

Report on Gay Men's/MSM Forum



Prescription for Change

New York State Department of Health
AIDS Institute
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Executive Summary

In the United States generally, and particularly in New York State, the HIV/AIDS epidemic has been reduced dramatically among children born to HIV positive women and among injection drug users. Emerging challenges include an aging population with newly acquired HIV infection and successfully maintaining individuals with HIV and AIDS in care and treatment over their lifetimes. However, an ongoing and increasing crisis continues among gay men and other men who have sex with men (MSM), particularly young men of color, who continue to become infected with HIV at alarming rates.

Spurred by frustration at our diminished impact and the staggering epidemiological facts, the AIDS Institute (AI) of the New York State Department of Health has dedicated attention, time, effort, and funding to attempt to reverse the increasing trend of new infections among gay men/MSM, particularly men of color. In addition to ongoing funded activities, over the past few years, the AI has developed two reports, one with community input, one generated by a staff workgroup. The culmination of this work was a Forum held in December 2006, which brought together a diverse group of stakeholders to help us focus and refine our efforts to reduce HIV and AIDS in these populations.

This report provides an overview of the process and outcomes of the December 2006 Gay Men's/MSM Forum (hereinafter, "the Forum"). It is our hope that this report will not only document what transpired leading up to and during the Forum, but will serve as a template for change that will make a significant difference in both reversing the increasing rates of HIV infection in these populations and in addressing the overall health and wellness of gay men/MSM in New York and the nation.

The recommendations listed in this report represent the opinions and ideas of Forum participants, not necessarily those of the New York State Department of Health. Moreover, many of the activities recommended below have already been undertaken and are ongoing within the Department.

II. Background: Why was the Forum Held?

In 2006 and beyond, men who have sex with men (MSM) continue to represent the single most affected population group in New York State and the nation by HIV and AIDS. For MSM of color, particularly African Americans and Hispanics, the impact of the HIV/AIDS epidemic is markedly disproportionate to their representation in the population at large. It is also extremely troubling that young MSM, particularly young MSM of color, continue to become newly infected with HIV at increasingly disproportionate rates. For years, discussions and interventions have attempted to address these disparities and identify more meaningful interventions to reduce HIV among MSM, particularly MSM of color. To date, these efforts have not yielded the hoped for outcomes.

Early AIDS Institute efforts to address issues for gay men/MSM include the Gay Men/MSM Leadership Forum's "Pathways to Prevention" report from 1998 that involved over 100 individuals from across the State. While the 1998 Leadership Forum focused exclusively on the HIV/AIDS prevention needs of gay men/MSM, the AIDS Institute Gay Men's Workgroup expanded the topic to include HIV/AIDS health care issues and overall health and wellness issues affecting gay men/MSM. Accordingly, the idea for a statewide forum to address HIV/AIDS prevention and care for gay men and other men who have sex with men (MSM) was a direct result of recommendations set forth in an internal AIDS Institute Gay Men's Workgroup report, "A Prescription for Change," written in 2004 and updated in 2006.

"A Prescription for Change" was developed by self-identified gay men/MSM working at the AIDS Institute (AI) and did not include input from the community at large. In planning the Forum, it was suggested that there was a need to further identify what are perceived to be the most important health and wellness issues facing gay men and other MSM in New York State. In order to reach a broad representation of New York's gay men/MSM, the Forum planning group initiated a series of regional discussion groups to identify and define critical issues for discussion at the Forum. The discussion groups were held in 16 locations around the State and involved approximately 300 participants. Regional discussion group participants were provided with a slide presentation overview of the earlier reports as an introduction to the topic. These regional discussion groups yielded eight specific topic areas (see Appendix A) to guide the Forum discussions held on December 5 and 6, 2006.

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The Forum was designed to provide an environment for key stakeholders – community members, funders, policy makers, people living with HIV and AIDS (PLWHA), venue owners/operators, and others, to engage in in-depth discussions about the key issues impacting gay men/MSM and to provide recommendations to assist:

- The NYS Department of Health and other funders to develop requests for proposals (RFPs) and negotiate contractual work plans with service providers;
- Community organizations to develop more targeted interventions and activities;
- Internet site owners and venue operators to develop partnerships and interventions that promote the health and well being of gay men/MSM;
- Gay men and other MSM, including those living with HIV and AIDS, to take a more proactive role in advocating for services and interventions that promote their well being, impact policy and program development and design, and help identify appropriate funding allocations and resources; and
- The entire NYS DOH and AI in particular, in developing recommendations on health policies impacting MSM.

III. The Forum

In December 2006, the New York State Department of Health AIDS Institute held a statewide forum addressing HIV/AIDS and other health issues facing gay men/MSM. As noted above, the Forum was the outgrowth and culmination of several targeted AIDS Institute efforts to address the health issues of gay men/MSM in the context of the current HIV/AIDS epidemic.

In order to gain broad insight into the issues impacting gay men/MSM, careful attention was given to whom should be invited. As a result, invitees included some individuals and groups that have rarely or never been involved with the AIDS Institute: college and university LGBT (lesbian, gay, bisexual, transgender) programs, researchers, and mental health and internet service providers. A specific effort was also made to assure that youth were well represented.

Forum participants included 235 individuals representing a broad range of gay men/MSM (by age, race, ethnic background, HIV status, and geographic region); researchers; medical and mental health professionals; service providers; sex venue owners; internet service providers; and state, local, and federal officials. Many of these individuals reported that this was their first time participating in such a forum.

During the day-and-a-half Forum, participants spent the majority of time in discussion groups. Eight discussion groups, each on a particular topic (Appendix A), were held two times each, with participants having the opportunity to participate in two, 2 hour and 45 minute long groups. Each group was provided with specific issues identified in the regional discussion groups and prior work to help facilitate and guide the discussion. The forum agenda (Appendix B) began with a comprehensive epidemiological update and panel discussion on key overarching issues (youth, stigma, communities of color) to be considered in the group discussions.

During the group sessions, participants had opportunities for in-depth discussion on the identified topics and were asked to identify additional concerns and to make suggestions and develop recommendations to address the issues that were raised. The groups were each facilitated by two AIDS Institute staff persons who had completed an intensive training session prior to the Forum. In order to assure that the group discussions were well-documented, two additional staff members per group served as recorders. To assure some consistency among all discussions, each group was asked to address four specific questions (Appendix C).

Discussion group content made it clear that many gay men/MSM share the same issues, regardless of their geographic location, age, race, or ethnic background. Equally clear was the message that addressing their issues requires specifically targeted approaches, materials, and resources. Careful attention needs to be given when developing prevention materials, assuring

that they “speak” to the specific target population, with the use of appropriate images and content. Additionally, the overlapping issues of mental health and substance use facing gay men/MSM suggest that closer collaboration with the New York State Office of Mental Health (OMH) and the New York State Office of Alcohol and Substance Abuse Services (OASAS) is needed to foster more integrated approaches. A crosscutting recommendation was for greater utilization of the internet in prevention efforts, especially in rural areas where isolation and lack of resources makes it hard to reach gay men/MSM.

Some other key recommendations from the discussion groups included:

- For HIV prevention and care to be more effective, they need to be considered and planned in the broader context of gay men/MSM health and wellness, including consideration of life circumstances such as socio-economic status and psycho-social needs.
- Mental health services that are “gay friendly” and specifically target gay men/MSM issues need to be developed and integrated into HIV prevention and care interventions;
- New collaborations among agencies and constituencies are needed that speak to the health care and prevention needs and concerns of gay men; and
- Youth issues are important and should be addressed with positive youth development approaches.

IV. Recommendations

This section provides guidance about how to use the recommendations, as well as listing specific recommendations made during the Forum group discussions.

The information shared in the discussion groups was formidable and repeatedly demonstrated the interconnectedness of the topics. Many of the recommendations developed spanned more than one topic area. Recommendations ranged from very specific to quite general. In this report we focus on recommendations that address the overall needs of gay men/MSM. With the exception of a section on youth issues, the reader will not find specific sections or recommendations that address communities of color, rural areas, or other subgroups. Youth-related recommendations were very targeted and did not necessarily pertain to the cross section of all gay men/MSM; therefore they are listed separately. It was repeatedly emphasized during the discussions that the recommendations always be considered in the contexts of the races, ethnicities, ages, sexual identities, and geographic locations of the individuals specifically targeted.

For instance, gay men/MSM of color are disproportionately impacted and have generally poorer health outcomes than the white gay male/MSM populations. When considering these recommendations, those within this community and those serving gay men/MSM need to determine the appropriateness of each recommendation and engage members of the target population(s) in discussions about if and how the recommendations should be implemented.

Similarly, if one looks at the rural population, it is clear that resources for both prevention and care are limited because of the geographic and population density challenges. The social isolation and stigma for those who are unwilling or unable to be “out” (public about their sexual identity) create major challenges in the development of interventions for HIV prevention and care. This circumstance must be understood before acting on the recommendations.

Finally, the reader should keep in mind that none of the recommendations are the sole responsibility of a single stakeholder, but rather necessitate partnerships among communities and stakeholders. In some cases it may be clear that the recommendation is meant for action by a governmental stakeholder, but the gay men/MSM community has the responsibility for advocacy to assure that the issue is being addressed. Similarly, some recommendations call for community/agency actions with other stakeholders providing necessary resources, guidance and support.

We have selected the recommendations that were identified most often; that were critical due to the population(s), geography, or service information content; that highlighted new technologies and/or venues; or that dealt with critical policy issues, for this part of the report. This is not an exhaustive list of recommendations made at the Forum. For a more complete list of Forum recommendations, please refer to Appendix D.

In the following summary we have grouped the key recommendations into the following categories:

Policy

Stigma

Youth

Interventions for Prevention and Access to Services

HIV Testing

Mental Health

Training

Policy

While one of the discussion groups, Helping to Redefine Policy and Advocacy, specifically focused on policy and advocacy issues, each discussion group was asked to identify potential policy and resource issues that might impact the implementation of recommendations made. The result was a broad array of policy and advocacy issues that focus not only on gay men/MSM issues, but in many instances on overall LGBT issues as well. Many of the policy recommendations also have implications for prevention and care for all individuals infected/affected by HIV, not just gay men/MSM.

Policy Recommendations

- Provider coalitions should be established to address gay men/MSM issues; those that currently exist should be strengthened; coalitions should consider ways to share resources, fill gaps in HIV/AIDS services, and eliminate duplication.
- An Office of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Concerns should be created within the DOH that would initiate collaborations with other State agencies similar to the Interagency Task Force on HIV and AIDS to assure a comprehensive approach to LGBT health issues.
- A statewide LGBT Youth Advisory Council should be established by the Department of Health and include representatives from other State agencies serving and/or impacting young LGBT.
- The AIDS Institute should assure that a comprehensive approach to HIV/AIDS prevention and care in the LGBT community that includes addressing broader health care issues, specifically in communities of color, is incorporated in the overall Institute planning process.
- The Department of Health (DOH) should, through the New York State Interagency Task Force on HIV and AIDS, initiate stronger collaborations with the State Department of Education and other State agencies including the Office of Mental Health, the Department of Correctional Services, the Office of Alcohol and Substance Abuse Services, the Division of Housing and Community Renewal, and the Office of Temporary and Disability Assistance to address services, policy and program development impacting gay men/MSM.
- The DOH should take a more proactive role in assuring that culturally and language appropriate services for gay men/MSM are available in hospitals, health care clinics, and community based organizations.
- The AIDS Institute (AI) should develop QI (quality improvement) indicators for gay men/MSM care.
- The AI should expand the DOH model for “centers of excellence” - whereby organizations become role models for service delivery and provide technical assistance to other organizations - to address the needs of gay men/MSM as they relate to prevention, health care, and training of providers.
- The AI should examine current DOH policies that guide the development of HIV/AIDS materials as they relate to LGBT target audiences to assure that campaigns are appropriate, relevant, and effective.
- The DOH should support improved advocacy for and recognition of domestic violence and sexual assault in the LGBT population and develop programs to address these issues.
- The AI should continue to support policies that protect confidentiality and individuals from the negative consequences of stigma and discrimination.

Stigma

Stigma and social isolation continue as facts of life for gay men/MSM, posing significant barriers to their access to and acceptance of HIV/AIDS prevention and care, as well as emotional support.

Stigma contributes to gay men's vulnerability, not only to HIV infection, but also to other threats to their health and well-being. It prevents many gay men from seeking HIV counseling and testing; it prevents many HIV-infected gay men from seeking healthcare services and treatment for their HIV infection; it prevents some HIV-infected gay men from disclosing their status to their sex and drug using partners; and it prevents others from addressing unresolved psychological issues including substance abuse, multiple loss and grief, and sexual violence. Simply put, stigma kills.

It is important to understand the synergy among the various sources of stigma (such as racial, ethnic, sexual orientation and HIV/AIDS) that are linked to gay men, especially when viewed in the context of HIV/AIDS. In order to respond effectively and compassionately to often-described “alarming rates” of new HIV infections among gay men, public health must address the stigmatization of gay men— in all domains—to have any chance in reducing behaviors that place them at risk for HIV.

Stigma Recommendations

- Asset-based prevention messages targeting gay men/MSM should be promoted to help counteract low self-esteem and self worth that foster internalized stigma.
- Media campaigns that promote a more positive image of gay men/MSM, similar to the campaign by the NYS Gay Black Network, should be expanded to other populations and regions of the State.
- Interventions and strategies need to be developed to address stigma-related violence.
- The AI should establish a policy to carefully review funding to organizations that have discriminatory policies regarding sexual orientation and HIV status and/or that refuse to serve LGBT/MSM populations.
- Partnerships with affirming faith-based organizations need to be supported to better promote community needs and provide resources to churches, mosques, synagogues and other places of worship.
- New York State should enact legislation authorizing marriage equality as one means of reducing institutionalized stigma and discrimination.
- The DOH should increase efforts with the New York State Department of Labor (DOL) and other state agencies to promote the state-funded return-to-work initiative for people living with HIV/AIDS to provide opportunities for PLWHA to be more productive, have better health, and feel less isolated.

HIV Testing

In spite of the increased availability of HIV counseling and testing as well as the ability through rapid testing to obtain test results quickly, many gay men/MSM have never been tested or have not been tested recently. Among certain individuals, the practice of serosorting is becoming part of sexual risk taking behavior; thus it has become even more important for individuals to know their HIV serostatus. Lack of serostatus knowledge plays a significant role in the transmission of HIV and other sexually transmitted diseases. Additionally, the lack of serostatus knowledge by an individual precludes the ability to accurately negotiate sexual risk reduction with partners.

HIV Testing Recommendations

- HIV counseling and testing should be more readily available in non-traditional settings, such as at youth centers, community centers, and churches.
- Project WAVE (the War Against the Virus Escalating), the HIV testing initiative targeted to communities of color, should work more closely with smaller CBOs to promote HIV testing for targeted populations. These would be smaller events targeting specific sub-populations of gay men/MSM of color.
- HIV counseling, testing, and STD screening should be made available in bath houses, at sex parties, house balls, and in other venues that attract gay men/MSM.
- The NYSDOH should continue to support and expand programs like Project WAVE that promote HIV testing through special and targeted events.

Youth

Programs for gay/MSM youth should incorporate a positive youth development approach, with a greater understanding of youth resilience, and a greater inclusion of youth in program design and implementation. Youth, particularly gay/MSM youth, struggle with many real-life issues including family dysfunction and abandonment, violence, and social isolation. They have not had the experiences of older gay men who lived through the early years of the HIV/AIDS epidemic. Young gay men/MSM often view HIV/AIDS as just another health issue that can be managed. With this mindset, there is a limit to the effectiveness of HIV prevention messages and materials, even if carefully targeted. Youth may be dealing with issues of sexual identity and “coming out” which may impact their ability to engage in prevention and care interventions. Efforts must be made to help gay/MSM youth address their emotional health issues and to engage them in developing meaningful prevention messages and interventions.

Youth Recommendations

- Youth should be included in discussions about the prevention and health care services that they need and want.
- Develop youth-friendly messages that use their language. These messages should include positive images of the LGBT communities that youth are a part of.
- Develop and support youth centers that offer safe places for discussion of health, social, and emotional issues. HIV/STD screening and other health related services should be offered in as many of these settings as possible.
- Develop intergenerational programs whereby older gay men/MSM can serve as role models and mentor youth to help them navigate the health and social service systems.
- Programs for youth should incorporate economic and spiritual support and development, and integration into larger community and society.

Intervention for Prevention and Access to Services

As unique populations, gay men/MSM face specific challenges that require innovative solutions to improve their access to and participation in prevention activities and care. Access to prevention and care interventions is generally conceived of in two forms, enrollment/engagement and retention. Both aspects require specific strategies and initiatives to improve outcomes. It is not enough to bring gay men/MSM into prevention and care interventions once; ongoing engagement and retention is important to the health of gay/MSM communities.

Despite some common challenges such as homophobia that many gay men/MSM experience, gay men/MSM constitute diverse communities with unique challenges and concerns. Efforts to engage gay men/MSM in prevention interventions or enroll them into care should take into account the various social realities that gay men/MSM occupy, and should include transgender and other marginalized populations. Gay men/MSM can be found in all types of social and economic class, racial, and ethnic communities. Strategies and interventions that work in one community of gay men/MSM may not be applicable in others. Frank discussion of differences should be utilized when developing tools to improve access for both prevention and care interventions.

Intervention Recommendations

- Providers should develop activities that better reach social networks, especially through the internet.
- Providers should develop and support local, regional, and statewide coalitions to address gay men/MSM issues by sharing resources, identifying and filling gaps in HIV/AIDS services, and eliminating service duplication.
- Providers need to strategize about how to address substance use and its association with risk-taking behaviors and help to ensure that individuals have access to appropriate treatment options.
- Creative materials, videos and fact sheets that target subgroups (e.g., rural, urban, youth, over 50, racial, ethnic, immigrant, migrant, hearing impaired) should be developed and made widely available. These materials should focus on issues that affect each subgroup.
- Materials should be developed that feature risk reduction messages with individuals that reflect the targeted communities and are not “sanitized.”
- Written materials that list hotline numbers should also include information about specific services provided, when appropriate.
- Social marketing tools targeting specific sub-populations should be developed through an expert consultant and in concert with representatives of the sub populations to identify appropriate language and music. New public service announcements (PSAs) should be created or samples from local agencies should be shared.
- Prevention interventions and educational materials should be realistic and promote a clear understanding of the levels of risk.
- Develop prevention services that target marginalized youth and immigrants.
- Efforts targeting MSM may be more effective if included as part of a larger health context. Rather than target MSM for HIV testing only, develop broader health screening programs.
- Messages about risk taking or categorizing activities at various levels of risk need to be re-examined. Approaches to addressing risk taking behaviors need to be personalized and not seen as discrete events but in the total context in which they occur (for example, sexual risk taking in the context of substance/alcohol use).
- Defining an activity or practice as risky in absolute terms should be avoided. An individual may be engaging in risky behavior and may even have some knowledge about the risks they are taking. Efforts to develop risk reduction strategies must take this into account and address individuals at the stage they are at to help them further reduce risk – in other words, using a harm reduction approach.

Intervention Recommendations continued

- Harm reduction strategies should be promoted for those individuals who are not using condoms on a regular basis.
- Harm reduction strategies should be very specific to the risk behaviors being addressed and to the venues in which those risk behaviors take place.
- Serosorting among HIV positive persons may be an effective strategy for preventing additional HIV infections. Information on serosorting, covering both the benefits and the potential risks (e.g., reinfection, STDs), should be developed for both providers and target populations. This information should be specific for HIV positive and HIV negative individuals, since serosorting among negative individuals has different and more significant risks.
- In order for prevention interventions to be empowering and realistic, there should be a menu of options so individuals can have a direct role in developing their own prevention plans.
- Proper condom use is not universal. There is still a need for culturally and age appropriate programs that teach condom use skills.
- Depression and other mental health issues need to be addressed when developing interventions for HIV prevention and care. Some people are “medicating” their depression and low self-esteem with sex and alcohol or drugs, increasing the likelihood of engaging in risky behaviors.
- Public health campaigns and prevention messages used in venues and the community must take into account the varied and diverse individuals frequenting the venues and living in the community.
- Discussions regarding substance use and sexual practices should be incorporated into all medical visits.
- Peers from various sub-populations should be utilized in both prevention and care interventions. Examples of peer interventions include HIV-positive peers talking with HIV-negative MSM about what it is like to be HIV-positive (e.g., side effects of HIV medications, symptoms); HIV-positive peers talking with HIV-positive MSM about treatment adherence; and HIV positive youth talking with other youth.
- The DOH should support the development of a web-based clearinghouse for HIV/AIDS resources (e.g., AIDS Institute-developed materials, materials developed by local agencies).
- The DOH should establish policies to provide guidelines for state agencies’ presence in internet chat rooms and for the development of HIV prevention oriented web sites and interventions.

Intervention Recommendations continued

- The DOH should develop and distribute a fact sheet to all physicians with appropriate strategies for discussing sex, sexuality, HIV, and STDs with gay men/MSM.
- The AI should encourage the development and expansion of a “one-stop-shop” module of treatment and care, especially for those newly diagnosed with HIV. Many current systems that require new patients to meet with multiple staff in many locations are intimidating; impede access; and may have an impact on confidentiality, real or perceived. To better assure treatment adherence, allow patients to build one relationship for basic medical care before other types of care are begun.
- The AI should provide resources to support the evaluation of innovative MSM interventions developed by community-based organizations (CBOs).
- The AI should encourage the development of partnerships with internet-site providers to develop public health interventions and outbreak “alerts” with DOH contact information (e.g., alerting a particular geographic area regarding a specific STD outbreak).
- The AI should increase partnerships with organizations serving non-gay identified MSM. Gay identified organizations and/or HIV/AIDS specific organizations may not be able to reach all MSM; more broadly based organizations (that are not gay or HIV/AIDS specific) may be more effective in reaching this group of MSM.
- Additional resources should be provided to community groups to conduct interventions in commercial sex venues and other venues where sexual activity occurs, including private sex parties.

Mental Health

Depression and anxiety may affect gay men/MSM at higher rates than in the general population. The likelihood of depression or anxiety may be greater, and mental health issues may be more severe for men who are not comfortable with their sexuality, have not disclosed their sexual orientation, lack adequate social supports, or have low self esteem.

Gay youth often have unique mental health needs because they may face rejection by peers and often by family, severely limiting social supports. Lacking special provisions or support,

gay/MSM youth may engage in potentially destructive behavior. Men in rural areas are especially prone to experiencing isolation, which may have harmful effects on mental health. Older men may face specific kinds of isolation and challenges to their mental health, as the gay/MSM culture emphasizes youth. Among HIV positive men of any age or geographic area, the stigma of infection compounds co-existing isolation, depression, anxiety, and fears of disclosure and rejection.

Culturally sensitive mental health services targeted specifically for gay men/MSM may be most effective in the prevention, early detection and treatment of these conditions. If mental health services are appropriately targeted and addressed for gay men/MSM, there is a greater likelihood of reducing multiple forms of harm including preventing new HIV infections.

If unaddressed, the unique mental health needs of both HIV-positive and negative gay men/MSM, will continue to be an important factor leading to substance use and sexual addiction/compulsivity. The stigma of seeking mental health services poses an additional barrier to the provision of needed assistance, and augments the risks of harmful behavior. This stigma is particularly prevalent in communities of color. Assuring the availability of gay/MSM sensitive, professional mental health care and engaging and retaining individuals in care are integral components of assuring gay men's/MSM's overall health and well-being.

Mental Health Recommendations

- Peers should be engaged by mental health providers and CBOs to provide support and share experiences specific to the mental health concerns of gay men/MSM.
- Programs should be developed that provide mental health services to the staff of HIV/AIDS services providers to address the emotional stresses of these jobs.
- Developing mental health and harm reduction services for gay/MSM youth should take into account the developmental and social challenges faced by adolescents.
- Internet technology may be utilized to create safe spaces for gay men/MSM to discuss and exchange emotional wellbeing experiences.
- Developing mental health services for gay men/MSM should encompass more than end stage pathology. The entire spectrum of self-esteem, wellbeing and emotional stability should be included and addressed.
- Mental health services need to address the specific needs of rural gay men and MSM that face increased social isolation and stigma as a result of not being able to be open about their sexual identity. These individuals often lack the basic social support networks commonly found in urban settings.
- To the extent possible, mental health services should be integrated into primary health care services for gay men/MSM.
- Mental health screening assessments should be incorporated into primary care and other community-based services.
- The AIDS Institute should advocate for the development of, and funding for, mental health services targeting the LGBT communities.

Training

As unique populations, gay men/MSM face specific challenges that require innovative solutions to improve their access to prevention and care services. One key factor is the comfort level that gay men/MSM may feel with those providing prevention, medical, mental health, substance use, and other support services. The ability of providers to effectively engage gay men/MSM is dependent upon their knowledge and understanding of the social, emotional and political issues impacting the lives of their gay male/MSM clients and patients.

Homophobia, real or perceived, on the part of medical, mental health, substance use, and support service providers still plays a role in the discomfort gay men/MSM may feel when engaging in or accessing services. Providers should understand the needs of gay men/MSM and receive special training to overcome institutionalized homophobia and stereotypes. Homophobia among providers is likely to create a disincentive for gay men/MSM to engage prevention or care services.

Training Recommendations

- Develop and implement MSM, LGBT, and transgender cultural competency training that includes appropriate terminology (e.g., “partner”) and language/messages; historical information; and sensitivity to issues of stigma and discrimination, for all HIV service providers and health professionals throughout the State.
- Training on mental health and depression issues specific to gay men/MSM should be developed for utilization by medical providers, substance use, and community based providers, including appropriate assessment tools to identify issues.
- Training on substance use issues (including party drugs) and harm reduction for gay men/MSM should be developed for medical, mental health, and community based providers including appropriate assessment tools to identify the issues.
- Training programs and workshops need to be developed for all providers serving gay men/MSM that provide a foundation for understanding how the underlying issues and manifestations, such as damaged self-esteem or childhood sexual abuse impacts individuals’ risk taking behaviors.
- Gay men/MSM concerns should be incorporated into the Clinical Education Initiative, the AIDS Institute’s HIV and AIDS training program for clinicians.
- Develop training for community-based groups to help them develop continuous quality improvement (CQI) measures for their activities.
- Modeled after the Leadership Training Institute (LTI), the AI should establish a peer training curriculum that addresses leadership development, community training, and empowerment specific to gay men/MSM populations.
- The AI should develop training programs and/or workshops that explore risk taking and provide guidance to agency staff about how to coach individuals in understanding hierarchies of risk.

V. Since the Forum

A number of things have transpired since the Forum was held that have a direct bearing on discussions and recommendations from the Forum.

- The Governor's Office endorsed marriage equality and called for authorizing legislation which passed the Assembly, but failed to be reported out of committee in the Senate.
- Formalized collaborations between the AIDS Institute and the Bureau of STDC (Sexually Transmitted Disease Control) have been established. This has resulted in funding programs to provide HIV and STD screening in bath houses and other venues that gay men/MSM frequent, as well as the inclusion of specific language in the AIDS Institute's recent Communities of Color RFP that encourages the integration of STD education and screening into HIV prevention activities.
- The AIDS Institute has issued a Q&A (Question and Answer) fact sheet on sero-sorting that was sent to all contractors and continues to engage stakeholders in discussions about this HIV prevention strategy.
- A free condom distribution program, primarily targeting upstate New York, has been developed by the AIDS Institute which will allow agencies to order condoms through the DOH website. The New York City Department of Health and Mental Hygiene has implemented a similar program in New York City.
- Reimbursement mechanisms for HIV testing in hospital emergency rooms have been implemented for Medicaid eligible individuals.
- A DOH-wide Youth/Adolescent workgroup has been established to address HIV prevention and health care interventions in a broader youth development context.
- AIDS Institute staff has engaged CDC in conversations on progress before and since the Forum and provided preliminary recommendations to be used as a model for the development of a national agenda and response on gay men/MSM issues.
- Project WAVE activities have been expanded to upstate venues with many smaller communities of color agencies and networks sponsoring HIV testing and STD screening.
- The Division of HIV Prevention is working on a Sexual Risk Reduction Initiative to address sexual risk reduction interventions in a more holistic manner and using a harm reduction approach.
- Quarterly meetings have been held with LGBT coordinators from AIDS Institute funded programs outside of New York City, addressing more collaborative approaches to care and prevention activities.

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- An Internet Workgroup has been established with participation from across the DOH to establish guidelines for identifying and conducting internet interventions.
- The Governor's Listening Forums, held in New Paltz, Queens, Buffalo, Syracuse, and Plattsburgh, involved the Commissioners of the Department of Health, Office of Mental Health, Office of Alcohol and Substance Abuse Services, and Office of Mental Retardation and Developmental Disabilities in discussions with consumers, services providers, and other members of the public to improve coordination of care for individuals needing services provided through those State agencies.
- Planning is underway for a DOH-wide, comprehensive, public health campaign to address multiple health and wellness areas for numerous populations, including gay men/MSM.

VI. What's Next?

We will publish the report and post it on the New York State Department of Health website so that it is widely accessible. Additionally, we will share this report with colleagues and partners of national organizations and coalitions with whom the AI regularly interacts and communicates, and will widely disseminate the report in the communities we serve. Each stakeholder should use this report in their continuing work with the target populations.

The discussions that began at the regional level and culminated with the statewide Forum should continue long after this report is finalized and disseminated. Agencies can utilize the recommendations to engage the target populations in further dialogue to better identify specific activities and interventions that address the needs of the subgroups in their localities.

During several of the discussion groups it was suggested that the AIDS Institute lead the way in engaging other jurisdictions (state/federal) in dialogue to share experiences, successful strategies, and innovative approaches to improve life outcomes including overall health and wellness and reduction in new cases of HIV for gay men/MSM. The model of the New York Forum is one that could be duplicated in other jurisdictions to develop regional, state-wide or national plans that address gay men/MSM issues. AIDS Institute staff is actively engaging other health departments and federal officials in looking at the New York model to better understand and address the prevention and care needs of gay men/MSM in New York State and the nation.

Please note that issues specific to transgender populations were not addressed during the Gay Men's/MSM Forum. Transgender issues and needs may be addressed in a future forum that specifically focuses on transgender populations.

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Forum Participants:

Forum speakers: Barbara Devore, Executive Deputy Director, AIDS Institute
Barry Walston, Director, Community Coordination and Planning, AIDS Institute
Humberto Cruz, Executive Deputy Director, AIDS Institute
Dan O'Connell, Director, Division of HIV Prevention, AIDS Institute
Peter Laqueur, Division of HIV Health Care, AIDS Institute
Guthrie S. Birkhead, MD, MPH, Director, AIDS Institute
Christopher Bates, Acting Director, Office of HIV/AIDS, DHHS
Michael Dunham, Program Manager, AIDS Institute
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Leo Wilton, PhD, Assistant Professor, Binghamton University
Stephan Adelson, Internet Health Consultant

From the AIDS Institute: Forum Planning Committee Members – Rick Cook, Augie Corsi, Michael Dunham, Tyler French, Mark Hammer, William Karchner, Peter Laqueur, Brian McPhee, Andrea Small, Dan Tietz, Barry Walston

AIDS Institute Executive Staff Members: for their support and participation – Guthrie S. Birkhead, MD, MPH; Barbara Devore; Humberto Cruz; Dan O'Connell

AIDS Institute Staff Members: Latwanda Manson and Angela Rivera-Maycole

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For support in holding the regional discussion groups:

AIDS Rochester
AIDS Community Resources
Southern Tier AIDS Program
AIDS Council of Northeastern New York
AIDS Council of Western New York
Gay Men's Health Crisis
Gay Men of African Descent
Community Health Action of Staten Island
Bronx AIDS Services
AIDS Center of Queens County
Manos Unidas/Latino Commission on AIDS

Appendix A

Based on input from regional discussion groups, review of various PPG (NYC and NYS) documents, The AIDS Institute's Gay Men Work Group Recommendations—Prescription for Change, Paving a Pathway for Prevention, as well as reports from other forums addressing issues facing gay men/MSM, eight key areas emerged that will be used for discussion groups.

- 1. Access to Services: A safe, responsive, and responsible system**
 - HIV and STD testing, medical services, mental health, substance use services.
 - Gay Men/MSM sensitivity training for providers across spectrum of care
 - Access that reduces stigma –safe spaces
 - Serving gay men/MSM using non-traditional venues/organizations
 - Convenient settings and hours

- 2. Mental Health: Emotional well-being**
 - Self esteem and self-assurance
 - Depression and its impact on behavior
 - Recognizing and getting help with addictions (sexual, substance use, internet)
 - Identifying the training needs of frontline non-mental health staff
 - Impact of stigma and isolation (social and geographic)
 - Understanding health and wellness issues specific to gay men/MSM
 - Intimacy
 - Grief, loss, and/trauma
 - Addressing and understanding sexual identity

- 3. Medium and the Message: Getting the message out**
 - Role of the Internet
 - Tailoring interventions
 - Harm reduction models
 - Social marketing
 - Integrating health messages with HIV/AIDS (STD, hepatitis. etc.),
 - Addressing specific behaviors (sero-sorting, bare backing etc.)

- 4. Sex, Substances & Venues: Implications around prevention, interventions & identity**
 - Sexual behaviors influenced by venues (internet, CSV) and substances
 - Addressing behaviors through harm reduction
 - Crystal methamphetamine and other substances
 - Venues as partners
 - Sexual and substance addiction
 - Prevention, counseling and treatment
 - Risk taking

4. **Sex, Substances & Venues: Implications around prevention, interventions & identity**
 - Sexual behaviors influenced by venues (internet, CSV) and substances
 - Addressing behaviors through harm reduction
 - Crystal methamphetamine and other substances
 - Venues as partners
 - Sexual and substance addiction
 - Prevention, counseling and treatment
 - Risk taking
5. **Generational Issues for Prevention and Care: Nurture the youth, care for over 50**
 - Targeting age groups in a specific manner
 - Safer sex fatigue vs. complacency
 - Broadening the venues for prevention (cafes, community centers, gyms, non-HIV related social service agencies)
 - Role of the Internet
 - Prevention with positives
 - Empowerment
 - Sero-sorting—implications for prevention
 - Living with HIV/AIDS over 50
 - Self-esteem integrated into prevention (body image, ageism, etc.)
 - Bringing back the condom
 - Reaching out to non-traditional venues
6. **Helping to Redefine Policy and Advocacy**
 - Social justice
 - Schools and the educational system
 - Socio-economic environments
 - Impact of changing policies (HIV testing, Ryan White reauthorization)
 - Advocacy in the New Decade
 - Discrimination
7. **Stigma and Social Isolation: Overcoming social, environmental and attitudinal barriers**
 - Creating “safe space”
 - Sexual identity
 - Discrimination (race, age, disability)
 - HIV status
 - Disclosure
 - Finding community no matter where you live
7. **Making Us Whole: Integrating HIV into gay men's/MSM health care**
 - Provider training regarding gay men's/MSM health and wellness
 - Treatment and services appropriate for HIV/AIDS
 - Use of social networking and peer groups
 - Broader collaboration between HIV and non-HIV related agencies & organizations
 - Getting non-HIV/AIDS organizations to address HIV
 - Holistic health
 - Community building

Appendix B

Gay Men's/MSM Forum

December 5, 2006

10:00 AM – NOON	Registration Ballroom Foyer
Noon – 1:00 PM	Working Lunch Ballroom A & B
12:30 – 12:40 PM	Welcome Barbara Devore, Executive Deputy Director, AIDS Institute Barry Walston, Director, Community Coordination and Planning Section Division of HIV Prevention, AIDS Institute
12:40 – 1:00 PM	How Did We Get Here? Humberto Cruz, Executive Deputy Director, AIDS Institute Dan O'Connell, Director, Division of HIV Prevention, AIDS Institute Peter Laqueur, Division of HIV Health Care, AIDS Institute
1:00 – 1:35 PM	Overview of Forum & Epidemiological Update Guthrie S. Birkhead, M.D., M.P.H., Director, AIDS Institute
1:35 – 1:45 PM	National Perspective on HIV Prevention for Gay Men and Men Who Have Sex with Men (MSM) Christopher Bates, Acting Director, Office of HIV/AIDS Department of Health and Human Services
1:45 – 2:50 PM	Panel Presentation Michael Dunham, Program Manager, Bureau of Community Support Services, Division of HIV Health Care, AIDS Institute Thomas Krever, Deputy Executive Director, Hetrick-Martin Institute Leo Wilton, Ph.D., Assistant Professor, Binghamton University
2:50 – 3:00 PM	BREAK
3:00 – 5:45PM	SESSION I – GROUP BREAKOUT Ballroom A Access to Services Ballroom B Mental Health Ballroom C Medium and the Message Beverwyck Room Sex, Substances and Venues Ten Broeck Room Generational Issues for Prevention and Care Van Rensselaer Room Helping to Redefine Policy and Advocacy Capitol Room Stigma and Social Isolation Websters Room Making Us Whole

Appendix B continued

Gay Men's/MSM Forum

December 5, 2006

6:30 – 8:30 PM	Exhibitors/Networking/Dinner Ballroom Foyer (Ballroom A & B available for seating)
7:30 – 9:00 AM	Breakfast Buffet — Exhibitors/Networking Ballroom Foyer (Ballroom A & B available for seating)
8:30 – 9:00 AM	Room Check Out (store luggage with front desk) Ballroom A & B
9:00 – 9:15AM	The Internet: the emergence of outreach, education and notification online Stephan Adelson, Internet Health Consultant
9:15 – Noon	SESSION II – GROUP BREAKOUT Ballroom C Access to Services Ballroom D Mental Health Ballroom E Medium and the Message Beverwyck Room Sex, Substances and Venues Ten Broeck Room Generational Issues for Prevention and Care Van Rensselaer Room Helping to Redefine Policy and Advocacy Capitol Room Stigma and Social Isolation Websters Room Making Us Whole
Noon- 12:45 PM	Lunch Ballroom Foyer (Ballroom A & B available for seating)
12:45 – 3:15 PM	Presentation of Key Issues—Report Back/Summary Ballroom A & B
3:15 – 3:30 PM	Closing Remarks Guthrie S. Birkhead, M.D., M.P.H., Director, AIDS Institute
3:30 PM	Adjourn

Appendix C

Questions for Discussion Group Breakout Sessions

You have just heard a summary of issues identified in A Prescription for Change, Paving Pathways for Prevention and at the regional focus groups leading up to this Forum.

1. What reactions do you have to the issues already presented?
2. Are there other issues, themes, or concerns relevant to this breakout group's topic that have not been mentioned, which you feel warrant inclusion?
3. What specific activities can be initiated, improved, or modified for gay men/MSM related to these issues, themes, or concerns?
4. What needs to be done to bring these activities to reality? Other than funding, please consider:
 - Resources Needed
 - Changes in Policy
 - Education/Training Needs
 - Collaborations
 - Other

Appendix D

Additional Recommendations from the Gay Men's/MSM Forum

The essence of many of the following recommendations is incorporated into those included in the previous pages of this report. However, the recommendations listed below provide some additional, specific ideas suggested by Forum participants.

- HIV testing in sex venues needs to be done carefully with a good understanding of the venues and of their patrons. The agency doing HIV testing in these venues must have a consistent presence to be effective. Staff should be reflective of the culture of these venues.
- Care needs to be taken in how HIV-related messages and images are presented. We get (from pharmaceutical companies and elsewhere) the message that HIV is now a manageable disease, much like heart disease or diabetes. The perceived negative consequences of becoming HIV-positive hence are diminished.
- Images of young HIV-infected men in posters and in campaigns could be a more meaningful way to show that young men are becoming infected—and that the consequences of being HIV-positive are not so rosy. Campaigns/prevention images can be made more appealing.
- In addressing HIV prevention, we need to consider addressing self-worth and mental health issues.
- Harm reduction strategies should be very specific to the risks being addressed and to the venues in which those risk behaviors take place.
- There should be messages that specifically address how to keep yourself and others safe.
- Care should be taken in selecting messages for sex venues (and elsewhere). Different people use the venues, so not all messages that seem appropriate for a particular venue may reach individuals at a particular venue. (e.g., there may be non-gay-identified men going to these venues who may not respond well to images and messages which are framed with gay men in mind). There will probably need to be multiple messages even within one venue.
- In order for individuals to make personal risk assessments, it is essential to have as much basic information as possible, so that the gray areas of risk can be intelligently negotiated.

Appendix D continued

Additional Recommendations from the Gay Men's/MSM Forum

- In talking about sexual addiction, it is useful to ask what it is a manifestation of, rather than pathologizing people. What leads to hyper-sexuality? Damaged self-esteem may be part of the answer.
- Develop a program to train community mentors who can work with clients and youth.
- Promote intergenerational communication among MSM of color by developing specific programs for them.
- Organize community-based events and parties to promote prevention and access to services.
- Promote and facilitate positive role modeling and mentorship to increase self-esteem.
- Disseminate a model of using text messaging services, online instant messenger, and chat rooms to connect young people who may otherwise be isolated.
- Develop community-specific models for mental health care, especially for communities of color where there may be stigma about mental health problems.
- Include discussions about love and spirituality in programs and mental health groups.
- Promote healing groups that increase self esteem and decrease internalized homophobia.
- Messages need to be developed that address the complacency of gay men/MSM resulting from messages that HIV is now a disease that predominantly affects communities of color and women.
- Develop programs, partnerships, and coalitions for serving individuals over age 50.
- As the HIV/AIDS population ages, there is the need for further study about the interactions of HIV/AIDS drugs with medications commonly used for ailments related to aging.
- Gay men/MSM need to become more involved in their communities (role modeling/youth/adult relationships).
- Programs should be developed in agencies that have access to specific populations.
- Clinicians need to be more consistently educated to provide information about side effects and interactions of traditional, alternative, and complementary medicines.

Appendix D continued

Additional Recommendations from the Gay Men's/MSM Forum

- Increase the availability of testing, including rapid HIV testing. Partner with, and provide testing at bath houses, gay conventions/expos, gay bars, sex parties, adult book stores, social organizations, health clubs, libraries, parks, bus stations, House Balls, and colleges/universities.
- Address barriers related to immigration status (e.g., not accessing care, legal issues). Develop culturally and linguistically sensitive materials that address facts as well as misinformation about deportation.
- Recognize the roles that love and spirituality play in impacting an individual's health.
- Internet interventions should focus on positive messages such as "Gay Men Play Safe" (adopted from Canada). We should capitalize on the role that the Internet plays in the lives of gay men, especially youth, and use it effectively.
- Existing HIV and health promotion messages are not always representative of the language gay men/MSM really use.
- HIV prevention messages and marketing approaches need to be updated regularly as their effectiveness may diminish with time.
- The DOH should be proactive in supporting a legislative agenda that addresses homophobia, poverty, and other barriers impacting prevention and care for gay men/MSM.
- Social marketing campaigns with specific messages targeting rural issues, adolescents, and various communities of color should be developed.
- We need to capitalize on the importance of the Internet in rural locations because of isolation and the anonymity that it offers.
- Create a clearinghouse for materials that are targeted to MSM so that people know what is available.
- Integrate information about gender identity and HIV prevention into the educational system at appropriate grade levels. Young people need to hear affirmative messages about diversity and different kinds of relationships. Work with school administrators and forge partnerships.



State of New York
Eliot Spitzer, Governor
Department of Health
Richard F. Daines, M.D., Commissioner

11/07