

# The Case for a Gay Men's Health Hub in Toronto

## The Threats to Gay Men's Health

2 Spirit, gay, bisexual, queer, and other transgender and cisgender men who have sex with men (2SGBMSM) in Ontario face complex health issues/inequities. Despite 30+ years of prevention efforts, they still account for the majority of new HIV infections in Ontario (61%) and in Toronto (65%). They are also experiencing:

- high and rising rates of other STBBIs, such as syphilis (<http://www.phac-aspc.gc.ca/std-mts/syphilis-population-specific-eng.php#16>), gonorrhoea, chlamydia and HCV
- cancers associated with human papilloma virus
- mental health issues
- problematic substance use.

Over the past three to four decades, gay men's health issues have been defined primarily in terms of HIV. The health programs/services set up to support 2SGBMSM have been largely limited to HIV prevention/education programs, HIV/STI testing services, and treatment services for those living with HIV. However, the evidence is clear that continuing high rates of HIV and other infections as well as mental health issues and problematic substance use are symptoms of larger underlying health issues. The networks of men at greatest risk are at the nexus of a syndemic of: childhood trauma and abuse, psychological distress (including anxiety, social isolation, and depression) and substance use. (Dyer et al., 2012; González-Guarda, Flórom-Smith, & Thomas, 2011; Kurtz et al 2012; Stall, Friedman, & Catania, 2007).

Syndemics occur when multiple, mutually reinforcing health problems appear in a single population. These health problems are often grounded in adverse social conditions and interact to bring about worse health outcomes. In a cohort of 4,295 GBMSM, Mimiaga et al (2015) examined the effect on HIV incidence of five psychosocial conditions: depressive symptoms, heavy alcohol use, stimulant use, polydrug use and childhood sexual abuse. Compared to those with none of these psychosocial health problems: men with 4 or 5 conditions had an 8.7-fold increased risk of acquiring HIV over 48 months; men with 3 conditions had a 5.3-fold higher risk; and men with 2 conditions had a 2.4-fold higher risk. Data from the OHTN Cohort Study, which follows >5,000 people with HIV, shows that those who experience a syndemic of co-occurring mental health issues and problematic substance use are significantly more likely to fall out of care, less likely to adhere to treatment, and less likely to achieve and maintain a suppressed viral load, which is essential to protect their own health and to reduce the risk of onward HIV transmission.

Higher rates of infection are also found among 2SGBMSM who face multiple forms of discrimination and marginalization related to race, social class, and migration (Díaz, Ayala, & Bein, 2004; Millett et al., 2012). Recent research with local men with syndemic indicators in their personal histories (Hart et al., 2014; Tulloch et al., 2015) and with new HIV sero-converters (Adam et al., 2013) strongly confirms the role of syndemics in HIV vulnerability among 2SGBMSM

in Toronto as well as the strong inter-relationship among social marginalization, poor mental health, and HIV/STBBI risk behaviour.

Despite these enduring health inequities, 2SGBMSM are not being adequately connected to health services that would make a difference in their lives and health, and are often confronted by barriers within the healthcare system. Inadequacies in the health care system, including health care providers who are discriminatory or who lack an understanding of the issues facing 2SGBMSM, can dissuade men from discussing their health needs or engaging with the healthcare system at all (Rapid Response Service, 2014). These issues have been highlighted in several projects across Canada:

- A national survey of 2SGBMSM conducted by the Community Based Research Centre in Vancouver shows that men’s ability to access these services is complicated by the fact that almost half of gay and bisexual men are not “out” to their health care providers (Dulai et al 2011), which means they are not receiving appropriate preventive care or health risk/mental health counselling.
- A recent Toronto-based study of 2SGBMSM at high risk of acquiring HIV showed that “47.6% lack a family physician with whom they felt comfortable discussing sexual health” (Wilton et al 2016).
- A study of health access of LGBT people conducted in eastern Canada found that while the greatest concerns of heterosexual people accessing health care are simply the results of medical tests, the greatest concerns of LGBT people in accessing health care are “issues of confidentiality, fear of facing prejudice or ignorance from the medical system and physicians, and the possible consequence of not having their health needs met” (Hoskin et al, 2016).
- According to a recent survey in Ottawa conducted by Dr Paul MacPherson, physicians are not aware of the unique health needs of GBMSM and are not providing consistent, appropriate care.
- Evaluation of the last major HIV testing campaign in Toronto (2011-2012) found that many men travel a considerable distance to access care they perceive to be gay-friendly, even by-passing clinics closer to home and work (Adam et al., 2014).
- A scan of mental health programs and practitioners that serve gay men in Toronto conducted by the OHTN found that these services are limited and disconnected/fragmented.

This evidence points to access problems as enduring contributors to health inequities affecting GBM.

### [A Better Approach to Gay Men’s Health and Care](#)

To bring down HIV rates and improve health outcomes, it is time to take a different approach to gay men’s health in Toronto. *Focusing Our Efforts: the HIV/AIDS Strategy to 2026 for Ontario* calls for a more comprehensive, person-centred approach to improving the health of populations most at risk of HIV, one that looks at the full range of their physical, mental, social and emotional needs.

There are likely over 200,000 gay, bisexual and other men who have sex with men in the Greater Toronto Area.

Laumann E, Gagnon J, Michael R and Michaels S. (1994) *The Social Organization of Sexuality*, Chicago: University of Chicago Press

2SGBMSM would benefit from patient-centred care that meets their unique and complex health needs. They need precisely the “patient- centred care” recommended by the *Patients First* policy of the Ministry of Health and Long Term Care which mandates “Focus on people, not just their illness. Provide care that is coordinated and integrated, so a patient can get the right care from the right providers. [and] Help patients understand how the system works, so they can find the care they need when and where they need it” (Ontario, 2015). When gay men have access to comprehensive, person-centred care, their health outcomes improve. Other major urban centres with large 2SGBMSM populations have already established [effective integrated services for this population](#):

Ontario lags behind many other jurisdictions with large populations of gay and other men who have sex with men and high rates of HIV/STBIs in taking a comprehensive, integrated approach to GBMSM’s health.

**56 Dean Street in London, UK**, is an HIV/STI and sexual health clinic that provides free and confidential “express” HIV/STI testing, integrated sexual health (including access to pre-exposure prophylaxis or PrEP for people at high risk of HIV and post-exposure prophylaxis or PEP for people who have had a high risk exposure) and mental health counselling and problematic substance use support groups, outreach and education services, and events in local venues. The program credits its success to moving from providing hidden services out of “basements” to a convenient, store-front, engaged community space in the heart of the community. Where the clinic once provided care to about 900 people and saw about 1,000 a month for screening or counselling, it now provides care for 4,500 and sees 12,500 a month for screening or counselling (70% LGBT), including services led by trans people for trans people (CliniQ). The program does active outreach with local gay businesses and saunas and other sex-on-premises locations where there are often a significant number of men who are having sex with men but do not identify as gay. 56 Dean Street also organizes a lot of community events, including talks, debates, theatre and comedy nights and film screenings as well as support groups discussing self esteem, chemsex and HIV stigma. **The program has seen an 80% reduction in new HIV diagnoses.**

The **Strut** health and wellness centre for gay, bi and trans men in San Francisco helps men manage the physical, emotional and social aspects of health (<http://strutsf.org>). Strut co-locates sexual health services, substance use, mental health counselling services, health navigation, and community-building and support programs provided by four different agencies, including access to PrEP for people at high risk of HIV and PEP for people who have had a high risk exposure). Evaluation of the Strut service model shows that the centre’s integrated approach to care significantly increased the proportion of men who:

- had been tested for HIV and other STIs in the past six months (from 78% to 94%)
- had had a medical visit in the past six months (from 88% to 99%)
- are virally suppressed (from 82% to 97%)
- were taking (PrEP) to prevent HIV infection.

The Strut centre is also seeing many more racialized clients, including Latinos, Asians, and African Americans. Co-locating services has increased the potential for collaboration across services and “warm” handoffs, and has reduced the number of “missed opportunities” (Hecht, 2017).

In Vancouver, the **Health Initiative for Men** (HiM) is dedicated to strengthening the health and well-being of gay men. It provides physical, sexual, mental and community health services. In the 2012/2013 year, the HIM Health Centres administered 2,400 HIV tests and conducted 960 hours of clinical counseling and peer support services. The two HIM clinics are located in high-traffic areas where gay men live and socialize. HIM's HIV and STI testing on site have shown great results: from 2010-11 to 2016-17, the number of POC HIV tests increased by almost 151% from 1,250 to 3,149 and the number of STI tests rose by 663% from 768 to 5,860. HIM has also had a positive impact on men's mental health: between 2014-15 and 2016-17, the number of individuals engaged in 4 or more counselling sessions (average completion is 7 sessions) rose from 45 to 123 and the number of hours of 1 on 1 clinical counselling for gay men increased from 270 to 991. Currently, 400 clients at the HIM health centres are on PrEP. Although there is currently an eight-week waiting list for new client appointments with the three doctors linked to HIM, the clinics have a process that prioritizes clients with increased risk (based on the HIRI scale assessment) and ensures they are seen within seven to 10 days.

### The Proposal:

Building on the successful experience of 56 Dean Street, Strut, and HIM, the Toronto gay men's health hub would bring together and support services with the knowledge and skills to provide integrated, patient-centred care for GBM. The health hub will provide:

- timely, convenient (i.e. walk-in), culturally competent, rapid HIV, STI and HCV testing services
- PrEP and PEP prescribing and monitoring
- a comprehensive mental health assessment
- on-site individual and group counselling that address issues related to depression/anxiety, childhood trauma, loneliness and social isolation, the use of crystal methamphetamine and other drugs for sex (PnP), aging, body image and other syndemic issues
- warm handoffs/referrals to culturally competent primary care, mental health and substance use service providers
- system navigators to assist with navigation and warm handoffs to service providers.

The health hub, which will also evaluate the impact of its services on men's health, will identify and create networks of health services that have the knowledge and capacity to provide coordinated, efficient, effective responses to the complex physical and mental health (syndemic) needs of all GBM, including racialized, Indigenous, and immigrant men. It will enhance the health system's ability to assess men's physical and mental health needs and connect them with the right service delivered by the right provider.

## Appendix A: Principles of the Toronto Gay Men's Health Hub

Gay<sup>1</sup> men have both shared and unique experiences that affect their health needs as well as their ability to access high quality health services. Effective gay men's health services should be life-affirming and forward-looking while, at the same time, responding to health concerns such as HIV. They should encompass the physical, sexual, emotional, spiritual, and mental health needs of the individual and take into account the individual in *relation* to other individuals, community, community networks and groups, gay men's history – including the history of HIV - and societal conditions. They should also recognize the whole life span as experienced by gay men who can be vulnerable to harm at each age or stage of life (whether chronological or calculated in relation to coming out). Those who are young may be experiencing the impact of childhood trauma, bullying and desires to “fit in”, while those who are older may be dealing with the impact of social isolation, loss, lack of self-esteem or self-worth and health issues associated with aging.

Services should address inequities within the community, including power differentials within a sexual encounter (e.g. based on age, race, ethnicity or cultural background, socio-economic class, region, language) and their impact.

Gay men have the right to:

- access to, and support from, a rich and diverse community. This community includes political advocacy, the arts, health, and opportunities for social connection.
- be embraced by a community without discrimination. All forms of discrimination, originating both within and outside the gay community, negatively affect the overall health and well-being of gay men and their allies. In particular, racism negatively affects many racialized gay men.
- not be bound by traditional gender roles. Masculinity and femininity are not rigid categories. No one should have to suffer stigma for being “too” or “not sufficiently” masculine or feminine.
- full and satisfying sexual lives. Sexuality is an important and vibrant part of the lives of all people. Medical, mental health, and sexual health services must embrace this right.
- the knowledge and skills to understand “health”, negotiate an appropriate system of care, and maintain the power of personal decision-making necessary to actively partner with providers in their health and wellness which includes physical, spiritual, emotional, mental, and sexual health.
- define “health” (including mental, physical, emotional and sexual health) for themselves and their community in partnership with engaged and informed providers, and to receive health care that respects these definitions.
- be safe and comfortable with their sexual orientation and gender identity (as they define it) in any health care setting

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<sup>1</sup> A note on terminology: We have chosen to use the term “gay” recognizing that this term may not resonate with all gay/bi/queer/2 Spirit men (including queer trans men).

- equal access to health care that is appropriate, effective and safe, coordinated, client-centred and delivered by trained, knowledgeable, and ethical providers.
- mental health providers skilled in addressing the root causes of depression, isolation, and alienation for gay men, not just the symptoms (e.g. risk taking, poor physical health)
- substance use/ harm reduction and treatment programs tailored to their cultural experiences and background.
- (for HIV-positive men) timely access to care after diagnosis and supportive, non-judgemental care, treatment and supports)

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