and Sydney, AUS appear to be doing better than the other cities. In Canada, Montreal appears to be keeping infection rates stable. There are clearly more dedicated financial resources circulating in jurisdictions other than Vancouver. San Francisco continues to be in the forefront of new trends in the epidemic.

LONDON, UK

London's epidemic remains stable at about 1000 new infections a year, even though less condom use is increasingly accepted. Strong advocacy has helped to bring needed financial resources into the system. The government considers gay men a priority in HIV prevention.

Sigma Research supports community groups with research and planning services. Under their direction the *CHAPS Network* of gay men's HIV prevention groups produced *Making It Count*, for collaborative planning, a landmark initiative. Many government and community groups, outside of the CHAPS Network provide health promotion and HIV prevention for gay men. Several gay dedicated agencies, such as *Gay Men Fighting AIDS* (GMFA), are devoted to HIV prevention.

Terrence Higgins Trust (THT) coordinates the CHAPS Network and leads regular social marketing campaigns targeted at gay men, sometimes with CHAPS agencies, sometimes with others. In recent years they have covered topics such as: raising self-awareness about unprotected anal intercourse; risk reduction; oral sex; barebacking; prevention information aimed at HIV positive gay men; stigma and discrimination; HIV testing; syphilis outbreak; disclosure issues; and domestic and sexual abuse. Campaigns are rigorously developed using consultations,

research, focus testing and evaluation. A common strategic framework guides the prevention campaigns that are now providing consistent messages to gay men across the country.

Strengths: Sustained prevention research, program and network; circulating funds; collaborative planning framework; bold social marketing of prevention messages and information
Weaknesses: Background infection rates still too high; no national AIDS strategy or little policy development on the social determinants of health; funding accountability systems are being reviewed.

MONTREAL

No rise in HIV infection rates have been reported in Montreal, but surveillance systems are based only on the *Omega Cohort Study* and so people are uncertain about current conditions. Better systems for tracking HIV and STD are being implemented.

Work since the early nineties is paying off with *Séro Zéro*, a gay dedicated prevention organization, offering sustained prevention programs. Their bath house outreach program uses cultural competence, local prevention research and a sustained relationship with bath owners to deliver an effective intervention. Financial support from the Ministry of Health enables the organization to provide provincial leadership for planning, community research and social marketing.

The provincial network organization – *COCQ-Sida* – along with the Omega Cohort Study builds the city's capacity to take gay men's HIV research and create informed interventions.

With all the elements of an effective prevention strategy in place and no apparent rise in infections, researchers and educators in the rest of Canada are wondering what's working.

Strengths: Close relationships between the researchers and educators; dedicated agency for gay men's prevention.

Weaknesses: Better surveillance systems to track HIV infection rates and STDs are needed.

SAN FRANCISCO

San Francisco is considered the global centre of the gay HIV epidemic. What happens in HIV/AIDS happens first in San Francisco. Rising infection rates were reported here first. With 900 new infections in gay men and an incidence rate that has jumped from 1.7% to 2.2%, prevention planners have launched an 11 Point Action Plan. Number one is ownership. "Prevention is not done to a community, but by and with a community."

Two social marketing campaigns are responding to the increased HIV rates: one that profiles HIV positive gay men *HIV Stops with Me*, and one that questions basic assumptions about risk *How Do You Know What you Know*.

The San Francisco AIDS Foundation (SFAF) and the STOP AIDS Project are the two main community groups serving gay men's prevention needs. With a budget of over $20 million (US), the SFAF is developing an annual survey project and other community-based research initiatives, setting new directions in how they respond. They are also calling for a collaborative planning framework for all those working in gay men's HIV prevention.

The Centre for AIDS Prevention Studies (CAPS) at the University of San Francisco is a world leader in prevention research and supports local community groups with research projects. The Department of Health's prevention plan is very proactive in supporting gay men.

Strengths: Strong fund raising systems; dedicated gay prevention organizations; visible social marketing prevention campaigns

Weaknesses: Little collaborative planning among gay men's prevention organizations; no community led research; gay community norms favoring unprotected anal sex.

SYDNEY, AUS

Sydney is considered to have done best at bringing down infection rates in gay men. With a stable incidence rate, Sydney, AUS current has about 6000 HIV positive gay men. Australia organized a national AIDS strategy early in the epidemic. They also set up a system of state wide community-based AIDS organizations, with a large office in the state capital and regional offices across the state. This has made for an efficient use of funds. The AIDS Council of New South Wales (ACON) is the major community organization in Australia's most populous state, New South Wales. ACON is headquartered in Sydney, with a major gay community.

Well-funded national and state strategies have enabled ACON to spend over $2 million (AUS) on targeted prevention and health promotion for gay men in Sydney, with another $2 million (AUS) being spent by other agencies. Their current prevention social marketing campaigns and programs address: Post-exposure prophylaxis (PEP); risk reduction strategies; anti-discrimination and anti-violence; harm minimization in drug use; HIV vaccine preparedness; mental health issues especially depression; and domestic abuse.

ACON has been consistent in building and sustaining prevention and education programs throughout the epidemic. For example, it has offered an orientation workshop for younger gay men on gay life and HIV that is very well attended. It is also leading-edge. Their new government supported PEP program educates gay men on PEP and ensures it accessibility. They are currently investing in their HIV workforce by setting up accredited training programs to become a gay health promoter.

The prevention research community in Sydney and Melbourne is very strong. The National Centre for AIDS in HIV Social Research is a world leader in gay men's prevention research, introducing such concepts as negotiated safety.

Strengths: Well resourced programs; sustained education programs; bold social marketing campaigns to support prevention programs; extensive prevention research data

Weaknesses: Need more action research projects; need planning opportunities with researchers

TORONTO

Toronto experienced a dramatic rise in infection rates in 2000 (Remis 2000) and responded with a social marketing campaign for gay men *Condom Country*. This campaign had a big impact on Toronto, and indeed TV ads enabled other parts of Canada to see the message. The agency must now figure out how to sustain visibility.

The *AIDS Committee of Toronto* (ACT), considers the gay community central to its mission of HIV prevention and support. Successful fund development, based on a consistent performance, has enabled the organization to diversify its funding sources.

Other ethnocultural and specialized community agencies are providing MSM dedicated HIV prevention, including, Asian Community AIDS Services, Black Coalition for AIDS Prevention, Alliance for South Asian AIDS Prevention, Gay Youth Program at Central Toronto Youth Services and the LGB Community Counseling Program. Coordination of services in the city is an ongoing challenge.

The Province of Ontario has recently funded the *Ontario Men's Survey* with a target convenience sample of 5000. This will provide updated local data for the community groups.

Strengths: Capacity to respond to rising HIV infections.

Weaknesses: Sustained funding for social marketing is an issue. Will HIV infection rates come down? Better city planning and coordination is needed.

VANCOUVER

The Gay Men's Health Program (formerly *Man to Man*) at AIDS Vancouver has been a leader especially in Western Canada. It offers the latest in prevention resources for gay men. The program has been at the forefront in using community based research to not only learn about the local community but as a prevention intervention in itself. *ASIA*'s MSM Outreach Project is over-extended in a city with a distinctive Asian population. BCCDC's Street Nurse Program and Vanguard outreach provide frontline testing and prevention education to many young gay men.

Vancouver's prevention network is high in quality but under-resourced for the size of the city. The *Gay Health Vancouver* network and support from the *Community Based Research Centre* contribute to Vancouver's planning capacity. Recent increased HIV infections are a concern.

Funding for the *Vanguard Cohort Study* of young gay men is in jeopardy. Periodic research needs to happen to enable prevention workers to stay informed about community norms.

Community organizations in BC are keen to work together. There are benefits to Prince George, Victoria and Vancouver beginning a collaborative project – an annual community survey – and harmonizing their efforts. AIDS Vancouver is launching a social marketing prevention campaign targeting young gay men with in-kind community support.

Strengths: Strong community capacity for research, planning and programming.

Weaknesses: Over-extended human resources, under-resourced for size of the population and complexity of the issues; need a sustained response to new infection rates.

City	Epi Trends	Funding	Research	Planning	Programs
London, UK Est. MSM pop. 100,000-150,000	Stable for 5 years Annual infections in London gay men: 1000 per year; fewer men using condoms for anal sex with casual partner; MSM remain highest priority for prevention	£2 million + per year over next three years in London from Health Authorities; £1.1 million per year to gay men's prevention network; £100,000 for innovative gay men's prevention projects	Dedicated HIV research group (Sigma Research) supports community AIDS groups; annual gay men's survey	Collaborative planning framework for gay men's HIV prevention, Making It Count, used by community network for gay men's prevention programs and research (CHAPS)	Social marketing campaigns for gay men; dedicated gay men's prevention organization (GMFA) with comprehensive and collaborative programs
Montreal Est. MSM pop. 18,500 to 40,000	Stable incidence (.8%) and prevalence (1.8%) in Omega Cohort Study; est. 10650 MSM living with HIV in Quebec; 6850 living in Montreal	Ministry of Health: $3 million gay men, incl. $600,000 social marketing: over $500,000 to Montreal's gay men's HIV prevention org.	Large gay men's research project answers community questions; research capacity building; community based research	Provincial planning and research project with HIV gay men's prevention workers	Dedicated organization for gay men's HIV prevention (Séro Zero)
San Francisco Est. MSM pop. 46,800 to 60,000	Increased incidence from 1.7 to 2.2%; 900 new infections in 2000; 12800 MSM living with HIV in city	$12 million US in SF for community groups doing prevention; target programs: STOP AIDS $2 million US; SFAF $1.2 million US; $400,000US social marketing	Support from Centre for AIDS Prevention; community based research at SFAF; planning an annual survey	City-wide planning process for HIV but no collaborative planning framework for gay men's prevention	Major emphasis on social marketing prevention campaigns for gay men; multiple community agencies dedicated to gay men's prevention
Sydney, AUS Est. MSM pop. 50,000 - 75,000	Stable HIV incidence increase in STD rates and UAI with casual partner up; est. 6000 gay men living with HIV in Sydney	ACON (State wide community agency) $2 million AUS for Sydney gay men's health promotion and prevention in with other services spending approx. another $2 million (AUS) in Sydney	National Centre for AIDS in HIV Social Research conducts qualitative and quantitative, periodic and cohort studies; community research & workforce development projects	Community liaison program with research centres; ongoing assessing needs of gay men's prevention, health promotion being; also being identified thruout State; ongoing interagency planning	ACON state-wide community-based NGO agency dedicated to gay men's prevention and health promotion, community development and social justice
Toronto Est. MSM pop. 18,800 to 35,000	Prevalence up 7% from 1999; incidence up from 1.5% to 2.56%; est. 9100 MSM living with HIV in Toronto	Core funding from Ministry of Health for agencies doing gay men's prevention ($420,000 to ACT); $215,000 from City of Toronto to MSM projects; $300,000 MoH to Condom Country	half million over 3 yrs for Ontario Gay Men's Survey; ACT has Research Dept. for community based research projects; $1 million for evaluation from MoH; provincial research program	Toronto groups plan collaboratively on project basis; provincially funded networking meetings for skill development and conferences	ACT mandated to be lead gay men's org. in Toronto; multiple MSM projects from other groups targeting gay men; major social marketing campaign in response to rising rates of infection
Vancouver Est. MSM pop 7000 to 26500	Positive tests in gay men up from 107 to 141 in 2000; Vanguard incidence rate of 4.6%; 5725 gay men in BC testing HIV positive – most in Vancouver	Ministry of Health: Core funds to groups; Direct prevention – AV $104,000, BCCDC Street Nurse; Health Canada: ASIA $60,000 & In Victoria: AVI $43,000	Vanguard Cohort study on young gay men; community based research projects, Gay Health Survey; capacity building and research by Community Based Research Centre	Gay Health Van: informal network for gay men's prevention: no funds PAN: potential structure for prov. meeting	Peer prevention at AV for gay men; part time program at ASIA for outreach & support to gay men; BCCDC outreach nurse

BC's Prevention Inventory

This summary of MSM dedicated HIV prevention activities in British Columbia shows the extent of existing capacity in the region. While there appear to be many potential players overall, the actual, dedicated prevention effort that gets to the average gay man is limited to one full-time position at AIDS Vancouver and AIDS Vancouver Island, a part-time position at ASIA and an assortment of other supportive professionals. Some programs, especially AIDS Vancouver, have produced internationally recognized quality yet, remain disadvantaged by scarce human and financial resources.

Existing efforts have functioned best when there has been a collaborative process such as the *Gay Health in Vancouver* survey in 2000 in which most of Vancouver's gay dedicated resource people cooperated. That federally sponsored initiative was highly productive over a short period of intense activity but little follow-up was possible after funding concluded.

In Vancouver, the Ministry of Health funds one gay men's prevention program at AIDS Vancouver with $104,000. Health Canada spends another $60,000 to support a part time MSM outreach worker for Asian MSM. The Ministry also supports a Street Nurse Program for MSM populations at BCCDC. A part-time drop-in for male sex workers provides access to testing, health care and education. This is the extent of dedicated gay prevention in the city, not much to have much impact on a gay community of up to 30,000 in Vancouver alone.

Research could play a more supportive role in prevention efforts in the community. But resources available to bridge worlds between community and science have been scarce. Dr. Mike O'Shaughnessy, Director of the BC Centre for Excellence in HIV/AIDS put it this way,

> *"The only way you can really understand prevention and prevention failures and successes is to really study why people do what they do. And the most cost-effective thing we can do is prevention."*

An annotated inventory of gay dedicated prevention activities and supportive services follows:

Prevention at a Glance

Vancouver

Prevention Programs

- Gay Men's Health Programs, AIDS Vancouver
- MSM Outreach, ASIA
- Boys R Us
- AIDS Prevention Street Nurse Program, BCCDC

Supportive Care Providers

- Pride Health Services (1/2 day a week)
- St. Paul's Hospital, Social Work Dept. (Support Group)
- Spectrum Health Clinic

HIV/AIDS Research

- BC Centre for Excellence in HIV/AIDS
- BC Centre for Disease Control
- Community Based Research Centre

Support for HIV positive gay men
- BC Persons with AIDS Society
- YouthCO AIDS Society
- Healing Our Spirit
- Friends for Life

Victoria

Prevention Programs
- Men's Wellness Programs, AIDS Vancouver Island

Support for HIV Positive Gay Men
- Victoria PWA Society

Prince George

Prevention Project
- Reaching Out Project, AIDS Prince George & GALA North

Prevention Inventory

- ***VANCOUVER***

PREVENTION PROGRAMS

AIDS Vancouver

GAY MEN'S HEALTH PROGRAMS (FORMERLY MAN TO MAN)

Mandate: To provide information and support to gay men on issues of sexual health and HIV/AIDS. Program approaches HIV prevention not in isolation, but as part of broader health issues for gay men. The Program uses community development, health promotion and harm reduction approaches to prevention.

Target Population: Gay and bisexual men, especially younger gay men.

Planning: Agency planning. No inter-agency planning. Member of Gay Health Vancouver – a project oriented coalition of representatives of community organizations supporting HIV prevention for gay men. Gay Men's Health Program would participate in community planning initiative.

Funding: Program's relationship with gay business community is tenuous. Support has been obtained with business owners to put info centres in bars and bathhouses. Little sponsorship support on projects. Relationship building needs to happen through a sustained fund development initiative. Current budget:
- Revenue from Ministry of Health: $104,000
- Revenue from fundraising: $22,397
- Program budget: $126, 457

Staffing: one full time position: program coordinator; 11 volunteers.

CURRENT INITIATIVES

1) Information & Condoms: Recently produced a series of pocket guides on sexual health issues. Distributed 12,000 condom and lubricant packages last year (supplied by the Vancouver Richmond Health Board). Information boards located in Vancouver's gay bars and bathhouses help distribute the print resources, condom packs and a monthly prevention message.

2) Gay Men's Action Plan (G-MAP): This is a multi-year community based research project that uses peer ethnographers to run focus groups of gay men. To date they have done 14 focus groups involving 90 gay men. They have had discussions on a) everyday life for young gay men in Vancouver; b) drugs and alcohol; c) bareback sex. Upcoming is a focus on "crystal" use. Data is used to develop prevention programming. This project runs on volunteer labour with a small budget to assist with volunteer support and data analysis. This initiative is a good example of a structural prevention intervention.

3) Group Work: a) Gay Men's Book Discussion Group: Discussion series to build social support for gay men, using volunteer facilitators; b) Gay Men's Spiritual Health Group: Series for gay men to build social support and spiritual health.

4) Community Partnership: The Gay Men's Health Programs works in partnership with others to deliver programs. a) Boys R Us: This is a drop-in program for male sex trade workers. The Gay Men's Health Program Coordinator provides coordination, volunteers support and training for this project. They work with other HIV and youth agencies, the BCCDC Street Nurse Program and the Vanguard Study. The Vancouver Richmond Health Board funds a part-time coordinator. b) Pride Health Services for LGBT: The Gay Men's Health Program Coordinator provides coordination for this community health service and works in partnership with the Gay & Lesbian Centre, YouthCO AIDS Society, transgendered support groups and the Vanguard Study to provide a health access clinic one afternoon a week.

5) Community Development: The Gay Men's Health Program Coordinator coordinates Gay Health Vancouver, a gay men's coalition for health and research; sits on the Vanguard Study Advisory Group and on the Gay & Lesbian Centre's Advisory Board; participant in International Gay Men's Health Think-Tank.

UNDER DEVELOPMENT

Program currently gearing up for social marketing HIV prevention campaign for gay men – *Condom or Cocktail?*. Campaign is being supported by in-kind donations and fund development initiatives. Sustainability is an issue.

NEW DIRECTIONS

Gay Men's Action Plan (G-MAP): This community based research project has been volunteer driven with no budget. It needs funding support to continue effectively. It has a proven track record for mobilizing gay men and for informing programming. Approximately $20,000 is needed for research and coordination support.

Print Resources: Extra funds would assist with production and distribution costs, and help with provincial distribution.

Community Space: The Men's Health Program wants to be visible in the gay community and more accessible to gay men. Trying to serve gay men and IDU in the same service environment is not working, not here nor in other cities. Focus group research has informed the program that gay men want safe space for meetings, workshops and forums.

OBSERVATIONS

- Gay Men's Health Programs formerly the Man to Man Program was founded in 1991.
- Program has effectively used community based research to re-orient activities and messages to address community wide prevention issues.
- Although AIDS Vancouver was founded in the gay community, its prevention and education program for gay men is now one part of a comprehensive AIDS service organization (ASO).
- The program has had difficulty attracting volunteers in the last few years.
- The program wants to develop its own identity outside of AIDS Vancouver. Fewer gay men have been as involved in AIDS and AIDS Vancouver in the last few years and the program is looking for strategies to enhance community participation. The Storefront space is a proposed solution.
- Funding is an issue. The program's funds have eroded over the years because the agency has had to address the needs of many populations affected by HIV/AIDS. This is the main gay men's prevention program in Vancouver and it is difficult for it to have an impact based on the current financial resources.
- AIDS Vancouver has a strong infrastructure, a well known and respected name and a history of excellence in responding to the epidemic.

ASIA Asian Society for the Intervention of AIDS

MSM OUTREACH AND EDUCATION

Mandate: To provide mutual support and cultivate friendship with each other, to create a safe and nurturing environment, to promote personal growth, community involvement, cultural awareness and appreciation, education in HIV/AIDS prevention, and self-reliance in personal health.

Target Population: East Asian & Southeast Asian gay, bisexual, questioning men, and MSM.

Planning: Agency planning. Member of Gay Health Vancouver. Consultations with Asian and Pacific Islander Wellness Centre in San Francisco, and the Asian Community AIDS Services in Toronto. Program would like to be better connected to hear what is going on in the city with other agencies, but time is an issue for the part-time coordinator.

Staffing: One staff at 23 hours per week. Volunteer support.

Funding: Revenue from AIDS Community Action Program (ACAP – Health Canada): $60,000 per year until March 31, 2003.

CURRENT INITIATIVES

1) VariAsian: Drop-in group meets twice a month for two hours. Main discussion areas: relationships and sex. Usually just coming out or new immigrants and with no access to the gay community.

2) Art Therapy Group: Participants share their experiences. Short term group with limited enrolment.

3) Bathhouse Outreach: Outreach to Club Vancouver bathhouse. Many immigrants and MSM. Many have language barriers. Most tend to be older men.

4) Internet Outreach: Targeting young Asian men over the internet with education and prevention.

5) Informal Testing Campaign: To encourage young Asian men to get an HIV test. Trying to educate community about HIV, address their fears and assumptions. Peer support and lay counseling is provided.

6) Information Tables: At community events.

NEW DIRECTIONS

Research Project – Needs Assessment for Asian MSM: It is time to assess the determinants of health for Asian gay men and MSM. What are the risk conditions for Asians? What are the needs of gay and MSM immigrants with language and social isolation issues? What are the experiences and needs of gay and MSM who are foreign students, refugees and Canadian born? How do Asians conceptualize health and services? What are their strategies for seeking help? A budget needs to be developed for this research project.

Increased Outreach: Funds to support expanded outreach work is a priority.

OBSERVATIONS

- This program is expected deal with a wide range of cultural and linguistic groups. This is difficult to do for one staff person working 23 hours per week.
- Finding resources in the appropriate language is often difficult. For example, a young Chinese man speaking Cantonese just found out he is HIV positive. As a result he has panic attacks which have led to him loosing his job. It is difficult to find mental health resources to address this in his language.
- Social marketing campaigns are needed to educate the whole Asian population about being gay.
- To date most effective prevention education seems to be one-on-one. Many Asian men don't attend groups. Little sense of community among gay Asian men.
- Better health services capacity to deal with a range of gay Asian men and MSM.
- Better HIV prevalence and incidence data on Asian cultures would help the agency in its planning.

Boys R Us

(Vancouver Richmond Health Board and Gay Men's Programs at AIDS Vancouver in collaboration with BCCDC and other community HIV groups)
Mandate: To support male sex trade workers in Vancouver.
Target Population: Male sex trade workers, including many young gay men.

Planning: This is a good example of a collaborative community project.

Funding: Coordination and space costs covered by the Vancouver Richmond Health Board and AIDS Vancouver.

Staffing: Recently increased from 14 to 26 hours/ week for coordination.

CURRENT INITIATIVES

This is a drop-in project for male sex workers run in partnership with community groups, public health services and researchers providing social support, access to resources, prevention and condoms & lubricant. The drop-in location is at the Three Bridges Health Clinic. There is donated coffee and food. Open three evenings a week. Self-run focus group uncovered needs such as program to assist participant to exit from sex work. Exiting program sponsored by AIDS Vancouver.

NEW DIRECTIONS

A full time coordinator would enable the program to operate five days a week.

OBSERVATIONS

- Collaborative planning led Vancouver groups and services to identify need and share resources.
- Service staff report that male sex trade workers generally use condoms with their clients, but may take a different approach with casual and regular partners.

BC Centre for Disease Control

AIDS PREVENTION STREET NURSE PROGRAM

Mandate: To reduce the transmission of STDs and HIV.
Target Population: Gay and bisexual men, MSM.

Funding: Ministry of Health funding to BCCDC.

Staffing: A group of nurses, including one gay male nurse, provides outreach to the MSM population, as well as to all street youth.

CURRENT INITIATIVES

The Bute Street Clinic at the Gay & Lesbian Centre does HIV/STD testing, diagnosis and management. Also, HIV/STD education, patient support and advocacy, counseling, first aid and medical and social service referrals, bathhouse outreach. Hepatitis A vaccine at bathhouse. Provides street outreach to male sex workers including Boys R Us. MSM outreach on Downtown Eastside.

NEW DIRECTIONS

Increased outreach time to the program would enable more community education time for prevention work. Currently only 5 hours of outreach for gay men's prevention education. Great need for culturally appropriate health material for gay men. Greater access to rapid HIV test. There is a need for developing peer education and HIV/STD prevention programs.

OBSERVATIONS

- Program would like to see a prevention campaign by HIV positive community.
- Open to more collaboration with community groups in planning, programming and research.

SUPPORTIVE CARE PROVIDERS

Vancouver Richmond Health Board

PRIDE HEALTH SERVICES

Mandate: To provide health access to a comprehensive range of health services for the Lesbian, Gay, Bisexual and Transgendered populations (LGBT model).
Target Population: LGBT.

Funding: Professional health care workers and space is provided by the Vancouver Richmond Health Board and AIDS Vancouver.

CURRENT SERVICES

Pride Health Services is a health clinic with access to a comprehensive range of health care services and referrals. It's open half a day a week at the Three Bridges Health Clinic and coordinated by Gay Men's Wellness Program from AIDS Vancouver. The Gay & Lesbian

Centre, Vanguard Study, YouthCO AIDS Society and transgendered support groups participate in running the clinic.

NEW DIRECTIONS

More public health campaigns on sexual health and wellness information are needed. Better systems of circulating information among gay men about STD and HIV in Vancouver.

OBSERVATIONS

- Those in the clinic would say that it's working but that other models may work better. Perhaps a walk-in community centre or program with health services attached and visibility in the gay community.
- Not many young gay men visit the clinic. There is debate about the effectiveness of an LGBT service model in health care provision. Clinic is collecting data to evaluate the effectiveness of their interventions.
- Access to health services is integral to the prevention effort.

Spectrum Health Clinic

Mandate: To provide an interdisciplinary health clinic.
Target Population: HIV positive gay men, HIV negative gay men.

CURRENT SERVICES

Busy practice with five HIV specialists. As with all physicians, there is little time for comprehensive prevention and education to clients. Drug use among gay men is a concern. They are seeing new HIV infections in young gay men and in older gay men.

NEW DIRECTIONS

Spectrum Health Clinic would like to collaborate on HIV prevention research. They have valuable data about the epidemic in the records of patients. The clinic could be considered a research site. Better links with BCCDC to assist with STD management and high risk counseling.

OBSERVATIONS

- Physicians recognize the need for better coordination on HIV prevention planning and information exchange in Vancouver. As one stated, "There needs to be a coordinated plan. Because there is no bigger plan in our province or in our city, our numbers are going to follow San Francisco and New York City. I think until we have central leadership and a coordinated attack, it will stay like that."

St. Paul's Hospital Social Work Department

SUPPORT GROUP FOR HIV NEGATIVE PARTNERS

Mandate: Support and education to HIV negative gay male partners of HIV positive gay men
Target Population: HIV negative gay men

CURRENT SERVICE

A support group to discuss the issues faced by mixed serostatus gay couples. Referrals come from Infectious Disease Clinic at St. Paul's, Spectrum Health Clinic and other physicians.

OBSERVATIONS

- This used to be a caregivers support group. With more gay men living longer on the new medications, the need emerged for support for negative partners of positive men. This issue also emerged in Victoria. It makes sense that with more positive gay men living longer than many of them would be entering relationships.

HIV/AIDS RESEARCH

BC Centre for Excellence in HIV/AIDS

VANGUARD PROJECT

A prospective study of gay and bisexual men aged 15 to 30, living in the greater Vancouver region. There is a Community Advisory Committee. Researchers have produced numerous conference presentations and peer reviewed journal articles. Vanguard has never had the funding it needs to adequately deal with knowledge transfer to prevention programs. Funding is due to run out in the Spring 2002 and investigators are looking for funding sources, including the US. This is the only major HIV prevention study in BC.

The study offers community health outreach to participants. Participants have contact with a nurse for HIV testing and prevention information. The Vanguard Project has collaborated on a number of community prevention and health projects such as the Pride Health Services Clinic and Boys R Us. The outreach nurse has been a supportive figure for young gay men in the city.

VANCOUVER VACCINE TRIAL

This phase 3 clinical trial began in July 1999 to test the effectiveness of the AIDSVAX HIV vaccine. Over 100 gay and bisexual men have voluntarily joined the study. There is a Community Advisory Committee of study participants and access to medical care and testing. Vaccine development is a critical component of an HIV prevention strategy. Preparing the gay community for an HIV vaccine must be considered a priority in the years ahead. A US funded study.

VIDUS – VANCOUVER INJECTION DRUG USER STUDY

This is a cohort study similar to Vanguard but focusing on injection drug users on the Downtown Eastside of Vancouver. The study has enrolled gay and bisexual men and MSM even though recruitment is limited to the Downtown Eastside. 9.2% of the men have had sex with another man in the past 6 months. 22.75% of men have had sex with another man in their lives. And 3.2% of men have a regular male sex partner. Data shows that the MSM/IDU group is more likely to be HIV positive. Not much emphasis has been put on the data involving gay and bisexual men and MSM and this remains an understudied area of prevention. This study is funded by US sources.

BC Centre for Disease Control

Funded by the Ministry of Health, this is the lead agency in providing surveillance data on HIV/AIDS and STDs. Testing data identifies MSM and MSM/IDU numbers that can also be broken down by ethnicity, age and testing location. Data is collected and shared with Health Canada and circulated around BC in the bi-annual *HIV/AIDS Update* reports. BCCDC also runs a Street Outreach Nurse Program that both supports data collection and provides HIV prevention, education and support to the MSM population.

Community Based Research Centre

Located in Vancouver and incorporated in 1999, this community based research agency supports the research interests of community HIV groups through research capacity building and local studies. This group has carried out a community survey on gay men's health in Vancouver and did a rapid assessment of gay men's HIV prevention in BC.

SUPPORT FOR HIV POSITIVE GAY MEN

BC Persons With AIDS Society

SUPPORT FOR HIV POSITIVE GAY MEN

This provincial organization exists to enable persons living with AIDS and HIV to empower themselves through mutual support and collective action. Many HIV positive gay, bisexual and MSM receive support from this agency.

The agency maintains that it does not receive Ministry of Health dollars to do primary HIV prevention: only a small amount to help coordinate the Boys R Us drop-in for male sex workers. It supports its members with access to safer sex and safer needle use information. In a presentation to the Select Standing Committee on Finance and Government Services, it put AIDS prevention as its number one challenge.

Support and education for HIV positive persons should be considered an integral part of a prevention strategy. The literature and the field recognize that HIV positive peer support helps in prevention efforts. Persons living with HIV and AIDS who have access to peer support and education are more likely to practice safer sex and needle use.

BCPWA wants to take a leadership position in HIV prevention in BC. The time is right for this. A recent campaign in San Francisco, *HIV Stops with Me,* positions HIV positive gay and bisexual men as spokespeople for local prevention efforts. The campaign is being expanded to other US cities such as Boston. Many key informants thought that putting HIV positive persons in the forefront of prevention efforts was an innovative approach that is getting support from the HIV literature.

BC PWA runs membership surveys that provide data on HIV positive gay and bisexual men from around the province. Members of BCPWA felt that this data was under-utilized and could be very useful in developing a prevention campaign.

OBSERVATIONS

Community and public health key informants said the time was right for persons living with HIV to take a leadership role in some primary prevention initiatives. This would be an innovative approach for Vancouver and one that is supported by work in Sydney, AUS, London, UK, San Francisco and other centres. Persons living with HIV need to be involved in community collaborative planning for HIV prevention.

YouthCO AIDS Society

POSITIVE YOUTH OUTREACH

YouthCO AIDS Society works with positive youth including young gay and bisexual men who are HIV positive. They provide training and education to other organizations and schools around the province. They receive no financial support to do targeted prevention from the Ministry of Health. However, like BCPWA, they would like to collaborate on a prevention education project for young gay men.

Healing Our Spirit: BC Aboriginal HIV/AIDS Society

SUPPORT FOR 2-SPIRITED MEN

Two-Spirited is how Aboriginal cultures refer to gay and lesbian aboriginal people. Healing Our Spirit provides support to HIV positive 2-spirited men. They hope to find funding for some assessment research on 2-spirited men in BC. This could help them develop prevention services.

Other Vancouver

In Vancouver other agencies provide support to persons living with HIV and AIDS. Some of their clients are gay and bisexual men and MSM. The previously mentioned, AIDS Vancouver and ASIA also provide support to HIV positive gay and bisexual men and MSM. Gay and bisexual men and MSM also get support from Friends for Life, A Lovin Spoonful, McLaren Housing Society, Wings Housing Society and St. Paul's Social Work Department.

- ***VICTORIA***

PREVENTION PROGRAMS

AIDS Vancouver Island

MEN'S WELLNESS PROGRAMS

Mandate: To reduce the number of new infections in Victoria and on Vancouver Island and to encourage the improvement of gay men's health.
Target Population: Gay and bisexual men, MSM in Victoria and on Vancouver Island

Planning: The Men's Wellness Program would like to do collaborative research and planning with HIV prevention groups in Vancouver. Currently works with Capital Health Region Medical Health Officer and receives sexual health alerts to circulate among the community

Funding: Revenue from AIDS Community Action Plan (ACAP), Health Canada: $43,000 annually until March 31, 2003.
Revenue from fundraising: $10,000
Total Program Budget: $53,000

Staffing: One full time staff as program coordinator. Up to 15 volunteers.

CURRENT INITIATIVES

1) Web site: Program and prevention information, special web site for gay youth.

2) Newsletter: For gay and bisexual men. 450 copies distributed quarterly across the Island
3) Community Forums and Discussion Groups: Regular community forums on health topics, specifically for gay and bisexual men. Also currently running a book discussion group.

4) Outreach: To outdoor public sex environments in Victoria.
5) Information Boards: At six locations including the gay bar, bathhouse, community centre, universities and colleges, bookstore. For distribution of prevention and harm reduction information designed appropriately for gay and bisexual men.
6) Print Information and Condoms: Current produced harm reduction information on anal and oral sex.

7) Community based Research: Focus group research. Most recently on young gay men.

8) Peer Counseling: Prevention issues.

UNDER DEVELOPMENT

- Currently refining their successful Community Forum and Discussion Group work to reach young gay men.
- Volunteer recruitment to do outreach to public sex environments.

NEW DIRECTIONS

Youth Outreach Worker: The Program needs funds to expand the work they are doing with gay and bisexual youth by hiring a youth outreach worker.
Print Resources: More program dollars would assist in producing events and prevention materials. Current prevention program budget for Victoria and Vancouver Island is under $18,000.
Prevention Research: They want greater access to community based research activities and to prevention research to inform their programming. Program evaluation by an external evaluator would help the program know how it is doing.

OBSERVATIONS

- Men's Wellness Programs at AIDS Vancouver Island would benefit from more collaborative activity with the Gay Men's Health Program at AIDS Vancouver. These are the major prevention programs in the province with much migration activity by gay and bisexual men between the two cities. Victoria wants to collaborate in upcoming research capacity building activities in Vancouver and wants to participate in a multi-city community survey project.
- Support has been offered by the Victoria Capital Health Region for participation in the multi-city survey project.

SUPPORT FOR HIV POSITIVE GAY MEN

Victoria Persons with AIDS Society

Serving persons living with HIV and AIDS in Victoria and Vancouver Island, this community group supports many HIV positive gay and bisexual men and MSM.

They have noticed a need to do more work to support gay mixed serostatus or serodiscordant couples. They would benefit from contact with groups in Vancouver. Group has linked up with St. Paul's Social Work Department, who run a support group for negative partners.

▪ PRINCE GEORGE

PREVENTION PROGRAMS

AIDS Prince George

REACHING OUT PROJECT

Mandate: To work collaborative with GALA North to assess the program needs of the gay community.

Target Population: Gay community members, gay youth, gay and bisexual men, MSM.

Planning: The region would benefit from a comprehensive needs assessment of the gay community to be able to understand the target population's needs. AIDS Prince George would also benefit from collaborative work with other regions on gay men's and MSM prevention issues, programming strategies and community research. They have the capacity and the willingness to participate in a multi-city community survey project with Victoria and Vancouver. This will help in efforts to create a prevention strategy for gay men and MSM in BC.

Funding: From AIDS Prince George fundraising: $10,000 per year.

Staffing: Community researcher on contract. Volunteer support for project.

CURRENT INITIATIVE

Established in 2000, this community based action research project for gay men in Prince George current focuses on gay youth. The project has been exploring how to reach out to the gay community with HIV prevention education in that region of BC. They have done focus group research with gay youth and developed a workshop to begin to raise awareness about the issues of gay youth and gay men with service providers, police, teachers and others. A more supportive and tolerant environment in the North would help in community development efforts. This project works collaborative with the local gay and lesbian organization called GALA North.

NEW DIRECTIONS

Program Development: Funding to support the expansion of community based research and program development efforts would assist this region greatly in making contact with gay and bisexual men.

Needs Assessment: A regional needs assessment would help establish evidence for prevention efforts with funders and the local Health Board. AIDS Prince George, GALA North and the Northern Interior Health Unit all want to participate.

▪ CENTRAL BC

Although AIDS Service Organizations are located throughout the province, there are no prevention programs for gay and bisexual men and MSM in any of the major cities or towns outside of Vancouver and Victoria.

Community groups provide education to their regions about HIV/AIDS and raise awareness about homophobia. Many of these agencies provide support to gay and bisexual men and MSM who are HIV positive.

There are gay and lesbian community groups located throughout the province, as well. They are all volunteer driven and operate on very little money. They are most active in organizing community dances for gay men and lesbians. Many of the community AIDS groups provide condoms to these dances.

In discussions with the AIDS Society of Kamloops (ASK), the Thompson Health Unit in Kamloops, the AIDS Resource Centre in Kelowna and ANKORS serving both the West and East Kootenay regions, it was clear that gay and bisexual men and MSM are a very hard population to reach in rural and smaller city areas. Usually the gay men involved in a local AIDS group are HIV positive and are seeking support services. Key informants said that fewer gay men are involved in agency life now compared to a few years ago. Few health care workers have received the training needed to provide appropriate services to gay men.

Regional ASOs have no data on the gay men and MSM who live there, what their health needs are and how to deliver HIV prevention information to them. No region has carried out an assessment of gay men and MSM prevention needs.

This would be the best starting point in setting up any prevention initiatives. Doing the needs assessment will help groups to mobilize gay community members. Working collaborative on regional needs assessments will help develop a baseline profile of gay men and MSM and their HIV prevention and health needs province-wide. It was further suggested that regional ASOs work in partnership with local gay and lesbian groups.

There are promising developments:
AIDS Resource Centre, Kelowna: This AIDS Service Organization has just received a small grant from Health Canada to develop the city's capacity to assess the needs of gay men. In March 2002, they will bring together community, public health, researchers and gay men in a two day meeting.
Thompson Health Unit, Kamloops: An outreach nurse at the Thompson Health Unit has $600 to do some assessment work with gay men in that area. This initiative, although small, is helping to identify networks of gay men that can be reached.

The **Pacific AIDS Network (PAN)** has the infrastructure to support regional groups in collaborating on needs assessment research, program development and resource development. Local research on gay men and MSM can help groups obtain funds to develop prevention initiatives. Many community groups will then be able to work more effectively with their Health Regions to address HIV prevention issues for gay men and MSM. The availability of funds to assist in regional prevention research is a good investment.

FUNDING GAY MEN'S PREVENTION

Several sources fund gay men's HIV prevention in British Columbia under current arrangements. The major funders are the Ministry of Health for BC and Health Canada's regional AIDS Community Action Plan (ACAP) program. In Vancouver, there has been some funding from the Vancouver Richmond Health Board. On the whole, dedicated funds for gay men's prevention appear spread too thin and too inconsistent to address the current situation with a committed strategy.

Overall BC's Ministry of Health pays out $7.5 million for HIV/AIDS community based services. This includes $1.5 million in funds for needle exchanges – a major prevention initiative for the IDU population. No such dedicated program exists for gay men. Indeed, because government contracts to community groups are not specific about prevention activities, it is difficult to track how much is actually being spent on prevention overall or on specific target groups like gay men.

In conducting this assessment, we asked groups to share budgets about targeted prevention programming for gay men. AIDS Vancouver appears to be the only community group in the province that spends funds from the Ministry of Health specifically on prevention for gay men. AIDS Vancouver spends $104,000 on its Gay Men's Health Program (formerly Man to Man). This figure is somewhat more diminished than it may appear because it does not factor in the infrastructure support AIDS Vancouver provides to deliver the program nor the funds it receives for other related programming such as the PARC Library, its web site and the advocacy initiatives that it undertakes on behalf of gay men. Nevertheless, the budget actually dedicated for gay men's prevention is shockingly small considering the size of the problem, shifting norms in gay culture and the proportion MSM represent in new infection rates.

The Ministry of Health does, however, indirectly support the efforts of other groups that play some role in HIV prevention for gay men. The Ministry supports ASIA, AIDS Vancouver Island and AIDS Prince George, but not for MSM prevention. The Ministry also funds the BC Persons with AIDS Society and the YouthCO AIDS Society, but not directly for gay men's prevention. As mentioned earlier, at least part of the prevention picture may be found in the support that HIV positive gay men receive from these agencies. So the picture is not altogether bleak. The BC Ministry of Health also funds Healing Our Spirit from the Aboriginal AIDS funding stream, but again not for direct prevention of 2-spirited men, but for support of HIV positive 2-spirited men.

Outside of community based funding, the Ministry of Health supports the work of BC Centre for Disease Control and the BC Centre for Excellence in HIV/AIDS. BCCDC provides a street nurse program to MSM that includes testing and education. They also provide surveillance services through their testing data.

Health Canada's regional ACAP funds play a role in gay men's HIV prevention in BC. AIDS Vancouver Island receives $43,000 for its Men's Wellness Program, direct HIV prevention for gay men. ASIA receives $60,000 for its MSM outreach program.

Vancouver Richmond Health Board provides funds for 14 hours per week of coordination for the Boys R Us, sex work outreach program, and its space. They also provide professional services and space for a half day per week at the LGBT health clinic.

Three community based agencies reported providing charitable donation dollars for HIV prevention programming for gay men: AIDS Vancouver -- $22,457; AIDS Vancouver Island, $10,000; and AIDS Prince George, $10,000 respectively.

Beyond the funds that BCCDC spends on surveillance research and for this assessment of gay men's prevention, no other Ministry of Health AIDS dedicated funds are being spent on HIV prevention research for gay men.

The Community Based Research Centre in Vancouver, which assists communities with research initiatives, received federal funding from Health Canada in the amount of $46,000 for a community survey on gay men's health. Another $15,000 was allocated for research capacity building among those working in gay men's prevention from around the province. (The project report "Gay Men Building Local Knowledge" framed a rapid assessment of the HIV prevention situation in BC in March 2001.) Such funding has been sporadic at best and far too inconsistent to provide an adequate basis for well planned and informed initiatives.

We looked into the potential for private sector funds to contribute to HIV prevention initiatives. There is definitely an interest but it requires an investment of time. AIDS Vancouver recently found one-time only private sector assistance to develop a social marketing campaign for gay men's prevention. The gay business community already makes a contribution and some of those funds could be redirected to prevention efforts. This would require relationship building. There is some potential outside of the gay community but again relationships need to be built and sustained. Pharmaceutical companies should be considered. They have tended to fund support programs for HIV positive individuals and might consider prevention efforts. A fund development action plan should be undertaken

Partnership agreements are likely the most realistic way to fund upcoming prevention initiatives. Multi-sectoral funding would enable many partners to participate in community-wide prevention research, planning and programming. A good mix of federal, provincial, health region, pharmaceutical, private sector and foundation dollars may be a viable way to get prevention moving ahead in the province.

Investing in prevention makes good sense for everyone. Prevention has been shown in the literature to be a smart investment for the health care system. Preventing new infections saves spiraling health care costs as well as hidden costs to the whole economy. Martin Spigelman's (2001) recent paper "Taking Stock: Assess the Adequacy of the Government of Canada Investment in the Canadian Strategy on HIV/AIDS" reports research on the cost of the epidemic. The lifetime care and treatment for an HIV positive person costs $150,000 or more, while the indirect cost of lost productivity may be as much as $600,000 per person.

PREVENTION PLANNING FOR GAY MEN

Two current policy documents provide guidance for moving ahead on a prevention plan for gay men: 1) The *BC Framework for Action on HIV/AIDS* and 2) Health Canada's *Valuing Gay Men's Lives: Reinvigorating HIV prevention in the context of our health and wellness*.

Although there would be some merit in developing a general HIV prevention strategy for BC there is an urgent need for a dedicated strategy for gay men which could begin the overall work. All indicators show that this population needs a specific prevention strategy. Such a development will help to coordinate and intensify prevention efforts for greater impact and will be cost-effective on balance with saved health care costs.

A strategy that will enhance current prevention work must be able to embrace the changing context of gay men's sexuality and integrate gay men living with HIV. New treatments have enabled many gay men to return to active life. Prevention fatigue has become a reality in gay culture. Generational differences must be acknowledged and risk reduction for gay men must be put into a contemporary context that emphasizes informed decision-making.

The *British Columbia Framework for Action on HIV/AIDS*, a Ministry of Health policy document, offers generic guiding principles, goals and objectives that can form the basis of a prevention strategy. The BC Framework sets out guiding principles for stopping the spread of HIV:

- educate about HIV prevention
- change the factors that increase risk by addressing the social determinants of health
- encourage a community-based approach
- ensure persons living with HIV and those at increased risk of infection are central to policy development and planning

Among the goals of the Framework is an emphasis on prevention and education to reduce the number of new infections and spread of HIV, and an acknowledgement of research and training to improve our knowledge and understanding of HIV/AIDS issues that increase the risk of infection. A gay men's prevention strategy can use these generic goals to build an effective plan for moving forward.

Valuing Gay Men's Lives is a framework for using Population Health policy to revitalize HIV prevention for gay men in Canada. This federal document encourages all provincial jurisdictions to consider population health in addressing gay men's prevention. BC is well positioned to use this framework for planning the work ahead as population health is the policy framework of the BC Ministry of Health. *Valuing Gay Men's Lives* makes recommendations about using health policy to fight HIV, taking a strategic approach to program planning, supporting prevention research efforts and allocating dedicated funds.

Although a provincial strategic plan informed by a provincial policy framework would be the ideal for gay men's HIV prevention, it may be more realistic to assume that its production will move forward iteratively, in stages according to emerging needs and developing capacities. Vancouver with the largest gay community should consider how best to coordinate efforts in the metropolitan region.

Unfortunately the Vancouver Richmond Health Board's Lesbian, Gay, Bisexual and Transgendered (LGBT) model for health is proving not to be an effective way to deal with gay

men's HIV prevention. Efforts to address gay men's health have not been supported by the Health Board in the past. It's LGBT model assumes common determinants among sexual minorities, yet each group has specific health issues to address. Gay men's issues do not receive the attention deserved in this framework.

Within the gay male community, there are also distinct populations that have to be addressed: 1) self-identified gay men comprise a diverse population in itself; 2) self-identified bisexual men, as the HIV literature has indicated, need specific prevention approaches; 3) men who have sex with men but don't identify as gay, have their own distinct characteristics. Health Board policy should be reviewed in this light. A general HIV Plan for the city of Vancouver is currently being developed by the Health Board.

The Vancouver HIV/AIDS Care Coordinating Committee, a broad-based committee examining the support, care, education and prevention efforts of all HIV stakeholders can offer some guidance. Gay men and MSM are identified as target populations. Their *Environmental Scan* calls for:

- culturally appropriate HIV/AIDS prevention, education and health care services
- recognizing and acknowledging gay culture
- recognizing the unique psychosocial and health-related needs of gay men
- access to prevention services and health education

The Committee has identified a number of priority areas that are relevant to gay men's HIV prevention, such as improved awareness, education, testing and support for young gay men and to create opportunities for safe space for healthy social participation, and calls for the provincial government to ensure that prevention programs are not under-funded. This Committee has mainly been focused on the HIV prevention and support issues of injection drug users. It does offer an infrastructure for planning.

Developing a prevention plan and implementing it will take the concerted effort of all stakeholders working with gay men's HIV prevention: community based, public health, prevention research, policy and funding and gay men, including HIV positive gay men. Key informants have suggested that the Vancouver group learn to work together on a prevention research project and from that partnership develop a collaborative planning framework. An expanded Gay Health Vancouver network would be a good starting place for working together.

Vancouver and Victoria should consider working together on prevention planning. Victoria has the second largest gay community in the province with a community infrastructure to assist in reaching gay men. Beyond this Victoria can take a leadership role for planning on Vancouver Island. Regional areas of mainland BC should first consider regional needs assessments of gay men, bisexual men and MSM. These regions lack basic planning and programming data, so their research activities may help to mobilize the gay community. Prince George has shown direction by forming a prevention partnership with GALA North, a community organization for gays and lesbians.

All these initial steps will create the foundation for harmonizing experience with data in a provincial plan for gay men's HIV prevention. The existing resources simply need coordination and consistent support to accomplish it.

RECOMMENDATIONS

The following recommendations are interconnected but organized under policy categories of planning, prevention research, programming and funding.

PLANNING

1. Build capacity through strategic partnerships and knowledge development activities.

Prevention efforts would benefit from stakeholders working collaboratively and establishing prevention goals. Regional community groups have signaled their desire to cooperate on an assessment of prevention needs for gay men and MSM. Researchers, public health and community educators in Vancouver, Victoria and Prince George want to cooperate on an annual community survey and prevention intervention project. These efforts will build capacity to plan and coordinate prevention interventions that are based on research, front-line experience and evaluation.

2. Develop a framework for collaborative prevention planning.

Prevention efforts for gay men will greatly benefit from having a collaborative planning framework in place. A planning framework that outlines the approach, values, goals and objectives for gay men's prevention in the region will ensure a sustained, evidence based and coordinated approach to prevention will take place.

The goal of having a provincially based planning process can be adopted incrementally according to the capacity and resources of stakeholders. Cities and regions are at different stages of preparedness. Regions should first complete an assessment of their local situation. Vancouver, Victoria and Prince George have been identified in this review as ready to cooperate on a multi-city community survey and planning framework.

3. Organize a province-wide planning process.

Urban centres like Vancouver and Victoria should harmonize their prevention activities and develop prevention goals that are compatible with the size and health conditions of the gay community. Smaller cities and regions should work cooperatively on prevention goals that will address gay men and MSM prevention in those environments. Stakeholders can then undertake province-wide prevention research and messages.

4. Adopt an annual, evidence-based planning cycle for gay men's prevention.

An annual consultation to enable all stakeholders in research and services across the province to meet would benefit gay men's prevention efforts and enable organizational capacity building, skill building and greater accountability.

PREVENTION RESEARCH

Prevention research is vital to ensuring that intervention efforts are based on research findings and can be evaluated. As well, research can serve as a primary organizing strategy for mobilizing gay men, influencing gay culture about prevention issues and building organizational capacity.

5. Build capacity for local, community-based prevention research.

Both prevention researchers and programmers will benefit from building their capacity to develop new knowledge and to translate existing research findings into action.

6. Implement a periodic community survey to coincide with Pride festivals.

Commitment exists from community and public health programs in Vancouver and Victoria, from an outreach project in Prince George, from the Centre of Excellence in HIV/AIDS, from Health Boards and BCCDC to initiate a periodic survey program of gay and bisexual men. This investment in community based research will support the planning and programming cycle. This survey should be coordinated with the annual Pride festivals.

7. Generate baseline data on the population.

Assessing the prevention and education issues of gay men and MSM in smaller cities, towns and regional areas will help community groups and public health understand how to reach this population. A provincial needs assessment would be cost effective and set a base line for future research and surveillance.

8. Strengthen relationships between federal and provincial surveillance programs and community groups.

Health Canada, the Ministry of Health through BCCDC and community groups need to work together to develop up-to-date measures for tracking the HIV and STD prevalence and incidence. Prevention educators will benefit from the implications of surveillance and testing data.

9. Design a prevention campaign for HIV positive gay men.

Data exists from the provincial membership of BC PWA that can provide valuable insights on gay and bisexual men who are HIV positive. This data will assist in the planning and programming cycle for gay men's prevention and in developing prevention messages directed at HIV positive gay men.

PREVENTION PROGRAMMING

10. Strengthen the response to gay men's prevention.

It is clear from our assessment that there has been a de-gaying of AIDS prevention in BC. Existing HIV programs should review their current initiatives, and others should re-focus some activities. It is critical that we get maximum benefit from these initiatives. New approaches need to be considered, for example, developing a dedicated service organization for gay men's prevention.

11. Vancouver, Victoria and Prince George should collaborate on a prevention project.

Support has been identified with community and public health prevention programs and prevention researchers for a major collaborative prevention intervention. Programs and services in three cities are interested in collaborating on an annual community survey project. This would be a major knowledge development and community mobilization activity. As a prevention intervention, materials and a message would be delivered. It will support the formation of a community planning structure. This is a critical recommendation for moving forward.

During this assessment, we received commitments from various sectors for financial assistance for this prevention intervention. More fund development activities need to happen. The Community Based Research Centre in Vancouver has committed $15,000 for research capacity building to assist programs and researchers in preparing for this survey. This initiative will expand to include other BC cities in the years ahead as capacity to participate is built.

12. Use regional needs assessments to develop appropriate prevention programming and human resources in smaller cities.

Regions have little information on gay men and MSM. They know the population is there but hidden. Community needs assessment work will provide an opportunity for knowledge development and community mobilization. Identifying and mobilizing the community means that public health and community educators can provide access to testing, vaccinations and prevention information. Community groups and public health working in partnership will make this assessment work cost-effective.

FUNDING

13. Increase funding to match the scope of the epidemic.

The creation of a dedicated service organization for gay men's prevention should be strongly considered. The funding that is devoted to gay men's prevention by the Ministry of Health has been inadequate to do the job. Focused prevention funding will ensure a sustained effort.

We could only find $104,000 of funding from the Ministry of Health going directly to community prevention for gay men and MSM. Health Canada also plays a major role in funding gay men's prevention in BC. Funds are needed to support prevention efforts for the large gay community in Vancouver and for gay men across the province.

14. Track prevention expenditures on provincial service contracts.

Under the current accountability mechanism, the Ministry of Health is unable to say what funds go to gay men's HIV prevention. Service contracts held by community groups to provide services for HIV/AIDS do not specify prevention activities and groups are not required to address this issue.

15. Increase provincial funds for gay men's prevention to existing programs.

Current community programs need additional funds to strengthen their impact. It makes sense to build on successful programming. The following were identified in this assessment as areas for increased funds. Costs should be accurately budgeted and initiatives assessed.

Gay Men's Health Program at AIDS Vancouver
- G-MAP community based action research
- Increased print resources for better provincial accessibility
- Space in community for better visibility and community development

MSM Outreach at ASIA
- Increased hours for outreach
- Needs assessment for Asian MSM

Men's Wellness Programs at AIDS Vancouver Island
- Support for gay youth outreach project
- Increased support for material development and distribution for Vancouver Island

Reaching Out Project at AIDS Prince George
- Support to expand outreach activities
- Support for a regional needs assessment

BC PWA Society
- support for identifying and analyzing data from membership surveys on HIV positive gay men

16. Increase prevention hours of the AIDS Prevention Street Nurse Program.

A strengthened Vancouver street nurse outreach program would enable collaboration with community groups and more time for prevention and education activities.

17. The Ministry of Health should contribute to social marketing efforts for gay men.

Social marketing is an expensive but effective approach to bringing attention to prevention messages and issues. It needs to be considered. It is expensive. Capacity needs to be built in order to maximize the benefits of this approach. The Ministry should support the current AIDS Vancouver social marketing campaign, *Condom or Cocktail?* and consider how to support the fund development efforts of community groups.

18. Fund community-based prevention research.

Funds need to be considered for knowledge development, needs assessments and community based research efforts. At this point, programs and organizations are lacking critical information to develop programs and to approach funding sources. The Ministry of Health should take the lead in supporting an annual collaborative community survey, regional needs assessments and structures to support bringing research to programs. Funding opportunities are needed to support HIV prevention research efforts for gay men.

19. Enhance current networking and capacity building systems for gay men's prevention.

Networking and capacity building will be the sustaining factors for a prevention initiative. Support should be considered for planning and skill building activities that support gay men's prevention work.

20. Create a fund development plan.

Opportunities exist to raise funds for gay men's prevention from a range of donors – the gay community, business sector, pharmaceuticals, foundations and others. This would help to spread funding commitments beyond the Ministry of Health. However, without a collaborative planning framework and the capacity to sustain relationships with donors, accessing such financial resources will be difficult. A fund development plan would provide guidelines and opportunities for prevention stakeholders.

10 POINT ACTION PLAN FOR GAY MEN'S PREVENTION

In looking ahead, we considered a three year time frame for accomplishing the recommendations set forth in this report. With an overall goal of preventing HIV infections in gay men, strategic short term and long terms objectives will help us to evaluate our progress. In the short term, we want to reverse the increases in HIV in gay men in BC. In the long term, we want to create a sustainable gay men's prevention strategy and infrastructure that will help us reduce new infections and prevent outbreaks. Our ten point action plan will move us toward meeting these objectives.

GOAL: TO PREVENT HIV INFECTION IN GAY MEN IN BC

SHORT TERM OBJECTIVE: TO REVERSE THE RECENT INCREASES IN HIV AMONG GAY MEN IN BC

1. Disseminate *Moving Ahead: Assessing HIV Prevention for Gay Men in BC.*

Many prevention people in BC participated in this review. This report should be printed and distributed both in hard copy and be available electronically. A data base of BC contacts should be developed for distribution, but could be used for future contact and sharing information. An estimated 250 copies should be produced.

BCCDC will produce this report in-house and a distribution budget of $500 will be needed. A data base of contacts needs to be created. This report should go out by March 2002.

2. Support the AIDS Vancouver campaign: *Cocktail or Condom?*

The Gay Men's Health Programs at AIDS Vancouver has done a superb job of developing a social marketing campaign that targets young gay men with a message that can be applied to other communities at risk.

The 30 second TV ad has been provided by advertising and communications agencies through in-kind donations in creative and production areas under the direction of AIDS Vancouver. AIDS Vancouver has a communication plan to disseminate the ad and an array of print material and programs to support the campaign. For example, print resource material will be distributed to every community AIDS group and Health Unit around the province.

Launch of the campaign is slated for February 17, 2002 with a press conference that could offer profile to BCCDC and the Ministry of Health. This would build a constructive and collaborative relationship between the Ministry and BC's leading ASO. Investment in this campaign would assist AIDS Vancouver in ensuring a successful campaign.

$26,000 for print materials and distribution of campaign material from the Ministry of Health would be a good investment. AIDS Vancouver should present their detailed plan to the Ministry of Health's Communication Branch as soon as possible to accommodate the mid-February launch.

3. Support *Pride 2002 Prevention Survey & Campaign.*

Summer 2002 Pride events will be a perfect time to mobilize gay men to a prevention message via a community survey event. Objectives for this event include:

- collect base line data on gay men in Vancouver, Victoria and Prince George
- research critical issues to stay informed about community norms and trends, appropriate and timely prevention messages, testing behaviour and reported serostatus, and community building
- create an appropriate prevention campaign and message for the event
- work collaboratively on a three city prevention project
- set up a framework for collaborative planning and using common prevention goals

There is potential for a multi-sectoral approach to this project. In our assessment, support for this initiative was expressed by a range of prevention stakeholders: BC Centre for Excellence in HIV/AIDS, BC Centre for Disease Control, Community Based Research Centre, Bureau of HIV/AIDS, STD and TB at Health Canada, Capital Region Health Board, AIDS Vancouver Island, Vancouver Richmond Health Board, AIDS Vancouver, BC PWA Society, ASIA, YouthCO AIDS Society, Spectrum Health, AIDS Prince George, GALA North. Others who may participate include Health Canada: ACAP (regional or national demonstration project) and their CBR Program.

The involvement of Health Canada's Bureau of HIV/AIDS, STD and TB and BCCDC will help us improve our surveillance activities in BC.

An overall budget for the project is needed. BCCDC and the Community Based Research Centre might take the lead here in developing a budget and fund development plan. This should be in place by March 2002 to prepare for a Summer 2002 event.

4. Strengthen the BCCDC Street Nurse Program.

BCCDC should consider increasing the time that the gay community nurse can devote to education, prevention and collaborative tasks. This would enable the nurse to participate in joint prevention ventures and attend community meetings.

BCCDC should re-schedule the hours and duties of the street nurse program to enable more gay men's prevention activities. Doing this by February 2002 would allow for participation in planned capacity building activities.

5. Strengthen existing initiatives for gay men.

Current community programs need additional funds in order to strengthen their impact on gay men. It makes sense to build on and strengthen successful programming. The following were identified in this assessment as areas for increased funds. Costs should be accurately budgeted and initiatives assessed.

Gay Men's Health Program at AIDS Vancouver

- G-MAP community based action research
- Increased print resources for better provincial accessibility
- Space in community for better visibility and community development

MSM Outreach at ASIA

- Increased hours for outreach
- Needs assessment for Asian MSM

Men's Wellness Programs at AIDS Vancouver Island
- Support for gay youth outreach project
- Increased support for material development and distribution for Vancouver Island

Reaching Out Project at AIDS Prince George
- Support to expand outreach activities
- Support for a regional needs assessment

BC PWA Society
- support for identifying and analyzing data from membership surveys on HIV positive gay men

The AIDS Division of the Ministry of Health should review funding to existing prevention initiatives for gay men by April 2002. Better systems of tracking prevention activities need to be implemented.

6. Support regional needs assessments for MSM.

This assessment work should be done collaboratively with community AIDS groups, local Health Boards and local gay and lesbian organizations. Base line data will provide the prevention stakeholders in the region with the information to do planning and program development. Some regions are ready to do their assessment work in the 2002-2003 fiscal period. BCCDC should take the lead here through its provincial network of nursing units, perhaps utilizing its AIDS Communication Budget.

LONG TERM OBJECTIVE: TO CREATE A SUSTAINABLE GAY MEN'S PREVENTION STRATEGY & INFRA-STRUCTURE RESULTING IN ANNUAL DECREASES IN HIV INFECTION

1. Build capacity for evidence-based prevention planning and message development.

A project entitled, "Building Capacity to Create an HIV Prevention Campaign and Survey for Gay Men" will bring together those working in gay men's prevention: educators, researchers, public health and policy makers. The Community Based Research Centre (CBRC) is sponsoring this initiative through a Health Canada grant.

The CBRC will bring Ford Hickson, senior researcher with Sigma Research, to Vancouver to lead five days of workshop, roundtable and forum events. Participants from Vancouver, Victoria and Prince George will participate. Interest has also been shown by the Bureau of HIV/AIDS, STD and TB at Health Canada to participate.

From these sessions we will suggest a framework for collaborative planning, develop systems for three city collaboration, identify the prevention campaign to run as part of the community survey, and identify questions to ask the gay population.

The CBRC has $15,000 in place to cover this March 2002 event.

2. Develop a collaborative planning framework.

Experience in other centres has shown that having a collaborative framework with common prevention goals and objectives makes prevention efforts effective. The BCCDC and CBRC should consider working together to establish a stakeholder group to draft a gay men's HIV prevention framework for BC. This document can then be circulated electronically for review and editing.

Support to attend a two day working meeting would cost under $10,000. Follow up would include active management of an electronic document for review across BC. It would be timely to do this from November 2002 to March 2003.

3. Implement a planning cycle for a multi-centred *Pride 2003 Survey and Campaign.*

Bring together prevention stakeholders from Vancouver, Victoria, Prince George and other cities and towns to develop prevention messages, programming and the next survey. This work will be based on the 2002 survey findings and adhere to common goals and objectives for gay men's prevention. This will ensure that prevention efforts are based on research and front-line experience. Now will be the time to consider a campaign targeting HIV positive gay men.

The Community Based Research Centre will need $15,000 to $20,000 to bring prevention stakeholders together for planning in March 2003 for a Summer 2003 campaign. Survey and campaign budgets can be based on the 2002 experience, but a fund development plan would ensure multi-sectoral financial support. . The BCCDC and CBRC should take a lead role in project management, data analysis and dissemination.

4. Create a dedicated service organization for gay men's HIV prevention.

This organization or foundation option will lead ongoing efforts, manage dedicated resources and become self-sustainable with a combination of private, public and project funding. It's a strategy that's working in comparable cities to Vancouver such as Montreal. It's also the model used in San Francisco, Sydney, AUS and London, UK. A dedicated service organization can take the lead in ensuring sustained and coordinated planning, research and message development. Start discussions now for implementation by 2004-2005.

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