cbrc
20 YEARS
Community-Based Research Centre

15th Summit

Queering Healthcare *Access* & *Accessibility*

Summit 2019 Report
October 31–November 1, 2019, in Vancouver, B.C.

cbrc
Community-Based Research Centre

EDITOR: Michael Kwag

WRITER: Kevin Hurren

PHOTOGRAPHY: Kevin Hurren & Tim Saylor

DESIGN/LAYOUT: Pulp & Pixel (pulpandpixel.ca)

PRODUCTION SUPPORT: Jose Patiño-Gomez

SUMMIT PROGRAMMING COMMITTEE: CBRC would like to recognize the important contributions of the Summit Programming Committee (SPC) in organizing this year's conference. The role of the SPC was to provide expert advice on the planning, implementation, and evaluation of the Summit, including development of the conference theme and program, as well as assisting in the review of abstracts and coordination of logistics. The SPC members for 2019 were:

Aaron Purdie, Health Initiative for Men
Alexandre Dumont Blais, RÉZO
Alec Moorji, EMHC
Ayden Scheim, Drexel University
Daniel Grace, University of Toronto
Jonathan Degenheart, AIDS Vancouver Island
John R. Sylliboy, Wabanaki Two Spirit Alliance
Nathan Lachowsky, University of Victoria & CBRC
Roberto Ortiz, MAX Ottawa
Rusty Souleymanov, University of Manitoba
Sarah Chown, YouthCO AIDS Society

Community-Based Research Centre (CBRC) promotes the health of gay men through research and intervention development. We are inclusive of bisexual and queer men (cis and trans) and Two-Spirit people.

Financial support for the Summit is provided by the Public Health Agency of Canada, the Province of British Columbia, and ViiV Healthcare. The views herein do not necessarily represent the views of the funding organizations and sponsors .

2019

Report also available in French – Aussi disponible en français.

Funded by the Government of Canada
Financé par le gouvernement du Canada
Canada

British Columbia
Supported by the Province of British Columbia

ViiV Healthcare

Introduction

Gay, bi, queer and other men who have sex with men (cis and trans) and Two-Spirit people (GBT2Q) are more likely to face unnecessary barriers to accessing the healthcare they need. These may be barriers to health services, medications or information to look after our bodies and experiences.

Many of these access issues are rooted within inequalities and inequities across society, including homophobia, heterosexism, racism, transphobia and many other sources of oppression and privilege that shape our lives.

These inequalities shape our ability to access health care and social supports and can negatively impact the way we express our gender and sexuality. For example, we may face challenges to find appropriate care (because of long distances to where services are, or lengthy waitlists), get information and services in our language of choice, find a provider who can provide non-judgmental care for our sexual and mental health, pay for medications or treatments, or connect with peers and community members who share our experiences. These represent just some of the important and unique dimensions of access faced by sexual and gender minorities.

With GBT2Q continuing to represent the majority of new HIV infections in Canada, our ability to access essential HIV-related services is as important as ever. Research has pointed to significant disparities in access to HIV testing, treatment and pre-exposure prophylaxis (PrEP) between provinces and cities, and between rural-suburban and urban settings. For example, far fewer GBT2Q in rural-suburban communities feel they can discuss their sexuality with a nurse or a doctor. Even in an urban setting, finding a queer or trans-friendly doctor can be daunting.

This year's Summit was dedicated to talking about what is and isn't working for GBT2Q people to access everything we need to live happy, healthy and supported lives. The Summit hosted keynote presentations from leading figures in GBT2Q health research, as well as advocates who spoke to the intersecting nature of marginalization for sexual and gender minority men. This Summit also highlighted critical findings from CBRC's Sex Now Survey as we turn our focus on how we can increase access and accessibility to health care and community supports for GBT2Q.

It is always important for community workers, health care providers, counsellors, researchers, Elders and teachers to come together and share insights. It will take all of us to improve the health of GBT2Q men – but it is possible, together.

What We Heard

This year's Summit brought more than 300 people to downtown Vancouver – from researchers and government officials to community organizers and health practitioners. Over two days, the Summit shared the best practices and latest research, and created a space for collaboration. Here's just some of what Summit 2019's participants had to say about their experience.[1]

98% of participants found the Summit **relevant** to their work, and **91**% found the content **useful** for their job

96% felt the Summit helped them stay **up to date on best practices** and other evidence-informed programs or interventions

75% of participants ranked their knowledge of HIV, Hepatitis C and related STBBI interventions as high **after the Summit**, up from 45% from before the Summit

> Great to see lots of **Indigenous-centred content and recognition** of Two-Sprit experiences. Every conference should open with remarks by Elders!

> Lots of great ideas shared about **improvements to accessibility** – in both rural and urban environments – which was great.

> Important theme, and an area we don't often discuss. **Strong content and amazing speakers**.

> I did not have a lot of experience with specifically gay men's issues and concerns, and I appreciated the Summit **opening my eyes** to that population.

> I have attended this summit for the last 6 years and work in rural communities. It is always a great opportunity to connect with other folks who are working in similar communities and **share what is working and not working** for each of us.

There is always room to be better. Based on this year's feedback, next year's areas of improvement include setting aside more time for engagement among participants (through networking and discussion periods), the accessibility of the space and the translation services between English and French.

1 A feedback survey was emailed to participants shortly after Summit 2019 closed and remained open for a month. 116 people participated in the survey.

What We Learned

As Canada's largest GBT2Q health conference, the Summit is uniquely positioned to bring leading speakers, researchers and experts to one place – all to talk about the ways we can help people take care of themselves and each other. Here's some of what we learned from our keynote presenters.

TWO-SPIRIT RITES OF PASSAGE

James Makokis

WATCH:
youtu.be/_KXidDpVA1M

James Makokis, a Two-Spirit physician whose trans health focused practice serves the communities of Kinokamasihk (Kehewin Cree Nation) and South Edmonton, spoke about the importance of visibility when it comes to marginalized communities. Outside his clinical practice, Makokis is an endurance athlete and recent winner of *The Amazing Race Canada* season 7 with his husband, Anthony Johnson. Since his time on TV, Makokis has met Two-Spirit Indigenous people who felt a sense of hope watching him on a national platform. While on the show, Makokis pushed back on expectations – keeping his queerness and Indigenous heritage in the spotlight.

Makokis relates that need to push back on norms to his own health practice as he guides trans people through hormone therapy. Right now, many doctors say they don't perform that kind of service, yet – as Makokis addressed – they prescribe birth control, which is a kind of hormone treatment. That ignorance, he said, becomes an excuse to prevent trans people from accessing health care, and that's something health providers should be challenged on.

> *"All doctors are already doing hormone therapy. They just decide they're not experts when it comes to a trans person. That creates transphobia in health care services."* – *James Makokis*

CREATING A TWO-SPIRIT LONGHOUSE MODEL OF HEALTHCARE

Rocky James & Florence James

WATCH:
youtu.be/cSwyvTeJ0us

Rocky James and his mother Florence – as CBRC's Truth & Reconciliation Consultant and Elder, respectively – helped frame Summit 2019 by discussing what access, health, identity and solidarity mean. Rocky invited participants to critically examine the systems that they work in, and to challenge those systems as allies when they see Indigenous voices and perspectives left out. Creating that kind of space at a meeting or in a conversation is a central part of the Truth and Reconciliation Commission's calls to action.

It can also help decolonize the Canadian health care system, allowing Indigenous perspectives to be better reflected in research and the delivery of support systems. As an elder and parent, Florence spoke to the importance of conducting one's work and life with compassion and understanding. Allowing people to exist outside of prejudice and expectations creates opportunities for people to find their own solutions when it comes to their health and community.

> *"Race is a box. Culture is an infinite horizon"*
> *– Florence James, Elder, Penelakut Tribe*

WATCH:
youtu.be/V-m8JDVc8Fk

QUEERING DISABILITY AND SEX

Andrew Gurza

As a writer, podcaster and disability consultant, Andrew Gurza brought both a personal and professional perspective to the issues of queerness, access, sex and mental health. Featured in the National Film Board of Canada's documentary "Picture This," Gurza pushed Summit attendees to think critically about the stereotypes surrounding sex and the queer community. Disability – whether visual, like being in a wheelchair, or invisible, like epilepsy – is often in opposition to those stereotypes, which makes navigating sexual experiences or queer spaces a greater challenge for those with disabilities.

These challenges, explained Gurza, also spill over into sexual health – like accessing HIV and STBBI testing. There can be physical barriers, like a clinic not having wheelchair access, or discriminatory ones, like health professionals assuming people with disabilities have no sex, less sex or only one kind of sex. As such, we need to contend with any biases we may have about people with disabilities: as sexual beings, as members of the community and beyond.

> *"How do we celebrate disability in our work? How are we dismantling ableism through our work and in our work?"*
> *– Andrew Gurza, disability advocate and consultant*

WATCH:
youtu.be/zyMxsG_Jzq8

DIGITAL APPROACHES TO HIV PREVENTION

Patrick Sullivan

At the Summit, Patrick Sullivan shared insights from a career in HIV research and prevention – including from the United States Centers for Disease Control and Prevention and the National

Institutes of Health. Sullivan noted that while overarching trends for new HIV diagnoses are on the decline in the U.S. – where his research is focused – there's been a 28 per cent spike for those in the 25 to 34 age group within the past decade. This is a troubling finding, said Sullivan, and suggests that younger men might not be taking the same precautions to protect themselves and their partners as their older peers.

Sullivan suggests we need to reach these and other at-risk populations in new ways, using cell phones and computers to link interventions. For instance, a PrEP pilot he participated in showed that participants were more likely to get tested multiple times a year (which is required to stay on PrEP) when they were able to get home testing kits and communicate their health information digitally. This would also reduce a significant burden on clinics dealing with increasingly long wait times.

> *"A great way to protect your partners is to go home and get tested"*
> *– Patrick Sullivan, on the potential of home-testing kits*

ORGANIZATIONAL, INTERSECTIONAL AND SYSTEMIC BARRIERS TO HEALTHCARE ACCESS

WATCH:
youtu.be/3SQLqinIMQc

Joanne Otis

Leading the Department of Sexology at the Université du Québec à Montréal, Joanne Otis' work focuses on the promotion of sexual health and sex education, as well as the psychosocial and sociocultural factors associated with risk or prevention practices. Otis shared her findings that gbMSM have trouble getting and staying connected to relevant supports – mainly due to siloed services, perceived judgement from providers and a lack of cultural sensitivity.

But there are ways to overcome these challenges, she said. "One stop shopping," for example, can offer a wide variety of health services and ensure gbMSM are referred to appropriate services and ensure greater uptake. Otis left the Summit with a clear call to action: engage in critical reflection, with the community, to uncover local gaps and disconnects, creating strategies to address them – whether that means expanding the channels to access services or exploring how they could be offered elsewhere, like online.

> *"If you want to improve the quality of your services, listen to your users. Respect their way of living."*
> *– Joanne Otis*

WATCH:
youtu.be/vGxngg_jJxM

SEX NOW SURVEY UPDATE

Nathan Lachowsky

Each iteration of the Sex Now Survey is evolving, said CBRC Research Director and Principal Investigaytor, Nathan Lachowsky. Sharing his time with the University of Victoria's School of Public Health and Social Policy, Lachowsky leads the Sex Now Survey – which is Canada's largest and longest-running study of gay, bisexual, queer and other men who have sex with men. Lachowsky spoke about how new iterations of the Sex Now Survey include more regions and populations across the country, in addition to linking back with respondents who opted-in for HIV or STI testing.

Lachowsky also talked to the survey team's work to better collaborate with and engage Indigenous perspectives. This resulted in record high participation rates from Indigenous communities for the 2017 Sex Now Survey. Similarly, he noted the increased interest in the "blood ban" – the deferral policy that prevents men who have sex with men from donating blood within a three-month window. He cited that over 90 per cent of participants expressed interest in donating if they could. These and other data sets that come from surveys like Sex Now are powerful tools that not only help us shape programs and service models, but also create changes in the public and political spheres that would benefit gbMSM.

WATCH:
youtu.be/1YkbpZyYp_E

THE CURRENT AND FUTURE STATE OF SEXUAL ORIENTATION AND GENDER IDENTITY CHANGE EFFORTS

Matt Ashcroft, Erika Muse, Nicholas Schiavo, Wendy VanderWal Gritter & Travis Salway

Moderated by Simon Fraser University assistant professor Travis Salway, the panel discussed the cruel and medically disproven practice of sexual orientation and gender identity change efforts – language that has since evolved to include sexual orientation and gender identity *and expression* change efforts, or SOGIECE. Commonly known as "conversion therapy," the panel addressed the broad and pervasive attempts to "correct" or "fix" LGBTQ2 people, which is impossible. Still, the efforts to do so can leave emotional, physical and psychological scars. Two SOGIECE survivors – Matt Ashcroft and Erika Muse – spoke on the panel about their experiences with SOGIECE and how that shapes their advocacy today. Joining Ashcroft and Muse on the panel was Nicholas Schiavo, executive director of No Conversion Canada – a national, non-profit working to ban conversion therapy in Canada – as well as Wendy VanderWal Gritter, executive director of Generous Space – an organization that used to conduct conversion therapy but now works to support survivors and eradicate the practice.

Building on the vulnerability and honesty of survivor testimony, the panel discussed just some of the ways Canada can become a leader in preventing SOGIECE, including holding religious leaders accountable, calling on elected officials to mitigate SOGIECE (through various legislative bans and an update to the Criminal Code of Canada) and creating more LGBTQ2-affirming supports and services so that people and their families can reinforce – rather than attack – their wellbeing.

What We Discussed

At breakout sessions, Summit presenters were able to share lessons, review case studies and build coalitions – all focused on improving the health and wellbeing of GBT2Q men everywhere. Each breakout session touched on several important themes and ideas, and here are just a few of them:

Intersectionality with Ethnicity, Language, Age, Ability, Gender Identity and HIV Status

Even when programs and services are specifically designed for men who have sex with men, they can still be inaccessible if other factors – like participants' ethnicity, language, age, ability, gender identity or HIV status – are not considered.

For instance, language can be a big barrier for LGBTQ2 people trying to navigate pathways to care. Health providers should engage with local stakeholders who are or work with people of colour, refugees and newcomers to ensure these communities' accessibility needs are considered and addressed – especially when it comes to translating information or offering supports to communities where English is less commonly spoken.

Similarly, loneliness and isolation can have a significant impact on one's physical or mental health. GBT2Q men may feel higher degrees of isolation if they're part of a racialized community that rejects them for their sexuality while also feeling rejected by the LGBTQ2 community for their ethnicity. Older GBT2Q men or men who are HIV+ may also face a similar sense of isolation and rejection.

Additionally, ability and gender identity should also be considered when attempting to increase access for queer and trans communities. Trans people's health care needs prompt a critical consideration of how sex, gender, reproduction and parenting are tied up together; and how gendered health care service spaces are frequently ill-equipped to address trans people's unique health care needs. Likewise, the accessibility of a clinic location (i.e. wheelchair access), office space (i.e. clear signage, natural or dimmed lighting) and programming (i.e. coordinating with sign language interpreters) can make all the difference for someone with different abilities.

Making small changes can result in a positive impact on men with multiple, intersecting identities. For instance, Toronto's Ethno-racial Treatment Support Network (ETSN) found that addressing racism, xenophobia and HIV-stigma in the context of sexual health and identity meant that participants were more likely to improve their health literacy and sustain connections to health service providers.

Steps that can help bring more equity to the delivery of health care: mandatory anti-oppression or inclusion training, avoiding assumptions or "groupings" (i.e. treating all Asian men as the same, in culture and language), partnering with members of the community and compensating partners for their collaborative efforts.

Breakout Sessions

WATCH: youtu.be/aXJsi59dfPQ

CREATING TRANS-INCLUSIVE REPRODUCTIVE HEALTH CARE SERVICES: IDENTIFYING AND MITIGATING BARRIERS

A.J. Lowik, University of British Columbia

ADDING COLOUR TO THE RAINBOW: RESEARCH ON THE INTERSECTIONS OF IDENTITY

youtu.be/CqZOJ2YuzqA **Dane Griffiths**, Gay Men's Sexual Health Alliance
youtu.be/515GChxY94g **Jeffery Adams**, Massey University
youtu.be/K_KVWGTzs7c **David Absalom**, St. Michael's Hospitall
Tyler Boyce, Somerset West Community Health Centre
youtu.be/QCDeA4RqCaE **Audience Q&A**

CONNECTION TO COMMUNITY AND ITS IMPACT ON HEALTH

youtu.be/Q6ZYY_awpNQ **Alex Wells**, University of Victoria
youtu.be/zmL5uS0KzZc **Thomas Trombetta**, CBRC
Jason Garcia, EMHC
youtu.be/ cPWvDz0SKQI **Megan Marziali**, BC Centre for Excellence in HIV/AIDS
youtu.be/xUGp4LTCxI8 **Simon Rayek & Kiarmin Lari**, Health Initiative for Men
youtu.be/TmQuHxGm7D0 **Audience Q&A**

NOTHING ABOUT US WITHOUT US: COMMUNITY-LED RESEARCH TO ADDRESS COMMUNITY HEALTH PRIORITIES

Madeline Gallard, Pacific AIDS Network, **Paul Kerber**, Pacific AIDS Network
Alan Li, Regent Park Community Health Centre, Committee for Accessible AIDS Treatment
Dale Maitland, Committee for Accessible AIDS Treatment
Olivier Gauvin, RÉZO

AUTISM SPECTRUM DISORDER (ASD) AND HEALTHCARE ACCESS

Ryan Lisk, ACT

WATCH: youtu.be/3CPdXx0_JtY

THE INVESTIGAYTORS: COMMUNITY-DRIVEN REPONSES TO QUEER AND TRANS RESEARCH

James Young, CBRC Investigaytors
Scott MacLaren, CBRC
Brandon Lansall, **Jonah Elke**, **Clayton Hitchcock**, **Garrett Gooch** & **Finn St. Denis**, EMHC Investigaytors
Alessandro Oliva, CRUISELab
Aidan Ablona, CBRC Investigaytors, BC Centre for Disease Control

Indigenous and Two-Spirit Reconciliation

Historically, Christian churches and the Canadian State worked together to impose a colonial binary gender construction onto Indigenous peoples who, for millennia, had a more sophisticated view of gender identity and sexual diversity. Today, structural inequities brought in by Western colonizers are often upheld and perpetuated by mainstream health systems, services and organizations.

To make change, Indigenous people and their allies are disrupting the ways sexuality, gender and Indigenous ways of being are understood. For instance, British Columbia's Making Space Project creates opportunities for staff to engage in acts of reconciliation, and work directly with Indigenous communities to establish what a clinic or provider needs to make the space friendly to Indigenous people (from using land acknowledgements, to allowing them to bring children or elders into the office). Similarly, B.C.'s Two-Spirit Dry Lab is making sure Indigenous and Two-Spirit people are no longer left out of health-related research – bringing together Western methodologies with Indigenous approaches to knowledge and healing.

Two-Spirit artists are reclaiming how their stories are told as well, taking back the narratives introduced by colonial powers. Through art they are reversing typical Western genre codes, as well as humanizing instead of othering Indigenous people.

Breakout Sessions

TWO-SPIRIT ARTISTS RECLAIMING EROTICA AND SEXUAL HEALTH NARRATIVES

Albert McLeod, Two-Spirited People of Manitoba

RECONCILING ACCESS TO TRADITIONAL AND OTHER FORMS OF HEALTHCARE FOR INDIGENOUS 2S/GBQ PEOPLE

WATCH:
youtu.be/BWDAFJVE6mw

Harlan Pruden & **Ryan Stillwagon**, BC Centre for Disease Control

MAKING SPACE FOR CULTURAL SAFETY AND HEALTH EQUITY

Syexwaliya Whonnock, Squamish Nation
Jillian Arkles Schwandt & **Lauren Allan**, BC Centre for Disease Control
Naomi Bob, Provincial Health Services Authority - Indigenous Health
Amanda Tallio & **Atticus Courtoreille**, YouthCO

Substance Use and Recovery

GBT2Q men are more likely to struggle with mental health issues and substance use than their straight, cisgender peers – and social apps have made it easier than ever to find opportunities to use. There are a variety of reasons why GBT2Q may use substances, such as a means for building social connections and coping with stress, isolation, or trauma. However, substance use can also present important health challenges, such as contaminated drug supplies, increased risk of HIV or STBBI transmission, or the loss of sexual consent during "party and play," or PnP. Due to stigma around drugs and sex, men experience immense barriers to discussing their use, which can drive them away from relevant interventions.

Even when GBT2Q men do access services, they may not be relevant to their specific needs. For instance, most recovery programs centre on depressants – like alcohol or opioids – instead of stimulants, more commonly used in PnP. Additionally, these recovery programs may not be youth or queer specific.

For instance, MAX Ottawa's program called "Spill the Tea" acts as an intervention focusing on reducing stigma associated with sexualized substance use and providing harm reduction materials to GBT2Q men who engage in PnP. By partnering with popular drag queens and avoiding stigmatizing words or phrasing, Spill the Tea is helping educate participants about drug safety using an engaging and innovative approach.

Additionally, Spill the Tea and other community groups across Canada are giving out kits (sometimes in pencil cases, for discretion) which contain supplies for safer sex and drug use, such as clean needles and snorting straws.

This emphasis on safer drug use is particularly important for GBT2Q men who have a desire to mitigate risks but won't respond to messages of abstinence. After all, substance use may help these men manage difficult life situations, or trauma associated with minority stress and stigma. Instead, health providers should focus on awareness of risk, strategies to mitigate risks and barriers to safe substance use.

Breakout Sessions

WATCH :
youtu.be/g3nJnGkZoeI

SPILL THE TEA: REDUCING SUBSTANCE USE STIGMA AND INCREASING HARM REDUCTION STRATEGIES FOR GBT2Q GUYS IN THE OTTAWA REGION

Robert Alsberry, **David Ley** & **Roberto Ortiz**, MAX Ottawa
Devona Coe & **Matthew Halse**, ViiV Healthcare

IMPROVING MENTAL HEALTH AND SUBSTANCE USE ACCESS FOR LGBTQ2 PEOPLE

WATCH :

Olivier Ferlatte, Université de Montréal — youtu.be/gSx2oojqXNA
Caroline Mniszak, University of British Columbia — youtu.be/7k9kXM6FrrQ
Rod Knight, BC Centre on Substance Use — youtu.be/aXA2bU3ZQe0
Pierre-Julien Coulaud, BC Centre on Substance Use — youtu.be/LdBMRU2gP4E
Leslie Szeto, CBRC Investigaytors — youtu.be/mL4ApMsb6as
Travis Salway, Simon Fraser University — youtu.be/53Ly7-eMYj4
Gwen Lister, AIDS Vancouver
Audience Q&A — youtu.be/4HHnXFjJzII

WHAT'S THE T ON PnP? RESEARCH ON SEXUALIZED SUBSTANCE USE

Trevor Goodyear, BC Centre on Substance Use — youtu.be/umPQc1lazoc
Matthew Numer, Dalhousie University — youtu.be/AXPJnAjreFY
Pierre-Julien Coulaud & **Caroline Mniszak**, University of British Columbia, BC Centre on Substance Use — youtu.be/Rjf2dsrmFpE
Cameron Schwartz, CBRC Investigaytors, BC Centre on Substance Use — youtu.be/0c0UEhboaNM
Audience Q&A — youtu.be/55GcoBAUJGM

YOU, ME AND PnP: HARM REDUCTION APPROACHES TO SEXUALIZED SUBSTANCE USE

Dane Griffiths, Gay Men's Sexual Health Alliance — youtu.be/LxzWEO2ocvE
Vincent Francoeur, ACT — youtu.be/GyoyNKgq5VE
Max Adilman, Vancouver Coastal Health — youtu.be/383K9gtD5Ck
Maxime Blanchette, Université de Sherbooke — youtu.be/b_ydR55IiA0
Audience Q&A — youtu.be/0-EFTHQCN1I

Rural and Remote Communities

New and emerging research – such as the Manitoba Two-Spirit, Gay, Bisexual, and Queer Men's Health Study – are finding that queer men in rural communities are further marginalized because of their location. It can be difficult for these men to find and access HIV and STBBIs testing, support programs, affirming-spaces and – at times – each other.

Aside from more funding for research to understand rural and remote GBT2Q men, there are emerging methods to connect with them. For instance, home testing collection kits can be shipped to doorsteps – but that requires the support of Health Canada and other regulators.

Until that support materializes, there are other ways to make it easier for rural and remote communities to access testing. For example, GetCheckedOnline.com is a website that assesses sexual behavior and generates a lab requisition to take directly to select LifeLabs locations around British Columbia. This can help men living in rural communities who prefer to access supports online, or who aren't yet comfortable discussing their sexuality with their doctor.

Additionally, when serving rural communities, it's not enough to assume local supports and perspectives align with the province. For instance, even a place like Ontario – with large Pride celebrations in several cities – has rural areas where LGBTQ2 people are isolated or discriminated against.

Breakout Sessions

TWO-SPIRIT, GAY, BISEXUAL AND QUEER MEN'S HEALTH ACCESS IN MANITOBA

Albert McLeod, Two Spirited People of Manitoba
Rusty Souleymanov, University of Manitoba
Jared Star, Sexuality Education Resource Centre
Chris Campbell, University of Winnipeg

IMPROVING ACCESS TO STBBI TESTING FOR GBT2Q COMMUNITIES IN RURAL/ SUBURBAN SETTINGS THROUGH ALTERNATIVE TESTING MODALITIES

WATCH :
youtu.be/a0QeoOcVS9g
youtu.be/2hriEDW1jnU
youtu.be/IgNrJAG9xvI
youtu.be/uqPc-NOxqzk
youtu.be/dt1IffAzxro
youtu.be/DX6XnYJfQmI
youtu.be/5_yoshKru2k

Maja Karlsson, Interior Health
Nathan Lachowsky, CBRC, University of Victoria
Hans Bosgoed, Health Initiative for Men
Devon Haag, BC Centre for Disease Control
Mark Gilbert, BC Centre for Disease Control
Ryan Lisk, ACT
Audience Q&A

PEACE RIVER PRIDE: LGBTQ2S STIGMA AND HEALTH

Martin Anderson, Alberta Health Services

THE URBAN/RURAL DIVIDE: RECOGNIZING THE UNIQUE NEEDS OF SUBURBAN, RURAL AND REMOTE GBT2Q MEN

Aidan Ablona, BC Centre for Disease Control, CBRC Investigaytors
Cait Hickman & **Nathan Lachowsky**, University of Victoria
Kiarmin Lari, Health Initiative for Men
Darren Ho, CBRC

Design and Delivery

When improving health care access and supports to GBT2Q men, it is not always a question of more. Sometimes, it's about delivering existing services in a better way.

In research, for example, there's an increasing move towards including diverse GBT2Q men in the process – meaning they're not just the subject, but an active participant of the research. These men become partners that can benefit directly from the research done, and the focus shifts to the impact of findings rather than the publication of findings. This, of course, takes work – like improving health literacy in communities, helping new partners understand research, compensating people for their time (such as with transit passes or childcare) and resisting the urge to tokenize. Instead of creating a "seat at the table" for a community member, subject-oriented research has the whole table reserved for community members, with researchers as supporters.

Embracing the latest technology can also help revitalize the effectiveness of supports and services. Online texting platforms have changed the way information is communicated on a mass scale, while still allowing for one-on-one, confidential interactions. Digital portals and handheld iPads can also alter how forms are organized – allowing for many more selection options than paper forms, particularly in relation to gender identity.

Further, dynamic data visualizations are now used to improve access to data for people and groups without backgrounds in analysis or statistics. Dashboards accomplish this using maps, charts and graphs to display information while allowing participants to change settings that affect these visualizations. One example of this is with CBRC's Sex Now Survey. Information was gathered from previous editions of the Survey and made available to the public through the Internet on a platform called Tableau.

Breakout Sessions

STRUCTURAL APPROACHES FOR STRUCTURAL CHANGE IN HEALTHCARE ACCESS AND ACCESSIBILITY

Alan Li, Regent Park Community Health Centre, Committee for Accessible AIDS Treatment
Alessandro Bisignano, Committee for Accessible AIDS Treatment
Matthew Harding, Max Ottawa
Mario Brondani, University of British Columbia
Mike Smith, ACT

DEMOCRATIZING ACCESS TO SEX NOW DATA THROUGH DYNAMIC DATA VISUALIZATIONS

Kiffer Card, University of Victoria, CBRC

WATCH :
youtu.be/PlhBY-HwVhM

OUR VOICE IN PRIMARY AND COMMUNITY CARE REDESIGN: DOES IT MATTER?

Chad Dickie, Patient Voices Network
Leo Rutherford, University of Victoria
Lawrence Mroz, BC SUPPORT Unit
Nathan Lachoswky, University of Victoria, CBRC
Jessy Dame, Vancouver Coastal Health

GETTING THE TOOLS TO THOSE IN NEED: INCREASING ACCESS TO BIOMEDICAL SERVICES

Darrell Tan, St. Michael's Hospital
Devon Haag, BC Centre for Disease Control
Cheryl Prescott, Fraser Health Authority
Scott Beck, University of British Columbia, CBRC Investigaytors


QTBIMPOC
lunch

Glossary

CBRC aims to engage our communities in meaningful discussions about health and well-being. The Summit – as a gathering of a diverse range of researchers, policy advisors and community organizations – may use different terms to talk about a range of identities in relation to these themes.

Here are some of the ones most used in this report:

MSM: "men who have sex with men." A term cognisant of the fact that not every man who has a sexual experience with a same-sex partner is gay or bisexual.

LGBTQ2: "lesbian, gay, bisexual, trans, queer/questioning, Two-Spirit." An umbrella term used to describe the broader community of people whose sexual orientation or gender identify is outside the heterosexual, cisgender majority.

Two-Spirit: a term used by some, but not all, Indigenous peoples to describe having sexual and/or gender diverse identities, as well as traditional third-gender roles grounded in specific spiritual beliefs. The term was created in 1990 at the Indigenous lesbian and gay international gathering in Winnipeg.

Gender Identity: a person's self-perception of being male or female. If it corresponds with the sex assigned at birth, they are cisgender. If not, they are transgender. If neither, or both, they may identity as genderfluid or non-binary.

Cisgender: having a gender identity (the gender they consider themselves as) that corresponds to one's sex assigned at birth.

Transgender: having a gender identity that differs from the gender normally associated with one's sex assigned at birth. The term includes people who identify with binary genders (i.e. trans men and women) as well as those whose gender identity is not binary (i.e. non-binary, gender non-conforming, genderqueer, agender, etc.).

Sex Assigned at Birth: the classification of people as male, female, or intersex based on physical anatomy (i.e. presence of a penis or vulva) at birth.

HIV: "human immunodeficiency virus." It is a virus that attacks the immune system, which if left untreated, can lead to Acquired Immunodeficiency Syndrome, or AIDS – when the immune system is so depleted that an individual is vulnerable to a range of life-threatening infections and cancers. It can take several years from HIV infection to develop AIDS.

PrEP: pre-exposure prophylaxis. A drug that, when taken daily by someone who is HIV-negative, prevents the transmission of HIV.

STBBIs: "sexually transmitted and blood-borne infections." Also known as sexually transmitted diseases (STDs) and sexually transmitted infections (STIs), STBBI is a more encompassing term addressing other ways these infections can be passed along, such as through the sharing of drug use equipment.

PnP: "Party and Play." When drugs such as crystal meth and GHB are used specifically to facilitate and/or enhance sexual encounters.

Intersectionality: the interconnected nature of social categorizations like race, gender and ability, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

cbrc
Community-Based Research Centre

Community-Based Research Centre (CBRC) promotes the health of gay men through research and intervention development. We are inclusive of bisexual and queer men (cis and trans) and Two Spirit people.

CBRC's core pillars - community-led research, knowledge exchange, network building, and leadership development - position the organization as a thought leader, transforming ideas into actions that make a difference in our communities.

CBRC was incorporated in 1999 and is a non-profit charitable organization. Our main office is located in Vancouver, British Columbia, and we also have satellite offices located in Edmonton, Toronto, and Halifax.

20 YEARS cbrc
Community-Based Research Centre

1007-808 Nelson St • Vancouver, BC • Canada • V6Z 2H2
www.cbrc.net • info@cbrc.net • T: 604-568-7478

theCBRC theCBRC @theCBRC @CBRCtweets communitybasedresearchcentre