

California HIV Planning Group Gay Men/MSM Task Force

Framework for Gay Men's Health and Wellness

The purpose of this document is to encourage the State of California Department of Health Services Office of AIDS (DHS/OA), persons who write public policy, and those who are responsible for the design and delivery of services to gay men, to develop a comprehensive initiative based on the *Framework for Gay Men's Health and Wellness*. Men who have sex with men (MSM) is a broad behavioral category that includes gay men as well as MSM who do not identify as gay. This document focuses on the distinct health and wellness needs of gay men.

The *Framework for Gay Men's Health and Wellness* was authored by the California HIV Planning Group's (CHPG's) Gay Men/MSM Task Force in collaboration with community consultants and DHS/OA staff. CHPG's Gay Men/MSM Task Force encourages policy makers and service providers to embrace this type of comprehensive, respectful, and dignified approach to individual and community health and to realize that it is necessary to work in partnership with gay communities to define and deliver the most effective health promotion and disease prevention services. This document gives voice to the rights and responsibilities of gay individuals and gay communities. After careful consideration, the Task Force affirms the following premise.

Premise

Under the auspices of CHPG, the Gay Men/MSM Task Force was formed in spring 2002 to address the persistent problem of HIV/AIDS in the community that remains the most heavily impacted by the virus--gay men and MSM. Composed of community members and experts in the field of HIV/AIDS from around the state, and drawing equally on recent research and the lived experience of the community, the Task Force concluded that sustained HIV prevention efforts have faltered, in part, because they focused singularly on a disease—AIDS—rather than focusing on the diverse health and wellness of gay men. This categorical approach, while more effective in decreasing new HIV infections early on in the HIV/AIDS epidemic, could never succeed in supporting gay men's health going forward. Behavioral research now suggests that comprehensive health measures must be in place to effectively confront the range of factors that affect behaviors that continue to drive HIV infection among gay men.

It became clear to the Task Force that health promotion must be the platform and disease prevention one of the planks among all health-related initiatives targeting gay men. HIV prevention, therefore, must begin with promoting overall health and wellness including physical, mental, spiritual, and sexual. The Task Force believes that one of the best ways to discourage self-destructive behaviors among gay men is to foster value for health and wellness, a sense of worth, and self-acceptance. While the Task Force never lost sight of the importance of HIV prevention, members set out to create a *Framework for Gay Men's Health and Wellness* based on the principle of health promotion and disease prevention services, and integrate understand, education, and human dignity. The

Framework emerged from the philosophy that an asset-based, community-driven model that takes the norms within gay communities into account has many advantages over deficit models.

It is crucial to recognize the wider context that encompasses gay men and their communities, which are the social, economic, and political environment where they reside. The Task Force acknowledges the broader social influences that affect the health and wellness of gay men. Homophobia, sexism, racism, ageism, classism, and other oppressions that gay men face, and sometimes perpetrate, affect gay men's health negatively. Further, it has been well documented that gay men of color disproportionately bear the burden of HIV disease. Understanding the debilitating effects of discrimination, especially racism must be a priority for research, service design and delivery for all gay men, and those who deliver services. Gay youth also experience multiple oppressions resulting in health disparities. The Task Force acknowledges that we must work, both as individuals and as communities to appropriately mentoring gay youth. Recognizing that reducing all forms of discrimination will improve gay men's health, the Task Force urges support to those who fight for social justice and that it is included as a value and goal to any health initiative for this population.

The key components of the *Framework for Gay Men's Health and Wellness* are divided into the rights and responsibilities of gay communities and gay individuals. This acknowledges the fact that the health of gay communities and individuals are dependent on each other. The word *community* means a group with shared rights, responsibilities, goals, concerns and health practices. Individuals require supportive and informed family, social networks, and communities in order to achieve, maintain and appreciate the need for optimal health. Reciprocally, individuals and their cumulative choices impact the health of their social networks and communities.

Gay men are vital and productive members of society. Individually and as a community these men have contributed significantly to science, art, politics and commerce. They are integral members of families (of many definitions), religious institutions, and governments. Sadly, many current and historic realities have challenged gay men, and their communities such as discrimination, stigma, religious intolerance, and antigay violence. In particular, HIV/AIDS has inflicted a devastating impact. While new treatments make AIDS less deadly, HIV infection rates continue to rise. Despite these challenges, however, the gay community continues to thrive. It is in this context of amazing resiliency and enormous challenges that California gay men are encouraged to come together with political and public health leaders, providers of medical and public health services, and committed family and community members to take a new look at how HIV prevention can be improved for gay men.

Key Components Of An Initiative for Gay Men's Health and Wellness

Community Rights

- Gay communities have the right to be free from harassment, discrimination, and threat of violence.
- Gay communities of color have the right to an end to racism and the differential health outcomes that racism creates.
- Gay communities have a right to employment benefits, and related benefits such as health insurance, free of discrimination.
- Gay communities have the right to create their own definition of good health, and to have health services delivered by providers who respect that definition.
- Gay communities have the right to state-of-the-art, health-based information that is available in language(s) and contexts that are meaningful.
- Gay communities have the right to equal access to ethical and appropriate health and wellness services that are specific to their geographic needs, including urban, suburban, rural, and frontier communities.
- Gay communities have the right to form relationships and family units that are valued, respected, and protected.

Community Responsibilities

- Gay communities have the responsibility for the safety and health of all members.
- Gay communities have the responsibility to acknowledge that community norms and actions have a major impact on individual health.
- Gay communities have the responsibility to empower themselves and acquire the skills to define and achieve their collective health and well-being.
- Gay communities must speak out strongly, actively identifying problems and solutions and leading the efforts to protect all members when the health of the community is challenged, whether from within or from outside.
- Gay communities have the responsibility to foster healthy habits and healthy norms among youth and other new members of the community.
- Gay communities must reclaim their authority to create effective strategies to help their members navigate the terrain of safer sex and negotiate sexual limits with potential sex partners.
- Gay communities have the responsibility to critically question community attitudes and long-held strategies that are not currently working to prevent the spread of HIV and STDs.
- Gay communities must encourage open and stigma-free discussion and disclosure of STD status, helping members to negotiate mutually agreed-upon degrees of safety.
- Gay communities must continue to chip away at the stigma attached to disclosure of HIV positive status. Disclosure should be encouraged for all men, both negative and positive, and should be supported over a continuum of HIV and other health services, not only in the wake of testing HIV positive.
- Gay communities have a responsibility to recognize the elevated levels of drug abuse and addiction among their members and the negative impact on the health and well-being of the community, and advocate for culturally sensitive education and increased access to treatment, recovery, and services when warranted.
- Gay communities have the responsibility to patronize businesses that understand and support the sexual and social health of gay men.

Individual Rights

- Gay men have the right to access to and support from a rich and diverse community. This community includes political advocacy, the arts, and health. Organizations should be supported that promote community and connection across all areas of interest: churches, athletics, business and professional groups, hobby and skills clubs.
- Gay men have a right to be embraced by a community without discrimination. All forms of discrimination, originating both within and outside the gay community, negatively affect the overall health and well-being of gay men and their allies. In particular, racism, originating both within and outside the gay community, negatively affects many gay men of color.
- Gay men have a right to not be bound by traditional gender roles. Masculinity and femininity are not rigid categories. No one should have to suffer stigma for being “too” or “not sufficiently” masculine or feminine.
- Gay men have a right to full and satisfying sexual lives. Sexuality is an important and vibrant part of the lives of all people. Medical, mental health, and sexual health services must embrace this right. Knowledge and respect should be taught and expected from all policy leaders and health service professionals.
- Gay men have the right to the knowledge and skills to understand “health,” negotiate an appropriate system of care, and maintain the power of personal decision-making necessary to actively partner with providers in their health and wellness which includes physical, spiritual, mental, and sexual health. Gay men have the right to healthcare delivery by trained, knowledgeable, and ethical providers.
- Gay men must have the right to determine the definition of “health” for themselves and their community, including mental, physical, spiritual and sexual health. This definition must be made in partnership with engaged and informed public health, medical, and scientific partners. Health care that respects these definitions should be available to gay men and respond to their needs. Multiple definitions of health can and do exist.
- Gay men have a right in any health care setting to be safe and comfortable with their sexual orientation, as they define it.
- Gay men have a right to equal access to health care and health insurance that are appropriate, effective and safe.
- Gay men have the right to coordinated comprehensive care that is client-centered. Inter-agency coordination should promote access to care rather than create segmentation and barriers to access.

- Gay men have the right to mental health providers sensitized to addressing the root causes of depression, isolation, and alienation for gay men, not just the symptoms. Poor mental health contributes to behavioral risk-taking, which leads to poor physical health. Gay men have the right to access services that treat these diseases produced by discrimination and stigma.
- Gay HIV positive men have a right to the reduction in the average time between HIV infection, diagnoses, and entry to care. HIV positive gay men have the right to effective HIV care and insurance that supports that care. There should be no disparity between gay men of color and others in outcomes related to HIV access to care and treatment.
- Gay men have a right to substance use/abuse harm reduction and treatment programs tailored to their cultural experiences and background.

Individual Responsibilities

- Gay men have the responsibility to acknowledge that individual actions have a major impact on community health.
- Gay men have a responsibility to decrease racism, discrimination, and stigma. This responsibility extends to the reduction in stigma of HIV status.
- Gay men are healthy and resilient, and have the responsibility of sharing with other gay men and the community at large the effective strategies they have used to gain and maintain health.
- Gay men have the responsibility to work toward maintaining their own optimal health.
- Gay men have the responsibility to protect their partners.
- Gay men have the responsibility to act to ensure the safety of all members of the community, whether by questioning emerging destructive community norms or by speaking out for the rights of individuals and the community.
- Gay men, both HIV negative and HIV positive, have the responsibility to create an environment that supports and fosters the ability to disclose HIV and STD status to their sexual partners and to discuss this and other important health information in an ongoing manner.
- Gay men who are HIV positive have the responsibility to never knowingly transmit HIV. Knowingly transmitting HIV is avoidable; its transmission is unacceptable.
- Gay men who are HIV negative have the responsibility to protect themselves and not deliberately put themselves at risk for HIV.
- Gay men have the responsibility to demand timely health diagnosis and entry to care. There should be no disparity between gay men of color and others in outcomes related to access to care and treatment.
- Gay men have the responsibility to make informed decisions about the use of drugs and alcohol, and to recognize the need to access treatment, recovery, and other supportive service when warranted.

Resources

What is Public Health? The Ten Essential Public Health Services. Association of Schools of Public Health. Adopted fall 2004, <http://www.asph.org>.

Ten Things Gay Men Should Discuss With Their Health Care Providers. Gay and Lesbian Medical Association. <http://www.glma.org>.

“Race And Sexual Identity: Perceptions About Medical Culture And Healthcare Among Black Men Who Have Sex With Men.” David J. Malebranche, MD, MPH et al. Journal of the American Medical Association, Vol. 96, No.1, January 2004.

“HIV Prevention Research: Are We Meeting the Needs of African American Men Who Have Sex With Men?” Vickie M. Mays et al. Journal of Black Psychology, Vol. 30, No.1, February 2004.

“Association of Co-Occurring Psychosocial Health Problems and Increased Vulnerability to HIV/AIDS Among Urban Men Who Have Sex With Men.” Ron Stall, PhD, MPH et al. American Journal of Public Health, Vol. 93, No.6, June 2003.