

**GAY MEN'S SEXUAL HEALTH ALLIANCE**

**STRATEGIC PLAN**

**2017-2022**



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## LETTER FROM THE GMSH OFFICE

To our GMSH alliance,

On behalf of the office of the Gay Men’s Sexual Health Alliance and our strategic planning committee I am pleased to share with you the blueprint that will guide our work together for the next 5 years. “Raising the Bar” is the product of many months of engagement and dialogue amongst a diverse group of stakeholders including gay men’s sexual health outreach workers, AIDS service organization executive directors, sexual health researchers and our funder- the Ministry of Health and Long Term Care, AIDS Bureau. We would like to thank our strategic planning consultant Derek Hodel and the entire planning committee for its time, efforts and dedication to gay men’s health and the GMSH.

The GMSH has a strong mission, a forward-thinking vision and 3 strategic directions to advance the important work of the Alliance. These directions include: skills building and training, network and community mobilization and campaign/resource development. This document is one of many steps toward the ongoing strengthening of our provincial network to raise capacity, produce high-quality campaigns and resources and develop strong local sexual health systems for gay men. All of which tap into each stage of the HIV prevention, treatment and care cascades. In all communities – big and small – across Ontario, the work of gay men’s education and outreach programs in community-based organizations is vital to ensuring that gay and bisexual men in our communities enjoy healthy sexual and emotional lives.

We thank you for the work you do and your engagement in the GMSH Alliance. We look forward to what the next 5 years holds for the Alliance and for gay men in Ontario.

Sincerely,

Dane Griffiths and the entire GMSH team  
Jordan Murray, Dan Gallant, Owen McEwen

### A note on the term “gay and bisexual men”

Research on gay, bisexual, two-spirit and queer men and other men who have sex with men is extremely varied in terms of how these populations are defined, and therefore how they are reflected within the research.

Some studies, for instance, ask men to identify their sexual orientation (e.g. homosexual/gay/bisexual/two-spirit/straight), while others are behaviour-based and ask men whether they have ever had sex with another man, to determine sexual orientation.

For the purposes of this strategic plan, the term “gay men” refers to men ([cisgender](#) or [transgender](#)) who share a common trait in that they interact with other men sexually and/or romantically. These men may or may not identify as gay, bisexual, queer, two-spirit, straight or otherwise.

(Source – CATIE [“Re-centering our approach to gay and bisexual men’s health.”](#))

## WHO WE ARE

Six years ago, the GMSH moved from being an advisory body to the AIDS Bureau to a self-generated Alliance housed within the Ontario AIDS Network. With continued funding by the Ministry of Health and Long-Term Care, the GMSH has continued to evolve and is now recognized as a community-led provincial hub of learning, capacity building, and resource/campaign development for gay men's HIV prevention, sexual health, and overall health and well-being. This has led to the engagement of the GMSH network to create greater community ownership, leadership, and involvement in strategic planning. The GMSH continues to build toward an Alliance of gay men's programs collaborating in our work of creating consistent, evidence-based, and skilled responses to gay men's health needs throughout the province.

The GMSH now also represents one of the Priority Population Networks designated by the AIDS Bureau (along with the Women & HIV/AIDS Initiative and the African Caribbean Council on HIV/AIDS in Ontario) as a strategy to achieve the goals in the provincial HIV/AIDS strategy to 2026. The GMSH continues to receive leadership support from the AIDS Bureau in this capacity.

GMSH is housed at the Ontario AIDS Network (OAN) and maintains a small staff. The GMSH convenes the Alliance – comprising frontline outreach workers from Ontario ASOs several times a year. Currently, five working groups support GMSH:

- Alliance of Aboriginal and Racialized Men of Ontario Region (AARMOR)
- Gay/Bi/Queer Trans Men Working Group
- Poz Prevention Working Group
- Rural and Suburban Working Group
- Campaign Steering Committee

## MISSION

The Gay Men's Sexual Health Alliance is a network of AIDS service organizations, whose mission is to support its members in building their own capacity, and the capacity among other service providers in their communities, to offer sexual health, HIV, and other services that meet the needs of cis- and trans-gender gay, bisexual, queer, two spirit and other men who have sex with men in Ontario.

## VISION

We envision for gay, bisexual, queer, two-spirit and other men who have sex with men in Ontario an environment free of new HIV transmissions, supportive of those infected and affected by HIV and affirming of full sexual and emotional lives untainted by stigma, violence and hate.

## VALUES

**COMMON PURPOSE:** To reduce the transmission of HIV between gay, bisexual and other MSM and their sexual and substance using partners and strengthen the overall sexual health of gay and other MSM. The vital impact of this common purpose is achieved through a commitment to community responses driven by community-based organizations.

**HEALTH AND SEXUALITY:** We work within a sexual health framework that addresses the range of social determinants of health, which impact on sexual behavior and risk for HIV.

**INCLUSION/DIVERSITY:** We celebrate the diversity of Ontario's of gay, bisexual, other men who have sex with men, two-spirit first nations, trans men and all other self-declared communities of gay and bisexual men and who coalesce through race, gender, geography or as a result of oppression.

**ANTI-OPPRESSION FRAMEWORK:** We affirm the right of everyone to live and work in an environment free of demeaning comments and actions based on ableism, ageism, homophobia, transphobia, HIV phobia, racism or sexism. We believe that the abuse of power is at the root of all oppression and that oppression is an attack on our individual and collective humanity. We are committed to an active anti-oppression process of identifying and eliminating oppression by changing systems, organizational structures, policies, practices, attitudes and individual behaviours and by encouraging the equitable use of power. Ontario is made up of people who have been subjected to colonization across the globe. Our gay communities are living within a postcolonial world and as such, must create frameworks to step beyond.

**RESPECT:** We recognize the value of showing one another respect throughout this process. By respect we mean we acknowledge power differentials between us, that everyone has something to contribute and learn, the necessity of understanding diverse points of view, to be open to compromise and be respectful of challenges from others and challenge others respectfully, strive to be concrete and specific, create safe working environments in honest dialogue, be flexible and adaptive and strive to appreciate and honour our diversity in communities.

**ADDRESSING SOCIAL AND SYSTEMIC IMPACTS:** We will address social and/or systemic barriers to effective HIV prevention and full sexual health for gay and other MSM.

**TRANSPARENCY:** We aim to be transparent and accountable for our actions to the communities we serve.

## STRATEGIC PLANNING PROCESS

The development of GMSH's strategic plan was guided by a Strategic Planning Committee (SPC) comprising GMSH staff, Working Group co-Chairs, and representatives of the Ontario AIDS Network and the MOHLTC AIDS Bureau. Over a period of six months, the SPC met multiple times, and commissioned a variety of research initiatives, to solicit opinions and perspectives from GMSH stakeholders, including:

- A preliminary facilitated discussion among the GMSH Alliance.
- Key informant interviews among a diverse range of ASO executive directors outreach supervisors, and frontline outreach workers, and research scientists specializing in gay men's health.
- An online survey among ASO staff who encounter gay men in the course of their work.
- A facilitated group discussion with the Poz Men's Prevention Working Group.

## OUR LAST FIVE YEARS

GMSH's previous strategic plan (2012-2016) further integrated an important – even radical – shift in thinking about HIV prevention and the need to consider gay men's health and wellness (including sexual health) holistically. Since then, most of GMSH's work has fallen within three broad categories: 1) Networking and Community Mobilization; 2) Resources, Campaigns and Materials; and 3) Skills Building and Training. Since 2012, GMSH:

- Convened workshops, conferences, and other forums to build capacity among service providers, including:
  - *ACCHO/GMSH Skills Building Workshops* addressing the intersection of racism and homophobia in 2013 and 2015;
  - *Gay Men's Sexual Health Summits* in 2012 and 2013, offering a wide range of research presentations, educational forums and workshops targeting a broad array of healthcare and social service providers;
  - *GMSH Skills Building Symposia* in 2014 and 2015, which offered practical workshops and research presentations targeting ASO executive directors and frontline outreach workers;
  - *Quarterly GMSH Alliance meetings*, offering training, workshops and networking to frontline outreach workers on a regular basis.
  - *Motivational Interviewing trainings*. GMSH developed and subsequently trained ASO staff to implement a motivational interviewing intervention designed to help gay men achieve their sexual health goals and reduce risks.
- Implemented innovative sexual health campaigns, including:
  - *The Sex You Want (2011)*, a sexual health campaign developed in partnership with ACT, including an update pamphlet explaining viral load;
  - *Our Agenda*, focusing on the link between mental health, emotional well-being and sexual health and pleasure;
  - *Primed 2.0*, a campaign to help trans men who are into men make choices to stay sexually, mentally, and emotionally healthy, including a practical guide.
- Developed resources, including:
  - *Making Outreach Matter*, a good practice guide for promoting HIV prevention and sexual health, in collaboration with ACT;

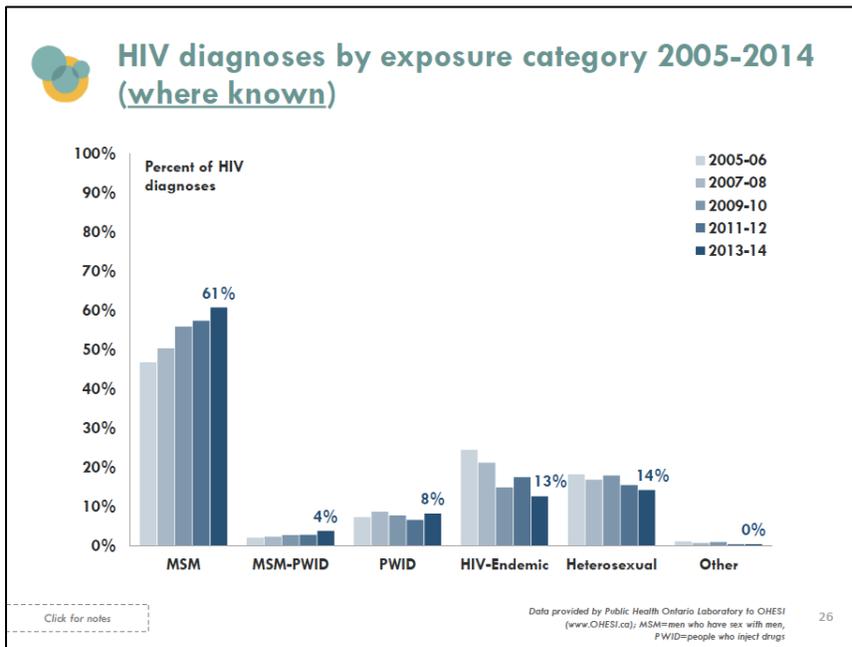
- *Our Agenda Mental Health Workshop*, a community development tool for ASOs to foster culturally competent mental health services for gay men;
- *Engagement Wheel*, an innovative resource to support HIV positive gay men and service providers to build holistic approaches to health and well-being;
- *Cruising Counts*, a practical guide for frontline workers conducting online outreach.

## OUR CHANGING ENVIRONMENT

### CAN WE END THE HIV EPIDEMIC FOR GAY MEN?

Here in Ontario, and around the world, the prospect of ending the HIV epidemic may be within reach. We now have highly effective treatments, which have transformed HIV disease into a manageable health issue, creating the opportunity for people living with HIV to live full lives. We also know that effective HIV treatment and the achievement of an undetectable viral load makes the onward transmission of HIV highly unlikely. We now have the knowledge that there are several effective strategies to prevent new HIV transmissions, including biomedical interventions such as pre- and post-exposure prophylaxis (PEP and PrEP, respectively) in addition to condoms and other strategies gay men have employed over time.

While the knowledge and tools that could effectively end the HIV epidemic among gay men may be in sight, success will require vigilance and sustained effort. Not all of these prevention strategies are easily accessible even while HIV remains concentrated among marginalized populations, among which gay men are most acutely affected – 63% of new HIV diagnoses in 2015 were among gay men. The Public Health Agency of Canada estimates that there were 31,200 people living with HIV in Ontario in 2014, of whom 17, 230 (55%) are MSM and 950 (3%) are MSM-PWID.



Source: Ontario HIV Epidemiology and Surveillance Initiative (OHESI), 2016

## THE HIV PREVENTION, TREATMENT, AND CARE CASCADE FOR GAY MEN

The significant improvements in health outcomes for people living with HIV achieving an undetectable viral load, combined with the possibility of reducing transmissions at a community level, is informing both research priorities and ASO policies and programs. Ending the HIV epidemic requires preventing new transmissions, but also ensuring people living with HIV are able to easily access appropriate and effective HIV treatment and care. A challenge to ending the HIV epidemic is that there are many people with HIV who have not been diagnosed and remain unaware of their HIV status, and among those who know their status, not all are engaged or stay in care.

The United Nations Programme on HIV/AIDS (UNAIDS) has set ambitious “90-90-90 goals” that, by 2020:

- 90% of people living with HIV will know their HIV status
- 90% of people living with HIV will be receiving sustained antiviral treatment
- 90% of people on treatment will have their viral load suppressed

In Ontario we are making positive progress. With an early diagnosis, engagement in HIV care and medication adherence many gay and bisexual men are able to reach and maintain an undetectable viral load. This results in the most optimal health outcomes for individuals living with HIV.

### How are gay men doing in the cascade?

The OHTN Cohort Study is a community-governed, province-wide research study aimed at improving the health and well-being of Ontarians living with HIV. Established in 1996, over 3,700 individuals actively participate at nine HIV clinics across the province. This cohort represents a diverse group of people living with HIV including gay, bisexual and other men who have sex with men. It has demonstrated over the years that an increasing number of gay men living with HIV are engaging in HIV care and maintaining a suppressed viral load. Of the 88.5% of gay men on HIV treatment in the study- 95.2% of them were virally suppressed.

*It is important to note that these results don't necessarily reflect all gay men in care in Ontario or gay men with HIV who are not in care. These study results provide a baseline. They describe treatment outcomes for people being seen at specialized HIV clinics and whose lives are stable enough for them to participate in an ongoing study.*

The “HIV prevention, engagement, and care cascade” illustrates the need for attention at every step along the continuum from prevention to suppressed viral load – ensuring that people at risk for HIV have the knowledge and tools to prevent transmissions; that people living with HIV become aware of their status soon after infection; that once diagnosed, people are linked to and retained in appropriate health care early; that people in care receive an immediate offer of appropriate HIV treatment; and that once they start treatment, are able to maintain a suppressed viral load.

Importantly, to address the “cascade,” HIV responses must acknowledge the social and structural factors that affect the ability of

individuals to access the knowledge and tools available at every stage along its continuum to maximize health outcomes, emphasizing a holistic approach to gay men’s health and wellness.

## **FOR GAY MEN, THE CHALLENGES POSED BY SYNDEMICS**

For gay men, many factors affect risk for HIV, including behavioral and biological factors, and also social and structural determinants – i.e. such as substance use, depression, stigma and discrimination, childhood abuse, partner violence, unequal access to health services, and elevated rates of sexually transmitted infections (STIs). While each of these determinants may independently increase risk for poor health outcomes, many gay men experience *syndemic* factors – that is, multiple health epidemics that mutually reinforce and amplify each other.

For some gay men, a *syndemic* of HIV, STIs, mental health concerns, substance use, childhood abuse and other experiences of violence may make it challenging to recognize and prioritize sexual health. Further, it may be harder to negotiate the barriers they encounter in accessing health care. For some gay men, intersecting forms of oppression such as racism, transphobia, and HIV stigma may make these experiences even more complicated.

In order to end the HIV epidemic among gay men, we need to prevent HIV transmission where possible – in part by ensuring that HIV-negative gay men have access to PrEP and PEP. But we also need to ensure that HIV-positive gay men are diagnosed and linked to care early. Meeting these challenges will require an effective system of community and health services that responds to syndemic factors and other barriers to optimal health.

GMSH was born of the increasing recognition that for many gay men, HIV constitutes but one of many health challenges, providing an opportunity to recalibrate efforts to respond to HIV in our communities with a greater focus on gay men’s sexual and overall health and well-being.

## **TAKING STOCK: WHAT WE LEARNED FROM STAKEHOLDER CONSULTATIONS**

Since its inception as a provincial advisory body, GMSH has taken seriously its responsibility to seek input from and collaborate with other stakeholders, including researchers, policymakers, public health, funders, and community members. During the Strategic Planning process, we consulted a wide range of stakeholders, as a means of getting suggestions and feedback on our work, but also to solicit new ideas, test our assumptions, and learn how GMSH can be most useful. Here is a summary of some of the things we heard:

### **Gay men need – deserve – gay competent services.**

Gay men need healthcare and social services that are clinically appropriate, and delivered by providers who are knowledgeable about their specific needs, in ways that are non-judgmental or -shaming.

In many communities, gay men find it difficult or impossible to find “gay competent” healthcare or social services. HIV positive gay men often face additional barriers, sometimes even among providers who welcome gay men.

For gay men, the lack of competent healthcare and social services is among the most significant barriers to sexual health. Beyond healthcare, provider ignorance, inexperience or hostility can create a barrier to other services, particularly those that might address syndemic factors that can contribute to poor health outcomes – including mental health or substance use services. Further, syndemic factors can have an impact on HIV positive gay men and may raise challenges for them to access HIV care, stay connected to care, and achieve suppressed viral loads.

*A “holistic approach” to MSM health just doesn’t exist here. It’s a systemic issue in healthcare and social service sectors: many people still pathologize gay men. There is a widespread lack of competency around syndemics, the importance of safe space, confidentiality around HIV. – Executive Director*

As a consequence, ASOs wanting to refer gay men to more specialized substance use or mental health care than what they can offer have had difficulty establishing reliable referral networks and face challenges in referring gay men with complex needs.

### **What are gay-competent services?**

“Gay-competent” services, whether primary healthcare or social services, meet the needs of gay men in ways that are clinically appropriate, as well as respectful, non-judgmental, and non-shaming.

Importantly, gay competent services must also account for how sexual orientation, gender expression and gender identity intersect within the larger context of people’s lives, recognizing that the experiences and needs of gay men may differ significantly among communities. For example, the experiences and needs of racialized or Aboriginal gay men, newcomer gay men, or gay men who live in rural or suburban settings, may differ substantially from those in urban settings or those who are white. In all settings, HIV-positive gay men may face additional challenges, include stigma and discrimination, and issues surrounding disclosure.

Though many factors that characterize gay-competency sound like common sense, most are about challenging the “heterosexual assumption” – i.e. the assumption that the typical or “normal” client is heterosexual. For example:

- Clinical concerns -- sexual health issues are included in primary care checkups, including for HIV-positive men; gay men are screened for smoking, alcohol and substance use, violence, depression, as well as HPV, HBV, STIs and other factors for which they are at higher risk.
- Issues specific to gay men -- homophobia, transphobia, stigma, and discrimination, and violence disproportionately affect gay men, and health outcomes may be associated with the degree to which clients are “out” to family, friends, colleagues and care providers.
- A welcoming environment -- participates in LGBTQ or ASO referral programs; includes LGBTQ experiences or examples in training materials, marketing brochures, or health promotion campaigns; policies that protect LGBTQ and HIV+ clients and employees from discrimination.
- Client forms and patient-provider discussions – include routine questions about sexual orientation and gender identity, and offer gender-neutral responses ( e.g. “spouse,” “partner,” or “significant other”); providers don’t make assumptions about the gender of sexual partners or about sexual behaviours, regardless of how clients self-identify.
- Confidentiality -- policies clearly state what information is confidential, what will be recorded in client records, who can access those records, what information is shared with insurance companies, etc.

- Staff sensitivity and training -- staff receive training to recognize and confront internal biases, use appropriate language, and become familiar with issues confronting gay men; openly gay staff provide a resource, but also help clients feel represented and welcome; with transgender or gender-fluid clients, staff respect chosen names and gender pronouns.
- Sex positive – gay sexuality and sexual behaviour are affirmed as a natural and integral part of a healthy lifestyle, an expression of emotional intimacy, and a source of pleasure, both for HIV-negative and HIV-positive gay men.

### **Gay men need a network of primary care and social service programs**

Persuading primary care and social service providers to implement gay competent care models has proved challenging, and ASO's need support to build such networks. While some ASOs have established mutually beneficial relationships with mental health or substance abuse treatment service providers, many have had only mixed success. One thing that is clear is that such relationships often require complex negotiations, which in turn requires the participation and commitment of senior-level agency staff.

### **Gay competency training is essential throughout the service sector**

There is a substantial need for training to enhance gay competency throughout the service sector. Even when there is interest in providing services to gay men, non-HIV service providers (including public health) often lack even rudimentary "gay competency" skills and many would welcome training.

*Our experience delivering the Our Agenda workshop underscored the need for much greater knowledge about the diversity of MSM and MSM experience. There's still a big, big need for addressing heterosexism – challenging the heterosexual assumption. – frontline outreach worker or supervisor.*

### **All ASO staff would benefit from gay competency training.**

Many ASOs identify the need for broader gay competency training among their staffs. GMSH has played an important role in ensuring that ASO outreach workers with the responsibility to reach gay men at risk have the necessary skills. But outreach workers and ASO managers alike expressed the need for training for other ASO staff, as well. In some instances, outreach workers targeting priority populations (including but not limited to gay men) feel silo-ed within ASOs, and GMSH outreach workers sometimes report being isolated within their agencies.

### **ASO'S need new strategies for identifying and reaching gay men who are at highest risk.**

ASOs face significant challenges in identifying, reaching, and intervening among gay men at risk for HIV, in particular due to: 1) gay men's perception of risk for HIV/STIs ; 2) syndemic factors such as mental health challenges, substance use, stigma and discrimination, which may increase risk; and 3) particularly in non-urban settings, an absence of identifiable places where gay men congregate, with a corresponding reliance among gay men on online hookup apps. It remains particularly difficult to reach men who may identify as straight.

*“Syndemic” factors are the biggest challenge – what else is going on for people? And both those at risk for or living with HIV can experience syndemic factors, so it not only affects prevention, but maintaining adherence, suppressed viral load. – frontline outreach worker or supervisor*

### **Gay men need simplified messages about combination HIV prevention strategies.**

Beyond the challenges in reaching gay men at higher risk, effective combination prevention requires discussion of multiple factors and strategies, which often defies a simple message. Gay men need easy-to-understand information that is relevant to the context of their lives – including information about complex biomedical interventions, such as PrEP or PEP, that can be hard to explain in simple language.

*Men need strategies for managing risks, messages that don’t talk down to them. We need to provide a responsive menu of prevention options: biomedical, insertive condoms, talking about PrEP, talking about TASP -- the challenge: thinking beyond condoms ... – frontline outreach worker or supervisor*

### **HIV positive gay men deserve holistic strategies and messages that speak to their health and wellness.**

It is important that HIV positive gay men are supported in building, changing or re-envisioning a life that will not only support HIV health, reducing viral load through treatment and service access, but more importantly, a life that is valued, connected to community, services and the opportunity to experience good health and well-being.

### **Sexual health campaigns must account for local/regional context.**

ASOs say the most effective sexual health campaigns are sex positive, edgy, and engaging, but note the risk for community push-back if campaigns are too explicit, particularly in suburban or rural communities. They also value campaigns that can be customized or branded to meet local circumstances.

*Adaptable campaigns are important. I need materials with different levels of “scandalousness.” For example, I can put up something explicit in a bathhouse, but I need something tamer for the PH office in [smaller city]. – frontline outreach worker or supervisor.*

### **Reaching sub-populations with specific needs may require targeted campaigns.**

A range of campaign approaches, including more targeted initiatives, may be required when sub-populations of gay men need tailored messages to their social/sexual contexts that may not resonate for the broader gay community. One example is the development of resources for gay men who are involved in “chemsex” and “party and play” communities and sexual networks within a context where the larger gay community holds stigma towards this group of men.

*Messages need to be sub-population specific (as opposed to general slogan campaigns). Sometimes, it makes sense to aim at a smaller, higher-need population with a specific message -- for example: polydrug users (ie. meth, club drugs). We may not need campaigns in which everyone can see themselves. – researcher*

*The challenge is that every guy who is engaged in high-risk activities presents a unique story (mental health, substance use, exploitation) – which kind of negates the campaign approach. – executive director*

### **There is an opportunity for greater collaboration with the research community.**

GMSH has had some success in helping to shape a research agenda that focuses on gay men. In 2013, GMSH and the OHTN brought together researchers engaged in gay men’s health to form teams focused on specific research questions, and members of the research community continue to express an interest in being involved. Moving forward, GMSH has the opportunity to find new ways to leverage research expertise, develop research policies, and expand knowledge transfer and exchange activities following new research findings related to gay men’s health to better facilitate updating resources, identifying new training opportunities, and responding to key findings.

### **There is a need to build a response to the high turnover rates among ASO-based gay men’s programs.**

There is a high turnover rate among gay men’s programs in Ontario that has been sustained over time. Developing tools and processes to support new members to the GMSH network become oriented to knowledge, good practices, and GMSH resources and campaigns will help ensure a skilled, informed GMSH network.

## **OUR NEXT FIVE YEARS**

### **OUR GOALS**

Ending the HIV epidemic among gay men will require attention at every point along the Prevention, Treatment and Care Cascade. As a priority population network, GMSH’s goals integrate with the goals of the Provincial HIV/AIDS Strategy to 2026, with an emphasis on gay men:

1. Prevention – Gay men in Ontario receive accurate combination prevention messages, have access to a network of gay competent HIV/STI/sexual health services (including access to appropriate prevention technologies, such as PrEP and PEP), as well as services to maintain their health and wellness and to address syndemic factors that increase their risk for HIV and for poor sexual health outcomes while living with HIV. Gay men with HIV are supported in maintaining an undetectable viral load.
2. Diagnosis – Gay men in Ontario understand the benefits of early detection and treatment for HIV and are encouraged to learn their HIV status, and have easy access to a network of services to facilitate appropriate HIV testing. In addition, gay men understand the importance of frequent STI testing in order to detect and treat STIs early for their health and for the reduction of STIs in their sexual networks.
3. Linkage to Care – Upon diagnosis, HIV positive gay men in Ontario are quickly linked to appropriate, gay-competent and HIV experienced primary or specialty care, receive appropriate HIV treatment, and have access to a network of social, community and health services to maintain their health and well-being.

4. Retention in Care – HIV positive gay men in Ontario HIV care receive quality, experienced HIV care and have access to a network of services to address syndemic factors that may influence their retention in care, adherence to HIV medications, and quality of life. Further, HIV positive gay men have access to sexual health and HIV prevention information to support them in negotiating pleasure and desire after diagnosis.
5. Undetectable Viral Load – HIV positive gay men in Ontario receive experienced HIV care and information and have access to a network of services to support their health and wellbeing, such that they are able to successfully achieve undetectable viral load, maintain their health and well-being, and reduce onward transmission.

## **OUR OBJECTIVES AND STRATEGIC DIRECTIONS**

To achieve its goals, GMSH employs three broad strategies: 1) networking and community mobilization, 2) campaign and resource development; and 3) skills-building and training.

### **1. NETWORKING AND COMMUNITY MOBILIZATION**

GMSH will support the network of Ontario ASOs responding to gay men’s health to build capacity, facilitate collaboration, share resources, encourage learning, and ensure consistency in the delivery of HIV/STI prevention and other sexual health services across the province. In addition, GMSH will support the work of ASOs to strengthen capacity of agencies and programs within their local service networks to work with gay men.

#### **OBJECTIVES:**

- ASO’s in Ontario are equipped to deliver gay competent HIV/STI prevention (including facilitating access to prevention technologies such as PrEP and PEP) and sexual health information and referral services.
- ASO’s in Ontario have the tools and supports they need to strengthen the capacity of their local networks of service organizations/providers to support gay men to address syndemic factors (i.e. mental health, substance use)
- ASO’s in Ontario have the tools and supports they need to develop referral networks for gay men seeking to access PEP and PrEP
- ASO’s have communication channels to facilitate knowledge and resource sharing among themselves and across the sector.
- GMSH supports ASO’s in ways that are responsive to their local contexts, in pursuit of high, cross-sector standards for serving gay men.

For gay men and other populations in Ontario, ASO’s represent the backbone for HIV services throughout the province. Among GMSH’s central functions will be to support this network, helping to ensure that all gay men have access to a range of HIV/STI prevention and sexual health services, as well as services to address syndemics. To do that, GMSH will:

- Convene the GMSH Alliance, as a strategy for knowledge sharing, cross-agency communication, and training for frontline workers
- Support ongoing capacity-building among ASO's to develop and deliver HIV/STI prevention and sexual health campaigns and services that are gay competent and culturally competent and responsive to syndemic factors that affect gay men's sexual and broader health outcomes.
- Identify challenges facing gay men in local environments that may impact their ability to access services to support the development of tools and strategies to address barriers
- Systematically assess and develop strategies to address HIV prevention and sexual health program development needs among ASO's
- Support ASO's in their work of collaborating and developing networks with their local healthcare and social service providers to create gay competent networks of primary care, mental health and addiction services
- Routinely engage ASO executive directors and ASO leadership, collectively and individually, to understand and respond to challenges in their work with gay men, and to facilitate and encourage cross-sector dialogue within local communities
- Continue to engage frontline workers to ensure timely orientation to the GMSH network, training on gay men's sexual health, HIV prevention, and syndemic issues and provide opportunities for frontline workers to share experience and perspectives on local community development efforts to inform GMSH resources to support the development of strong referral networks.

## 2. RESOURCES AND CAMPAIGNS

GMSH will produce tools, educational resources, and evidence-informed social marketing campaigns that can be used by ASOs and other service providers to help gay men address sexual health and the syndemic factors that contribute to HIV/STI transmission and are barriers to engagement along the prevention, engagement and care cascade.

### OBJECTIVES:

- Gay men in Ontario have the information they need to make decisions relating to sexual health, wellness, and syndemics factors.
- Gay men's sexual health campaigns account for and address the intersecting factors that affect all gay men's lives, including racialized or Aboriginal gay men, immigrants and newcomers and gay men living with HIV.
- GMSH campaign and resource messages embrace gay men's sexual health and wellness as a strategy for preventing transmission of HIV and other STBBI's
- ASO's have resources and tools that facilitate the development of evidence-based programs to meet gay men's sexual health and wellness needs
- ASO's have access to a range of sexual health and wellness campaigns that are easy to implement and relevant within their communities

The development of appropriate sexual health and wellness messages, tools, and campaigns is central to GMSH's strategy. Building upon previous campaigns, GMSH will endeavor to develop new campaigns and tools that respond to the need for straightforward messages about combination prevention strategies and address syndemic factors. To do that, GMSH will:

- Produce a mix of general and targeted campaigns, to ensure that HIV and sexual health messages reach gay men broadly as well as tailored messages for those facing specific challenges
- Undertake formative research (focus groups, surveys, etc.) to inform and optimize the development of new campaign messages and strategies
- Strengthen its materials and campaign development processes to ensure stakeholder input and buy-in, and to maximize implementation efficiency.
- Collaborate with ASO's to ensure that materials and campaigns are responsive and adaptable to local/regional contexts
- Leverage research and collaborate with the research community to ensure that messages, tools, and campaigns are evidence-informed
- Evaluate recent and ongoing campaigns to assess their feasibility, implementation, reach and impact

### **3. SKILLS BUILDING AND TRAINING**

GMSH will support the development of ASO led gay men's health and social services networks that 1) are clinically appropriate, knowledgeable, respectful, and supportive; and 2) address syndemic factors that affect gay men's HIV and sexual health outcomes.

#### **OBJECTIVES:**

- ASOs are able to refer gay men to providers that are equipped to deliver gay competent primary health care, as well as social services to address syndemic factors
- Provincial social service strategies, including mental health and addiction treatment, recognize and emphasize the importance of gay men's sexual health and wellness
- Social service networks, including those that provide mental health and substance use services, actively engage with ASO's and other providers to facilitate cross-referrals and the development of a comprehensive network of gay competent care
- ASOs have resources and tools to deliver gay competency training to health and social service providers within their networks, including public health, gay competency training to ensure that services are knowledgeable, non-judgmental, and non-shaming.

GMSH will promote policies to ensure that Ontario's HIV, health and social service sectors are equipped to provide gay competent care to meet the sexual health and wellness needs of gay men and address syndemic factors. To do that, GMSH will:

- Promote policies and advocate for good practices for services that meet the complex HIV and sexual health needs of gay men

- Systematically assess availability of gay competent services across multiple sectors
- Identify and disseminate good practices for gay competent care and social services
- Develop training curricula and tools to enhance cross-sectoral gay competency and collaboration
- Ensure that gay men are represented and their needs considered in deliberations concerning the availability or quality of provincial healthcare and social services, and in the development of provincial priorities or strategies.
- Collaborate and develop partnerships with provincial healthcare, mental health and addiction services providers to foster the development of programs to address the syndemic factors

## CONCLUSION

For gay men in Ontario, the next five years hold significant promise. With what we know, and the tools at our disposal we have the means to substantially reduce the number of new HIV infections amongst gay men while ensuring that all gay men who acquire HIV are diagnosed soon after infection and have early access to HIV treatment, care and support. Toward that goal, and with the support of funding from the Ontario Ministry of Health and Long-term Care, GMSH will invest in ensuring that gay men have the services they need, not only to address the HIV epidemic, but to support their overall health and wellness. While success will depend on many factors, we remain confident and forward-looking. For gay men in Ontario, failure is not an option.

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### GMSH Strategic Planning Committee

Noah Adams – co-chair, Gay/Bi/Queer Trans Men Working Group  
 Dane Griffiths, GMSH  
 Chris Jardin, co-chair, Rural and Suburban Working Group  
 Murray Jose-Boerbridge, co-chair, Poz Prevention Working Group  
 Paul LaPierre, Ontario AIDS Network  
 Owen McEwen, GMSH

Frank McGee, Ontario MOHLTC AIDS Bureau  
 James Murray, Ontario MOHLTC AIDS Bureau  
 Richard Utama, co-chair, Alliance of Aboriginal and Racialized Men of Ontario Region  
 Derek Hodel, strategic planning consultant

### GMSH STAFF

Owen McEwen, Director  
 Dane Griffiths, Manager of Health Promotion  
 Dan Gallant, Knowledge Facilitator  
 Jordan Murray, Administrative Assistant