

**Ontario Gay Men's HIV Prevention Summit 2007  
Summary Report**

**DA Falconer & Associates  
October 2007**

## Introduction

The Ontario Gay Men's HIV Prevention Summit 2007 took place on February 1 and 2, 2007 at the Sheraton Centre Toronto Hotel. It was sponsored by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care and the AIDS Community Action Program, Ontario Region of the Public Health Agency of Canada. The Summit has been an annual event since 2004.

The purpose of the Summit was to provide an opportunity for front-line HIV prevention workers who serve gay, bisexual and other men who have sex with men to hear the latest research on gay men's sexual health, to network and dialogue with peers about how best to conduct HIV prevention work in the context of the social determinants of health, and to share strategies being used to reach men in local communities.

For the first time in the history of the Summit, support service workers were invited from AIDS service organizations (ASOs) around the province in order to facilitate conversation about the work of support services in addressing gay men's sexual health as well as for prevention workers and support service workers to talk with each other about how best to address the social determinants of health in their respective areas of work and expertise.

This report contains a summary of the proceedings of the Summit. The PowerPoint presentations made throughout the Summit can be obtained from the AIDS Bureau. The report was prepared by Dionne A. Falconer and Monika Goodluck of DA Falconer & Associates.

### *Participants*

There were 132 participants from 40 ASOs and 18 non-ASOs, including universities, government and organizations with HIV/AIDS programs. Most, but not all, of the participants attended both days.

## Day 1: Factors Contributing to HIV Transmission

### 1.0 Welcome and Introduction

**Frank McGee**, AIDS Bureau, Ontario Ministry of Health and Long-Term Care welcomed the participants and provided an introduction to the Summit. He highlighted the inclusion of support service workers in this year's Summit and the presence of guests from other provinces, as well as bathhouse owners. He acknowledged the Organizing Committee and AIDS Bureau staff that made the Summit possible.

Participants were requested to complete the evaluation form on the *Be Real* campaign and the Summit agenda for Day 1 was reviewed.

## 1.1 Looking Back on Our History

**Murray Jose**, Toronto People with AIDS Foundation, introduced the panel of AIDS activists who each shared their experience of organizing and responding during the early years of the HIV epidemic.

**Tim McCaskell** made three key points:

1. *Response to AIDS in Toronto was born out of the 1981 bathhouse raids* – The bathhouse raids brought the gay community together and the people who were involved in the Right to Privacy work were part of the initial start of responding to AIDS.
2. *Overthrow of the tyranny of uninfected* – The initial public health framework for responding to AIDS promoted the view that once infected, you were no longer part of the general public and thus, had to be policed. Gay activists initiated the notions of positive identity and including HIV+ people as part of the public. This resulted in positive people fighting for treatment, including access and research. Now, there is synergy between prevention and treatment with positive and negative issues coming together.
3. *War between activists and service providers that never was* – New York City was ahead of Toronto in responding to AIDS. There was a crisis as the service providers (Gay Men's Health Crisis) and the activists (ACT UP) were at each other's throats. In 1988, the first AIDS Action Now! meeting occurred in Toronto and a great deal of anger was directed at service providers. However, the expected war did not materialize because a division of labour was worked out. It made more sense to cooperate, support each other and do different things. Thus, the energy to confront the epidemic in Toronto was channelled.

**Ed Jackson** shared his experience as a service provider (1986-93) during the early years of the AIDS Committee of Toronto (ACT) and made the following key points:

- ACT started based on the groundwork of The Body Politic and Right to Privacy Committee.
- In the beginning, ACT was educating gay men because public health was not doing it – ACT produced testing and information pamphlets. While the notion that it is right and necessary that people who are most affected should be involved in the issues that affect them is now a principle in AIDS work, it was not one in the beginning and it had to be fought for.
- There was uncertainty about the effects of the work so service providers had to work with public health researchers which meant learning about public health and then trusting them. There was little research about gay men so having researchers like Ted Myers was helpful.
- Political and legal risks were taken, e.g. distribution of condoms in bathhouses. Right-wing city councillors attacked ACT's safe S/M brochure and workshop. There was some conflict about the focus of campaigns about positive and negative men and it was identified that separate approaches were needed. Since then, there have been expanded notions of identity to talk about behaviour, e.g. men who have sex with men.
- The difference between now and then was the sense of urgency – people were dying then. It was not difficult to raise money and get people involved as most of those involved knew someone who was living with HIV/AIDS and/or had died. There are also differences with regards to the impact of drugs, generational issues and poverty. The

profile of HIV has changed and there is greater marginalization around race and poverty. There is also a different motivation for involvement as before it was about a political movement and not about careers.

**Alan Li** spoke about how the gay Asian community organized itself by focussing on three main points:

1. *Pioneers and the role they played* – A video of Asian activists and leaders was shown and tribute was paid to Asian PHA leaders. It was noted that many of the Asian PHA leaders are no longer alive.
2. *Linking support and prevention* – The Gay Asian AIDS Project, a predecessor to Asian Community AIDS Services (ACAS), started with 10 hours/week and a desk at ACT. At the time, they were simultaneously doing support, prevention and advocacy work. However, there was a dichotomy in the response from funders who would say that a program was meant to be about prevention and, hence, they would not fund support. These silos still exist today.
3. *Unheard voices* – There are voices that are still marginalized. At the time of the Gay Asian AIDS Project, it was the only service provider with ‘gay’ in its name. It was important for the organization to do this. In order for education to be relevant, it needed to be personal and target those most at risk. For the Gay Asian AIDS Project, this meant struggling with its advisory committee as it had to develop its own services and build alliances with gay brothers and sisters. Mainstream organizations were not prepared to include people of colour. There have been changes with the hiring of diverse staff, translation being provided and the integration of race and culture. However, fifteen years later, similar barriers continue to exist for many marginalized groups, e.g. immigrants and refugees, youth, trans people. The same attitudes and systemic forces undermine what drives the epidemic. By not addressing more systemic issues before, there have been an increased number of infections. There is a feeling of encouragement as progress has been made. There have been more inclusive approaches, such as the Be Real campaign, as well as more research involvement.

**Murray Jose** summarized the presentations discussed above by noting four themes:

1. *Focus on history* – Acknowledgement of the magnitude of loss and the AIDS movement changing the provider/patient relationship to make it more client-centred. Historically, there was urgency and no option – we **had** to respond since no one else would.
2. *Politics* – There were restrictions on where and how we got money and this imposed limitations on the work. The structure of support vs. education – this was partially funding-driven and we worked to change it. HIV was in people’s minds; it was in the media.
3. *Personal perspectives* – Acknowledgement of different perspectives and people coming from different places. There was diversity of identity. It is critical that we hear the history and make room for the voices in the room now – positive and negative. We have to acknowledge the role of lesbians and PHAs in all aspects of the movement. Research is more informing the work so we need to be involved in it. There are shifting perspectives that are challenging how people see PHAs – before ‘healthy’ was challenged and now ‘healthy’ means no need to worry.
4. *Personal impact* – The magnitude of loss where we had attachment with people we knew would die; this has an impact on our work and our passion. As a result, many PHAs have chosen to be involved in the work.

### 1.3 Epi Update

**Robert Remis**, HIV Studies Unit, University of Toronto made a presentation entitled *Epidemiologic trends in HIV infection among men who have sex with men in Ontario: The situation in 2006*. He noted the following conclusions in the presentation:

- Gay men in Ontario continue to be severely affected by the HIV epidemic.
- HIV prevalence<sup>1</sup>: 15% (regional variation: 10 - 20%).
- HIV incidence<sup>2</sup> (i.e. new infections) not decreasing and likely increasing.
- Translates to 800 new HIV infections annually.

The presentation is available at: <http://www.phs.utoronto.ca/ohemu/doc/Msm2006.pdf>.

### 1.4 Strategy Update

**James Murray**, AIDS Bureau, Ontario Ministry of Health and Long-Term Care began his presentation with an overview of the development of the gay men's strategy. The process included a summit in 2004 where front-line workers, researchers, funders and public health came together to discuss a draft set of ideas for moving forward on a provincial strategy. A working group was struck and met for two years to develop a framework and draft workplan. A second summit was held to bring that draft back to the broader community for feedback, after which a more permanent working group was struck and has been meeting. At the same time, funders at all three levels held a series of meetings to discuss the provincial strategy and have agreed to this direction. Finally, the provincial government provided \$1.2M in annualized funding for the project, which has allowed us to create additional outreach positions around the province and to develop provincial campaign materials and other resources to support prevention work.

A great deal of work has taken place. A provincial campaign, called 'Be Real', was launched and delivered across the province. As well, several working groups were struck to look at inclusion of transmen, HIV positive gay men, and men from diverse ethno-racial communities in research and prevention programming. Work has begun to develop a provincial website for use by educators across the province to communicate with one another on an ongoing basis. In addition, a Situation Report has been published which summarizes the research into factors contributing to HIV transmission with gay men today, as well as other important information.

Perhaps more importantly, the Strategy has created a framework through which everyone working in HIV prevention can come together, share ideas and experiences, and problem-solve on how best to strengthen the work over time. This has been done with an eye to ensure equity in the work and has succeeded in bringing a diverse range of voices to the table.

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<sup>1</sup> Prevalence is the total number of people with a specific disease or health condition living in a defined population at a particular time. Canadian AIDS Society and Health Canada (2002). *A Guide to HIV/AIDS Epidemiological and Surveillance Terms*, pg 39.

<sup>2</sup> Incidence is the number of *new* events of a specific disease during a specified period of time in a specified population. *Ibid*, pg 31.

As the work moves forward, the Be Real campaign will be evaluated and a strategy workplan and logic model will be completed. This will guide the work for the next few years and assist in setting priorities.

James introduced Chris Lau as the new Gay Men's Strategy Coordinator and noted that Chris brings a wealth of experience in HIV prevention work with gay men, as well as tremendous organizing experience through his work coordinating the Global Village at the International AIDS Conference in Toronto.

#### 1.4.1 POZ Prevention Working Group (PPWG)

**Rob MacKay**, chair of the PPWG since its inception in early 2006, presented on the purpose of the POZ Prevention Working Group, its membership and its terms of reference. A summation of who has come in to inform the working group's process was provided along with a list of achievements to date, i.e., completed term of reference, definition of POZ Prevention and a comprehensive work plan, as well as drafted Values and Principles. The tasks and goals for the Working Group over the next year were laid out. Rob closed by thanking James Murray for his dedication to the group over the year and welcomed Chris Lau as the new staff representative. Finally, Frank McGee was thanked and acknowledged for his leadership in recognizing POZ Prevention as a priority issue in Ontario Gay Men's Health.

#### 1.4.2 Ethno-racial MSM Research Working Group

**Ishwar Persad** made a presentation entitled *Where is the research into Gay/MSM from diverse ethno-racial communities? Strengthening the Evidence Base*. He noted the following key points:

- The Working Group was established in 2004 and it conducted a literature review entitled "HIV Prevention Among Ethno-racial Groups of MSM (Men Who Have Sex with Men)." From this review, the group recommended that a vast amount of research needs to be conducted with ethno-racial MSM and there is a need for increased capacity and funds for community-based researchers, community-academic research partnerships and research relevant to the needs of ethno-racial groups of MSM in Ontario.
- Work was undertaken to identify: (1) barriers to conducting meaningful community-based research (CBR) with gay/bi/MSM from diverse ethno-racial communities; (2) guiding framework and principles for conducting CBR with gay/bi/MSM from diverse ethno-racial communities; and (3) recommendations for future CBR with gay/bi/MSM from ethno-racial communities.
- Next steps for the Working Group include applying for a capacity building grant from the OHTN to develop a research and partnership building proposal; conducting a Think Tank in Spring 2007 with funders, researchers & community organizations to strategize ways to implement the recommendations; fostering collaborative relations with researchers interested in and capable of working in partnership with communities to conduct research into ethno-racial community issues; and working towards changes to systemic barriers (e.g. ethical review).

#### 1.4.3 Gay, Bi, Queer Transmen Working Group

**Ayden Scheim and Nik Redman** made the following key points:

- The Working Group has been meeting for about one year and the inclusion of queer transmen is seen as a priority in Ontario gay men's health. Currently, there are no resources to support sexual health of gay, bi, queer transmen so the Working Group is

developing a sexual health resource targeting queer transmen and supporting other working groups in regards to transmen.

- AIDS Bureau funded a needs assessment and data collection is being completed.

## 1.5 LUNCH 'N LEARN

### 1.5.1 Viral Load & HIV Transmission

**Paul MacPherson**, University of Ottawa made a presentation entitled *Sex, Med's and Rock 'n' Roll*. He noted the following conclusions in the presentation:

- **On a population basis:** Antiretroviral medications may reduce the rate of sexual transmission of HIV, likely by reducing the overall viral load.
- **On an individual basis:** (1) An undetectable viral load in blood does not indicate an undetectable viral load in semen and vaginal secretions; (2) All antiretroviral medications do not penetrate the genital tract to sufficient levels to reliably suppress HIV in the genital tract; (3) STDs such as gonorrhoea and syphilis increase the viral load in genital secretions without affecting the viral load in the blood; (4) Resistant strains of HIV may be present in the genital tract that are not present in the blood.
- Suppression of HIV viral load with antiretroviral medications may **reduce** the risk of HIV transmission. An undetectable viral load in the blood cannot be taken to mean HIV is suppressed in the semen and that sexual transmission cannot occur. Antiretroviral medications may provide an added benefit but should never replace **consistent condom use**.

### 1.5.2 Survive & Thrive: Working with Long-term Survivors

**Wayne Fitton, Anna Demetrakopoulos and Chad Leaver**, AIDS Bereavement Project of Ontario made a presentation entitled *'Survive & Thrive': Connecting Multiple Loss Support with HIV Prevention*. They noted the following conclusions in the presentation:

- **Bereavement Support relationship to cycle of HIV Prevention:** Adequately addressing bereavement, grief and loss may reduce the behaviours related to the spread of HIV and other STIs. Such support would strengthen individuals' capacities for sustained resiliency through intra-personal, inter-personal and broader social and community support and reinvestment.
- **Prevention Fact:** Behavioural change interventions are most successful when individual or group counselling sessions occur over a period of time and include connective elements such as social and behavioural support.
- **The Multiple Loss Journey:** (1) Improved HIV treatment/access to treatments and longer-term survival make bereavement and multiple loss less of an "end-stage" issue, and more of a repeating element of life which stretches through time; and (2) Increased need for re-building the assumptive world.

### 1.5.3 Beyond Trans 101: Gay, Bi, Queer TransMen

**Syrus Ware, Nik Redman, Connor McCollum, Zack Marshall and Ayden Scheim** made a presentation entitled *Beyond Trans 101: Gay, Bi, Queer Trans Men* and the following key points were made:

- The Ontario Gay Men's HIV Prevention Strategy Provincial Advisory Body has identified inclusion of queer transmen as a priority issue for HIV prevention and sexual

health work with gay/bi/MSM in Ontario. There currently are no specific resources developed in Ontario to assist in directing or supporting sexual health work with queer transmen. Gay, Bi, and Queer Trans Men's HIV Prevention Working Group consists of at least 75% gay/bi/queer transmen and has a mandate to support the inclusion of transmen in the provincial strategy to address the sexual health needs of gay, bisexual and other men who have sex with men. It is currently focusing on developing a sexual health resource for use by front-line agencies and transmen in support of the sexual health of gay/bi/queer transmen. It is important to the working group and to the provincial gay men's strategy that men from various communities around the province are involved, e.g. geography, race, ethnicity.

- There are many diverse ways and language that transmen use to identify themselves. Transmen are men. Some Transmen go through a process of transition from female to male. There is no set transition process, each person chooses what they do, although those choices are often affected by issues of access and/or cost. Testosterone is taken by some transmen and there are a range of physical and emotional effects. Some transmen choose to do sex reassignment surgery. There is top surgery as well as bottom surgery that may be chosen.
- Transmen are deserving of basic respect, and understanding and validation of their particular experiences, struggles and challenges. Issues in prevention for gay, bi and queer transmen: discrimination, harassment, violence, and lack of information, resources and research.
- Recommendations were presented on what can be done to address the following issues: violence and harassment; lack of prevention materials; lack of HIV services for trans people; gender-segregated services; lack of community awareness; lack of research and inclusion in research.

#### 1.5.4 M2MEN Work with Ethno-racial Communities

**Members of the M2Men Network of Toronto** discussed how they worked to enhance the sexual health of diverse communities of gay, bisexual, and other men who have sex with men through collaboration, campaign development, outreach strategies, and a better understanding of diversity within communities. The panel identified barriers and how they used community-based research, focus testing and partnerships with volunteers to overcome the barriers. The panel was made up of Firdaus Ali, Program/Media Coordinator for the Alliance for South Asian AIDS Prevention; José Cedano-Mellado, Men's Outreach Coordinator for the Centre for Spanish-speaking Peoples; Daniel Tiane Le, MSM Program Coordinator for Asian Community AIDS Services; and Rui Pires, the Gay Men's Community Education Coordinator for the AIDS Committee of Toronto.

## **1.6 Factors Contributing to HIV Transmission**

**Barry Adam**, University of Windsor, identified the following key factors as contributing to HIV transmission with gay men today:

1. Sexual and domestic abuse
2. Sensation seeking
3. Personal disruption, depression and social isolation
4. Drug and alcohol use
5. Couple communication and interaction

6. Setting and social interaction
7. Disclosure
8. Circuits and currents
9. Condom trouble
10. Treatment optimism
11. Demographic characteristics

## 1.7 Small Group Discussion

The participants were divided into small groups that were facilitated by members of the Strategy Provincial Advisory Body. The information in this section is a summary of the small group discussions based on the notes of the facilitators. It should be noted that not all components of each question were addressed during the discussions.

1. *What do you think these factors have to do with gay men using a condom when they fuck? How would these factors contribute to HIV transmission? Have you seen these factors with the men you have worked with?*
  - The factors often inter-link and connect to deep-rooted issues within individuals that affect how they see and value themselves, the kinds of risks they are willing to take and the kind of behaviour they engage in. For example, a man who has experienced childhood abuse may have a lower self-esteem and suffer from depression. To cope, he may use alcohol and/or drugs, which may compromise his ability to negotiate or engage in safer sex. There may be a correlation versus causal relationship between the factors. Some factors may also be experienced by other populations.
  - **Sexual and domestic abuse** is seen as an under-researched area. It may take various forms, including forced fucking without a condom, and it is sometimes seen as a trade-off or the price for being HIV positive.
  - **Sensation seeking** may be influenced by a variety of factors, including personality, substance use, peer pressure, depression, travel to another city, or coming out. Age is not seen as an influencing factor. Programming, including harm reduction, for sensation seekers is challenging particularly as there may be no appropriate venues to deliver the programming. A difference should be noted between informed versus uninformed sensation seeking.
  - **Personal disruption and depression** is often linked to feeling unloved, being socially isolated and having no support. There are various mechanisms for coping with and alleviating the pain of depression, including protected/ unprotected sex and substance use. Depression may be episodic, based on a recent (major life-changing) event or be a long-term, clinical illness.
  - **Drug and alcohol use** is influenced by factors such as shyness, anxiety, depression, loneliness and a sense of being unloved, unlovable or unattractive. It can lessen inhibition, affect judgement and promote a sense of invincibility. It also facilitates shifting responsibility for behaviour from individuals to a substance; prevention messages may possibly be contributing to this. Organizations have had experience with men who deny using substances yet seek out harm reduction-related information. It is possible that substance use enables sex versus causing unsafe sex, and it should be noted that drug selection is based on planning for usage.

- **Couple communication and interaction** is linked to trust, which may make it easier to disclose or influence the stoppage of condom use, including among sero-discordant couples. Age may affect how one sees love, e.g. younger men may see love in a more naïve, romantic fashion. Being in love can also mean that different assumptions are made by each person that are not discussed, such as what it means to be monogamous.
- **Setting and social interaction** influence risk taking and safer sex practices since some settings, such as parks and bathhouses, may facilitate more uninhibited behaviour and limit access to resources such as condoms and lube. Youth who are hiding their sexuality and sexual activity may feel they have no choice but to have quick sex. Some men like the thrill of a one-time fuck with someone they met via the Internet or while travelling abroad since they often anticipate these encounters as opportunities to break the rules, be risky and uninhibited.
- **Disclosure** about HIV status is a sensitive issue that generates mixed messages and feelings from the media, ASOs and other community agencies, and within the gay community. The decision to disclose is affected by many factors, including feelings of guilt, age, concern for partner's reaction, visible physical manifestations of HIV/AIDS, length of time/number of encounters with a partner, wanting to protect oneself from fear of rejection or violence, and Supreme Court rulings. While disclosure is seen as an important means of preventing/reducing HIV transmission, someone who does not disclose, but always uses protection, is seen as being comparable to someone who discloses all the time. The complexity of disclosure results in some men preferring not to get tested for HIV so they have a rationale for not disclosing; some make assumptions about serostatus, thereby putting the onus for disclosure solely on the HIV positive person; and some PHAs still don't know or understand that they can get re-infected.
- There are many **circuits and currents** in gay culture within which different assumptions are made, including: positive youth don't exist, men under 25 are willing to have unprotected sex, and men over 35 are all positive. At times, assumptions seem to be easier to deal with emotionally than discussing issues. While these assumptions are inaccurate, they can affect risk-taking and, hence, likelihood of HIV transmission. The barebacking scene seems to be growing as condom use appears to be dropping, especially among older PHAs. Pornography also tends to support barebacking, which undermines attempts to eroticize condom use.
- **Condom trouble** can arise for various reasons, including condom fatigue, condom and/or lube allergies, erectile dysfunction, cultural stigma attached to use, and wrongly fitted/worn condoms. Improper condom usage is significant to condom breakage, which leads to higher risk of HIV transmission. Condom usage can also be a challenge during group sex because of having to change condoms for each partner. Though positioning in sex has certain values in gay culture, being a 'bottom' could alleviate some of the condom trouble issues. There is an interest in hearing about any research on the potential use of the female condom for anal sex, as well as the development of microbicides for men.
- **Treatment optimism** seems to be more emotion-based than information-based and often leads to complacency regarding safer sex practices. There is a perception that HIV is currently a manageable, chronic illness and thus, unprotected sex is okay. This perception is particularly shared by younger and older (above 50) generations. At times, viral load is being used to make decisions about unprotected sex. It is challenging to find the balance between providing optimism for survival and HIV treatment, while still conveying messages about HIV prevention and the impact of treatment.



**sero-sorting**; realities of the **prison** system; **immigration** issues; and how **generational gaps** among gay men influence their communities, identities, and points of access for HIV resources.

- **Youth engagement**, especially with gay men under 25, needs to be improved and reflected in research. Sex-positive education should happen in schools as should education for parents and professionals. A provincial strategy should be developed that supports a youth working group and peer education programs.
- **Further research** is needed on prevention alternatives such as microbicides and foams.
- **Campaigns** should be reviewed regularly in order to **better target** those who are most vulnerable. As a result, **messages should be accessible** in numerous languages for various ethno-racial communities and should also consider a range of literacy levels.
- **Various groups require different levels of education/training.** Among other topics, service providers/community workers need further education/training on difficult subjects, such as how to discuss sexual abuse with clients, the legal implications of HIV status disclosure, and the complexities of HIV transmission with an undetectable viral load. The Ministry of Health should advocate for required sexual health training for all medical professionals. The general public, especially youth, needs more education about condom use.
- **Increased resources and service provision for areas beyond downtown Toronto** are desperately needed. This is especially true for regions that are experiencing increased settlement of immigrants and refugees who require language-specific materials and services.
- **Funding needs to be more consistent** in order to ensure long-term visioning and programming. More funding is also needed to provide adequate compensation to service providers.
- **Advocacy** towards private companies for sex-positive information that is linked to HIV prevention messages.
- **Regular and continuous community engagement** would encourage concerns to be voiced and addressed. Opportunities for engagement of gay men should reach beyond the typical gay scene and ASOs in order to be more inclusive.
- **Innovative and outreach programs/ services require more support and visibility.** Examples include initiatives such as the Toronto Raver Information Project (TRIP) and presence of support workers at ‘Community dances,’ e.g. White Party.

#### 4. *Other Comments*

- There are mixed feelings about advertisements/campaigns about HIV. Some feel there is advertisement fatigue or that campaigns are too complex and unclear (e.g. ‘Be Real’). While most campaigns are beneficial (e.g. ‘Be Real’ as a first step), it is understandable that no single campaign will suffice to address all concerns. Consequently, different campaigns should be used to target different communities. These should consider socially accessible and acceptable language, as well as various cultural sensitivities and issues. An example would be the use of creative terms to inform about HIV/AIDS, e.g. “Healthy Sexuality Workshop” versus “STI and HIV,” and “risky activity” versus “risky behaviour.” This helps normalize the awareness and education process while also acknowledging the reality of human feelings and sexual experiences. PHAs cannot be forgotten in messaging since little information exists about risk-taking in this population.

## **1.8 Rapporteurs Report Back**

**Dionne A. Falconer and Chris Lau** presented the key themes emerging from the small groups.

## **1.9 Wrap Up**

**Frank McGee**, AIDS Bureau, Ministry of Health and Long-Term Care thanked the participants and encouraged them to complete their evaluation forms. He also noted that Day 2 of the Summit would start at 9:00am.

## **1.10 Gay Trivia Night!**

Representatives from the AIDS Committee of Ottawa, with the help of Ottawa drag artist **Corinne**, took some of the participants through a demonstration of their bar outreach intervention.

## Day 2: Interventions for Sexual Health

### 2.0 Welcome Back & Overview of Day 2

**Frank McGee**, AIDS Bureau, Ontario Ministry of Health and Long-Term Care welcomed the participants back for Day 2 of the Summit.

### 2.1 Panel Presentation

**John Maxwell**, AIDS Committee of Toronto, provided a presentation on HIV prevention initiatives targeting gay, bisexual men, and other men who have sex with men (MSM). In general, there is no agreed upon ‘best method’ to reach gay/bi men as there are multiple and complex reasons behind HIV risk-taking. Therefore, a combination of different and varied approaches may be needed. John highlighted many themes that underlie the diversity of HIV prevention initiatives. These themes included interventions that involve (1) the promotion of condom use; (2) the role of the internet; (3) questioning assumptions about HIV sero-status; (4) approaches that address drug use/partying; (5) men who are ‘new to the scene’; (6) relationships; (7) community engagement (or lack thereof); (8) self-esteem/ self worth; (9) the needs of diverse groups (e.g. youth, PHAs, sex trade workers).

John closed by offering his own thoughts on HIV prevention. He stated that real HIV prevention is complex and there is no magic bullet. No single HIV prevention approach or program can work in every population. Effective prevention takes time. Putting the components into place to address the multiple factors influencing risk and vulnerability requires careful planning, time, effort and resources. These efforts must be sustained and HIV prevention must take a long-term perspective. Many current prevention efforts are ‘quick and dirty’; this makes them effective for the short-term, but less effective for the long-term since they ignore the need to undertake more comprehensive multisectoral/multilevel efforts to address other contributing factors.

**Daniel Tiane Le**, Asian Community AIDS Services (ACAS) made a presentation on the Asian Bathhouse Event, an innovative HIV/AIDS/STI Bathhouse Outreach Module in Toronto. The Asian Bathhouse Event was first launched in 2006 during the International AIDS Conference in Toronto and was aimed at the Asian MSM community in hopes of eliminating the stigma surrounding bathhouses and bathhouse users. The main focus for the event is to provide a safe space and mini-workshops on HIV/AIDS/STI to Asian MSM who frequent baths primarily to seek anonymous sex. With help from the Sexperts (Peer Educators in the bath), the managers/staff from the sauna, Hassle Free Clinic (HIV/STI testing) and outreach volunteers, ACAS created a “one stop shopping” event for Asian MSM to come and have fun while learning and getting an HIV/STI test. With the success of each event, ACAS accomplished its goals: educate bathhouse users through mini workshops, reduce the stigma around the saunas and the users, promote healthy body image with the erotic massage workshops, and encourage participants to get tested for HIV/STIs.

**Rob MacKay**, PPWG, shared the PPWG’s “Definition on POZ Prevention” and the draft Values and Principle document. This was the first time that both of these documents had been released publicly and they are tools to be applied during the development of HIV prevention campaigns.

Participants had an opportunity to ask questions and provide feedback. The revised document will be available through the AIDS Bureau.

**Paul McCarty-Johnston and Daniel Pugh**, AIDS Committee of London (ACOL), made a presentation entitled *MSM HIV/STI Prevention: An introduction to the cyber highway of sexual health promotion*. In 2002, ACOL piloted the SaferSexChatACOL project to determine the needs and efficacy of an online presence in the Gay.com London chatroom. ACOL developed a profile that was descriptive yet provoked and stimulated a reaction (e.g. “here to satisfy all your safer sex needs”). The project provided basic information regarding HIV transmission to chatroom users. Most noteworthy was the immediacy within which a user could ask questions and receive answers, thereby allowing him to rapidly apply the information obtained. The questions being asked of SaferSexChatACOL indicated the need for an ongoing presence in the chatroom. Referrals to community partners were made to the Middlesex London Health Unit’s STD Clinic, Options Clinic Anonymous HIV Testing, ACOL’s Support Services, and ACOL’s Volunteer Coordinator.

ACOL presented a planning checklist that could be used by any organization prior to starting a similar project. In 2004 and 2006 respectively, SaferSexChatACOL began logging onto [www.squirt.org](http://www.squirt.org) and [www.gay411.com](http://www.gay411.com) to provide a similar service. ACOL is currently working towards the development of an online discussion board (like InterACTion) that will facilitate ongoing needs assessment while promoting dialogue and investigating gay/bi and MSM health-related needs/concerns specific to the London area.

**Percy Lezard**, 2-Spirited People of the 1st Nations, made a presentation entitled *2-Spirited People of the 1st Nations Provincial Social Marketing Campaign - Leading an Extraordinary Life: Wise Practices for an HIV prevention campaign with Two-Spirit men*. Reporting on the findings of a research study, the presentation noted that low self-esteem and Aboriginal homophobia are fundamental barriers to Two-Spirit men's adoption of safer sex behaviours. The study found that many Two-Spirit men desire inclusion in their families and communities, dignified self images, recognition for the work they do, stronger spiritual connections, and loving relationships based on care, respect and tenderness. It recommended that a wide-scale, multi-faceted, innovative and flexible social marketing campaign designed to eliminate the barriers to Two-Spirit men’s adoption of safer sex behaviours is crucial and posters must show cultural traditions and teachings of Two-Spirited communities, historical quotations, elders, positive self images and relationships based on love, caring and kindness. It also recommended grief counselling in order for Two-Spirit men to improve their self-esteem and coping mechanisms to deal with accumulated grief and loss of relationships due to AIDS-related illness, suicide and cultural trauma resulting from colonization.

## 2.2 Open Mic!

- **Chris Lau**, AIDS Bureau, Ontario Ministry of Health and Long-Term Care, announced the possibility of establishing a gay/bi/queer MSM Francophone Working Group and requested interested participants to get in touch with him.
- **John Maxwell**, AIDS Committee of Toronto, announced that the Global Forum on MSM has created a website with presentations from the pre-AIDS 2006 Conference event as

well as a listserv. He noted that he will be going to a meeting in Mexico City to ensure gay and MSM issues are included at AIDS 2008. The website is [www.msmmandhiv.org](http://www.msmmandhiv.org).

- **James Murray** introduced Nirmalpal Sachdev, Steamworks Berkeley, who made a presentation entitled *Mr. Sexx*. As a part of Steamworks Berkeley's Health Information and Education Programs, the Mr. Sexx program has a licensed therapist or counsellor dress up a room in the club once a week for approximately three hours to discuss issues of importance to the men in the club.

## 2.3 Small Group Discussion

The participants were divided into small groups that were facilitated by members of the Strategy Provincial Advisory Body. The information in this section is a compilation of the small group discussions based on the notes of the facilitators. It should be noted that not all components of each question was addressed during the discussions.

1. *What is your first reaction to the range of approaches you heard today? What did you hear that you liked? What did you hear that challenged you or leaves you with more questions? Are you trying any of these approaches in your work right now?*

- Generally, there was concern about the use of the terms gay and MSM, particularly when trying to conduct outreach and the potential to pass over some people based on such labelling.
- The Asian Bathhouse Event appeared to be a good example of community collaboration within Toronto. There was interest in opportunities to develop more peer volunteers and transfer this project to other groups/communities. Participants wondered about how it was received by non-Asians and whether there were any negative repercussions to targeting a specific ethnic group.
- Overall, the document presented on behalf of the POZ Prevention Working Group was considered to be an impressive blueprint for the essential inclusion of PHAs in HIV prevention. The document and messages were also considered to be transferable to other groups and the larger population. It was clear that the development and implementation of any POZ prevention strategy requires the collaboration and contributions of all levels of workers. The roles/activities of prevention, outreach, and support workers are intertwined; hence, they must be in contact with each other in order to ensure a strategy is streamlined and delivering consistent messaging and services. Consequently, provision of adequate funding, resources, and training for the strategy will be essential. Additionally, as mentioned in the presentation/document, the issue of disclosure is complex and comes with no easy answers. Concerns and questions about this issue varied, including legislative debates about disclosure, timing of disclosure, social awareness about disclosure, as well as the different views of some ASOs and public health departments on disclosure and POZ prevention. The notion regarding HIV as having "shifted from a fatal to chronic illness" was seen as problematic since this is not always the case, especially for PHAs who are negatively affected by the social determinants of health (e.g., poverty, immigrant status, language, social exclusion). Illustrating HIV as a manageable, chronic illness could also negatively promote treatment optimism and associated risk-taking behaviours.
- The SaferSexACOLChat project was perceived as an important and unique method of outreach to people whom might not otherwise seek or receive HIV education/messaging.

By connecting with people in chatrooms, it allowed for interaction with users while providing them with a sense of anonymity and confidentiality that they might not feel in a face-to-face situation. Supplementary funding is needed to hire and train more online workers, extend hours of participation beyond 9am-5pm, and meet a wider array of online needs. The issue of research within this context was noted as requiring further consideration.

- There was appreciation for the social marketing campaign of 2-Spirited People of the 1st Nations and the research conducted within the community. It was noted that the language and images on some of the posters that resonated with the Two-Spirit men would also work well with other communities.
- The information learnt from Steamworks will be taken back for use in local bathhouses.
- Other comments included the importance of youth-focused messaging and education that could be accomplished by developing public service announcements geared at youth, prevention programming early in the school system, and education for parents. It was noted that while it can be challenging to try and meet everyone's needs, approaches need to consider the influences of cultural and generational differences in order to be successful. It would be beneficial to develop a 'best practice' ongoing network and to see inter-ministerial support in the government.

2. *What are you finding challenging in your work right now with gay men? Have you had any successes that you want to share, something that you feel is working and is helpful for gay men? Is there any input you would like from your peers that would assist you in your work right now?*

- **Challenges** include trying to have a focus on specific needs when simultaneously working with different populations at risk, such as those from urban versus rural environments or subgroups within a particular population (e.g. in the Asian community, there are newcomers, 2<sup>nd</sup> generation, Japanese, Chinese, Korean, Thai, etc.). Another challenge is finding 'best practices' from interventions.
- **Successes** include the development of ethnospecific ASOs/gay organizations, the Ottawa's Gay Men's Wellness Initiative, and the development of a MSM website in Kitchener. These and other successful projects incorporated collaboration, partnerships, community development, and capacity building. This has resulted in more innovation and sharing of expertise, especially around ethnospecific MSM.
- There is a **need for a framework that unites**. ASOs are dealing with many issues that challenge their ability to develop a unifying framework. These issues include serving diverse clientele (straight, gay, IDU, poor, financially stable, etc.), incorporating POZ prevention approaches, creating safe and socially appropriate services and client interactions. Campaigns were well received by participants when they showed compassion, family, and didn't focus on sex. Cultural sensitivity and an inclusive population reflection were also important. Tasteful advertising and more sensitive language were noted as changes to be considered for future campaigns.
- There is a **need for greater cultural/ethnic diversity among urban and non-urban agencies**. Some of the major ASOs (e.g. ACT) are seen as only meeting the needs of white gay men. Partnerships could be developed between smaller agencies and larger ASOs. This would also help address the staffing issues that exist in smaller agencies in and out of Toronto. One approach to consider is a gay men's wellness approach.

- **New and innovative strategies include:**
  - The use of party monitors, counsellors and buddies in social environments, such as bars, bathhouses, and shelters, where MSM are more likely to be susceptible to the influence of drugs and alcohol. This would allow for contact to be initiated by either party and enable support when informed decisions need to be made in the spur of the moment.
  - In any strategy, community participation is critical and it is important to remember that though challenging a community is good, using overtly sexualized imagery in prevention messages can also be a distancing factor.
  - Greater collaboration between ethno-specific and mainstream ASOs. For example, HIV information translated from English into other languages isn't necessarily effective if the cultural context for the information is not also modified to be appropriate. This is one critical way in which ASOs can share tools.
  - Links between province-wide referral services also need to be stronger and mentorship programs need to be made available more widely across sectors vis-à-vis HIV education.
- **Other comments** include the need for renewable long-term funding to develop and retain staff and to develop collaboration, information sharing and cross-training opportunities between ASOs across Ontario. The widening gap between POZ and NEG prevention also needs to be addressed.

3. *Given what we discussed yesterday and this morning, how do you think we, as a community, can best address the sexual health and HIV prevention needs of gay men, both HIV positive gay men and HIV negative gay men? How can support service workers and prevention educators better address the HIV prevention and sexual health needs of gay men, in light of the factors that contribute to HIV transmission?*

- **Messages and campaigns that deal with systemic issues work well when there is a gradual link to HIV.** There needs to be awareness about the language used by researchers in regards to various populations since this can stigmatize and/or isolate some (sub)groups, e.g., 'treatment optimism' or 'sensation-seekers.'
- In HIV/AIDS work, new programs, services, and materials often have to be created and adapted for various populations. With that in mind, it is important to **recognize that PHAs cannot always be viewed as a singular group that accesses services solely through ASOs.** Many use health services elsewhere or not at all; hence, prevention and support efforts must take this into consideration, especially in rural communities.
- The Asian bathhouse event and the SaferSexACOLChat are **great examples of outreach that bring information and services to the population.** If it is cost-effective to do this type of outreach, then it should be expanded and offered in various communities and at various hours. This may also be a way to reach people in rural communities where community building can be a challenge. Much of the current educational materials and practices are urban-centric which means that rural areas have to try to adapt them. The Asian bathhouse is an example of genuine community development that builds trust with other entities in the community.
- **Support and prevention workers need more informed interaction/collaboration** to ensure the greatest benefits of their mutual efforts. For example, support workers were

seeing crystal meth use for a long time, but it took a while for it to filter down to outreach/education.

- **Provincial-wide networking and tool-sharing among ASOs would be advantageous.** This role could possibly be developed through ACAP and the AIDS Bureau who would also ensure population-specific adaptations of resources would be available. This could prove particularly beneficial to the more isolated rural communities if it was also available online. As well, with the increased development of internet-based outreach, standardized training manuals and protocols would provide proper guidelines to follow. Because there are many ASOs and tools currently in use, a tool-sharing network could allow for a reduction in the re-invention of existing resources and free up time/money for the development of new tools and services. Such a network would also provide much needed peer support across all levels of workers.
- **The current structure of funding, including project-based funding, limits proper compensation of staff and interrupts continuity in personnel and services.** Renewable core funding is required; otherwise successful programs must sometimes be changed in order to qualify for new funding or some services can only be made available part-time. Less desirable jobs, such as night-time outreach, need more funding to attract and keep personnel. Overall, more funding is needed in all areas, including prevention, support, and outreach. Staff would also have more time for services if there were a reduction in the degree of detail and number of reports required by each funder.

#### 4. *Other Comments*

- **It is imperative to address the greater social determinants of health**, such as poverty, employment, etc, and prevention efforts instead of focusing on behaviours and being primarily reactionary. With systemic change, individual change will gradually follow. The Survive and Thrive project was noted as a successful example of bringing together individual issues and social determinants of health.
- **There is a shortage of time among workers** who often have tremendous workloads and are stretching their service provision to the maximum. As a result, time is often cut from reading reports, guides, and statistics. Information needs to be easily accessible and user-friendly. More creative methods for information dissemination and collaboration such as social networking events, mini-workshops, and online forums could be used. This could reduce burnout and support collaboration.
- **Education is needed on various topics and in various venues**, particularly as new information is known and for reaching a wide diversity of people. Topics identified for further education include viral load, crystal meth and living with HIV. Use of community forums and mainstream media should be encouraged to promote inclusion as well as normalize and re-eroticize safer sex.
- **Recommendations for a successful campaign** include increased participation and support from various government ministries, such as the Ministry of Education and the Ministry of Children and Youth Services. This would help acknowledge the impact of the social determinants of health on HIV in the gay/MSM communities. Any campaign must be inclusive by having the flexibility to adapt to other populations since there are generational, age, ethnocultural and geographical nuances to consider, among others. Targeted campaigning and outreach to youth that incorporates all aspects of sexual health and behaviour is desperately needed in schools and 'edutainment' venues. It would also

be useful to develop mentorship and buddy programs for various gay/MSM populations, including youth, older men, and ethnocultural groups.

## **2.4 LUNCH ‘N LEARN**

The Lunch ‘n Learn sessions from Day 1 were repeated on Day 2. Please see section 1.5.

## **2.5 Rapporteurs Report Back**

**Dionne A. Falconer and Chris Lau** presented the key themes emerging from the small groups.

## **2.6 Open Mic! – What’s on your mind?**

During the session, the following points were made:

- Bring other government ministries into the room.
- Increase access to treatment and increase information as there is tension in organizations between different populations, e.g. women, injection drug users, gay men.
- Appreciated support workers being present as support workers do prevention and prevention workers do support.
- AIDS Bureau is considering how to work better with health units, primary care providers.
- A request was made as to where to find smaller condoms (comfort fit) and it was suggested to check sex shops and on-line.
- International Rectal Microbicides Group – [www.lifelube.org](http://www.lifelube.org)
- CATIE just put out resources about human papilloma virus (HPV) and rectal cancer.
- Work is underway with a proposal to the Medical Advisory Secretariat that shall hopefully result in an HPV screening program for men.
- Men are not on the radar re: HPV vaccine.
- Need information and engagement to have effective impact on HIV – saw this in Lunch ‘n’ Learn.
- Disappointed about low numbers in Survive & Thrive – lots of people don’t know about the history and long-term survivors do, particularly how all interrelated and affect the sexual health of PHAs.

## **2.7 Wrap Up**

**Frank McGee**, AIDS Bureau, Ontario Ministry of Health and Long-Term Care thanked the participants, presenters and organizers. He encouraged everyone to complete their evaluation forms and submit them before leaving.

## Evaluation

### 3.0 General Organization and Location/Facilities

	<i>Yes</i>	<i>Somewhat</i>	<i>No</i>	<i>Total # of Responses</i>
Were you satisfied with the hotel and meeting rooms?	95%	5%	0%	64
Were you satisfied with the food provided?	77%	18%	5%	65

	<i>Poor</i>	<i>Somewhat acceptable</i>	<i>Good enough</i>	<i>Excellent</i>	<i>Total # of Responses</i>
How would you rate the facilities overall?	0%	0%	46%	54%	65

#### Enjoyed:

- Very well organized summit.
- Well planned agenda & good time management.
- Timely & relevant issues presented.
- Diversity of small group discussions & opportunity to provide input.
- Having a package prior to the summit to prepare.
- Facilitators were helpful.
- Great hotel & excellent location: central, close to downtown, easy access to Toronto vistas; friendly staff.

#### For next time:

- Food: have a hot breakfast & better vegetarian options for lunch.
- Better temperature regulation of rooms.
- Microphone for Lunch 'n Learn sessions.

### 3.1 Pre-Summit Package

	<i>Yes</i>	<i>No</i>	<i>Total # of Responses</i>
Did you receive a pre-Summit package in the mail?	91%	9%	67

	<i>Not helpful</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>	<i>I loved it!</i>	<i>Total # of Responses</i>
Did you find the materials helpful in preparing you for the Summit?	1%	18%	60%	21%	62

What information would have been helpful for you in getting to the Summit and staying in Toronto?

- Receiving the pre-Summit package earlier; 2 weeks was not enough time to review it.
- More hotel details included in the package: map of hotel, requirements for check-in (credit card/ID), confirmation of reservation, notice of rooms to be used.
- List of participating agencies and contact information.
- Documents in languages other than English (e.g. French).

**3.2 Looking Back on Our History**

	<i>Not valuable</i>	<i>Somewhat valuable</i>	<i>Very valuable</i>	<i>I loved it!</i>	<i>Total # of Responses</i>
How valuable did you find this presentation?	2%	13%	41%	44%	68

What was valuable for you about this session?

- Setting the context by building and connecting history.
- Honouring and acknowledging history and the important role of early activists.
- For workers that are new to the field, learning how the movement began and what lessons from the past can still be used today.
- Personal stories that were shared.
- Ethno-cultural representation in presenters.

**3.3 Epi Update**

	<i>I am lost!</i>	<i>Somewhat understand</i>	<i>I understand most of it</i>	<i>It is crystal clear!</i>	<i>Total # of Responses</i>
How well do you feel you understand the HIV epi-data for Ontario after this presentation?	6%	25%	52%	17%	69

How could we improve this session to help you better understand this information?

- More time, less information/slides, slower presenting.
- Simplify the session: less technical language, more lay terms, more explanation of epidemiological terms and slides instead of only presenting data.
- Provide handouts.
- Clearer slides: hard to see and read.
- Provide summary and impact of data.
- Allow for questions during this session.
- Consider having a community member to co-present.
- Data is presented as irrefutable, without discussions of limitations.

### 3.4 Strategy Update

	<i>I have no clue</i>	<i>I have a basic understanding</i>	<i>I see the role, but I have some questions</i>	<i>It is crystal clear!</i>	<i>Total # of Responses</i>
How clear are you on the role and purpose of the Strategy in your work?	0%	17%	39%	44%	69

Please tell us what questions you have right now about the Strategy and the role of the Strategy in your work.

#### *About the Strategy*

- What is the follow-up from this Summit? Where does the Strategy go from here?
- Why is there no youth working group?
- When will the website be running?
- What research needs are being identified by the Strategy?
- Will community partners be given specific details/plans of action?
- Why wasn't the ethnoracial analysis included in all working groups?
- When will the final product be ready and available for my use?

#### *How do I/we connect with the Strategy?*

- Where do I fit in? How do I incorporate this into my work right now?
- Who do we connect with?
- How can we inform the Strategy?
- How does research from the Strategy connect with front-line strategies?
- How can we integrate primary prevention and other prevention in support organizations?
- Will all agencies continue to be involved in future campaigns if we don't sit on the Strategy?

### 3.5 Factors Contributing to HIV Transmission

	<i>Totally useless</i>	<i>Somewhat useful</i>	<i>Very useful</i>	<i>I loved it!</i>	<i>Total # of Responses</i>
How useful was this presentation to your work?	0%	25%	50%	25%	64

	<i>I have no clue</i>	<i>I have a basic understanding</i>	<i>I see the role, but I have some questions</i>	<i>It is crystal clear!</i>	<i>Total # of Responses</i>
How clear are you about the relationship between the factors that were presented and the risk of HIV transmission for gay men?	0%	5%	44%	51%	63

Please provide any additional feedback on the presentation here. How can we assist you in better understanding the issues? What do you feel you need to better address these issues in your work?

*It would be helpful to:*

- Learn how to translate this analysis into a program, campaign, etc.
- Include focus on ethno-specific communities and youth.
- Analyze what factors have/have not been addressed, what areas need improvement, what areas need ongoing attention; do this for the gay community and the community at large.
- Go back to the basics of talking about sex and sexuality with clients to ensure a common understanding and awareness of behaviours and risk factors.
- Help parents become more comfortable dealing with and discussing these issues.
- Link research with tools for addressing the factors discussed.
- Share strategies between ASOs for addressing these concerns (maybe via Internet).

*About this session:*

- Very well presented, useful information.
- Appreciate use of current evidence-based insights.
- Needed more time for small group discussion on these topics.
- Same presentation as two years ago; would have benefited from adding something new.

### **3.6 Small Group Discussions (Day 1)**

	<i>Totally irrelevant</i>	<i>Somewhat relevant</i>	<i>Good enough</i>	<i>Totally relevant</i>	<i>Total # of Responses</i>
How relevant do you feel the small group discussion was to your work?	0%	10%	49%	41%	61

	<i>Not at all</i>	<i>Somewhat</i>	<i>For the most part</i>	<i>I participated fully</i>	<i>Total # of Responses</i>
Were you able to participate in the discussion to a level you would have liked?	0%	11%	32%	57%	63

	<i>Yes</i>	<i>No</i>	<i>Total # of Responses</i>
Were you able to express your concerns with the ideas presented?	98%	2%	61

Please provide a more detailed explanation for your responses above?

*Group discussion format*

- Varied reactions: too much time, too little time; useful, not very useful.
- Helpful moderators; well facilitated and organized compared to other experiences.
- Difficult to concentrate due to noise from other groups in the room.

*Discussion*

- Good opportunity to network; allowed interaction with various workers (front-line, prevention, support, etc); increased context of the work each group does.
- Be more inclusive with discussion to ensure everyone is heard and non-judgmental.
- Good opportunity to hear different perspectives and allow for alternative interpretations.
- Very interactive.
- Would have been useful to discuss action steps/solutions.

**3.7 Panel Discussion on HIV Prevention Interventions (Day 2)**

	<i>Totally useless</i>	<i>Somewhat useful</i>	<i>Very useful</i>	<i>I loved it!</i>	<i>Total # of Responses</i>
Did you find the panel presentation useful for your work?	0%	9%	59%	32%	63
How helpful was the small group discussion for your work with gay men?	2%	16%	56%	26%	61

What is one key thing you will come away with after this morning's session?

*Diversity of the community and creative interventions available:*

- No single solution: the importance of varied approaches for various communities.
- Focus on psychosocial issues is related to addressing the HIV risk factors for MSM.
- Ethno-specific initiatives about HIV prevention, especially from Asian and Aboriginal representatives.

- Understanding internet outreach, i.e. guidelines, logistics.
- Different challenges that exist when working in smaller and rural communities compared to Toronto.
- How campaigns are perceived differently in different communities; importance of cultural sensitivity.
- Appreciate talking about racism and heterosexism.

*Learnt about POZ prevention:*

- Principles and values.
- There is a need to focus on this work.

*Important things to remember when developing approaches:*

- How to create HIV prevention campaigns that are community informed.
- Approaches to prevention, campaigns, etc. must be diverse, community-collaborative, inclusive.
- Involve clients in decision-making and program design process.
- Look for PHAs from varied ethnicities to do outreach.

### 3.8 Afternoon Session: Report Back/Open Mic

	<i>Not satisfied</i>	<i>Somewhat satisfied</i>	<i>Pretty satisfied</i>	<i>Very satisfied</i>	<i>Total # of Responses</i>
Were you satisfied with the reporting back provided by Dionne A. Falconer & Chris Lau?	2%	7%	54%	37%	46

	<i>Yes</i>	<i>No</i>	<i>Total # of Responses</i>
Was the open mic part of the agenda worthwhile for you?	90%	10%	30

### 3.9 General Feedback

	<i>Not even close</i>	<i>I somewhat agree</i>	<i>I would say it's pretty close</i>	<i>Perfect!</i>	<i>Total # of Responses</i>
I thought there was the right amount of time devoted to small group discussions.	0%	7%	55%	38%	55

	<i>Nope</i>	<i>I could have used more time</i>	<i>On balance, it was pretty good</i>	<i>It was the perfect balance of information provision and discussion</i>	<i>Total # of Responses</i>
I had enough opportunity to think about and discuss the information that was being presented.	0%	5%	57%	38%	56

	<i>Not even close</i>	<i>I somewhat agree</i>	<i>Pretty much, but could be better</i>	<i>Totally</i>	<i>Total # of Responses</i>
At the last Summit, in 2006, participants said they wanted more opportunities to talk with their peers about their work, to share ideas and hear what others are doing. Do you feel you had enough of an opportunity to talk with your peers at this Summit?	0%	27%	26%	47%	66

	<i>I didn't like that</i>	<i>I somewhat liked that</i>	<i>It was a good idea</i>	<i>It was the perfect way to go</i>	<i>Total # of Responses</i>
I liked the format of having Dionne and Chris provide the reporting back instead of people in the small groups.	4%	21%	34%	41%	56

In general what did you find *most beneficial* at the Summit for you and your work?

- Having an opportunity to network: bringing together prevention, support, outreach workers.
- Adding the voices and input of support workers.
- Opportunity to share knowledge and ideas.
- Learning about emerging issues and getting updates.
- Learning about varied prevention programs across the province.
- Diversity of topics offered.
- Lunch 'n Learn sessions.

- Sessions on POZ prevention, BGQ Trans men, Viral load and HIV transmission.
- Having the reports and documents beforehand to prepare.
- Pace and organization: good pace and balance of presentations and small group discussions; interactive discussions.
- Summit provoked reflection on my current work; reinforced the positive things we are doing and encouraged me to consider new approaches/ways of thinking.

Please give any suggestions you may have for improving future gatherings.

- Keep the Lunch ‘n Learn sessions.
- Allow an opportunity to attend all ‘lunch’ sessions...perhaps repeat them at dinner?
- Presenters should consider using more diverse images in their presentations in order to be more inclusive instead of just images of gay white males.
- More opportunity to discuss the seemingly growing rift regarding POZ-NEG gay men and prevention approaches.
- Other topics to consider: disclosure, AIDS phobia within gay men’s community.
- Provide a resource desk/space for participating agencies to share their publications, posters, and pamphlets.
- Change the date of the summit; it happened at a time when most agencies are buried in paperwork with funding proposal renewals, city report submissions, and fiscal/work planning.
- Make the summit a quarterly occurrence.
- Consider making summit 3 days given the volume of information.
- Limit open mic to 5 minutes/person and enforce this rule.
- Day 1 was long: reduce the number of questions/discussions.
- Allow for more informal networking/discussion, since all the time was booked (e.g. lunch ‘n learn).
- Invite: support workers again (and involve in planning), bathhouse employees, HIV clinic nurses, other experts whose work is related, e.g. lawyers, social workers, doctors, clinical scientists, etc.
- Diversify program by: including presentations related to work and challenges of groups outside Toronto; offering panel(s) in French and/or plan some translation during some of the sessions; looking at ethno-specific communities more specifically in terms of geographic origin; having less white speakers; engaging youth in summit planning and participation.
- Ensure facilitators are skilled in ensuring all voices get heard.

### 3.10 Be Real Campaign

This summer, the Strategy launched an HIV prevention campaign with the tag line “Be Real. Respect. Protect. Each other.”

	<i>Yes</i>	<i>No</i>	<i>Total # of Responses</i>
Did you see the campaign?	83%	17%	72

If yes, where did you see the campaign?

- Mass advertising: billboards, posters, pamphlets/flyers, website, t-shirts.
- Locations: (gay) bars, bathhouses, city litter bins, Toronto Gay Village, storefronts, district health units, ASOs and sexual health clinics, in my office.
- Transit: buses, streetcars, bus shelters.
- Media outlets: television, OMNI TV, magazine for Pride week, Xtra, gay media outlets.
- Toronto: Gay Village, Yonge-Dundas Square, AIDS Committee of Toronto, Hassle-Free Clinic, Asian Community AIDS Services, People with AIDS Foundation.
- Ottawa: AIDS Committee of Ottawa, Bruce House, sexual health centre, Capital Xtra.
- Windsor: University of Windsor, AIDS Committee, health fairs.
- Other cities: AIDS Committee of London, London billboard, Peel HIV/AIDS Network billboard.

What do you recall was the main message or messages of this campaign?

- Respect and protect yourself and your health, others and their health.
- Promotion of safer sex.
- Be up front with your HIV status and talk about it.
- Make informed choices.
- Developing healthier self-esteem.
- Communicate and be honest with your partner.
- Emphasis on caring for each other in our diversity.
- Unity of community, acceptance, tolerance.
- We all have sex, HIV+ and HIV-.
- AIDS affects everyone, regardless of age, race, ethnicity.
- Acknowledging diversity in the gay community; different ethnicities and appearances.
- Directed to phone and web for more information.
- Message confusing or unclear, e.g. why trans men there.

	<i>Yes</i>	<i>No</i>	<i>Total # of Responses</i>
Were you involved in delivering this campaign in your community?	28%	72%	69

If yes, what were the main challenges to delivering this campaign?

- The message was unclear or unnoticed.
- The target audience was unclear.
- Some gay men thought it was an anti-discrimination ad: didn't know it was for gay men or get the HIV message.
- If you didn't have a lot of time to look at the graphic, it was hard to figure out who it was aimed at.
- Not splashy enough.
- Hard to find display venues: finding receptive community partners and other outlets such as businesses and schools; trying to display posters in communities that are conservative or rural; pamphlets not being picked up, though the tattoos were popular; poor targeting and limited locations for billboards, especially in gay-frequented areas.

What could be done differently to assist you in delivering the campaign?

- Provide all the materials at the same time (e.g. posters, pamphlets, condoms, etc) and sooner.
- More consultation on location of billboards and other modalities to be used to increase visibility.
- Increase television advertising.
- More condom packs relative to hard copy handouts.
- Suggest/support modified approaches for rural and small communities.
- Include local names/contact information for testing/support agencies on the posters.
- Integrate the campaign with frontline practices.
- Provide more financial and implementation support for the campaign.
- Improve messaging:
  - Improve the link between the images/messages to HIV transmission.
  - Fewer words on posters.
  - Increased diversity: languages other than English/French; cultural specificity.
  - Include images of youth (15-22 yrs old).

**3.11 Lunch ‘N Learn Sessions**

Did you find this presentation useful for your work?					
	<i>Totally Useless</i>	<i>Somewhat Useful</i>	<i>Very Useful</i>	<i>I loved it!</i>	<i>Total # of Responses</i>
Beyond Trans 101: Gay, Bi, Queer Trans Men	0%	4%	31%	65%	52
M2Men Work with Ethno-racial Communities	0%	30%	40%	30%	23
Survive & Thrive: Connecting Multiple Loss Support with Prevention	6%	6%	59%	29%	17
Viral Load & HIV Transmission	0%	0%	25%	75%	28

How clear was the presentation?					
	<i>I'm Lost</i>	<i>Somewhat Clear</i>	<i>Very Clear</i>	<i>Crystal Clear</i>	<i>Total # of Responses</i>
Beyond Trans 101: Gay, Bi, Queer Trans Men	0%	0%	50%	50%	52
M2Men Work with Ethno-racial Communities	0%	30%	48%	22%	23
Survive & Thrive: Connecting Multiple Loss Support with Prevention	0%	0%	59%	41%	17
Viral Load & HIV Transmission	0%	0%	21%	79%	28

### **3.11a *Beyond Trans 101: Gay, Bi, Queer (GBQ) Trans Men***

#### What is one thing you learned during this session that sticks with you?

- Development of basic awareness and understanding of this population.
- Complexity of identity.
- New terms.
- Unique issues that exist for GBQ trans men within the gay community.
- There is a lack of research, services, and support for this population and a need to fill the gaps.

#### What is one question you will come away with after this session?

- What are the next steps for my workplace?
- How can I adapt my workplace, policies, resources and services so that they are more aware and receptive to GBQ trans men?
- How can we advocate, educate, and create awareness in the larger community?
- How do we empower trans men to become involved in service delivery?
- How do we incorporate this knowledge into HIV prevention messages and related services?
- More questions about GBQ trans men – identity, body and community.

#### What topics would you like to see covered in future sessions?

- More information about trans people to increase awareness and ability to provide support to them.
- Current or developing services, research and resources available.
- Practical next steps.

### **3.11b *M2Men Work with Ethno-racial Communities***

#### What is one thing you learned during this session that sticks with you?

- Ethno-racial communities are diverse from each other and within one another.
- Campaigns and service provision must be ethno-specific.
- Types of outreach developed for different ethno-racial communities and challenges that exist.
- Skills development and training needed for people to protect themselves.

#### What is one question you will come away with after this session?

- How effective is ethno-specific work?
- How can I incorporate this information into my work?
- How to properly adapt data about HIV incidence/prevalence to MSM concerning their culture, race and language?

#### What topics would you like to see covered in future sessions?

- Sharing more creative solutions and successful strategies.
- African/Caribbean gay and lesbian study?

### **3.11c 'Survive & Thrive' - Connecting Multiple Loss Support with Prevention**

What is one thing you learned during this session that sticks with you?

- How multiple loss is connected with HIV work and applicable beyond.
- Information about loss, bereavement and peer support.
- Difference between application of the model to long-term survivors/persons who witnessed the 1980s versus new workers.
- Social determinants = risk behaviour.

What is one question you will come away with after this session?

- How can this be incorporated into the work of ASOs?
- The differences (if any) between positive and negative experiences of loss.

What topics would you like to see covered in future sessions?

- Linking and applying this information to HIV/AIDS work, e.g. education, prevention, support and human resources management.
- Long-term effect on GBLT community.
- Psycho-social factors that relate to grief and how these can be further addressed.
- Dealing with the changing face of AIDS, i.e. fewer people are dying from AIDS in Ontario compared to in the past.

### **3.11d Viral Load & HIV Transmission**

What is one thing you learned during this session that sticks with you?

- Viral load in the blood is not a good indicator of viral load in semen/vaginal secretions.
- Different effects of ARV drugs on genital tract versus blood.
- Female transmission and male transmission being more comparable in terms of occurrence versus previous understanding that transmission from women to men was less common.

What is one question you will come away with after this session?

- Why hasn't this information been made public knowledge?
- What is the best way to share this information?
- How is this knowledge affecting future research and therapies?

What topics would you like to see covered in future sessions?

- More information and updates to this topic.
- Why does semen viral load differ from blood viral load and why resistance evolves divergently.
- Effects of individual drugs on viral loads in semen.
- Evidence base informing harm reduction messaging.

# Ontario Gay Men's HIV Prevention Summit 2007

## CONFERENCE PROGRAM

February 1<sup>st</sup>, 2007

8:00 **Registration & Breakfast Buffet**

9:00 **Welcome and Introduction**

*Frank McGee, AIDS Bureau  
Ministry of Health & Long-Term Care*

9:15 **Looking Back on Our History**

*Murray Jose, Alan Li, Tim McCaskell,  
Ed Jackson*

Listen as some of the earliest AIDS activists share their experiences from the beginning of the HIV epidemic.

10:00 **Epi Update**

*Robert Remis, HIV Studies Unit  
University of Toronto*

11:00 **BREAK**

11:15 **Strategy Update**

*James Murray, AIDS Bureau*

Working Groups

- POZ Prevention  
*Rob MacKay*
- Ethno-racial MSM Research  
*Ishwar Persad*
- Gay, Bi, Queer Transmen  
*Syrus Ware, Nik Redman*

12:00 – 2:00 **LUNCH 'N LEARN**

Grab your lunch and join in to one of the following four presentations:

*Viral Load & HIV Transmission  
Paul MacPherson*

*Survive & Thrive: Working with Long-term Survivors  
Yvette Perreault, Wayne Fitton*

*Beyond Trans 101: Gay, Bi, Queer Trans Men  
Syrus Ware, Nik Redman, Connor McCollum*

*M2MEN Work with Ethno-racial Communities M2MEN*

2:00 **Factors Contributing to HIV Transmission**

*Barry Adam  
Moderator – Frank McGee*

Barry will take us through the key factors contributing to HIV transmission with gay men today, with opportunity for small group discussion, facilitated by one of the members of the Strategy Provincial Advisory Body.

3:15 **BREAK**

3:30 **Factors Contributing to HIV Transmission (cont'd)**

Barry will continue to take us through the issues, with further small group discussion with your peers.

4:30 **Rappateur Report Back**

*Dionne Falconer*  
Dionne will summarize the key themes emerging from our small groups.

4:50 **Wrap Up**

*AIDS Bureau  
Ministry of Health & Long-Term Care*

**5:00 – 7:00 Gay Trivia Night!**

Join your colleagues for a drink, some snacks, and a chance to relax. AIDS Committee of Ottawa, with the help of local Ottawa drag artist Corinne, will take you through a demonstration of their bar outreach intervention.

# Ontario Gay Men's HIV Prevention Summit 2007

## CONFERENCE PROGRAM

February 2<sup>nd</sup>, 2007

8:00 **Breakfast Buffet**

9:00 **Welcome Back & Overview of Day 2**  
*AIDS Bureau – Frank McGee*  
*Ministry of Health & Long-Term Care*

9:15 **Panel Presentation**

*Moderator – Frank McGee*

- *General overview - John Maxwell*  
John will provide us with an overview of HIV prevention interventions targeted to gay men.

- *Work in Ontario:*

*Daniel Tiane Le-Asian Bathhouse Night –*  
Daniel will discuss an innovative approach to bathhouse outreach developed by Asian Community AIDS Services.

*Rob MacKay, POZ Prevention*  
Rob will take us through the values and principles identified by the POZ Prevention Working Group as integral to sexual health work with HIV positive gay men.

*Paul McCarty-Johnston – Internet Outreach in London –* Paul will describe the Internet outreach program developed by AIDS Committee of London.

*Percy Lezard - 2-Spirit People of the 1<sup>st</sup> Nations Provincial Social Marketing Campaign –* Percy will outline a new campaign targeted to 2-Spirit Men.

10:45 **BREAK**

11:00 **Small Group Discussion**

Facilitators will support a discussion in small groups where you can share your experiences in front-line prevention/support and discuss possible future work.

12:30 – 2:30 **LUNCH 'N LEARN**

Grab your lunch and join in to one of the following four presentations:

*Viral Load & HIV Transmission*  
*Paul MacPherson*

*Survive & Thrive*  
*Yvette Perreault, Wayne Fitton*

*Beyond Trans 101: Gay, Bi, Queer Trans Men*  
*Syrus Ware, Nik Redman, Connor McCollum*

*M2MEN Work with Ethno-racial Communities M2MEN*

2:30 **Rappateur Report Back on Small Group Discussions**

*Dionne Falconer*  
Dionne will summarize the key themes emerging from our small groups.

3:00 *Open Mic! – What's on your mind?*

This is an opportunity for you to let your peers know what's on your mind when it comes to HIV prevention/sexual health work with gay men. How has the Summit been for you? What has been a key learning for you? Where can we improve? What are you concerned about for gay men's prevention? How can we move forward?

3:45 **Wrap Up**

*AIDS Bureau - Frank*  
*Ministry of Health & Long-Term Care*

**\*\*\*Don't forget to submit your evaluation before you leave!!!**

**The Ontario Gay Men's HIV Prevention Summit 2007**

**February 1<sup>st</sup> & 2<sup>nd</sup>, 2007  
(It's long but so worth it!)**

**Evaluation**

**Your comments are important and will assist the Strategy Provincial Advisory Body in assessing the effectiveness of the Summit. Please complete the following form and hand it in at the end of the Summit. *To remain anonymous, leave your name off the evaluation.***

*Please circle the response that most closely reflects your thoughts/feelings.*

Were you satisfied with the hotel and meeting rooms?      Yes      Somewhat      No

Were you satisfied with the food provided?      Yes      Somewhat      No

How would you rate the facilities overall?

1	2	3	4
poor	somewhat acceptable	good enough	excellent

Please provide further feedback on the overall location and organization of the Summit here:

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Did you receive a pre-Summit package in the mail?      YES      NO

Did you find the materials helpful in preparing you for the Summit?

1	2	3	4
not helpful	somewhat helpful	very helpful	I loved it!

Did you have all the information you needed to register, get a hotel room, and find your way around Toronto?      YES      NO

What information would have been helpful for you in getting to the Summit and staying in Toronto?

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**Day 1: February 1<sup>st</sup>, 2007**

**Morning Session:**

**Looking Back on Our History – Murray Jose, Tim McCaskell, Ed Jackson, Alan Li**

How valuable did you find this presentation?

1	2	3	4
not valuable	somewhat valuable	very valuable	I loved it!

What was valuable for you about this session?

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**Epi Update – Robert Remis**

How well do you feel you understand the HIV epi-data for Ontario after this presentation?

1	2	3	4
I am lost!	somewhat understand	I understand most of it	It is crystal clear!

How could we improve the session to help you better understand this information?

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**Strategy Update – James Murray, Rob MacKay, Ishwar Persad, Syrus Ware, Nik Redman**

How clear are you on the role and purpose of the Strategy in your work?

1	2	3	4
I have no clue	I have a basic understanding	I see the role, but have some questions	It is crystal clear!

Please tell us what questions you have right now about the Strategy and the role of the Strategy in your work.

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**Day 1: Afternoon Session:**

**Factors Contributing to HIV Transmission** – *Barry Adam*

1. How useful was this presentation to your work?

1	2	3	4
totally useless	somewhat useful	very useful	I loved it!

2. How clear are you about the relationship between the factors that were presented and the risk of HIV transmission for gay men?

1	2	3	4
I have no clue	I have a basic understanding	I see the relationship, but have some questions	It is crystal clear!

2. Please provide any additional feedback on the presentation here. How can we assist you in better understanding the issues? What do you feel you need to better address these issues in your work?

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**Small group discussions (Day 1)**

1. How relevant do you feel the small group discussion was to your work?

1	2	3	4
totally irrelevant	somewhat relevant	good enough	totally relevant

2. Were you able to participate in the discussion to a level you would have liked?

1	2	3	4
not at all	somewhat	for the most part	I participated fully

3. Were you able to express your concerns with the ideas presented? YES NO

4. Please provide a more detailed explanation for your above responses?

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**Day 2: February 2<sup>nd</sup>, 2007**

**Panel Discussion on HIV Prevention Interventions** – *John Maxwell, Rob MacKay, Daniel Pugh, Paul McCarty-Johnston, Daniel Le*

Did you find the panel presentation useful for your work?

1	2	3	4
totally useless	somewhat useful	very useful	I loved it!

How helpful was the small group discussion for your work with gay men?

1	2	3	4
totally useless	somewhat helpful	very helpful	I loved it!

What is one key thing you will come away with after this morning's session?

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**Day 2: February 2<sup>nd</sup>, 2007**

**Afternoon Session: Report Back/Open Mic**

Were you satisfied with the reporting back provided by Dionne Falconer and Chris Lau?

1	2	3	4
not satisfied	somewhat satisfied	pretty satisfied	very satisfied

Was the open mic part of the agenda worthwhile for you? YES NO

**General Feedback**

Please rate how well you liked how the Summit was organized this year, based on the following statements:

I thought there was the right amount of time devoted to small group discussions.

1	2	3	4
not even close	I somewhat agree	I would say it's pretty close	perfect!

I had enough opportunity to think about and discuss the information that was being presented to me.

1	2	3	4
Nope!	I could have used more time	On balance, it was pretty good	It was the perfect balance of information provision and discussion

At the last Summit, in 2006, participants said they wanted more opportunities to talk with their peers about their work, to share ideas and hear what others are doing. Do you feel you had enough of an opportunity to talk with your peers at this Summit?

- |                |          |                                  |         |
|----------------|----------|----------------------------------|---------|
| 1              | 2        | 3                                | 4       |
| not even close | somewhat | pretty much, but could be better | totally |

I liked the format of having Dionne and Chris provide the reporting back instead of people in the small groups.

- |                    |                       |                    |                              |
|--------------------|-----------------------|--------------------|------------------------------|
| 1                  | 2                     | 3                  | 4                            |
| I didn't like that | I somewhat liked that | It was a good idea | It was the perfect way to go |

**In general what did you find most beneficial at the Summit for you and your work?**

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**Please give any suggestions you may have for improving future gatherings.**

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**Be Real**

This summer, the strategy launched an HIV prevention campaign with the tag line ‘Be Real. Respect. Protect. Each other.’ Please answer the following questions about the campaign:

Did you see the campaign in your community?                      YES                      NO

If yes, where did you see the campaign?

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What do you recall was the main message or messages of this campaign?

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Were you involved in delivering this campaign in your community?                      YES                      NO

If yes, what were the main challenges to delivering this campaign?

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What could be done differently to assist you in delivering campaigns in your community?

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## Appendix C: Number of Summit participants by type

<b>Participant type</b>	<b>Number of participants</b>
Agency Management / Executive Director	15 (11%)
Support worker / counsellor	19 (14%)
Prevention educator	40 (30%)
Government / funder	10 (8%)
Public health	7 (5%)
Community	30 (23%)
Researcher	9 (7%)
Private sector / business	2 (2%)
<b>Total</b>	<b>132 (100%)</b>