February 17, 2016

Response to Recommendations in Report: MSM Services Review

The Vancouver Island MSM Services Review was commissioned by Island Health, under the STOP HIV/AIDS Program, in December 2014. The review was carried out by an independent consultant and was prompted by recognition that gay, two-spirit and other men who have sex with men are disproportionately impacted by HIV.

The review contains 16 recommendations, including specific activities and best practices for engaging gay/MSM in HIV prevention, testing, treatment and care.

These recommendations have significant human, economic and time resource implications that extend beyond the capacity of the STOP HIV/AIDS Program. As such, Island Health will be working internally, and in collaboration with community partners, to identify opportunities for implementation of the recommendations on a staggered basis that recognizes human resource and fiscal availability and other HIV programming priorities.

Island Health has already begun implementing several of the recommendations including:

- Recommendation 3 – STOP HIV/AIDS is partnering with UBC CPD to adapt Vancouver Coastal Health curriculum on 'MSM Health in Family Practice' to be delivered to family physicians in a workshop and webinar format in Spring 2016.
- Recommendation 5 – The STOP HIV/AIDS Community Grants Program has been offered in 2015-16 with a focus on four priority populations including LGBTQ.
- Recommendation 9 – The STOP HIV/AIDS Program launched a social marketing campaign in December 2015 directed at MSM to promote HIV testing.
- Recommendation 10 – Island Health has partnered with the BCCDC to launch GetCheckedOnline in February 2016 at three sites on Vancouver Island including Victoria, West Shore and Duncan.
- Recommendation 13 – The roll-out of routine offers of HIV testing in acute care facilities began in select hospitals in Fall 2015; remaining sites will be added incrementally. Island Health continues to work with family physicians around the new Provincial Routine HIV Testing Guidelines to enhance improved reach of HIV testing and associated care.
- Recommendation 14 – Under STOP HIV/AIDS funding, a Peer Navigation Program was tendered for and awarded to Vancouver Island Persons Living with HIV/AIDS Society in April 2015.

STOP HIV/AIDS Program, Communicable Disease
430-1900 Richmond Ave
Victoria, BC V8R 4R2 Canada

Tel: 250-519-3406 | Fax: 250-519-3441
viha.ca

MSM SERVICES REVIEW
Prepared for Island Health

MARCH 2015

Jody Jollimore, MPP

JODY.JOLLIMORE@GMAIL.COM

Table of Contents

Executive Summary 2

Introduction 3

Gay, Bisexual, Two-Spirit, and other MSM Services Review

Data Sources 5

Acknowledgements 6

Gay/MSM on Vancouver Island 9

Factors Impacting HIV Transmission

- Lack of Visibility & Infrastructure 11
- Cultural Safety & Competence 12
- Mental Health & Substance Use 13
- Anal Sex, Sexual Networks & Condom Use 16

Preventing HIV Transmission: STOP HIV/AIDS Operational Plan

- Foundational Actions 17
- Prevention & Harm Reduction 17
- HIV Testing 22
- Engaging & Retaining in Treatment & Care 23

Recommendations 25

Notes 32

Executive Summary

Gay, bisexual, two-spirit and other men who have sex with men (gay/MSM) continue to be disproportionately affected by HIV. Over the last 5 years, gay/MSM represented 57% of new infections in BC, and 44% of new infections within Island Health.

In December 2014, Island Health, under the STOP HIV/AIDS Steering Committee, contracted an independent consultant to conduct a service review and make strategic recommendations. These recommendations include specific activities and best practices for engaging gay/MSM in HIV prevention, testing, treatment and care.

Sources

The service review includes data from local and provincial gay/MSM health surveys (*M-Track* & *Sex Now 2011*), two provincial reports (*From Hope to Health & HIV, Stigma & Society*) and interviews with more than 70 stakeholders from across Vancouver Island.

Factors Impacting the Epidemic

Gay/MSM on Vancouver Island lack visibility and a sense of community. There are very few social spaces or community groups, leaving many men feeling unsupported. Vancouver Island gay/MSM experience high rates of mental health and substance use issues related to minority stress, loneliness and trauma. These 'drivers' have been found to increase the likelihood and frequency of condomless anal sex and other activities that increase the risk of HIV transmission.

Service providers recognize the lack of cultural competency within their teams. Service providers are not comfortable asking about sex and drug use. Gay/MSM who are accessing services may not be open about their sexuality, resulting in missed opportunities for sexual health promotion and HIV testing.

Findings

HIV prevention services for gay/MSM are inadequate. The only dedicated HIV prevention program for gay/MSM is the Men's Wellness Program at AVI (1.5 FTE & minimal operating budget), which is funded primarily by the Public Health Agency of Canada. Harm reduction services are geared toward other at-risk populations and do not demonstrate an understanding of gay/MSM needs. Post-Exposure Prophylaxis is not readily available and there is little knowledge of Pre-Exposure Prophylaxis. Currently there are no social marketing or health promotion campaigns aimed at gay/MSM on the Island.

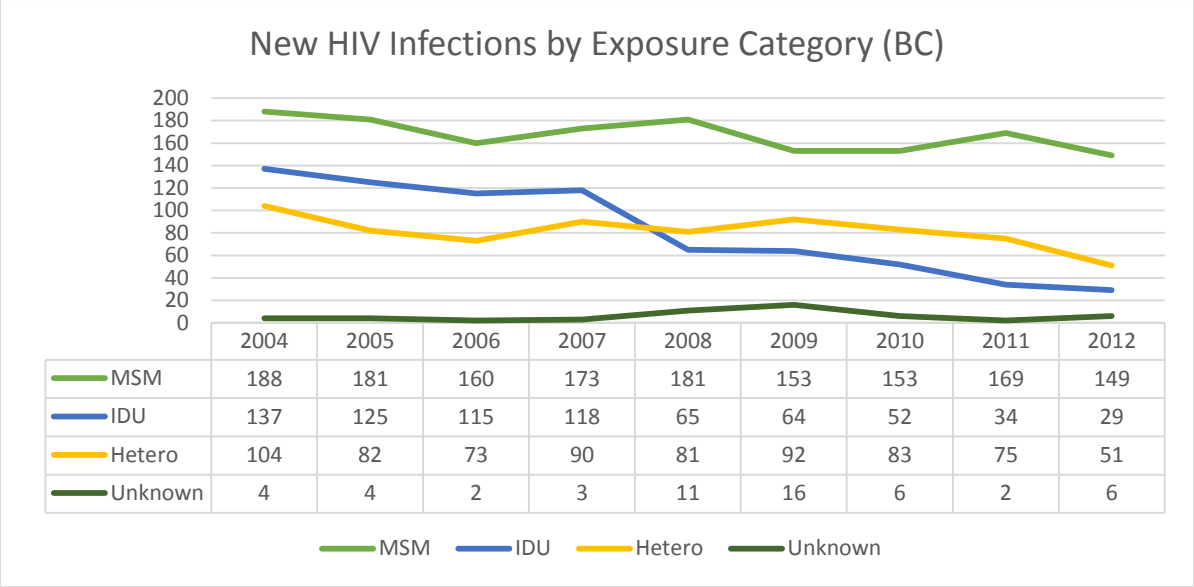
There are many testing options on Vancouver Island, however these options are not adequately promoted to the population most at risk: gay/MSM. Once a diagnosis has been established, clinicians are quick to act, resulting in many gay/MSM being actively engaged in treatment and care.

Recommendations

The Service Review includes 16 recommendations for improving gay men's health and reducing HIV morbidity and mortality. By starting a LGBT working group and developing a cultural competency course, Island Health can improve the health outcomes of gay/MSM. In order to better engage gay/MSM in HIV prevention, Island Health should prioritize an enhanced health promotion program, increased social marketing, funding for targeted gay/MSM mental health services and increased cultural competency of healthcare providers.

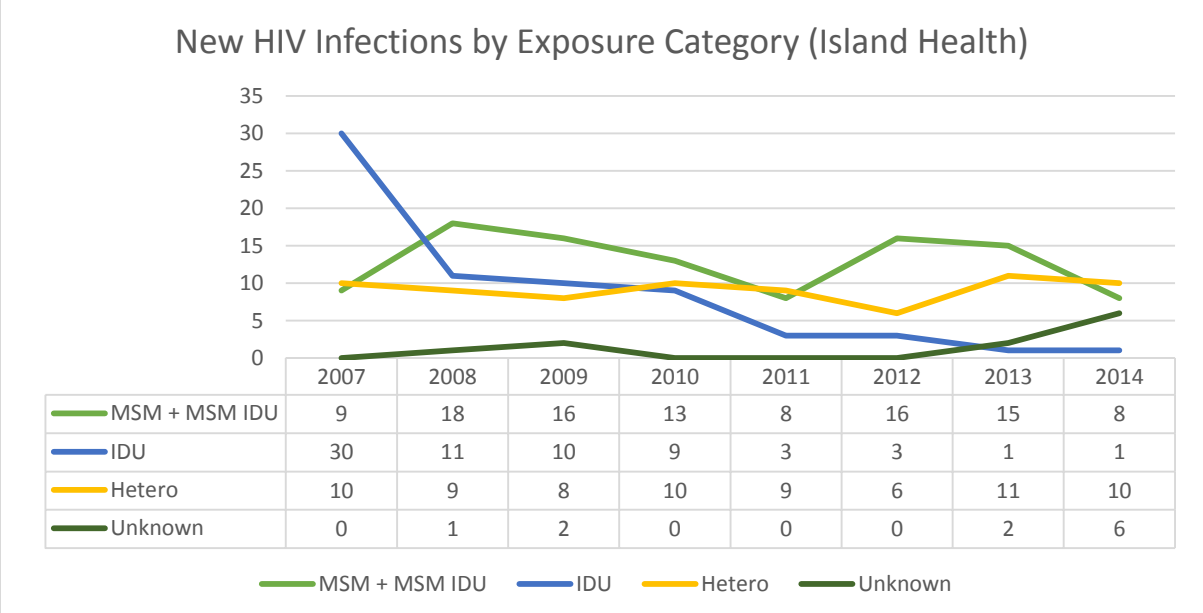
Gay, Bisexual, Two-Spirit, and other MSM Services Review

In British Columbia, the number of new HIV infections has been declining over the last ten years. Despite the overall decline, HIV incidence rates among gay/MSM have remained stable, making up 57 percent of new infections and 45 percent of all people living with HIV[i]. These trends suggest that prevention efforts are not having the same impact among all populations, in particular among gay/MSM where rates remain disproportionately high.



	2004	2005	2006	2007	2008	2009	2010	2011	2012
MSM	188	181	160	173	181	153	153	169	149
IDU	137	125	115	118	65	64	52	34	29
Hetero	104	82	73	90	81	92	83	75	51
Unknown	4	4	2	3	11	16	6	2	6

Island Health reports similar trends to the rest of BC: new gay/MSM infections range from 8 to 18 per year, while IDU infections have declined steadily. In the last five years, gay/MSM accounted for 44% of new infections[ii], suggesting that existing harm reduction and HIV prevention programs are not having the same impact among gay/MSM as they are among other at-risk populations on Vancouver Island.



	2007	2008	2009	2010	2011	2012	2013	2014
MSM + MSM IDU	9	18	16	13	8	16	15	8
IDU	30	11	10	9	3	3	1	1
Hetero	10	9	8	10	9	6	11	10
Unknown	0	1	2	0	0	0	2	6

In late 2012, following a pilot in Vancouver and Prince George, the Province of BC released a strategic guidance document to regional health authorities (*From Hope to Health: Towards an AIDS-free Generation*). The initiative included new funds to support the implementation of five goals:

1) Reduce the number of new HIV infections in British Columbia
2) Improve the quality, effectiveness, and reach of HIV prevention services
3) Diagnose those living with HIV as early as possible in the course of their infection
4) Improve quality and reach of HIV support services for those living with and vulnerable to HIV
5) Reduce the burden of advanced HIV infection on the health system

In 2014, the Provincial Health Officer (PHO) released a report (*HIV, Stigma and Society*) recommending the province re-examine and renew HIV prevention efforts for gay and bisexual men. Given the number of new infections among this population, a substantial reduction would achieve many of the goals set out in *From Hope to Health*.

The PHO report calls for a multi-level approach and population health approach to HIV prevention that considers the context of gay and bisexual men's lives. It includes 15 recommendations and the following six priority recommendations:

1) Develop a comprehensive provincial health strategy for gay and bisexual men
2) Enhance protective factors (including sexual and reproductive health education)
3) Improve and expand access to timely HIV/STI diagnoses and treatment
4) Address mental health and substance use needs of gay and bisexual men
5) Revisit prosecutorial guidelines pertaining to HIV
6) Expand research and monitoring for HIV prevention

This MSM Services Review and Recommendations report was commissioned by Island Health to provide direction on the implementation of the PHO's recommendations, in order to achieve *From Hope to Health* goals. This document includes 16 recommendations for reducing the mortality and morbidity of HIV among gay, bisexual, two-spirit and other men who have sex with men within Island Health Authority.

Terminology

The term MSM is often used by researchers and public health surveillance to broadly describe the exposure category of men who have sex with men. However, most men who have sex with men identify as gay or bisexual. For the purposes of this report, the term gay/MSM will be used to describe gay, bisexual, two-spirit* and other men who have sex with men, except when quoting another document or describing a particular sub-group.

*Two-Spirit is a term used by some aboriginal and First Nations men who have sex with men to define their gender and/or sexuality.

Data Sources

Surveillance data, government reports, population health surveys and stakeholder interviews support the recommendations of this Services Review.

Population Data

M-Track: Enhanced Surveillance of HIV, Sexually Transmitted and Blood-borne Infections and Associated Risk Behaviours among Men Who Have Sex with Men in Canada. Phase 1 Report. Public Health Agency of Canada. (2011)

Sample: 224 participants from South Vancouver Island (Greater Victoria)

Health, Sex and Relationships – Gay and Bisexual Men on Vancouver Island. Results from Sex Now 2011/2012. Community Based Research Centre. (2015)

Sample: 273 participants from Island Health authority (56.4% in Victoria)

Key References

From Hope to Health: Towards an AIDS-free Generation – Ministry of Health. (2012)

Healthy Minds, Health People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia – Ministry of Health Services & Ministry of Children and Family Development. (2010)

HIV, Stigma and Society: Tackling a Complex Epidemic and Renewing HIV Prevention for Gay and Bisexual Men in British Columbia - Provincial Health Officer's 2010 Annual Report. (2014)

Island Health's STOP HIV/AIDS Operational Plan

Acknowledgements

More than 70 stakeholders provided their insight and recommendations for improving gay men's health.

Sophie Bannar-Martin STOP HIV/AIDS Regional Program Coordinator Island Health	Roger Barnes Community Member Nanaimo, BC
Dana Becker Manager - Central Island Services AIDS Vancouver Island	Eric Berndt Communications Advisor, Population & Public Health Island Health
Robert Birch Director Vancouver Island Persons with AIDS Society	Daniel Blackstone Kw'am Kw'um S'uli Coordinator House of Friendship Society
Jennifer Block Registered Nurse Positive Wellness North Island	Piotr Burek Board Chair VIPWAS
Sunny Burke PEERS Victoria	Norma Chambers Coordinator, CD Program Island Health (Central/North)
Jody Crombie Clinician, Mental Health & Addictions Positive Wellness North Island	Michelle Crosby Nurse Positive Wellness North Island
Penny Cooper Manager, Aboriginal Health Island Health (South)	Craig Dales Executive Director Vancouver Island Persons with AIDS Society
Jonathan Degenhardt Men's Wellness Support Coordinator AIDS Vancouver Island	Janice DeMong Public Health Nurse Island Health (Courtenay)
Charmaine Enns Medical Health Officer Island Health (North)	Heidi Exner Manager Health Promotion & Community Development AIDS Vancouver Island
Chris Fraser Physician Cool Aid Society	TJ Furlani Administrative Assistant Men's Trauma Centre
Denise Galbraith CD Nurse Island Health (Courtenay)	Jenna Graczyk CD Nurse Island Health (Central)
Paul Hasselback Medical Health Officer Island Health (Central)	Harold Higgins Volunteer AVI Campbell River
Dee Hoyano Medical Health Officer Island Health (South)	Kendra Jones CD Analyst Island Health

Katrina Jensen Chief Executive Officer AIDS Vancouver Island	Owen Kinnersley Community Member Nanaimo, BC
Andrea Langlois Director, Community Based Research Pacific AIDS Network	Jenn Lee Physician Victoria Youth Clinic
Francine Lewis CD Nurse Island Health (Central)	Jennifer Lindbeck CD Nurse Island Health (Courtenay)
Karen Lundgren Nurse Cool Aid Society	Lorna Mace Outreach Worker Victoria Youth Clinic
Devon MacFarlane Manager Community Development & Service Integration Island Health (Nanaimo)	Julie Marriot Acting Coordinator Communicable Disease (South) Victoria STI Clinic
Heather McAdam Clinic Care Coordinator Island Sexual Health Society	Sandy McLean Nurse NARSF
Fairlie Mendoza Community Health Nurse Cowichan Tribes	Angela Meredith CD Nurse Island Health (Central)
Charmian McMillen Clinical Coordinator Parksville Public Health	Shelby Munk CD Nurse Island Health (Central)
Rick Myers Community Activist Nanaimo, BC	Tribesty Nguyen Office Coordinator UVIC Pride
Tanya Petryk Nurse Practitioner Positive Wellness Island North	Rachel Phillips Executive Director PEERS Victoria
Anita Peters Positive Wellness Counselor AVI Nanaimo	Kathleen Reed Queer Youth Group/ Vancouver Island University
Griffin Russell Harm Reduction Coordinator Island Health	Robert Saarikko Volunteer AVI Campbell River
Samuel Salvati Coordinator, Men's Wellness Program AIDS Vancouver Island	Mark Shultz Nurse Practitioner Positive Wellness North Island
Wendy Stark CD Manager Island Health	Sarah Sullivan Manager & Positive Wellness Counselor AVI Courtenay
Cheryl Taylor Clinician, Mental Health & Addictions Positive Wellness North Island (Courtenay)	Shane Thomas Practice Lead, Mental Health Addictions Island Health (Port Hardy)

Bobbi Turner Executive Director Island Sexual Health Society	Anna Van Wiltenburg CD Nurse Island Health (Central)
Cheryl Viel Public Health Nurse Island Health (Courtenay)	Grant Waldman Executive Director West Coast Men's Support Society
Leanne Wingert Counselor AVI Campbell River	William White Elder, Key Informant Duncan, BC

Gay/MSM on Vancouver Island

The 2007 M-Track report concluded that men who have sex with men are not a homogenous group, therefore prevention messages and tools should be 'tailored at the community level'. The urban, rural and remote communities of Vancouver Island make it an excellent example of the challenges and opportunities presented when targeting the heterogeneous population of gay/MSM.

Community size is positively correlated with the number of gay/MSM residents, as migration to large urban centres is common. Despite the trend to migrate, gay/MSM live, work, and access healthcare in all communities on Vancouver Island, regardless of size. The 2011 Sex Now survey recruited 119 (43.6%) participants from outside Victoria, including participants from Port Alberni, Ladysmith and Campbell River. Stakeholders in places as far north as Port Hardy and Port McNeill recognize they have gay/MSM accessing their services, however these numbers are small compared to Victoria where the majority of gay men reside and new infections on the Island are reported.

In terms of ethnicity, Vancouver Island gay/MSM are reflective of the general population, with the majority being Caucasian. M-Track and Sex Now 2011 had comparable samples in terms of ethnicity (81.7% of M-Track participants identified as North American or British Isles cultural ancestry and 86.8% of Sex Now 2011 identified as Caucasian), however the samples differed in age, with M-Track having a larger proportion of younger men (33.7% under 30 compared to 12.1% in Sex Now 2011).

"*From 2007 to 2014, there were 103 cases of HIV diagnosed among MSM in Island Health. The number of cases of HIV fluctuated from 8 to 18 cases per year, but has generally stayed stable over the 8 years. The vast majority of cases (68%) were in the South Vancouver Island HSDA but about one-fifth of cases were in Central Vancouver Island. Similarly, 68% of cases were in MSM 30-59 years old while 25% of cases were in MSM under 30 years old. Over 80% of cases identified as Caucasian."* – Dr. Jason Wong, BC CDC

Both urban and rural stakeholders lamented the lack of social activities and community groups for LGBT people, in particular gay/MSM. Local Pride and LGBT groups have organized in the past, but these community initiatives are largely dependent on the personality of the facilitator and organizer. As migration impacts gay populations, groups come and go with the people who start them. For instance, people in Courtenay/Comox have fond memories of the AIDS Vancouver Island (AVI) sponsored 'chat & chews' and the successful LGBT support group, while Nanaimo residents recall their Pride dances. A commonly cited concern is the lack of consistency and sustained programming required to build relationships and trust in small communities. Sex Now 2011 found that Vancouver Island participants were much less likely to be involved with a gay organization. The lack of community infrastructure also poses a challenge for health promotion, which relies heavily on word-of-mouth and social networks.

Community involvement

	Provincial (n =1804)	Vancouver (n =1174)	VIHA (n =273)	p	OR
Involved in gay organization	19.5%	23.6%	12.5%	.000	.461
Involved in civic organization	62.5%	65.5%	59.7%	.072	.780

Another consideration is sexual identity. The number of Vancouver Island bisexual men who responded to Sex Now 2011 was comparable to the provincial average (33% and 28.4% respectively). However, according to Sex Now 2011, bisexual men are less likely to be 'out' to their healthcare provider about their sexuality and are less likely to be tested for HIV.

HIV and STI testing by sexual identity

	Bisexual (n =90)	Gay (n =177)	p	OR
Tested for HIV last 12 months	41.1%	51.4%	.111	1.52
Tested for STI last 12 months	35.6%	46.3%	.093	1.56
Untested	28.9%	13.6%	.002	.386
Out to Provider	16.7%	68.4%	.000	10.80

Given the high numbers of gay and bisexual men who are not out to their providers, it is worthwhile to note the importance of being 'out' with respect to having been tested for HIV or STIs in the last twelve months. In all three measures, those who were out to their provider are more likely to be tested.

HIV and STI Testing by Out to Primary care Provider

	Not Out VIHA (n =136)	Out VIHA (n =137)	p	OR
Tested for HIV last 12 months	36.8%	59.9%	.000	2.56
Tested for STI last 12 months	34.6%	51.8%	.004	2.04
Untested	35.3%	2.2%	.000	.037

Stakeholders described the areas outside of Victoria as resource and/or industry-based towns with macho, hyper-masculine cultural practices and conservative attitudes toward homosexuality. The gay/MSM populations in these towns are sparse, deeply underground and not very vocal. Many of them travel to Victoria, Nanaimo and Courtenay to meet other men for dating, sex, and sometimes, recreational drug use. Most men who have sex with men in these communities do not wish to associate with gay, LGBT or HIV programming, making them difficult to engage. The internet shows the most potential, as most gay/MSM can be found using the internet for everything from finding to sex to learning about health information, regardless of age, geographic location or sexual identity.

Internet Usage in the last 12 months

	Provincial (n =1804)	Vancouver (n =1174)	VIHA (n =273)	*p*	OR
Internet for Gay News	80.3%	83.0%	78.4%	.076	.745
Internet for Sex	83.8%	80.7%	88.3%	.003	1.80
Internet for Boyfriend	47.0%	45.2%	45.8%	.868	1.02
Internet for Porn	95.7%	96.1%	95.6%	.717	.887
Internet for Sexual Health	67.5%	69.0%	65.2%	.225	.842

* P-value and OR calculated for the difference between Greater Vancouver (reference) and VIHA

Factors Impacting HIV Transmission

According to the PHO report, understanding the HIV epidemic among gay and bisexual men 'requires consideration of the social context in which these issues occur'. Gay/MSM experience stigma, prejudice and discrimination on the basis of their sexuality. These societal and structural factors or 'drivers' must be considered in order to effectively engage gay/MSM in HIV prevention, testing, treatment and care. This section will explore those drivers that are having the greatest impact within Island Health.

Lack of Visibility & Infrastructure

During this consultation more than 25 organizations that serve gay/MSM were visited. Only two of these sites had any LGBT health information on display. Very few organizations (less than 5) presented visible Rainbow Flags, while only one (Vancouver Island Persons with AIDS Society) displayed information specific to gay men's health (a syphilis campaign developed in Vancouver). Stakeholders were unable to recall any recent health promotion or social marketing initiatives targeting gay men. This lack of visibility may be contributing to the high numbers of men who feel their community is unaccepting. Vancouver Island gay/MSM are less likely to be out at work (61.9% compared to 73.9% in Vancouver) and more likely to feel the community is unaccepting (18.3% compared to 11.2% in Vancouver).

Visible LGBT social spaces on Vancouver Island have become increasingly limited. The Island currently offers one quasi-gay bar (a former gay bar but have now become a 'mixed' bar) and a bed-and-breakfast-turned-sex-club in Victoria, one weekly 'gay night' at a heterosexual bar in Nanaimo, as well as a handful of Gay-Straight Alliances and LGBT youth groups, and three local Pride groups offering sporadic events. Many websites dedicated to LGBT social groups are outdated, and often include broken links and activities that are no longer occurring. The one Victoria 'gay' bar did not offer condoms, lube or any gay health information.

The lack of visibility, community structures and social marketing may be contributing to lower levels of HIV knowledge and other drivers (ex. Sexual risk taking) impacting the health outcomes of gay/MSM on the Island.

HIV Epidemiology knowledge

	Provincial (n =1804)	Greater Vancouver (n =1174)	VIHA (n =273)	*p*	OR
Aware HIV up in gay men	50.4%	55.0%	42.9%	.000	.613
Aware 1 in 5 HIV+	37.0%	41.0%	30.4%	.001	.629
Aware 1 in 40 HIV+ unknown	39.6%	43.4%	31.9%	.001	.611

* P-value and OR calculated for the difference between Greater Vancouver (reference) and VIHA.
* No difference in knowledge by age, sexuality or geography (data not shown).

Stakeholders were concerned the increased focus on nursing and HIV testing was at the expense of community engagement and development. They cited a need for regularly occurring social events, in particular outside Victoria where gay/MSM are more isolated. Connection to gay communities can mean access to relevant education and awareness of prevention services, including testing (2010 Annual PHO Report, 2014). Given the importance of word-of-mouth as a means of health promotion, gay/MSM are not experiencing the same benefits as men in larger urban areas.

Island Health needs to invest in community engagement that includes social marketing and online health promotion to increase visibility of LGBT people and knowledge of LGBT health, specifically gay/MSM (**see recommendation 9: Gay/MSM Health Communication & Social Marketing**). Where resources are limited, agencies should be looking outside Island Health for existing campaigns that can be easily adapted to local communities. Online health promotion is costly, as it requires ongoing monitoring and updates to ensure it is effectively engaging men with the latest technologies (online dating sites were popular, they are now being replaced by geo-location dating apps like Grindr).

Stakeholders felt that public health should foster the development of community and youth programs. Some felt that local GLBT leadership could be supported through community infrastructure grants similar to Capable Kids (**see recommendation 5: Community Development Grants & Shared Infrastructure**). This would empower youth such as the Port Alberni teen who recently made local news with his efforts to start a Pride BBQ[iii]. Capable Kids is a Health Authority funded program offered by Vancouver Coastal Health (VCH) to establish community and develop leadership skills. Young gay/MSM should be supported to attend leadership and sexual health events such as Totally Outright, a Vancouver-based youth leadership course for gay/MSM.

Island Health can also stimulate local community development by creating a policy for community groups to access sites that are appropriate for group meetings. There are examples of this in Nanaimo where Island Health provides the space for the local Queer Youth Group, and in Courtenay where Positive Wellness North Island provides space to community organizations.

Cultural Safety & Competency

According to the PHO report, appropriate health care for gay/MSM requires quality healthcare services to be available and accessible, that providers are knowledgeable in health issues related to gay/MSM, and that communication is safe (free of judgement) and informative. Disclosure of sexual orientation is more likely to occur when a provider is perceived as gay friendly and knowledgeable about the issues (2010, Annual PHO Report, 2014).

Stakeholders across Vancouver Island agreed there is a lack of cultural competency among healthcare providers. Many clinicians openly admitted their lack of knowledge about gay men's health, with some doctors feeling uncomfortable with HIV follow-up. Those who felt knowledgeable about HIV, did not always feel comfortable asking their clients about their sexuality. Some of the more candid clinicians acknowledged their lack of appropriate language for talking about sex with gay/MSM. One Island Health employee compared the topic of sexuality to suicide, noting that most healthcare providers are not comfortable asking 'the question'. Queer indigenous people, queer people of colour and queer trans* people are further marginalized from the lack of cultural competency within health services, which often fail to address intersectional health issues posed by sexuality, gender and/or their ethnicity.

For some gay/MSM, the environment in which healthcare services are delivered do not feel safe due to lack of privacy, fear of judgement about sexual behaviour, or concerns about physical safety as a result of homophobic, violent or aggressive clients in certain clinical environments.

These challenges present an opportunity for Island Health to become a leader in LGBT health and cultural competency (**see recommendation 3: LGBT Cultural Competency Course**). Using an anti-oppression and 'Patient Experience' model[iv], the Health Authority should invest in a cultural competency course similar to that of the Aboriginal Health program (one online course, two facilitators). This course should be broader than gay/MSM health to include other populations like trans* people and queer women. Issues should not be limited to communicable disease but rather a holistic and integrated health approach that includes cancers that are more common in gay/MSM as well as the issues associated with minority stress, mental illness and societal stigma.

While this course is being developed, Island Health should create and promote an inventory of LGBT friendly or knowledgeable healthcare providers (**see recommendation 2: Service Provider Network**). This information should be made available through Island Health's website and their contracted agencies such as AIDS Vancouver Island.

Regional Human Resources

Northern communities report difficulties recruiting local men to do outreach/HIV prevention work. This may be due to the lack of gay/MSM in those communities, or an unwillingness to live such an exposed life in a small community. Island Health will have to consider hiring staff from more urban areas, while providing adequate support for regular visits to rural and remote communities.

The Victoria STI clinic on Cook Street is an example of public health and communicable disease working together to offer services to gay/MSM. Clinicians at Cook St. should be asked to play a leadership role in developing and training other sites on engaging gay/MSM.

Mental Health and Substance Use

Linkages between marginalization, mental health and HIV risk have been widely reported in HIV prevention and gay men's health research. The effects of discrimination and marginalization can manifest into a variety of mental health problems that compound and lead to increased sexual risk taking[v]. Other researchers have found a link between childhood trauma and abuse, substance use and sexual risk-taking, which has given rise to the theory of syndemics among gay/MSM[vi]. More than a quarter of Vancouver Island gay men experience loneliness and sadness, while more than

ten percent report being treated for anxiety and depression. These are similar rates as reported by gay/MSM in the province as a whole.

Mood and mental health

	Provincial (n =1804)	Greater Vancouver (n =1174)	VIHA (n =273)	*p*	OR
Loneliness	32.5%	33.3%	29.3%	.204	.830
Sadness	25.3%	25.6%	25.6%	.976	1.01
Treatment depression	15.0%	15.6%	12.1%	.144	.745
Treatment for Anxiety	13.1%	13.6%	10.3%	.136	.724

* P-value and OR calculated for the difference between Greater Vancouver (reference) and VIHA.

Gay/MSM on Vancouver Island are less likely to be out at work and more likely to feel their local community is unaccepting. In addition, gay/MSM on Vancouver Island are more likely to report having little social support. When analyzed by age, older men were more likely to find the community unaccepting and younger men were less likely to have social support.

Minority Stress

	Provincial (n =1804)	Vancouver (n =1174)	VIHA (n =273)	P	OR
Out at Work	68.2%	73.9%	61.9%	.000	.573
Community unaccepting	17.2%	11.2%	18.3%	.002	1.77
Worry about gay Bashing	26.4%	25.0%	21.2%	.197	.811
Low Social Support	22.2%	18.6%	25.3%	.012	1.48

* P-value and OR calculated for the difference between Greater Vancouver (reference) and VIHA.

Gay/MSM on Vancouver Island report less substance use than the provincial average. They are also less likely to use crystal meth or GHB, two drugs commonly used for Party and Play (combining recreational drugs and sex).

Substance use

	Provincial (n = 1804)	Greater Vancouver (n =1174)	VIHA (n =273)	p	OR
Cocaine	10.7%	10.5%	7.3%	.116	.675
Crystal Meth	5.5%	6.7%	2.6%	.009	.365
Ecstasy MDMA	12.7%	13.9%	9.9%	.078	.681
GHB	6.2%	7.7%	2.6%	.002	.317
Ketamine	4.4%	5.1%	2.9%	.125	.561
Poppers	35.0%	36.5%	33.7%	.392	.886

* P-value and OR calculated for the difference between Greater Vancouver (reference) and VIHA.

- Use of any party drugs (cocaine, crystal, ecstasy, GHB, ketamine) was higher among gay men than bisexual men (14.1% vs 10.0% p = .339), and higher among men under the age of thirty (11.7% vs 18.2% p = .288). However, these results were not significant statistically.

It is interesting to note that substance use in Victoria was similar to that in other parts of Island Health, contrary to popular belief that substance use is concentrated in urban areas. In the case of gay/MSM on Vancouver Island, it appears that urban and rural populations are reporting similar drug using patterns.

Substance use by geography

	Victoria (n =154)	Other VIHA (n =119)	p	OR
Cocaine	5.8%	9.2%	.285	1.64
Crystal Meth	1.9%	3.4%	.464	1.75
Ecstasy MDMA	7.8%	12.6%	.187	1.71
GHB	1.3%	4.2%	.132	3.33
Ketamine	1.9%	4.2%	.274	2.21
Poppers	36.4%	30.3%	.289	.759

	VIHA No Party drug (n =34)	VIHA Party Drugs users (n = 239)	*P*	OR
Condomless AI	25.9%	44.1%	.028	2.25

When speaking with men who attend 'Party and Play' events, they estimated that about 75 - 100 gay/MSM on the Island are involved in that sub-culture. Participants reported that condomless sex is the norm at these events.

Sex Now researchers have explored the role of party drugs on condomless anal sex (a risk factor for HIV transmission) and found that gay/MSM who use party drugs (cocaine, crystal meth, ecstasy, GHB, and/or ketamine) were more than two times as likely to have had condomless anal sex.

The *Healthy Minds, Healthy People* report listed LGBT youth and LGBT individuals as priority populations who experience mental health vulnerability and/or substance use issues. The PHO report recommends a strategy for mental health and substance use, with particular concern for those with mood disorders, a history of sexual or physical abuse, and those with problematic substance use.

A gay/MSM wellness program should focus on problematic substance use and mental health issues using a Trauma Informed Practice[vii] approach. The only specialized mental health service for gay/MSM currently available is the Men's Wellness Program at AVI, which provides a .5 FTE counsellor funded by PHAC. At the moment, no Island Health funds are being used to pay for mental health and counselling services specifically for gay/MSM, which represents a significant gap in health services. In order to improve health outcomes for gay/MSM, Island Health needs to fund additional mental health programs for gay/MSM, including free and culturally appropriate clinical services (i.e. counselling, addictions) as well as outreach services to engage gay/MSM who are being underserved (**see recommendation 7: Mental Health Outreach and Clinical Hours**).

For those able to pay or with health insurance, a network of culturally competent mental health professionals and programs should be promoted to gay/MSM through Island Health's website and contracted agencies.

Stakeholders listed a number of services that should be included in a mental health network for gay/MSM, including the Men's Wellness Program at AVI, the Men's Trauma Centre in Victoria (fee for service, with a sliding scale) and Citizen's Counselling (a peer counselling program). In Nanaimo, AVI employs a counsellor who is able to see both negative and positive gay men. The Courtenay/Campbell River Positive Wellness North Island program provides counselling for HIV or Hep C positive men (waiting list of 2 – 3 weeks) and the local mental health outpatient clinic provides counselling for HIV negative men (6 – 8 weeks waiting list). Shane Thomas, the Practice Lead for Mental Health Addictions is a resource in the North Island.

Anal Sex, Sexual Networks & Condom Use

Rectal cells are more permeable than those found in the vagina or mouth, making anal sex much more likely to transmit HIV. Studies have found that not only are rectal cells more permeable, they can also contain higher amounts of the HIV virus than vaginal or seminal fluids. Therefore, the type of sex gay/MSM have is more likely to transmit HIV.

The 2007 M-Track report found that men in Victoria had more condomless sex than the national average (74.7% in Victoria, 54.1% nationally), however the question did not distinguish between condomless anal sex with a primary partner and condomless anal with a casual partner. In 2011 the Sex Now survey found that 28.2% of gay/MSM on Vancouver Island had condomless anal sex with a partner whose status was different or unknown (a closer marker of HIV transmission risk), compared to 31.8% in the rest of BC.

	Provincial (n =1804)	Greater Vancouver (n =1174)	VIHA (n =273)	p	OR
Perceived risk of HIV transmission	22.8%	25.1%	19.4%	.047	.718
Condomless Anal Intercourse	31.8%	32.5%	28.2%	.174	.818

Perceptions of HIV risk and vulnerability play an important, though complicated, role in developing risk reduction strategies and practices among gay/MSM. Men who perceive themselves to be vulnerable to HIV infection may be more motivated to adopt and adhere to safer sex practices than those who do not believe they are at risk. Data from Sex Now show that gay/MSM on the Island are less likely to report feeling at risk for HIV than gay/MSM in Vancouver or the province as a whole (19.4% on Vancouver Island, 25.1% in Vancouver, and 22.8% in BC). Empowering vulnerable populations to appropriately assess and mitigate their HIV risk is a critical component of effective health promotion and HIV prevention.

Gay/MSM sexual networks are dense, with a greater number of sexual partners than heterosexual men. When combined with a high prevalence of HIV, as is the case with gay/MSM, HIV is more easily transmitted through small and dense networks of men that often emerge around a shared sexual or

drug-using experience. The M-Track study found an HIV prevalence of 13.6% among Victoria gay/MSM using a dried blood sample, while Sex Now 2011 participants self-reported a prevalence of 9.9%, which is lower than the provincial average (13.2%).

Preventing HIV Transmission: STOP HIV/AIDS Operational Plan

In June 2014, Island Health endorsed the *STOP HIV Operational Plan* for 2014 – 2016. The plan will allow Island Health to meet the goals set out by *From Hope to Health* and includes more than 50 action items to be completed by 2016. Many of these actions impact gay/MSM directly (1.3.5: Support innovative approach to harm reduction and prevention for MSM) and indirectly (1.3.1: Integrate and align mental health and substance use services and STOP/AIDS harm reduction strategies to ensure seamless access). This section is organized around the four themes of the Operational Plan: Foundational Actions, Prevention & Harm Reduction, HIV Testing and Engaging & Retaining in Treatment and Care.

Foundational Actions – Health Authority Challenges

Stakeholders shared their suggestions on how Island Health could make internal improvements, resulting in better service delivery. These suggestions include reducing the many silos within Island Health and the larger provincial Ministry of Health. The separation between Mental Health and Public Health was often cited, as was the geographic and bureaucratic separation of South, Central and North Island.

Not all silos operate consistently across Island Health. In Victoria and Courtenay, the Communicable Disease (CD) and Public Health teams work closely on HIV testing and linkage to care, while the Central Island CD team is more isolated from the Public Health unit, but very connected to the local Infectious Disease specialist.

Island Health should create a cross agency model that connects traditional HIV services like harm reduction and testing with mental health, addictions and substance use service providers (**see recommendation 1: LGBT Working Group**). Agencies are not currently funded to build partnerships, but this could become a contracted deliverable, or could be coordinated by a LGBT Health coordinator (similar to the Harm Reduction Coordinator).

Stakeholders were not always aware of similar or complementary services being offered on the Island. Island Health needs to improve communications within the health authority and with external partners and contracted agencies to ensure appropriate referral and uptake of services.

Some agencies commented on unstable or year-to-year funding and how that negatively impacts their ability to offer effective services. Contracted agencies said they would prefer longer funding cycles in order to plan sustainable services that can be evaluated and adapted over time.

Prevention & Harm Reduction

Island Health understands harm reduction in the context of injection or problematic drug use, but employs a relatively narrow definition when applied with gay/MSM communities. Given that most new HIV infections are among gay/MSM, harm reduction concepts should be applied to more broadly

address gay men's sexual health including information and support for men who engage in condomless sex.

Harm reduction should also consider the numerous 'seroadaptive' behaviours gay men use to prevent HIV infections (**see recommendation 4: Harm Reduction for Gay/MSM**) including 'sero-sorting' (looking for partners with the same HIV status), 'sero-positioning' (HIV negative guys taking the insertive role) and Treatment as Prevention (using ARVs to lower viral load, reducing likelihood of transmission). Low barrier testing options are important for gay/MSM harm reduction, as many risk reduction strategies are dependent upon knowing one's HIV status.

Gay men's mental health and substance use needs extend beyond providing food and shelter. Gay men need counselling and mental health services to address years of trauma, stigma, shame and discrimination. Problematic substance use can be different for gay men than other populations, in particular when it involves sex addiction and crystal meth. Therefore, addictions services for gay/MSM need to be culturally appropriate, as well as low-barrier and safe. Many gay men do not feel safe accessing services with other vulnerable populations due to personal trauma and fear of violence, so they require a separate safe 'space' or dedicated time to access services (**see recommendation 8: Dedicated Gay/MSM Wellness Program**).

It is important to note that injection drug users, gay/MSM and homeless or street entrenched populations are not distinct categories. There are gay/MSM who are homeless, injecting drugs and accessing services through AIDS Vancouver Island and Cool-Aid. Still, most infections among gay/MSM occur through condomless anal sex, not through sharing drug-using equipment.

There are currently 60 primary and secondary sites offering harm reduction supplies across the health authority. The new Harm Reduction coordinator is keen to work with gay men and could engage this network of harm reduction services to increase awareness among gay/MSM through Island Health's website and contracted agencies.

The Harm Reduction coordinator should work with a LGBT Health Coordinator (**see recommendation 16: LGBT Health Coordinator**) to increase the cultural competency of harm reduction suppliers, as well as broaden the current harm reduction in-service training to include gay/MSM 'sero-adaptive' behaviours. The Harm Reduction coordinator should also work closely on any social marketing campaigns intended to engage gay men in HIV prevention.

Prevention Tools: PEP & PrEP

In addition to condoms, lube, accessible testing and mental health programs, gay/MSM need access to new HIV prevention tools such as Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP). These new prevention technologies, similar to new testing technologies like Point of Care (rapid testing) are creating excitement around HIV prevention.

Currently there are five pilot sites in Vancouver offering PEP for consensual sex and drug use. Island Health should expand PEP access to Vancouver Island. Access should not be limited to Emergency rooms, instead it should be offered at Public Health STI clinics, Cool Aid and other sites where at-risk populations access sexual health services. In order to facilitate rapid access to those in need, emergency room doctors should be better informed around protocols for PEP. In order to facilitate referrals, healthcare providers need to be informed about new prevention technologies. One stakeholder

suggested the REACH line could be used to screen for PEP (**see recommendation 12: Expanded PEP Pilot & Increased PrEP Access**).

Some doctors are prescribing PrEP (Truvada) to their HIV negative patients to prevent HIV infection. For those gay/MSM where PrEP is appropriate (all gay men according to the WHO), it can be accessed with a prescription from a doctor. Some health insurance plans will cover it, or it can be paid for out-of-pocket, although it is expensive ($900 – $1100 per month). Island Health needs to ensure that clinicians and gay/MSM know that PrEP is an option for those willing to pay or with health insurance.

Community Engagement: education, outreach, social marketing

Island Health should realize the importance of online health promotion and outreach for hard-to-reach and remote populations. Bisexual men may not be coming out to their healthcare providers (16.7% compared to 68.4% of gay men) and they may not be getting tested (28.9% untested compared to only 13.6% of gay men), but they are accessing sex (97.8%), gay news (65.6%) and sexual health (62.2%) on the Internet. In order to effectively engage gay/MSM, Island Health needs to invest in an online health promotion strategy that considers a new Island Health website, the GetCheckedOnline testing service, Online Counselling and opportunities for health promotion through Internet-based platforms like social and sexual networking sites (**see recommendation 10: Online services: outreach, counselling and Get Checked Online**). Health communication and social marketing campaigns (campaigns that inform and encourage prevention and testing) must meet men where they are.

Internet by sexual identity

	Bi (n =90)	Gay (n =177)	*P*	OR
Internet for Gay News	65.6%	85.9%	.000	3.20
Internet for Sex	97.8%	83.6%	.001	.116
Internet for Boyfriend	46.7%	45.8%	.889	.964
Internet for Porn	94.4%	96.0%	.551	1.43
Internet for Sexual Health	62.2%	66.1%	.530	1.18

The AVI Men's Wellness Program currently does some online and in-person outreach. Their online outreach is limited to sites that don't require payment. The outreach is performed by the gay men's support coordinator who is a .5 FTE (he is also supposed to do in-person counselling and run gay/MSM testing nights). The Men's Wellness Program (MWP) coordinates the Screw Crew who distribute condoms, lube and information to gay bars and events (albeit limited due to few events). The MWP should be sending their Screw Crew to events where younger men frequent like 'Homospun' events, Intentional Dance events and House of Gabour parties.

Both online outreach and the Screw Crew are examples of innovative low barrier access to prevention services, however neither are fully funded and therefore limited in their reach and impact.

Prevention for Young Gay Men

The PHO report acknowledges that protective factors such as family acceptance, school connectedness and social supports when available may help foster resilience and reduce HIV risk. However,

stakeholders noted that school-based public health services have been suffering. There is a lack of consistency, with Island Sexual Health, Options for Sexual Health, AVI, and Public Health units offering different programs to different schools. GSAs and LGBT youth programs were also inconsistent across the Island, with AVI offering a youth group in Courtenay, whereas in Ladysmith, the LGBT youth group is delivered by the municipal Parks and Recreation department.

The Parksville Public Health Unit offers a peer outreach program: ENITY (Educating New Ideas Toward Youth). Workshops are delivered to students in Grade 5 through 9 by 25 peer educators who are hired and trained by the local public health unit. Topics include safer sex, mental health, relationships, body science and consent. The program is an excellent example of public health working with a local school district to deliver effective and economical school-based health promotion.

There should be a consistent curriculum or in-service program dedicated for groups providing sexual health to schools. Programs that foster sexual diversity awareness and support, like Out In Schools should be expanded, while GSAs should be supported through Health Authority grants similar to the VCH Call Out program (**recommendation 6: Gay-Straight Alliances & Peer Education Programs**). A network of GSAs and LGBT youth groups should be promoted through Island Health's website and its contracted agencies.

Prevention for First Nations Gay and Two-Spirit MSM

Aboriginal gay and two-spirit men who have sex with men face many of the same challenges as other populations of gay men: stigma, rejection and homophobia, in addition to widespread racism and the effects of colonialism and residential schooling. While the number of new infections among aboriginal MSM is relatively low on Vancouver Island (only 2 infections between 2004 and 2012), anecdotally we know that many gay/MSM from First Nations communities migrate to Vancouver, where aboriginal gay/MSM make up 4% of new infections. While the Island Health Aboriginal Health program offers services and education to First Nations communities, their work is driven by community identified needs and to date, no communities have asked for services for gay/MSM.

Aboriginal stakeholders cited a lack of dialogue and appropriate language or stories related to HIV prevention and sexual health in general. HIV/AIDS is often equated with death in many First Nations communities. Despite the trend to reclaim Two-Spirit identity as a source of pride, this term is not used by all local First Nations, including the relatively conservative Coast Salish communities.

Stakeholders commented on the communal nature of First Nations communities and the need to return to traditions that involve caring for each other. In teaching the importance of caring for community members it allows for a dialogue about those who require more care.

Relationship-building and story-telling were two commonly suggested ways to engage First Nations gay/MSM in HIV prevention. In many of the smaller communities, relationships and 'who you know' are very important cultural features. In order to maximize prevention efforts, Island Health should look for opportunities to create relationships with key elders and community leaders. William White, an elder from the Duncan area and Dr. Evan Adams at the First Nations Health Authority are two examples of gay

aboriginal leader who should be engaged to develop specific recommendations for First Nations communities, including how to work with elders to create stories that describe gay/MSM in positive ways, and as valuable members of the community. Story-telling should also be used to create dialogue about HIV as a manageable disease, as opposed to the 'great darkness' (a term used by one elder).

Given the conservative nature of some rural and remote communities, many gay/MSM aboriginal men will seek services off-reserve or outside their communities. For this reason, services must be promoted across the Island. Online health promotion may be an effective way to engage aboriginal gay/MSM, particularly youth.

Determinants of Health Approach to Programming

A growing trend among AIDS service organizations is to shift prevention programs away from an HIV/AIDS focus and toward a holistic health and wellness model that addresses the broader determinants of health. This means integrating services so that other, non-sexual health needs are met, such as counselling or physical health groups. It is important to remember that gay/MSM determinants of health are often different than health determinants for other at-risk populations. For instance, many gay/MSM who acquire HIV have steady employment, housing and healthcare. Their needs may therefore be related to issues around social support, mental health and substance use. Health Initiative for Men is an example of integrated programming aimed at improving gay men's health to reduce HIV infection by addressing the physical, mental, social and sexual health needs of gay/MSM in Vancouver.

While most stakeholders on the Island recognize the gay/MSM population is not large enough, or at least not open enough about their sexuality, to sustain a stand-alone organization like Health Initiative for Men. Instead they would like to see a stand-alone gay/MSM wellness program or queer health program. AIDS Vancouver Island should brand their Men's Wellness Program as MWP (no mention of gay/MSM, but branded as a gay/MSM service), with a separate physical space, shared by other men's health promotion programs and services (**see recommendation 8: Dedicated Gay/MSM Wellness Program**). In Victoria, organizations could use the location to host groups, counselling and testing clinics. A minimum of 1.5 FTE would be required, in addition to the existing 1.5 FTE at AVI (PHAC funded) in order to offer adequate health promotion services from this proposed 'hub' of gay health services.

A team of local volunteers should be engaged to support the maintenance, operation, and visibility of community space, where various groups like UVIC Pride Queer People of Colour or Vancouver Island Persons with AIDS Society could hold groups in the evenings. The dedicated space could also serve as a focal point and opportunity to develop Mental Health and Public Health partnerships to offer targeted and tailored clinical services for gay/MSM. Outside of Victoria, it would not be possible to sustain a dedicated community space. Instead, existing services should promote dedicated nights for prevention, testing and counselling/support services for gay/MSM. These initiatives should be supported through online promotion resources and engagement of local community leaders to raise the visibility and profile of available services.

Another option would be to merge the Men's Wellness Program with a larger LGBT health organization (stand-alone like Fenway in Boston or Cool Aid for LGBT) or a health authority program similar to Aboriginal Health Program (education and clinicians).

HIV Testing

Testing for HIV and knowing your status is an important piece of most gay/MSM prevention strategies. HIV testing should be accessible, employing a variety of testing options and technologies. Vancouver Island has many options for HIV testing including traditional Public Health units, youth clinics and walk-ins, in addition to a growing network of Nurse Practitioners, Community Health Nurses and Point of Care (POC) sites, including pharmacies. It is expected that these programs, in addition to the soon to be launched routine hospital testing, will ensure Island Health meets their 'flagship' target of 3500 tests/100,000 persons. However, targeted gay/MSM testing must continue to ensure new infections are diagnosed in a timely manner.

According to provincial data, 11% of newly infected gay/MSM in Island Health were found to have advanced HIV disease upon diagnosis. This is comparable to the provincial average (10%). It is an indicator that gay/MSM on Vancouver Island are testing appropriately (when at-risk) and regularly.

In 2007 M-Track found that 90.2% of those surveyed had been tested for HIV, but only 72.1% in the last two years. In Sex Now 2011, the number of guys who had never been tested was 18.7%, almost twice as high as M-Track, and only 48.4% were tested in the last 12 months. The proportion of untested men increases for younger gay/MSM (42.4%), bisexual men (28.9%), and those outside Victoria (21.8%).

A network of testing sites and options should be compiled and promoted to gay/MSM through Island Health's website and their contracted agencies (**see recommendation 2: Service Provider Network**). When new testing options are made available, Island Health and contracted agencies should allocate sufficient resources into promotion of these services. POC, for example, is very popular and the new technology has generated interest in HIV testing, while making testing accessible in outreach settings.

Some sites expressed concern that the addition of POC testing resulted in extra work and noted their preference for blood draws. These concerns reflect the need for additional engagement with clinical stakeholders on the value and importance of rapid HIV testing. Education on POC should focus on the benefits and appeal of POC testing to clients, particularly the reduced anxiety as a result of receiving instant results. It is a recruitment device, to get people through the door; once they are engaged, nurses can offer other tests, including throat and rectal swabs, urine tests and blood draws.

Gay/MSM targeted testing nights have shown promise on the Island and elsewhere. These clinics are offered in the evening, with the ability to drop-in. Health Initiative for Men operate four clinics in and around Vancouver. These clinics offer one appointment booking per hour and two drop-in appointments per hour, to accommodate various client needs (**see recommendation 11: Gay/MSM Targeted Testing**).

Some of the established testing sites that gay/MSM access should consider offering evening clinics, and have their capacity increased and their programs promoted. A network of service providers should offer complementary MSM testing nights for example: Victoria STI clinic on Mondays, Island Sexual Health on Tuesdays, UVIC Health Services, Victoria Youth Clinic, Cool-Aid, etc. Outside Victoria, existing infrastructure could be used to offer evenings with Nurse Practitioners or nurses who understand gay/MSM health. The AVI Nanaimo, Courtenay and Campbell River sites, the NARSF clinic or CD clinic in Nanaimo and Positive Wellness North Island could all be used as sites for gay/MSM testing nights. AVI Courtenay currently offers community awareness cycles (promotion) followed by testing cycles.

Testing nights should be consistent, regular, and sustainable as they build through word of mouth. Where possible, efforts should be made to engage other programs and services used by gay/MSM (ex. Social discussion or fitness group) to broaden appeal and offer integrated care. Support counsellors should also be made available when possible. These nights need to be promoted through online and in-person outreach.

For men who are not out to their provider or do not identify as gay or bisexual, options like routine testing in primary care settings (**see recommendation 13: Routine Testing**) and increased cultural competency will help facilitate conversations about HIV between clinicians and patients. GetCheckedOnline could potentially be another option for rural and remote communities where stigma or lack of primary care is an issue, but specific plans for expansion outside Vancouver remain unclear.

Interagency partnership has proven effective in offering low barrier testing options. The Courtenay Public Health unit partners with Options for Sexual Health to offer drop-ins and booked appointments with only 1 or 2 days wait, while Island Sexual Health Society partners with Camosun College to offer an economical satellite clinic for $16,500 per year.

Stakeholders felt that Infectious Disease specialists should be offering more Hep C and STI testing (including syphilis) to their patients. All practitioners who offer STI testing should be trained to suggest gay/MSM clients receive throat and rectum swabs for gonorrhea and chlamydia. While clinicians may not want to ask about sexuality, they should be prepared to ask about oral and anal sex to determine appropriate testing.

Engaging and Retaining in Treatment & Care

The uptake of HIV treatment among gay/MSM on Vancouver Island is high. M-Track reported 58.3% of HIV positive gay/MSM were on treatment. In November 2014, the BC Centre for Excellence in HIV/AIDS (BC CFE) reported that 770 males were currently diagnosed with HIV within Island Health. Of those, 79% or 609 were on ARVs[viii]. Island Health effectively engages gay/MSM after they have contracted HIV.

According to the BC CFE, there are 50 physicians on the South Island prescribing ARVs, 82 in Central and 47 in the North Island. Despite the substantial number of physicians offering ARVs, some people still access doctors outside the Health Authority. The number of persons accessing HIV care outside Island Health ranges from 26 in the North Island to as many as 78 in the South Island.

Similar to other recommendations, gay/MSM could benefit from a network of Infectious Disease specialists and HIV doctors with gay/MSM cultural competency. One commonly cited gap in service provision is the lack of anal dysplasia treatment on the Island (**see recommendation 15: Anal Dysplasia Clinic**). Gay/MSM who are HIV positive have higher rates of anal dysplasia, requiring them to travel to Vancouver for treatment. Having an Infectious Disease specialist or physician with experience in HPV and anal dysplasia would be beneficial to this population.

Acquiring HIV can be a traumatic, lonely, and confusing time for gay/MSM, and in particular, younger gay men and those in isolated areas. An emerging best practice is to pair newly diagnosed individuals with experienced peers who can help to navigate treatment, support and realities of HIV infection, including laws regarding HIV disclosure. Island Health should fund a peer navigation program to engage newly diagnosed and those with existing infections (**see recommendation 14: Peer Navigation Program**).

It is unclear if Peer Navigators would work in the North Island due to privacy concerns and remote geographic spread, however Navigators could be available over the phone or on Skype. Currently Positive Wellness North Island offers many services for HIV/Hep C clients, however the service is not frequently used by gay/MSM.

Recommendations

Reducing HIV prevalence and incidence among gay/MSM will require Island Health to make significant investments in gay/MSM health. The following 16 recommendations were developed in consultation with more than 70 stakeholders and service providers. Recommendations are informed by data from two local research studies (M-Track 2007 and Sex Now 2011), the STOP HIV/AIDS Operational Plan and the 2010 PHO Report recommendations.

In order to better engage gay/MSM in HIV prevention, Island Health should establish an LGBT Working Group (recommendation 1), and prioritize an enhanced health promotion program (recommendation 8), increased social marketing (recommendation 9), funding for targeted gay/MSM mental health services (recommendation 7) and increased cultural competency of healthcare providers (recommendation 3).

1: LGBT Working Group (Priority)

Island Health should create a working group of health authority employees who have an interest in LGBT health. Using a cross-agency model, the working group will serve to reduce departmental silos by connecting traditional prevention services like public health and communicable disease with mental health, substance use and chronic disease. The working group will provide support and input into STOP HIV/AIDS Implementation plans that target gay/MSM (social marketing initiative, MSM targeted testing), and the recommendations in this report. As the working group completes their gay/MSM mandate, they may identify health issues other than HIV and/or sources of funding related to LGBT health. The working group should be chaired by a group member (rotating chair) and supported by an Island Health employee or possibly a LGBT Health Coordinator (see Recommendation 16).

Recommended by PHO Report.

Associated STOP HIV/AIDS Implementation Action[1]:

1.2.2 Promote the integration of STOP HIVAIDS goals into services provided by key partners.
1.3.1 Integrate and align MHSU services with STOP HIV/AIDS harm reduction strategies to ensure seamless access from both Public Health and MHSU settings.

2: Service Provider Network

Island Health should create a network of service providers who are knowledgeable about and comfortable with gay men's health, HIV and other LGBT health issues. The central function of the network is to centralize services on one Island Health sponsored website. The network would include an up-to-date listing of 'LGBT-friendly' healthcare providers such as physicians, infectious disease specialists, nurse practitioners, mental health counselors, addictions and substance use programs, HIV testing locations (including Point of Care locations) and sites to access harm reduction supplies, including Post Exposure Prophylaxis (PEP). The site should be maintained by an Island Health employee or one of their contracted agencies. In order to ensure an up-to-date resource is maintained, resources must be dedicated to this recommendation. Island Health should host a yearly forum or symposium for members of the Service Provider Network.

[1] In 2014 the Island Health STOP HIV/AIDS team developed an Operational Plan that includes Implementation Actions that overlap with the recommendations in this report.

STOP HIV/AIDS Implementation Action:

2.2.5 Partner with relevant Island Health services and community organizations to plan and implement an integrated HIV testing and referral model for those most vulnerable to HIV.

3: LGBT Cultural Competency Course (Priority)

Island Health should develop a cultural competency course similar to the Aboriginal Health Program or the PHSA's Indigenous Cultural Competency Course. Development of the online course should be coordinated by an Island Health employee in collaboration with Island Health's Professional Practice and Learning Department. The LGBT Working Group (recommendation 1) will promote the course to healthcare providers across various agencies. A second facilitator should be hired (similar to the Aboriginal Health Program) to support those who take the course. Island Health should require all employees to take the LGBT Cultural Competency Course.

Vancouver Coastal Health is working with the PHSA to develop a Continuing Medical Education course on gay/MSM health for primary care physicians through the University of British Columbia Professional Development Program. It may be possible to build on that course, or work in conjunction to develop a complementary course for all healthcare providers, not just physicians. The PHSA also has a trans* health working group that should be engaged and consulted during the development of any LGBT cultural competency course.

Island health should work with the Division of Family Practice to support physicians to work more effectively with their LGBT patients, creating the conditions where their patients might be more likely to disclose. Island Health should develop a brief video that focuses on issues related to sexual orientation and coming out in health contexts. This video could accompany training or exist as a stand-alone video targeting healthcare providers. The video should convey the importance of asking questions and ensuring that a space is welcoming.

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

1.2.4 Work with physicians and other HCPs in primary care, emergency department and hospital settings to promote cultural safety and to incorporate a harm reduction approach in patient care.
2.1.2a Partner with physician groups to determine best approaches for ongoing physician education and training.
2.1.3 Engage with other HCP groups to determine best approaches for ongoing HCP education

4: Harm Reduction for Gay/MSM

Island Health should work with the LGBT Working Group (recommendation 1) to increase the cultural competency of harm reduction suppliers, as well as broaden the current Harm Reduction in-service modules and trainings to include gay/MSM 'sero-adaptive' behaviours. The Harm Reduction coordinator should be invited to work on social marketing campaigns intended to engage gay men in HIV prevention.

Harm reduction should consider the many 'sero-adaptive' behaviours gay men use to prevent HIV infections including 'sero-sorting' (looking for partners with the same HIV status), 'sero-positioning' (HIV

negative guys taking the insertive role) and Treatment as Prevention (using ARVs to lower viral load, reducing likelihood of transmission).

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

1.1.1 Provide safer sex supplies and safer drug use supplies through Island Health services and community organizations. Ensure supplies are accompanied by information.
1.3.5 Support innovative approaches to harm reduction and prevention for MSM.

5: Community Development Grants & Shared Infrastructure Program

Island Health should create a program that supports LGBT communities through local start-up grants, shared space agreements and community development workshops. Using the VCH Capable Kids Grants Program as a model, Island Health should provide a limited number of annual grants to fund innovative LGBT health promotion and prevention projects aimed at reducing the impacts of marginalization, isolation, and stigma. Currently, Island Health provides meeting space to some community groups, including the Nanaimo Queer Youth Group. This program should be expanded so that other LGBT social and support groups can use Island Health infrastructure in off-hours.

In order to maximise uptake and success of these programs, Island Health should deliver community development and capacity building workshops. These workshops would be offered to local individuals and communities who want to access community development grants or the shared infrastructure program. These workshops should be available to anyone interested in community development. The development and delivery of this course should be supported by the Manager of Community Development and Service Integration.

6: Gay-Straight Alliances & Peer Education Programs

Island Health should support existing Gay-Straight Alliances and promote the creation of new GSAs by partnering with VCH on the C.A.L.L Out! Program. 'By providing networking opportunities, resources and education for service providers, parents & caregivers, educators and faith-based organizations, CALL Out! aims to increase resiliency and connection to community among LGBT2Q+ youth'.

Island Health should work with school boards, the Ministry of Education and/or *Healthy Schools BC* to create consistent standards and themes for sexual education that include LGBT health and anti-homophobia workshops. Public Health Units should be offering peer education in high schools, using the Parksville Public Health Unit as a model.

The Parksville Public Health Unit offers a peer outreach program: ENITY (Educating New Ideas Toward Youth). Workshops are delivered to students in Grade 5 through 9 by 25 peer educators who are hired and trained by the local public health unit. Topics include safer sex, mental health, relationships, body science and consent. The program is an excellent example of public health working with a local school district to deliver effective and economical school-based health promotion.

It will take time to develop an Island wide Public Health program that engages youth peers in high schools. Island Health should start by adding two new school districts to the program. These school

districts should be more rural in nature, where young gay men may find themselves isolated. The Parksville team should mentor the new programs, supporting their development.

Recommended by PHO Report.

7: Mental Health Outreach & Clinical Hours (Priority)

Island Health should support a partnership between STOP HIV/AIDS and Mental Health and Substance Use services to engage gay/MSM through targeted outreach and funded clinical services. These programs must be sensitive to the unique mental health and substance use issues of gay/MSM. The *Healthy Minds, Health People* report list LGBT youth and LGBT persons as priority populations who are vulnerable to mental health issues and/or substance use. The PHO report recommends a strategy for mental health and substance use for gay/MSM, with particular concern for those with mood disorders, a history of sexual or physical abuse and those with problematic substance use. The dedicated gay/MSM wellness program (recommendation 8) will increase community based counselling capacity, while the Service Provider Network (recommendation 2) will serve to connect gay/MSM with local culturally competent mental health and substance use programs (public and private). In addition to these recommendations, the STOP HIV/AIDS and Mental Health and Substance Use partnership should fund clinical hours for gay/MSM who are unable to pay for private counselling.

Recommended by PHO Report.

8: Dedicated Gay/MSM Wellness Program (Priority)

Island Health should support the creation of a gay/MSM health promotion program, operated from an Island Health building in Victoria. The program should have reach across the Island (through online programming and local capacity building), in addition to a gay/MSM safe-space in Victoria. The dedicated space should be flexible and allow for healthcare services (testing, vaccinations, primary care) in addition to social groups and counselling programs. This integrated health model should include existing programs such as the PHAC-funded Men's Wellness Program at AVI, a Peer Navigation Program at VIPWAS (see recommendation 14) and gay/MSM groups or programs requiring meeting space.

Island Health should contract 1.5 FTE to increase counselling capacity (.5 FTE) and community engagement and outreach (1.0 FTE) in order to adequately promote the program and other services targeting gay/MSM. The community engagement coordinator should develop social and support groups based on current HIV prevention best practices, coordinate testing clinics (in partnership with STOP nurses) and coordinate community and online outreach.

The dedicated program should engage with younger gay men and men who may not identify as gay. The program should be branded as a wellness program, not an HIV/AIDS program. Health Initiative for Men (HIM) is a gay men's health organization in Vancouver, and despite not having gay or MSM in the name of the organization, HIM is known for offering services to gay, bi and other men who have sex with men. Other successful integrated health models are Fenway Clinic in Boston for queer health, Cool Aid Society in Victoria for street-populations and the Island Health Aboriginal Health Program (education and clinicians).

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

3.6.4 Explore opportunity for centralized HIV testing, treatment and care hub.

9: Gay/MSM Health Communication & Social Marketing (Priority)

Island Health should invest in a community-based social marketing campaign to increase the visibility of gay/MSM issues and promote harm reduction and testing services. To be effective, the social marketing campaign should include online tools and resources, and multi-media ad buys (banner ads on dating apps and sites, posters, print ads). It will require a significant promotional budget as online health promotion is expensive.

Where resources are limited, Island Health can reduce development costs by looking outside the Health Authority for existing campaigns or concepts that can be easily adapted to local communities. The campaign should be nimble as messages will be tailored depending on the community. Island Health should work with creative agencies and community organizations that have experience engaging gay/MSM.

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

1.2.1. Ensure effective community awareness and prevention education initiatives for at-risk groups and the general population are provided throughout Island Health.

10: Online services: outreach, counselling and Get Checked Online

Island Health should fund outreach services to promote existing health services and engage hard-to-reach populations. Online outreach should be funded as part of the Dedicated Gay/MSM Wellness Program (recommendation 8) and should include a social media strategy to engage gay/MSM through current platforms like Facebook, Twitter and sexual networking sites. Given the remote and/or discreet nature of some Island gay/MSM, emerging online technologies such as the BCCDC *GetCheckedOnline* service should be consulted for potential expansion to Island Health. Both require significant infrastructure investments but may prove to be beneficial in engaging hard-to-reach populations.

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

1.3.4 Support the delivery of innovative outreach and mobile harm reduction services.

11: Gay/MSM Targeted Testing

The Men's Wellness Program (MWP) currently partners with a STOP nurse from Cool-Aid to offer convenient, low barrier testing targeted to gay/MSM. These targeted testing nights should be expanded to all STOP funded clinics across the Island, including NARSF in Nanaimo, AVI and Positive Wellness North Island. The testing nights should be held at convenient evening hours, with a mix of drop-in and booked appointments. In Victoria, the testing nights could be held at the Dedicated Gay/MSM Wellness Program (recommendation 8), with the 1.0 FTE for community engagement responsible for promotion.

STOP HIV/AIDS will provide the nursing and outside Victoria, while community organizations should provide the clinic space.

Existing testing services such as the Victoria STI clinic, Victoria Youth Clinic, Island Sexual Health Society and other public health units should target gay/MSM by offering similar testing nights, promoted by the engagement coordinator (recommendation 8). The Street Outreach nurses should be engaging male sex workers online and 'on the stroll' in Victoria.

These programs should be offered in a regular and consistent way, with the expectation that demand will build over time. These services may need to be offered for many weeks or months before trust and a positive reputation is established. Online promotion, word-of-mouth and referrals will ensure uptake of the clinics (recommendations 9 & 10).

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

2.2.1b Explore opportunities to increase the frequency and reach of targeted testing events across Island Health.
2.3.2 Explore opportunities for POC HIV testing to be conducted at activities or events already attended by at-risk groups.

12: Expanded PEP Pilot & Increased PrEP Access

Island Health should work with the BC Centre for Excellence in HIV/AIDS to expand their PEP pilot project to include Vancouver Island sites. Currently there are five pilot sites in Vancouver offering PEP for consensual sex and drug use. PEP access should not be limited to Emergency rooms, instead it should be offered at Public Health STI clinics, Cool Aid and other sites where at-risk populations access sexual health services. In order to allow 24 hour access, emergency room doctors should be better informed around protocols for PEP. Healthcare providers should be made aware of PEP. The REACH line could be used to screen for PEP.

PrEP should be promoted as an HIV prevention option for some gay/MSM, but additional consultation and planning within clinical and community stakeholders is necessary. Exploring means for increased access to PrEP for men on Vancouver Island could be explored by the LGBT working group and others within Island Health. The availability and accessibility of informed primary care providers who are willing to prescribe PrEP remains a key factor for increased access to PrEP in Canada

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

1.3.6 Investigate opportunities for improving access to Post Exposure Prophylaxis

13: Routine Testing

Island Health should introduce routine testing to primary and acute care settings, as well as encourage physicians to test their patients annually. This will identify new infections among men who are not disclosing their sexuality due to stigma or those who perceive themselves to be low risk. Routine testing should be offered in conjunction with targeted testing.

Recommended by PHO Report.

STOP HIV/AIDS Implementation Action:

2.1.2b Partner with physician groups to integrate HIV testing into routine primary care.
2.1.7 Integrate routine HIV testing in acute care hospitals.

14: Peer Navigation Program

Island Health should fund a peer navigation service with a similar model to the Positive Living BC program for newly diagnosed individuals. The program should consider age, sexual identity and ethnicity when recruiting navigators, to ensure a diverse team of peers. In Victoria, navigators should offer in-person support, as well as online or phone services. In other parts of the Island, navigators may have to rely on technology to communicate with their clients. Navigators should have access to personal mental health services as the work can be emotionally triggering for some individuals.

STOP HIV/AIDS Implementation Action:

3.3.1 Explore opportunity to embed peers at health centres, POC HIV testing sites and relevant community organizations to improve connection into and navigation through care, as well as treatment adherence and support.

15: Anal Dysplasia Clinic

Island Health should consult with Infectious Disease specialists and HIV doctors to determine how many HIV-positive persons currently travel to Vancouver for anal dysplasia treatment. Many HIV-positive gay/MSM identified the lack of anal dysplasia treatment on the Island as a gap in services.

16: LGBT Health Coordinator

Island Health has the opportunity to become a leader in LGBT health. Given the number of recommendations in this report, Island Heath should hire a LGBT Health Coordinator. The coordinator should work closely with the Harm Reduction Coordinator and contracted agencies, reporting to the Manager responsible for STOP HIV/AIDS. The LGBT Health Coordinator should oversee the STOP HIV/AIDS Implementation activities related to gay/MSM, while supporting other initiatives prioritized by the LGBT Working Group (see recommendation 1). The coordinator should also be responsible for establishing the LGBT Working Group and developing the Service Provider Network (recommendation 2). The coordinator and working group will develop a LGBT Cultural Competency Course (recommendation 3) similar to the Aboriginal Health Program model. Once the STOP-funded gay/MSM mandate concludes, the coordinator and working group would be responsible for overseeing the continued implementation of the LGBT Cultural Competency Course.

Notes

i Source: HIV and AIDS Surveillance System database BC, BC Centre for Disease Control, as reported in the 2010 Annual Provincial Health Officer's Report: *HIV, Stigma and Society*

ii Source: BC CDC Cognos Cubes accessed on February 25, 2015

iii *Pride Comes to Alberni* reported in the Alberni Valley News on December 17, 2014

iv Wolf, Jason A. PhD; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sherri L. PhD, MPH, MBA (2014) "Defining Patient Experience," Patient Experience Journal: Vol. 1: Iss. 1, Article 3.

v Mayer KH, Bekker L-G, Stall R, Grulich AE, Colfax G, Lama JR. Comprehensive clinical care for men who have sex with men: an integrated approach. Lancet. 2012;380(9839):378-87

vi Stall R, Mills TC, Williamson J, Hart T, Greenwood G, Paul J, et al. Association of co-ocurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. Am J Public Health. 2003;93(6):939-42

vii Trauma Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council. May 2013. Available here: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

viii B.C. HIV/AIDS Drug Treatment Program Monthly Report, BC Centre for Excellence in HIV/AIDS. November 2014