

# Colorado MSM Strategic Plan

A strategic framework to guide efforts  
to decrease new HIV infections among  
Colorado's gay men and MSM

HIV Prevention Advisory Committee  
April 4, 2011



# Background

- November 2008: Supplemental funding (\$ 68,162) received
- 2009
  - CDPHE engaged the services of contractors to design and implement a survey and semi-structured interviews involving MSM living outside metropolitan Denver
    - Interviews: n=31, age of participants ranged from 21 to 71
    - Internet and hardcopy surveys: n=143 MSM participants
    - 2 Community Conversations in late 2009 (1 rural (n=9), 1 Metro (n=37))
- 2010 Community Conversations:
  - July 2010 – identified strategies(n=12)
  - Nov./Dec. 2010 – identified actions (4 meetings, n = 21, including 8 rural men)

# Background- Survey and Qualitative Interviews

Designed to explore:

- Extent and context of behaviors that place non-metro MSM at increased risk
- Provide insight into attitudes and meanings of HIV risk and protective behaviors
- Identify patterns of socialization that contribute to the transmission or protective against HIV
- Identify utilization of services and relevance to community
- Identify existing assets and resources that support health and well-being among gay men
- Develop recommendations for CDPHE to increase the effectiveness of prevention programs for MSM



# Key findings from rural needs assessment

# Unprotected sex with person of different or unknown HIV status

Never/Not in past 12 months	75.5 <sup>0</sup> %
Once or twice in past 12 months	18.6 <sup>0</sup> %
About once a month	2.9 <sup>0</sup> %
About once a week	0.7 <sup>0</sup> %
Twice a week or more	2.1 <sup>0</sup> %

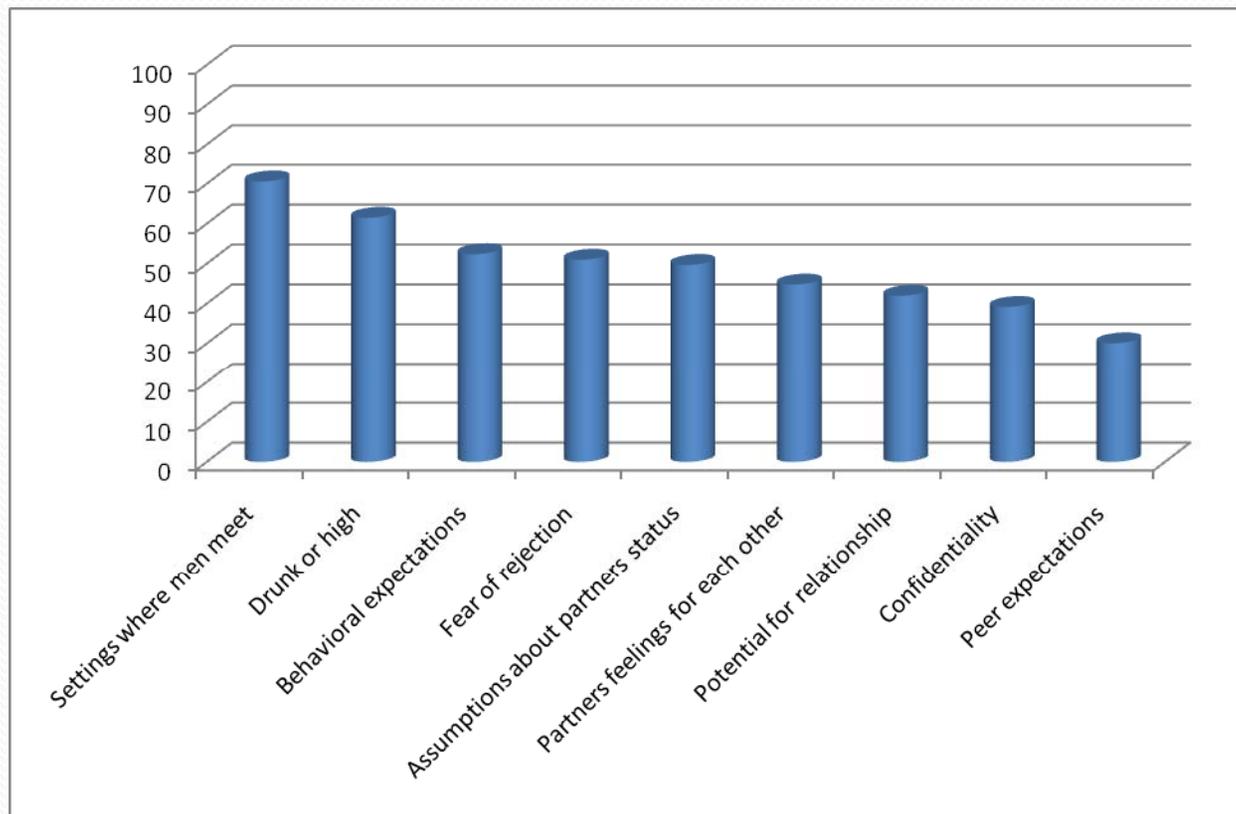
# Sex while drunk or high

Never/Not in past 12 months	64.0%
Once or twice in past 12 months	23.0%
About once a month	10.1%
About once a week	2.2%
Twice a week or more	0.7%

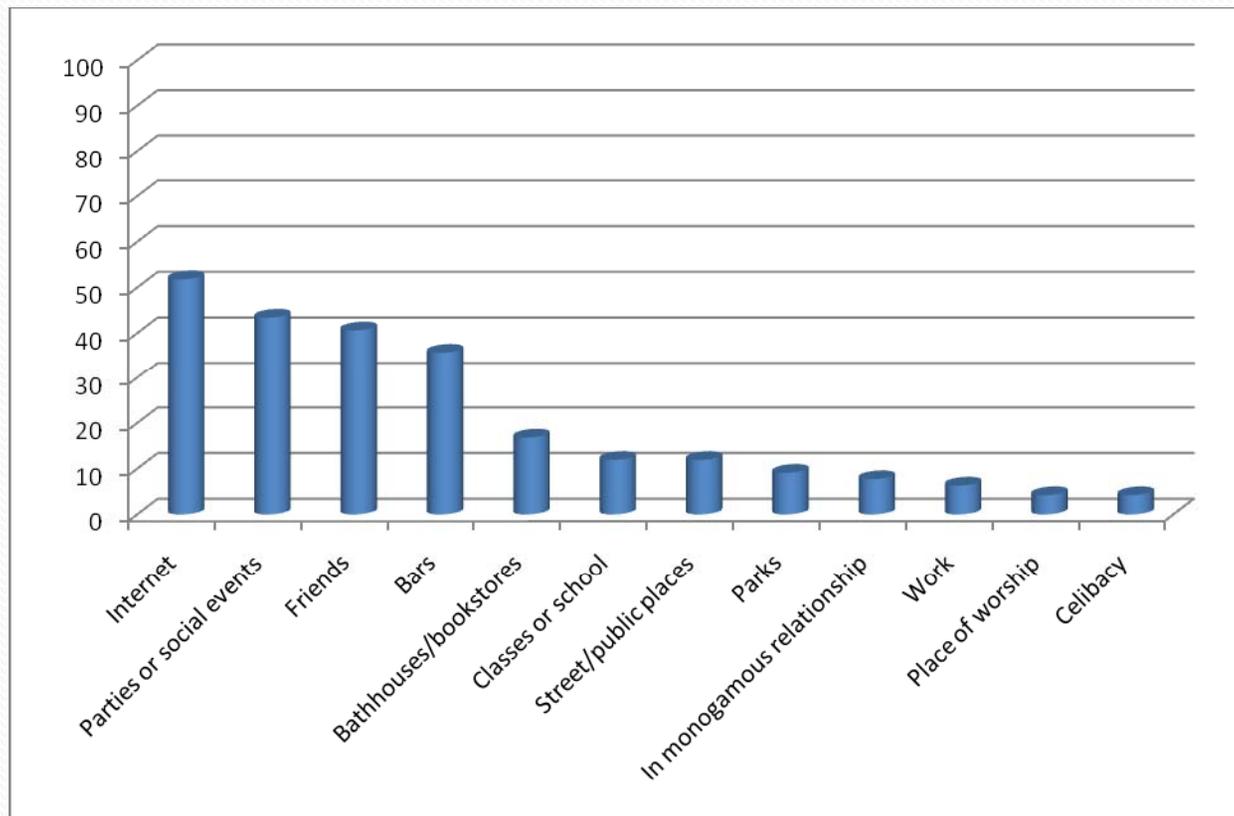
# Perceived frequency of HIV status disclosure

Never happens	2.1%
Rarely happens	18.3%
Happens occasionally	45.8%
Pretty common	25.4%
Very common	7.7%

# What effects whether or not men discuss HIV status with sexual partners



# Places for meeting sexual partners





# Major concerns of gay men

Isolation/need for community	27.0%
Anti-gay bigotry/prejudice	23.8%
Contracting HIV/other STI	15.6%
Need for legal protection/civil rights	14.8%
Health needs	11.5%
Violence/Fear of violence	5.7%
Financial concerns	3.1%
No concerns	3.3%



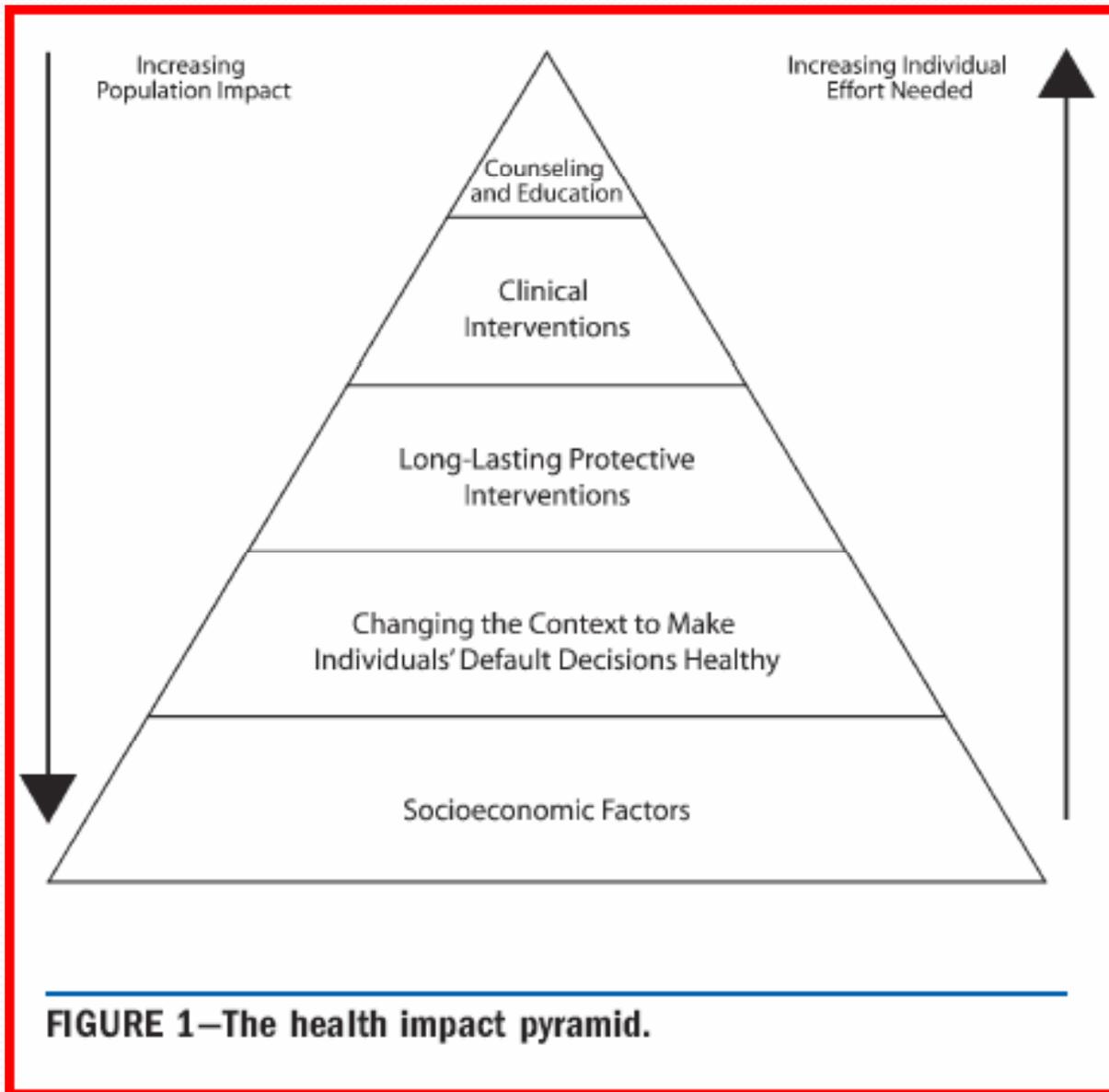
# A few recommendations

- MSM need: community building; opportunities to socialize, establish meaningful relationships, share stories, discuss their sexual behaviors and reasons behind them, and learn more about being safe.
- Get rid of the “use a condom every time” message. Use more sex-positive and peer-based messages.
- Involve PLWH in message dissemination.

# Key Findings and Foundational Issues that lead to the development of the recommendations

- Gay men need and want to be involved
- Assets-based approach
- Issues in rural/non-metro areas are unique and not the same as urban issues
- It continues to be difficult to target non gay-identifying men (NGI)– Recommendations primarily target “gay” men
- Health pyramid (Thomas R. Frieden, CDC, **The Health Impact Pyramid**, AJPB April 2010, Vol 100, No. 4)
- Focus on holistic approach to gay men’s health vs. “HIV Prevention” (reflecting lived experience)
- Co-occurring syphilis outbreak, response and message development (sex positive), importance of the Internet

# Framework





# Essential Strategies to Improve Health Outcomes for MSM and Gay Men in Colorado

## Objectives:

- To guide potential stakeholders to design, implement, and evaluate prevention initiatives for MSM
- To describe actions and activities that need to be in place and to identify the people and organizations that would be involved in carrying out the strategy components.



# Essential Strategies to Improve Health Outcomes for MSM and Gay Men in Colorado

Structure of Recommendations:

- Strategy
  - Components
    - Activities
      - Responsible Parties



# Essential Strategies

**Strategy 1: Ensure that initiatives, programs, and interventions designed to support health and wellness among gay men (including those who identify as gay, queer, or same gender-loving) reflect an understanding of the contexts of their lived experience and are responsive to the influences that affect their mental, physical, spiritual and sexual health and well-being.**



# Essential Strategies

**Strategy 2: Encourage, facilitate, and support gay men in accessing STI/HIV testing and learning their HIV status.**



# Essential Strategies

**Strategy 3: Encourage, facilitate, and support gay men in disclosing their HIV status.**



# Essential Strategies

**Strategy 4: Encourage and support gay men in making healthy decisions about sexual behaviors that decrease the likelihood of transmitting or acquiring HIV.**



# Essential Strategies

**Strategy 5: Increase HIV awareness  
among gay and bisexual men and MSM.**



# *Key* Recommended Activities

## Strategy 1, Component a:

- Assess the degree to which existing information illuminates factors critical to gay men's health and wellness and identify gaps in our knowledge and evidence base.
- Through collaborations and contractual agreements, design and implement research activities to address priority gaps in our knowledge and evidence base.



# *Key* Recommended Activities

Strategy 1, Component a:

- Identify, utilize and mentor gay researchers and research assistants/students with the capacity to conduct professional qualitative and quantitative research, as well as strong connections to the community to ensure adequate participant recruitment and incorporate a broad range of perspectives from the community.



# Key Recommended Activities

Strategy 1, Component b:

Foster a sense of collaboration and reciprocity between agencies and individuals whose primary focus is HIV prevention, as well as with new partners focused on areas that also impact the greater GLBTQI community. Agencies funded to provide HIV prevention services should encourage and support their staff in expanding their work beyond the office and participating in community and civic events to foster a shared sense of identity and purpose. Active involvement and participation of HIV prevention service providers in other initiatives within the GLBTQI community will also help to ensure greater visibility and increase opportunities for discussions of STI/HIV prevention and gay men's health issues.



# Key Recommended Activities

## Strategy 1, Component b:

- Identify how, where, with whom, and under what circumstances GLBTQI people are engaging with and contributing to the GLBTQI community (e.g., where do they volunteer, what issues are most important to GLBTQI people and receive greatest attention and fiscal/political support).
- Advocate for an Office of Men's Health within the health department. Speak to legislators to raise awareness, support and funding for an Office of Men's Health.



# *Key* Recommended Activities

Strategy 1, Component c:

- Advocate for an annual symposium to address HIV prevention and care issue (e.g., similar to the historic Rocky Mountain HIV Prevention Conference), with specific focus on gay men's wellness.



# Key Recommended Activities

Strategy 1, Component d:

- Actively engage target population(s) in the development and dissemination of HIV awareness messages. Encourage the development of creative and provocative messages that capture interest, yet promote effective and accurate prevention messages. Agencies should consider funding sources beyond the traditional federal or state funding sources, in order to disseminate messages that might be judged by some to be more provocative but would be more effective at gaining the attention of gay men.



# Key Recommended Activities

Strategy 1, Component d:

- Ensure that the next *Colorado HIV/AIDS Prevention and Care Comprehensive Plan* requires Community Advisory Boards (CABs) as a component of all HIV prevention projects for gay men. Future Request for Proposals (RFPs) should also mandate CABs as a component of all proposals.



# *Key* Recommended Activities

Strategy 1, Component e:

- Identify evaluation and referral/tracking tools and techniques that help measure wellness among gay men.



# *Key* Recommended Activities

Strategy 1, Component f:

- Incentivize agencies to implement portions of the MSM Strategic Plan recommendations.



# *Key* Recommended Activities

Strategy 2, Component c:

- Investigate the reasons why some gay men may test late in the course of their HIV infection. Identify characteristics that help to distinguish gay men who test late in the course of their infection from “early” testers. Consider enlisting Disease Intervention Specialists (DIS) to ask late testers why they may not have tested in the past.



# *Key* Recommended Activities

Strategy 4, Component a:

- Utilize a life course model framework to begin to identify signal events and stages in gay men's' lives that have implications for their health and well-being.



# *Key* Recommended Activities

## Strategy 4, Component b:

- In collaboration with various public and private entities serving gay men, develop a referral system that effectively addresses significant health and life course issues of gay men. Consistent with recommendations for a more holistic approach to gay men's health, the referral system should include mechanisms that link men to environments that will enrich their lives and overall health.



# *Key* Recommended Activities

Strategy 4, Component g:

- Develop a sub-committee within the Colorado Coalition for HIV/AIDS Care and Prevention Coalition that specifically focuses on gay men and their issues.
- Establish a Community Advisory Board comprised of gay men to advise the CDPHE and its STI/HIV Section on matters related to gay men's health and wellness.



# *Key* Recommended Activities

Strategy 5, Component a:

- Actively engage target population(s) throughout the development and dissemination of HIV awareness messages. Encourage the development of creative and provocative messages that capture interest, yet promote effective and accurate prevention messages. Agencies should consider funding sources beyond the traditional federal or state funding sources, in order to disseminate the more provocative messages.



# *Key* Recommended Activities

Strategy 5, Component b:

- Identify how concepts such as the social determinants of health and broader community level interventions might best be utilized to reach non-gay identifying men.
- Ensure funding to conduct research connected to social determinants of health and their relationship to HIV transmission and acquisition.



# Activity

## Small Group Questions

- How do we move this forward?
- What strategies are missing?
- Which actions are more feasible?
- What priorities need to be addressed?

## Report Back to the Group