

### Community in British Columbia MSM Research

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University Without Walls – Victoria, BC – May 31, 2012

- 1) Theory – Culture and health
- 2) Momentum Study – Urban Vancouver
- 3) Formative Research – Rural Vancouver Island  
(Maybe)

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### I. THEORY URBAN MSM HEALTH

- 1) Stall et al. (2008:251) "... how could it be possible that a group of men with a rather advantaged social demographic profile have such a disadvantaged health profile?"

Urban Men's Health Study (Stall et al. 2003)

1. Polydrug use
2. Depression
3. Childhood sex abuse
4. Partner Violence

Can the concept of a **culturally produced syndemic** answer this question for MSM?

Stall, R., T. Mills, J. Williamson. 2003. Association of co-occurring psychosocial health problems and increased vulnerability to HIV/AIDS among urban men who have sex with men. *American Journal of Public Health*, 93(6):939-942.

Stall, R., M. Friedman, and J. Catania. 2008. Interacting epidemics and gay men's health: A theory of syndemic production among urban gay men. In *Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States*. R. Wollitski, R. Stall and E. Valdesern, editors. Oxford: Oxford University Press. Pages 251-274.

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### URBAN MSM HEALTH

**Syndemics** = mutually reinforcing epidemics that together lower the overall health of a population more than each would be expected to do.

Comes from work of medical anthropologist Merrill Singer on NE US Hispanic populations.

Interplay between poverty+ racism + violence + substance use => HIV/AIDS

**MSM Culturally produced** interaction between **cultural marginalization** and **psycho-social health problems**

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**Intertwining Epidemics among Urban MSM**  
(Significant **OR** estimates, controlling for age, education, race, income, HIV status and sexual risk)

	Childhood Sexual Abuse	Partner Violence	Depression	Substance Abuse
Childhood Sexual Abuse	-----	1.9	1.9	
Partner Violence	1.9	-----	1.6	2.2
Depression	1.9	1.6	-----	1.4
Substance Abuse		2.2	1.4	-----

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**Intertwining Epidemics Predict HIV Prevalence and High Risk Sexual Behavior**

	No. of Psychosocial Health Problems			
	0 (n = 1,392)	1 (n = 812)	2 (n = 341)	3 or 4 (n = 129)
Recent high risk sex	7%	11%	16%	23%
HIV prevalence	13%	21%	27%	23%

All associations have  $p$ 's < 0.001. All  $p$  values are two-tailed.  
From Stall et al., 2003

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- Syndemic Production Theory of Health Disabilities for Urban Gay Men**
- 2 Overarching Factors –**
- 1) Migration from rural areas (homophobic, heterosexist) to urban gay communities
  - 2) Exposure to urban gay culture
    - **Positive** – acceptance of same-gender sex
    - **Negative** – high risk sexual behaviour, substance use

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Syndemic Production Theory of Health Disabilities for Urban Gay Men

Lots to like:

1) Real theory with predictions, hypotheses, data - Replicated for YMSM –

- Mustanski B, Garofalo R, Herrick A, Donenberg G. 2007. Psychosocial health problems increase risk for HIV among urban young men who have sex with men: preliminary evidence of a syndemic in need of attention. *Annals of Behavioral Medicine*, 34(1):37-45.

2) Old – incorporates Minority Stress Theory

- Meyer, I. 1995. Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36:38-56.
- Meyer I. 2003. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5):674–97.

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Syndemic Production Theory of Health Disabilities for Urban Gay Men

3) New – Theory of Cultural Resilience

- Herrick, A., S. Lim, C. Wei, H. Smith, T. Guadamuz, M. Friedman and R. Stall. 2011. Resilience as an untapped resource in behavioral intervention design for gay men. *AIDS and Behaviour*, 15: S25-29.

4) Focus on Community “... the social networks where men who identify as gay or bisexual interact with friends, social contacts, lovers and other sexual partners” (Collins and Harsbarger 2010:82).

- Collins, C. and C. Harsbarger. 2010. Diffusion of effective behavioural interventions for HIV prevention of MSM: From academia to the Gay Community. In, *AIDS, Culture and Gay Men*. Gainesville, FL: U. of Florida Press. Pages 80-202.

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Syndemic Production Theory of Health Disabilities for Urban Gay Men

Changing Face of Urban Gay Communities

1. Historic community safe sex norms “Stop AIDS”- sexual altruism
2. Today decreased participation in gay-related activities, e.g. Pride
3. Internet and phone apps – virtual community
4. Geographical dispersion and mainstream acceptance – end of “gaybourhoods”, new personal communities.

- Davis, M. 2008. The ‘loss of community’ and other problems for sexual citizenship in recent HIV prevention. *Sociology of Health & Illness*, 30(2):182–196.
- Holt, M. 2011. Gay men and ambivalence about ‘gay community’: from gay community attachment to personal communities. *Culture, Health and Sexuality*, 13:8, 857-871.
- Rowe, M. and G. Dowsett. 2008. Sex, love, friendship, belonging and place: Is there a role for ‘Gay Community’ in HIV prevention today? *Culture, Health and Sexuality*, 10(4): 329–344.
- Zablotska, I. M. Holt and G. Prestage 2012. Changes in gay men’s participation in gay community life: Implications for HIV surveillance and research. *AIDS and Behavior*, 16(3):669-75.

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**momentum**  
moving men's health research forward

**1) Effect of HAART expansion on community levels of HIV viral load and HIV risk behaviours among MSM in British Columbia (CIHR funded)**

**2) HAART optimism, drug use and risky sexual behaviour among MSM in British (NIH funded)**

PIs = David Moore, UBC, Dr. Robert Hogg, SFU

Co-PIs Rolando Barrios, Trevor Corneil, Viviane Dias Lima, Willi McFarland, Warren Michelow, Julio Montaner, Thomas Patterson, Eric Roth.

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WE ARE INTERESTED IN HOW BELIEFS AND BEHAVIOURS CONCERNING SEXUAL HEALTH AND RECREATIONAL DRUG USE CHANGE OVER TIME FOR VANCOUVER MSM IN LIGHT OF THE RECENT PROVINCIAL EXPANSION OF HIV/AIDS TREATMENT AND THE CONCEPT OF "TREATMENT AS PREVENTION" .




**STUDY HYPOTHESIS**

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    graph TD
      A[STUDY HYPOTHESIS] --> B[HAART DIFFUSION]
      A --> C[TREATMENT OPTIMISM]
      A --> D[SEXUAL ALTRUISM]
      B --> E[RECREATIONAL DRUG USE]
      C --> E
      D --> E
      E --> F[HIGH RISK SEXUAL BEHAVIOUR]
      E --> G[SAFE SEX]
  
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**HiM** HEALTH INITIATIVE FOR MEN

Yankee Health

POSITIVE LIVING SOCIETY

**YOUTH CO**  
HIV AND HEP C COMMUNITY OUTREACH

CC BC Centre for Disease Control

UBC

SFU

Providence HEALTH CARE

University of Victoria

British Columbia Centre for Excellence in HIV/AIDS

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Longitudinal, repeated measures design

1. **Recruitment via Respondent Driven Sampling preceded by formative research**
2. **Computer Assisted Self-Administered Interview**- socio-economic, health measures, treatment optimism, sexual altruism, mental health, event-level substance use and sexual behaviour
3. **Biological testing – HIV/STIs**

Today: Respondent Driven Sampling + Formative Research

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**RESPONDENT DRIVEN SAMPLING**

- RDS developed to sample hard-to-reach or hidden populations.
- Initial assumption that study populations are socially networked (Heckathorn, 1997)
- Sampling begins with a purposeful selection of 'seeds', who recruit others from their social network = homophily + controlled # of coupons
- Heckathorn, D. (1997). Respondent driven sampling: A new approach to the study of hidden populations. *Social Problems*, 44(2), 174-199.

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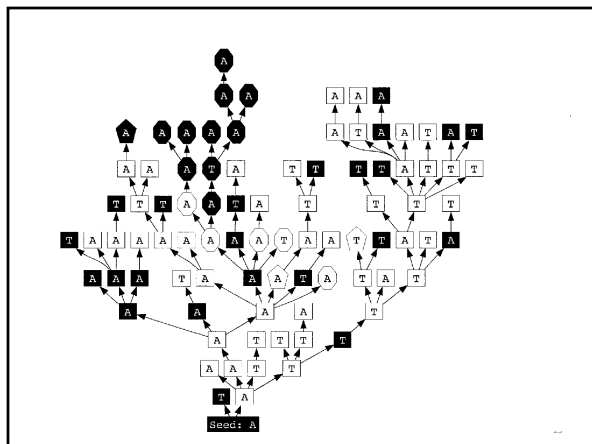
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**FORMATIVE RESEARCH**

...pre-planned, systematic and formal use of rapid assessment techniques to explore key issues in implementing subsequent research” (Johnston et al. 2010).

**Formative Research and RDS**

- 1) Exploring the number of ties within a social network
- 2) Determine whether networks form isolated cliques or sub-networks
- 3) Identifying bridges which can connect these cliques

**Examples with Gay Social Networks?**

Johnston, L.G., Whitehead, S., Simic, M., & Kendall, C. (2010). Formative research to optimize respondent-driven sampling surveys among hard-to-reach populations in HIV behavioral and biological surveillance: lessons learned from four case studies. *AIDS Care*, 22(6), 784-792.

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**Community Mapping**

To address these factors we wanted to have a participatory mapping exercise, yielding a concept, or mind map, of Vancouver’s MSM community

Community maps used for health, land claims, enhance participant recall

- Wheeldon, J. 2011. Is a picture worth a thousand words? Using mind maps to facilitate participant recall in qualitative research. *The Qualitative Report*, 16(2):509-522.
- Maman, S. et. al. 2009. Using participatory mapping to inform a community-randomized trial of HIV counseling and testing. *Field Methods*, 21:368-387.
- Wheeldon, J. and J. Faubart. 2009. Framing experience: Concept maps, mind maps and data collection in qualitative research. *International Journal of Qualitative Methods*, 8(3): 68-83.

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**COMMUNITY MAPPING**

- Community Experts = Community Advisory Board
- Identified Vancouver MSM service organizations
- 21 In-depth interviews with MSM service organization officers – asked them:
  1. **Where in the region do MSM live, gather and play?**
  2. **What social factors help connect/separate various communities?**
  3. **Where do groups overlap and how common are various scenes?**
  4. **What groups may be particularly hard to reach and what strategies might used to access them?**

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**Community Mapping**

Also asked for their help recruiting MSM for focus groups to do participatory mapping of Vancouver MSM communities

6 FGDs with 48 participants, roughly stratified by geography, HIV serostatus and age, conducted between April and December 2011.

Same questions as with in-depth interviews

Facilitators: Jamie Forrest, Jay Pai, Alan Lal, Brian Stephenson

SHOW MAPS

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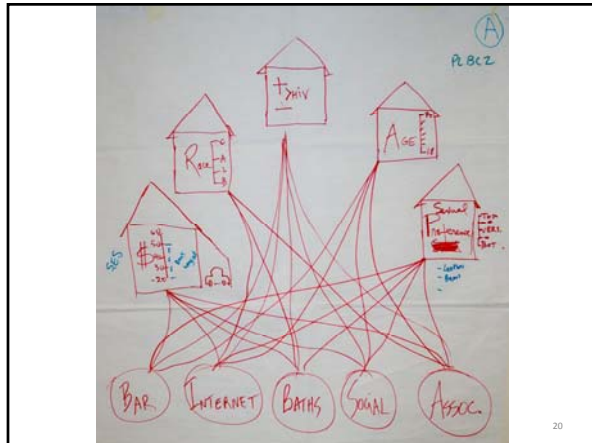
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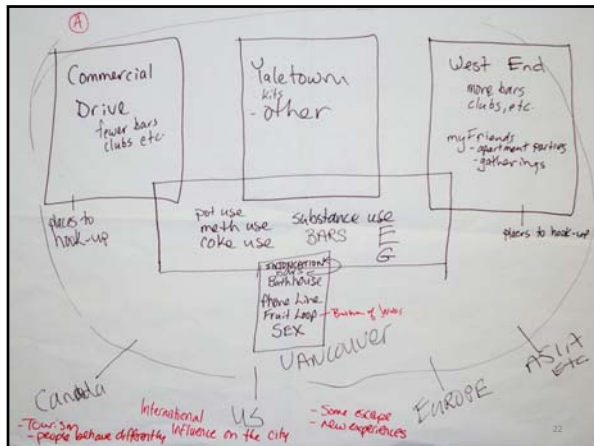
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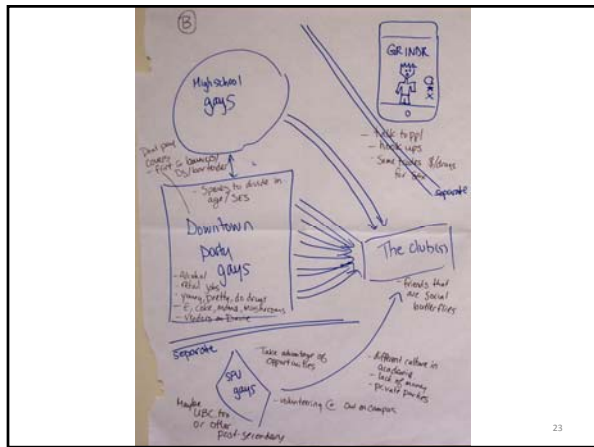
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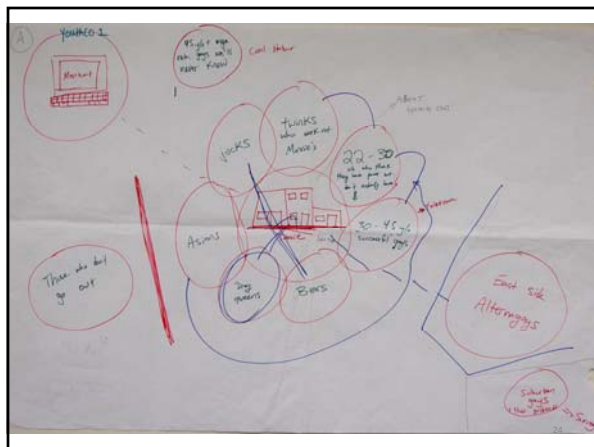
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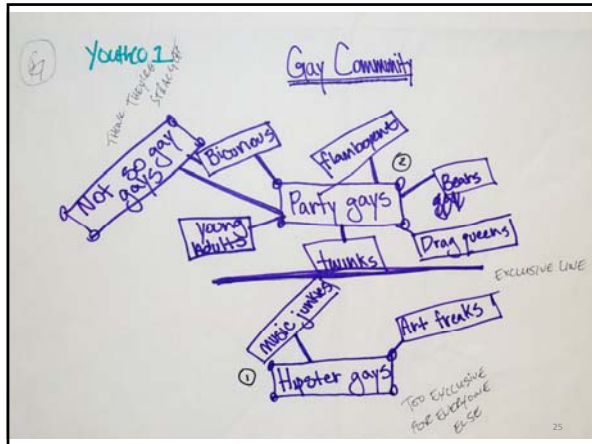
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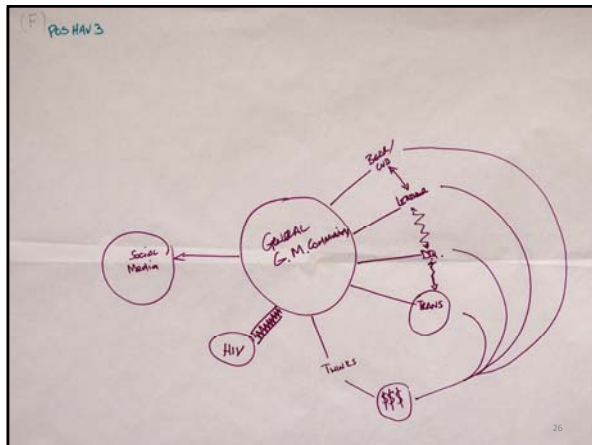
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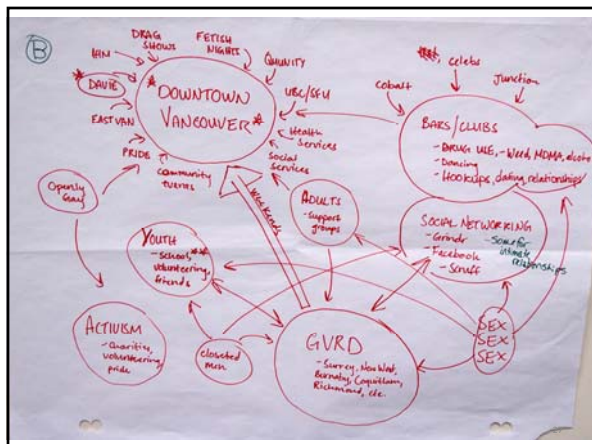
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### Questions and Answers

**1. Where in the region do MSM live, gather and play? –**  
 traditional physical venues –bars and bathhouses  
 New venues – virtual communities (Internet and apps), suburbs

**2. What social factors help connect/separate various communities?**  
*Connectors = Substance use, drag queens, not ethnicity =*  
*Not Connected: East End hipsters and those in suburbs distinctive from West End out guys, HIV+ guys*

**3. Where do groups overlap and how common are various scenes?**  
*Still depictions of Davies Village bars, now joined by Internet, phone apps*

**What groups may be particularly hard to reach and what strategies might used to access them?**  
*“Guys who don’t go out” Partnered, closeted? Not available in venue sampling, too.*

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### Formative Research, RDS

1. Rethink seeds – drag queens, men in suburbs, partnered older men
2. Central place of substance use, overrides ethnicity, geographical space, age, SES
3. Electronic coupons – importance of Internet

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### Future sub-Studies -

Prospective study 30 men – show maps as prompts

1. What is relationship between social and sexual networks, e.g. East End hipsters and West End out guys, Asian men and others (Sticky Rice)?
  2. How socially and sexually connected are HIV+ men?
  3. Who are “men who don’t go out”?
  4. How do men use phone apps- e.g. Mobile, digital bath houses?
- QUESTIONS/COMMENTS

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### III. RURAL MSM

Very little research on rural MSM –  
2008 text entitled, *Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States* (Wolitski et al. 2008) -401 pages contained only two brief mentions, totaling less than one page in length, pertaining to rural MSM.

Robert Birch (AVI), Andrew Shopland (AVI/UVIC), Florian Schmidt (UVIC), Eric Roth (UVIC).  
*Formative Research on Rural Gay Men on Vancouver Island.*

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### Rural Gay Men

- *Research Question = "What is it like to be a gay man in a rural community on Vancouver Island?"*
- *For a gay man what are the challenges and benefits of living in a rural area?"*
- *Is there such a thing as gay community and/or gay culture in rural Vancouver Island?*
- *Potential communities – areal and demographic diversity*
  - *Older, partnered men on Salt Spring Island who have moved there from urban centres*
  - *Younger gay men born and living in resource-based Vancouver Island communities*

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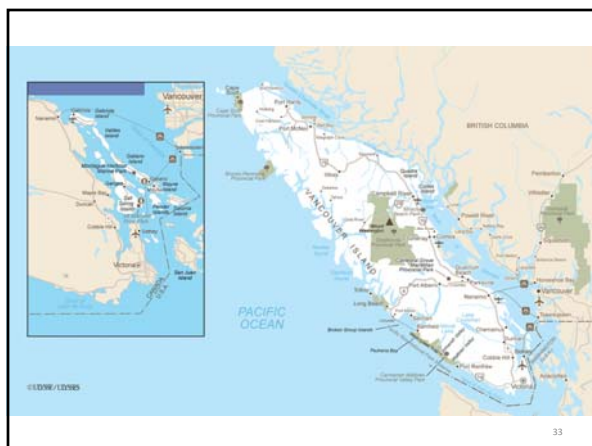
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### What to do?

1. AIDS Vancouver Island has offices up and down East Coast of island, but not many other community organizations
2. How to recruit?
3. Are there common research topics of interest for young and mature gay men, e.g. resilience, personal communities?

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