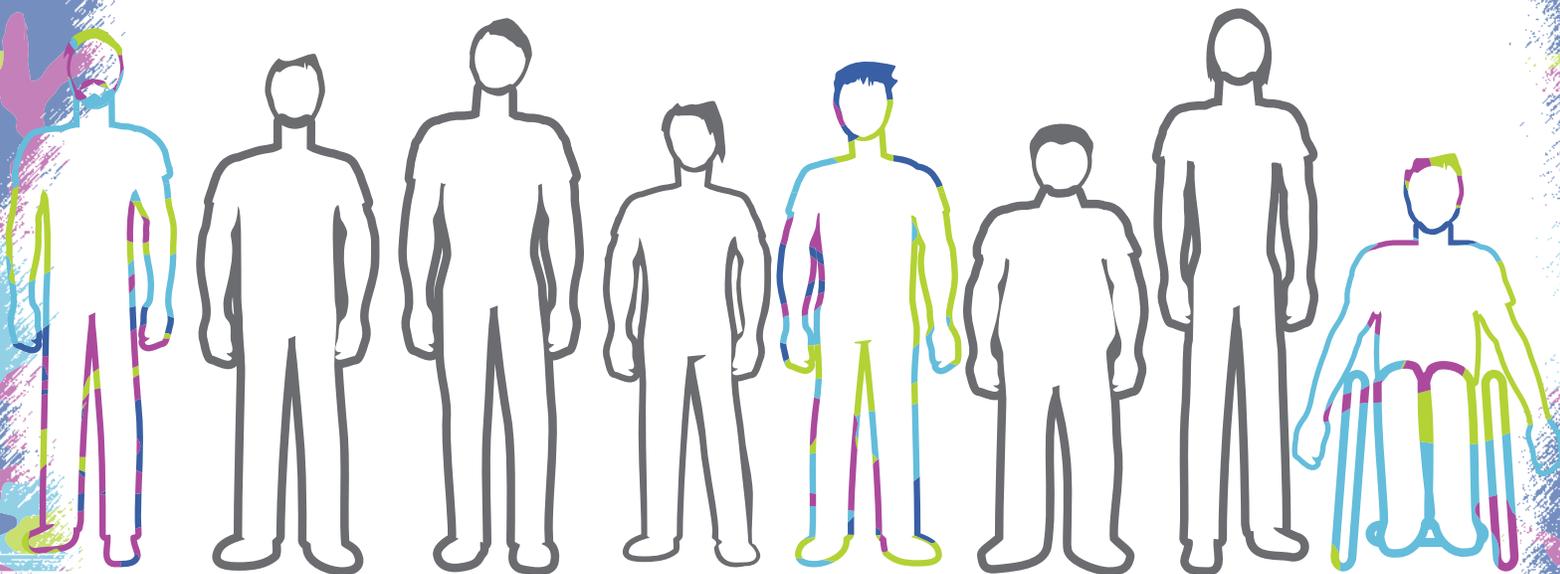


GETTING TO THE REAL NEEDS

Analysis of Simcoe County and Muskoka District data from the National Sex Now Survey 2011



This report was produced by The Community Based Research Centre for Gay Men's Health (CBRC) in Vancouver, British Columbia. The CBRC is a non-profit charitable organization dedicated to using community participatory research to develop knowledge about gay men's health and to develop interventions addressing health and social issues.

CBRC has conducted the Sex Now survey in BC since 2002. Since 2010 we have completed two national surveys with samples over 8000 on each occasion. The survey has grown in popularity and results have contributed critical information on trends associated with HIV prevention.

Sex Now 2011, collected data from 8,607 men who have sex with other men between September 2011 and February 2012 from every province and territory. The survey was designed to investigate social determinants affecting gay and bisexual men's health. It was available on the Internet in both English and French.



This work was commissioned by the Gilbert Centre as part of the Real Needs study and supported by the Ontario HIV Treatment Network (OHTN)'s Targeted Request for Funding – Impact Focused Research Program (RFA G945) and a Laurentian University Research Funds grant (Nominated Principal Investigator: Dr. Jan Yorke).



Table of Contents

Introduction	pg. 1
Demographics	pg. 2
Testing	pg. 6
Sexual Behaviour	pg. 8
Associated Recreational Substances	pg. 9
Identity, Stigma and Marginalization	pg. 10
Marginalization and Mood	pg. 13
Sexual Health Knowledge	pg. 14
Internet Use	pg. 15
Community Engagement	pg. 17
Discussion	pg. 18

Introduction

This analysis of Sex Now 2011 was commissioned by the Gilbert Centre (previously known as the AIDS Committee of Simcoe County) to assist with HIV prevention planning for gay, bisexual, and other men who have sex with men in Simcoe County and Muskoka District in Central Ontario. Sex Now is a periodic survey by the Community Based Research Centre that was originally commissioned by the British Columbia Centre for Disease Control and launched in Vancouver in 2002 to investigate a rise of annual HIV infections among gay men. Since then, the survey has been revised and conducted in 12 – 18 month intervals, first in British Columbia then, from 2010 across Canada. More than 20,000 individuals have participated in the survey since its inception. In 2011 8,607 respondents participated from every Canadian province and region. That year the survey reached more than 72% of all Forward Sorting Area (FSA) postal codes (first three digits).

The needs of men living in rural, suburban, small city regions have not been well researched in North America. Little is known about gay and bisexual men living in non-urban regions: the size of the populations, their behavioural practices or their access to health care and testing. The city of Barrie Ontario, about one hour north of Toronto, is the regional centre of Simcoe County and Muskoka District (**Simcoe**). The entire region, however, covers a vast tract of central Ontario that includes the Muskoka Lakes area.

A spike in HIV infections in the Simcoe region around 2010 triggered a community-led response by the AIDS Committee of Simcoe County (ACSC) which included hiring a Program Manager to implement HIV prevention activities specifically for gay and bisexual men and the formation of a community-based research team that included academic researchers and students, representatives of the local Public Health Unit, staff from the AIDS Committee of Simcoe County, AIDS Committee of Durham Region and AIDS Committee of Toronto, and volunteer Peer Researchers. This study of Sex Now participants from the region was commissioned within that initiative and forms part of a multi-stage inquiry being led by the newly assembled community-based research team. There were 141 eligible respondents from FSA postal code locations within the Simcoe region and their experience is represented in this report.

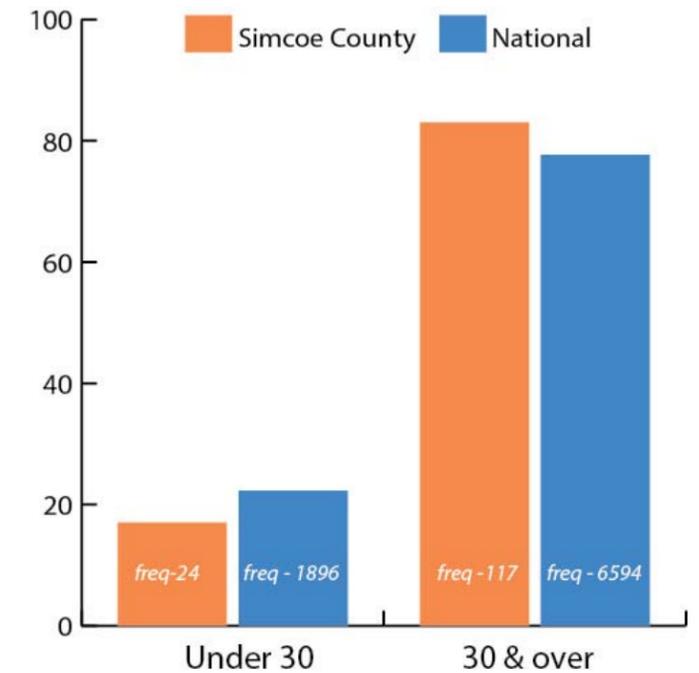
Sex Now survey is open to all men who have sex with men. It is conducted online and takes approximately 30 minutes to complete. Because the extent of the gay and bisexual male population of Canada is largely unknown and difficult to locate it is impossible to conduct random sample surveys with these groups. This survey, along with most others throughout the world, is conducted with online convenience samples or in gay related venues such as clubs and bars. The main advantage of this method is that costs are feasible and participation often robust. Sex Now has been successful in achieving large samples in Canada which has allowed broad investigations into important details around the health of sexual minority men such as the impact of stigma and prejudice.

Whether the Simcoe sample is representative of the regional population is unknown since key parameters are unknown. However, Simcoe's results are similar to other non-urban regions within the survey, which helps to support their authority. Readers should take this into consideration. It is unclear, for example, whether the demographics of the sample reflect the actual demographics that are observable in the region. Sizing up Simcoe's unique demographic features is key to understanding its situation within the national sample of Sex Now 2011 and therefore the meaning of Simcoe's experience with respect to National findings.

Demographics

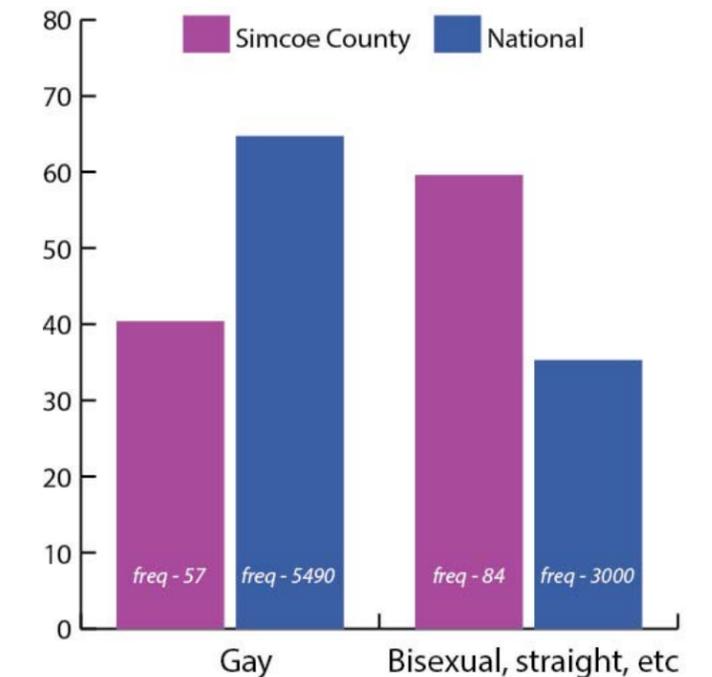
Age

The Simcoe sample is slightly older than the national sample (mean 46 vs 43). This indicates that there were proportionally fewer men under 30 represented in Simcoe than in other places. A large majority (83%) of the Simcoe respondents were older than 30. Since men under 30 often have different experiences than older men in the survey overall, this feature may affect impressions of Simcoe suggested by the analysis.



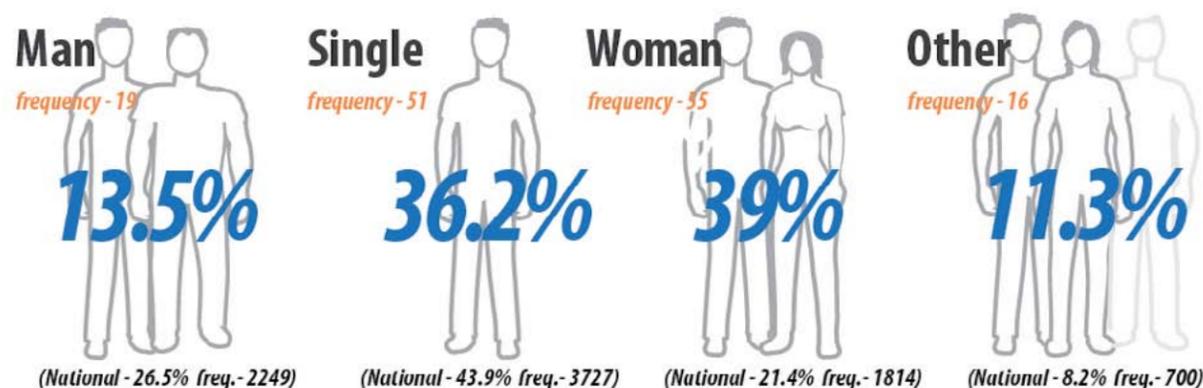
Orientation

The distribution of gay vs bisexual orientation in the Simcoe sample is nearly the reverse of the national sample. Whereas in the national sample gay men form a 65% majority, in the Simcoe sample bisexual men form a 60% majority. This distribution is similar to other rural, suburban, small centres in the national sample such as Kelowna in British Columbia. It is an important demographic feature to note because the two groups differ in fundamental ways on questions throughout the survey.



Relationships

Gay and bisexual men differ in their openness about sexuality and identity, their sexual behaviour, their access to health services, their acceptance of social conventions such as marriage and their attachment to community and civic institutions. It may be useful to think of gay and bisexual men as two different demographic groups even though their sexual networks may overlap.



Ethnicity

Simcoe is predominantly (98%) represented by white respondents. This may well reflect regional demographics. The relative absence of visible minorities in the sample may reflect actual low numbers in the community but there may be important individual experiences that have eluded this survey's description.

	Simcoe		National	
	frequency	percent	frequency	percent
African	—	—	23	0.3
Asian	—	—	216	2.5
Caribbean	—	—	55	0.6
Caucasian	138	97.9	7402	87.2
First Nations	—	—	118	1.4
Inuit	—	—	2	<0.1
Latino/Hispanic	—	—	115	1.4
Métis	2	1.4	49	0.6
Middle Eastern	—	—	54	0.6
Pacific Islander	—	—	12	0.1
South Asian	—	—	74	0.9
Mixed	1	0.7	234	2.8
Other	—	—	136	1.6

Income

Income distribution was about the same between National and Simcoe. It should be noted, however, that in the national sample the majority of gay men earned less than \$50,000 and the majority of bisexual men over \$50,000.

	Simcoe		National	
	frequency	percent	frequency	percent
<\$50,000	70	49.6	4300	50.7
\$50,000+	71	50.4	4189	49.3

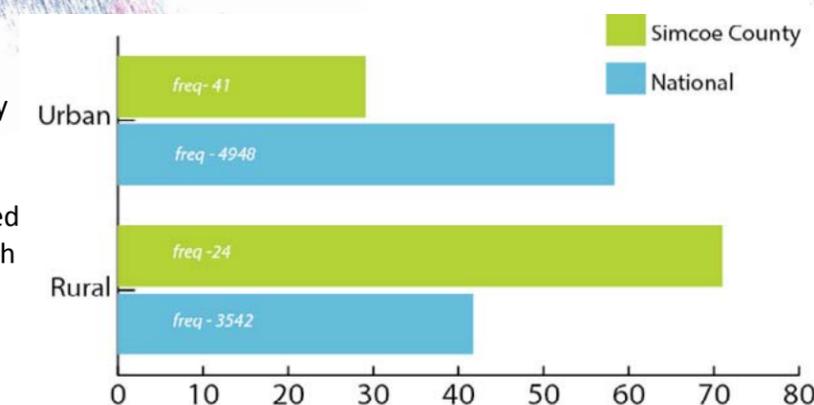
Education

Like other smaller centres, Simcoe's sample had a smaller proportion with university degrees and a larger group with college education.

	Simcoe		National	
	frequency	percent	frequency	percent
Some High School	8	5.7	3520	4.1
High School	26	18.4	1142	13.5
Some College/University	37	26.2	2145	25.3
College	38	27	1621	19.1
University	29	20.6	2863	33.7
Doctorate	26	18.4	367	4.3

Location

The majority (71%) of Simcoe participants described their location as suburban/rural whereas the majority of the national sample was urban. There are significant differences between rural and urban men expressed throughout the national survey which will be similarly represented in Simcoe.



Living Situation

Simcoe respondents reported somewhat more shared residency than the national sample overall. This is presumably because the large proportion of bisexual men in the Simcoe sample were living with their wives and families.

	Simcoe		National	
	frequency	percent	frequency	percent
Shared Occupancy	80	57.6	4399	58.3
Sole Owner/Occupant	57	40.4	3745	44.1
Dormitory	1	0.7	74	0.9
Couch Surfing, etc.	1	0.7	55	0.6
No Permanent address	-	-	37	0.4
Other	2	1.4	180	2.1

Analyzing Sex Now Results

“Difference between groups” is one of the most basic tools of social analysis. Noting that there are often significant differences between men “under and over 30” and between “gay and bisexual” men in the national sample, we have examined how these groups differ within Simcoe (within group analysis) and how Simcoe differs with National (between group analysis). We tested for differences between the National and Simcoe samples, between “men under thirty and over thirty” in both Simcoe and National and between “gay men and bisexual men” in both Simcoe and National.

Where there is little variation between groups responding to a survey question, the finding is commonly reported as “no difference between groups”. Where there is wide variation such as ten percentage points or more, statistical information is used to indicate whether the difference is “significant” (or has a high probability of being different). In this analysis we have used the Chi square test for trend to determine whether there were statistically significant differences between groups that affect the interpretation of survey results.

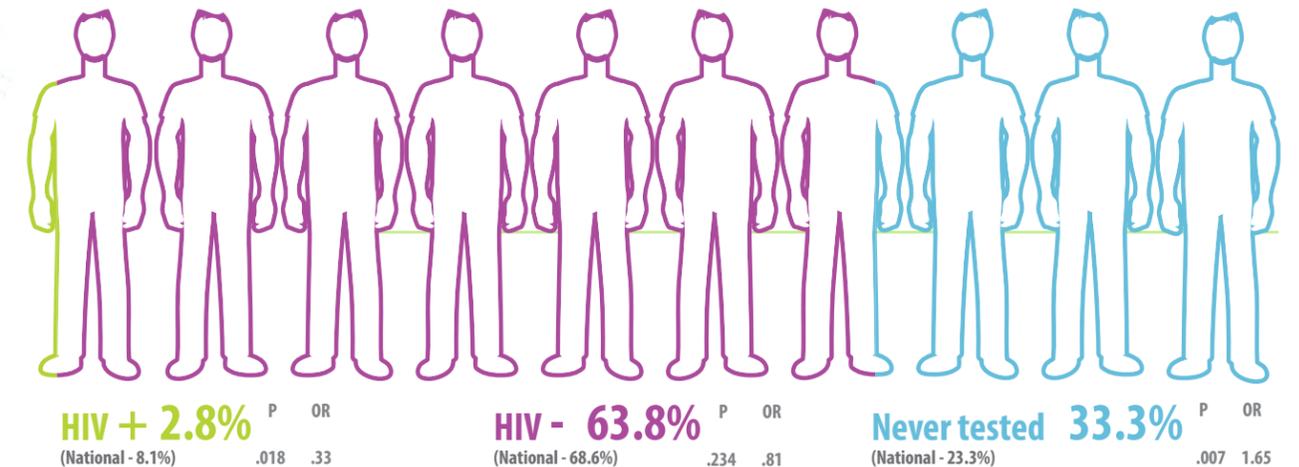
There is a standard value associated with the Chi square test known as its “probability value” (p) set at .05. Values of less than .05 ($p < .05$) indicate a high probability of a real difference between groups. Because the Sex Now survey is very large we have used an additional statistical value to assess the extent of difference known as Odds Ratio (OR). An OR value of 1.0 indicates “no difference”. Values greater or lesser than that begin to indicate the strength of difference. Positive differences occur when the subject group (Simcoe) has larger results than the comparison group (National), negative when smaller. Positive results are easier to read, thus in some cases, where there are significant results, both are reported in the tables. ORs greater than 1.5 begin to show significance similar to $p < .05$. For more information please consult statistical reference guides.

Testing

Participation in testing has become critically important to broad, population-based HIV prevention strategy. Reducing new infections depends on a high proportion of sexually active men knowing their status and acting according to their most recent information. Those that test positive are immediate candidates for treatment to reduce further damage to their health as well as their infectivity to others. Negative men must continue to maintain vigilance. All sexually active men having sex with other men should have an HIV test at least once every twelve months – and up to two to four times per year depending on the extent of their sexual activity. Frequent testing for STI is also important because the symptoms are not always visible and STI are known to facilitate HIV infection.

Last tested HIV status

Looking at the last tested status of Simcoe respondents compared to national average showed that HIV prevalence was significantly lower than the national average. This situation is common for rural, suburban small centre regions as HIV tends to be concentrated in cities (e.g., Vancouver, 15.5%). There was, however, a significantly larger portion (33.3%) of Simcoe respondents who had never tested for HIV. This might suggest the possibility of both undetected HIV cases and lower testing participation in the region



Routine testing

On the whole, the annual HIV testing rate in Simcoe was somewhat lower than the National average and STI testing significantly lower.

One potential reason for lower HIV and STI testing in Simcoe may be due to disproportionately fewer men who have reported their sexuality to their doctor or primary care provider. This situation is similar

to other rural, suburban, small city environments across Canada where the population of men having sex with men contains a larger proportion of married, bisexual men. These men may resist disclosure of their activities to their provider due to stigma and potential social consequences. Without such information providers may be unaware of testing needs that would otherwise be recommended. Non disclosure to a provider also signals potential resistance to testing in voluntary settings such as an STI clinic where there may be unwanted public exposure, especially in a small center where individuals are more visible.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Tested for HIV	41.1%	48.9%	.068	0.73
Tested for STIs	38.3%	48.7%	.015	.66
Out to Provider	50.1%	27.0%	<.001	0.37

Looking at how age affects testing among Simcoe’s men shows that somewhat fewer under thirty men tested annually than the national average (45.8% vs 49.9%) for their age group). However, substantially fewer of those thirty and over tested annually than the national average for their age group (40.2% vs 48.6%). Fewer younger men disclosed their sexuality to their physicians nationally, however, substantially fewer disclosed among Simcoe’s younger men.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Tested for HIV	40.2%	45.8%	.608	1.26	48.6%	49.9%	.289	1.06
Tested for STIs	36.8%	45.8%	.404	1.46	48.1%	50.7%	.045	1.11
Out to Provider	28.2%	20.8%	.458	0.67	52.6%	41.4%	<.001	0.64

Significantly fewer bisexual men than gay men tested annually in both National and Simcoe samples but at about the same rates. Substantially fewer Simcoe gay men tested annually compared to their national counterparts (47.4% vs 55.5%). Simcoe’s gay men were much more likely to disclose their sexuality to their doctor than bisexual men even though less commonly than the national average. Disclosure among Simcoe’s bisexual men was substantially lower than the national average – important to note since they form the majority of the sample population.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Tested for HIV	47.4%	37.3%	.237	1.51	55.5%	36.2%	<.001	2.20
Tested for STIs	45.6%	33.7%	.156	1.65	55.8%	34.8%	<.001	2.37
Out to Provider	52.6%	9.6%	<.001	10.42	67.2%	17.4%	<.001	9.71

Implications for programs

These indicators suggest that annual HIV and STI testing rates in Simcoe were lower than the national average. Both are less than optimal for prevention goals. Increasing testing participation may prove difficult given this environment, however, it is important to recognize that there are between group differences that could be used to plan strategy. Simcoe’s gay men will likely respond to different message appeals than bisexual men. Bisexual men may respond to greater anonymity.

Sexual Behaviour

Sex Now asked questions to evaluate behavioural risks long associated with HIV transmission. We asked a self assessment question: “In the last 12 months, have you had any sex that you thought might have risked HIV transmission?”—i.e., (self) Perceived HIV Risk. We also asked about condomless anal intercourse (CAI) with unknown HIV status partners – a commonly used indicator of potential HIV transmission risk in sex between men.

The results showed that “perceived HIV risk” among Simcoe men was somewhat lower than the national average but not significantly. There was little difference in reported CAI with unknown status partners between Simcoe and National samples. This suggests overall that Simcoe’s men are at no greater or lesser HIV risk than elsewhere due to their sexual practices.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Perceived HIV Risk	26.2%	32.0%	.086	0.76
Condomless Anal Intercourse	27.7%	28.6%	.447	.96

There was little difference in perceived transmission risk between younger and older Simcoe men. However Simcoe’s younger men’s self perceived HIV risk was well below the national average for their age group (25.0% vs 35.0%). There was little difference between younger and older men in reported CAI both nationally and in Simcoe.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Perceived HIV Risk	26.5%	25.0%	.879	0.93	31.1%	35.0%	.001	1.19
Condomless Anal Intercourse	28.2%	25.0%	.749	0.85	28.3%	29.5%	.295	1.06

There were, however, large differences in perceived transmission risk between gay and bisexual men both nationally (35.9% vs 24.3%) and in Simcoe (40.4% vs 16.9%). The same pattern revealed itself in reported CAI. It is thought that bisexual men may exert more caution in their sexual relations with other men in trying to avoid the potential social consequences of acquiring an STI.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Perceived HIV Risk	40.4%	16.9%	.002	3.33	35.9%	24.3%	<.001	1.74
Condomless Anal Intercourse	38.6%	19.3%	.012	2.63	32.3%	21.7%	<.001	1.73

Implications for programs

These results are often used to evaluate whether free condom programs would be useful. Studies of Sex Now in other years have shown that the most often cited reason for not using condoms, or feeling pressured not to use condoms is their lack of availability. Wider and more creative distribution in the community is often considered a first line of intervention. Simcoe's bisexual men may present a challenge for such a strategy.

Associated Recreational Substances

Recreational substances are commonly associated with sexual risk in studies of sex between men. Club drugs are not believed to actually cause risk but they are often co-present with sexual risk.

Analysis of recreational substance use showed that they are being consumed in Simcoe, however, the actual numbers of those involved tend to be low. Cocaine was used as commonly as the national average. We combined a number of commonly used recreational substances into one category "Party Drugs" to determine how Simcoe compared to National. This showed that drug use in Simcoe was somewhat less than the National average but not significantly.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Cocaine	9.2%	9.2%	.999	1.00
Crystal Meth	2.1%	3.6%	.340	0.58
Ecstasy MDMA	5.0%	9.7%	.058	0.49
Party Drugs	9.9%	15.3%	.076	0.61

Use of recreational substances was more common among young men under 30. For example, there was little difference between younger Simcoe men and younger men Nationally (20.8% vs 21.4%).

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Party Drugs	7.7%	20.8%	.050	3.16	13.6%	21.4%	<.001	1.73

There was a significant difference in the use of party drugs between gay and bisexual men at the national level (18.1% vs 9.6%). A lower proportion of Simcoe's bisexual men reported recreational drug use compared to gay men but the difference was not significant.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Party Drugs	12.3%	8.4%	.456	1.52	18.1%	9.6%	<.001	2.08

Implications for programs

The most recent research on gay men and recreational substance use recommends no use of message campaigns on the risks of sex and drugs. Instead, community programs should invest in ensuring that sexuality sensitive counseling and treatment are available for those whose substance use has become problematic.

Identity, Stigma and Marginalization

Recent studies have linked exposure to stigma, prejudice and violence to adverse mental health and HIV transmission in gay and bisexual men. We compared Simcoe results and found that exposure indicators were substantially below National averages. While this may seem like welcome news, the results are likely due to the majority of the Simcoe sample (i.e, bisexual men) who are not publicly "out". Because so few bisexual men openly disclose their same sex sexual activity, they are consequently, as a group, less targeted with prejudice and violence.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Not Publicly Out	55.3%	36.3%	<.001	2.17
Verbal Violence	29.8%	47.2%	<.001	.475 (2.10)
Physical Violence	6.4%	12.6%	.027	.473 (2.11)
Bullying	24.1%	42.2%	<.001	.435 (2.30)
Called Homo, Fag, etc	31.2%	43.1%	.005	.598 (1.67)

National ORs are bracketed to illustrate the extent of difference with Simcoe

More of Simcoe's younger men were not publicly out than the National average for their age group (37.5% vs 25.6%). Younger men, both in Simcoe and National samples, were more often targets of violence than older men. There was little difference in exposure to verbal violence between younger men of Simcoe and National (58.3% vs 61.2%). Recent studies by the CBRC have shown that younger men of today are more exposed to violence than their older counterparts were when they were young. Much of anti-gay violence happens in high school in this era. Stigma theory suggests that social tensions have increased due to greater media exposure about sexual minorities and the greater vulnerability of younger gay and bisexual men who are coming out publicly in high school.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Not Publicly Out	59.0%	37.5%	.054	0.42	39.4%	25.6%	<.001	.053
Verbal Violence	23.9%	58.3%	.001	4.45	43.1%	61.2%	<.001	2.07
Bullying	19.7%	45.8%	.016	3.46	38.8%	53.8%	<.001	1.83
Called Homo, Fag, etc	39.8%	54.5%	<.001	1.81	28.2%	45.8%	.090	2.15

Comparing gay and bisexual men showed very similar patterns between Simcoe and National samples. Bisexual men, few of whom were publicly out, were exposed to significantly less violence and bullying than gay men. In this way, non disclosure of sexual identity may be functional for Simcoe's bisexual men. They perceive the threat that disclosure would bring and thus work to maintain their anonymity. It is unlikely that prevention programs could change this condition. Programs need to adapt to existing culture.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Not Publicly Out	15.8%	83.1%	<.001	0.04	13.3%	80.7%	<.001	0.04
Verbal Violence	54.4%	12.0%	<.001	8.70	61.7%	18.8%	<.001	6.98
Bullying	43.9%	10.8%	<.001	6.42	53.6%	19.8%	<.001	4.66
Called Homo, Fag, etc	54.4%	14.5%	<.001	7.05	55.9%	18.2%	<.001	5.70

Marginalization

While exposure to violence appeared to be lower in Simcoe, it did not seem to stem from more sexual openness or less prejudice in the region. In fact Sex Now indicators seem to suggest potentially greater marginalization of gay and bisexual men than elsewhere. Significantly fewer Simcoe men felt liberated enough to be "out" at work. Significantly fewer Simcoe men felt that the region was accepting of gay men than the National average (53.9% vs 76.2%). And significantly more felt they had little social support if something was to go wrong (41.1% v 25.3%).

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Out at Work	31.9%	46.6%	.001	.537 (1.86)
Gay Acceptance	53.9%	76.2%	<.001	.336 (2.73)
Low Social Support	41.1%	25.3%	<.001	2.07

National ORs are bracketed to illustrate the extent of difference with Simcoe

Simcoe's younger men neared National average for being out at work in their age group. Studies of gay prejudice in the workplace suggest that such openness among younger men may be in conflict with their careers. Those who are out in the workplace have 3 times greater odds of employment prejudice. Those who lose their jobs due to workplace stigma have significantly greater odds of depression, suicidality and sexual risk.

Interestingly, more of Simcoe's younger than older men felt that the region was accepting of gays (62.5 v 52.1). However, Simcoe's younger men were also significantly more likely to report little social support than their National age group (29.2% v 17.2%).

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Out at Work	28.2%	50.0%	.037	2.55	44.5%	54.1%	<.001	1.47
Gay Acceptance	52.1%	62.5%	.354	1.53	75.2%	79.5%	<.001	1.28
Low Social Support	43.6%	29.2%	.191	0.53	27.6%	17.2%	<.001	0.55

Looking at the same conditions by orientation shows extreme differences between gay and bisexual men. Being open about sexuality was relatively rare for bisexual men in Simcoe and Nationally. Simcoe's bisexual men were much less likely to believe that the region is accepting than Simcoe's gay men or bisexual men Nationally (42.2% v 59.7%). The great majority of Simcoe's bisexual men said they had little social support should anything go wrong.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Out at Work	70.2%	6.0%	<.001	36.71	66.5%	8.3%	<.001	21.85
Gay Acceptance	70.2%	42.2%	.001	3.23	84.7%	59.7%	<.001	3.73
Low Social Support	17.5%	57.8%	<.001	0.16	11.5%	51.9%	<.001	.012

Implications for programs

Simcoe men may benefit from efforts to reduce stigma and prejudice in health environments. Community HIV programs often offer sensitivity training to health personnel to overcome institutionalized stigma related to sexuality.

Marginalization and Mood

Contemporary studies of sexual minorities have shown that marginalization can cause adverse mental health conditions such as isolation and depression in gay and bisexual men. These conditions, when added with other burdens like prior exposure to antigay violence, can influence sexual risk behaviour. Sex Now asked respondents about how often they experienced feelings of loneliness and sadness.

- How often do you feel so lonely that you're starved for company?
- How often do you feel so sad that you're unable to snap out of it?

For the purpose of the analysis we included those who reported anything more than 25% of their time having such feelings.

On the surface there was little difference between Simcoe and National respondents. Roughly one third of respondents were subject to adverse mental health conditions.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Isolation	34.0%	34.9%	.451	.961
Depression	31.2%	26.8%	.141	1.24

Analysis by age however, showed that considerably more of Simcoe's younger men were affected than their older counterparts. Simcoe's younger men exceeded National averages for indicators of both isolation and depression. Such conditions may be related to broad experiences of marginalization in the region suggested earlier.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Isolation	30.8%	50.0%	.060	2.25	33.1%	41.1%	<.001	1.41
Depression	25.6%	58.3%	.002	4.06	25.0%	33.0%	<.001	1.47

Analysis by orientation showed that more gay men were subject to experience of isolation and depression than bisexual men both Nationally and in Simcoe. Half of Simcoe's gay men reported experiences of isolation and a large proportion (45.6%) reported depression. Bisexual men ultimately have their families for social stimulation and, as shown earlier, are much less subject to stigma and prejudice because of their hidden sexual identities.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Isolation	50.9%	22.9%	.001	3.49	37.3%	30.1%	<.001	1.38
Depression	45.6%	20.5%	.001	3.25	28.8%	22.5%	<.001	1.39

We also probed mental health care. Respondents were asked about a range of mental health issues that had been discussed with a health care professional such as a psychologist, clinical counselor or physician. Results showed little difference between Simcoe and National: Stress 53.9% v 54.5%; Depression 38.3% v 42.6%. There was little difference between Simcoe's younger and older or gay and bisexual men. Given the extent of isolation and depression reported by Simcoe's gay and younger men it is possible that many symptomatic men have received little mental health care support.

Implications for Programs

Contemporary thinking about HIV prevention suggests that condoms and sexual health messaging alone may be less than adequate for current conditions. These results indicate that Simcoe's gay men may benefit from social empowerment activities and access to sexual minority sensitive mental health services.

Sexual Health Knowledge

Sex Now uses a block of health knowledge questions as indicators of how much gay and bisexual men know about contemporary issues affecting their health. Respondents are asked whether they were previously aware of a knowledge item prior to the survey. In 2011, key knowledge questions dealt with current HIV epidemiology affecting men who have sex with men.

- HIV rates have declined overall in the last decade BUT have risen in gay men
- Surveys say 1 in 5 gay men have HIV in Canada's largest cities
- Estimates suggest 1 in 40 urban gay men are unaware they are HIV positive

Earlier surveys showed that more than 80% of respondents were aware of basic prevention items such as the varied HIV infection risks of oral vs anal sex or insertive vs receptive anal sex. Overall the 2011 survey found, however, that large majorities of respondents had little knowledge of HIV epidemiological conditions affecting them. They were largely unaware that infections had been on the rise in gay and bisexual men. They were even less aware of the degree of concentration of the epidemic in urban gay men. They were also unaware how many gay and bisexual men were believed to be infected without knowing it.

Simcoe men's awareness of these issues fell below National averages. Significantly fewer were aware that infections were on the rise.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Aware HIV up in gay men	34.8%	44.4%	.023	.857 (1.50)
Aware 1 in 5 HIV+	28.4%	30.3%	.624	.863
Aware 1 in 40 HIV+ unaware	28.4%	32.2%	.335	.668

There was little difference between younger and older respondents.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Aware HIV up in gay men	32.8%	45.8%	.155	1.76	45.0%	42.3%	.038	0.90
Aware 1 in 5 HIV+	27.4%	33.4%	.554	1.33	30.5%	29.4%	.368	0.95
Aware 1 in 40 HIV+ unaware	28.2%	29.2%	.551	1.05	33.3%	28.5%	<.001	.080

Fewer bisexual men were aware of epidemiological factors than gay men at the national level. However, in Simcoe there was little appreciable difference between gay and bisexual men.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Aware HIV up in gay men	33.3%	34.9%	.844	0.93	49.8%	33.8%	<.001	1.94
Aware 1 in 5 HIV+	31.6%	25.3%	.416	1.36	34.5%	21.7%	<.001	1.90
Aware 1 in 40 HIV+ unaware	28.9%	26.3%	.444	.878	36.8%	23.1%	<.001	1.94

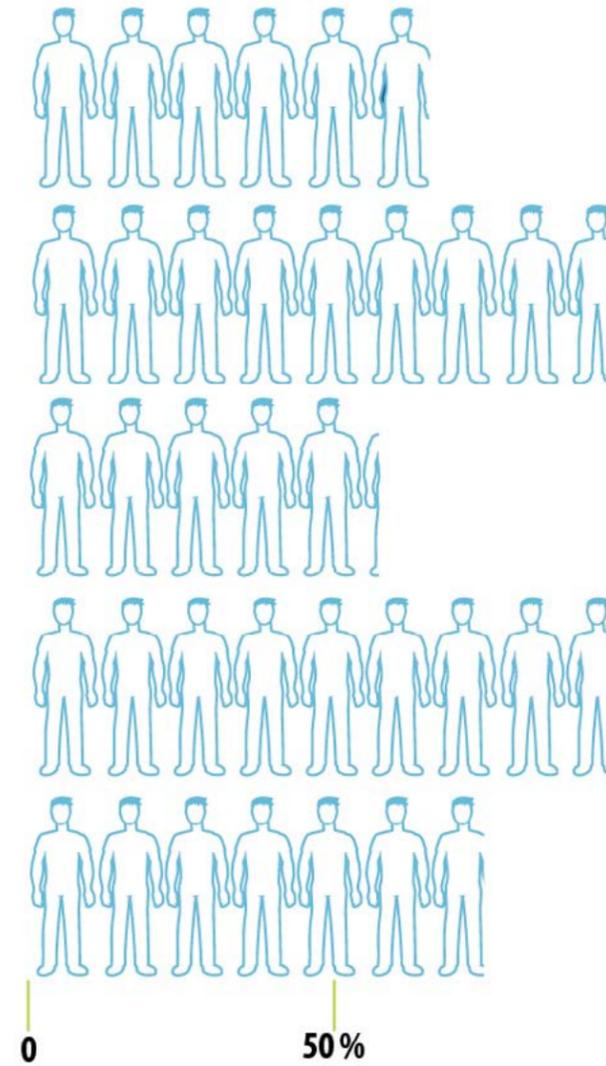
Implications for Programs

The survey questions are only indicators but they do establish an important point to observe. There appears to be inadequate communication of basic facts about the status of HIV among gay and bisexual men. Epidemiological factors are related to their personal prevention, though indirectly. Lower concentrations of HIV in rural-suburban settings may permit a sense of false security about transmissible risk behaviour that can be overturned in a weekend visit to the city.

Internet Use

Prevention studies commonly investigate gay and bisexual men's sex seeking practices. We found that about one quarter (23.4%) of Simcoe's men had their most recent sex experience Parks were used by about 12% of Simcoe men compared to 6% National. By far the Internet was the most common method of sex seeking by Simcoe men which exceeded an already high national average (94.3% v 88.3%).

We found that the Internet was widely used in Simcoe to keep in touch with gay culture, to find a boyfriend and to research sexual health information. The most common use was viewing porn.



	Simcoe (n=141)	National (n=8349)
Internet for Sexual Health Info	63.8%	(National 64.6%) P .841 OR 0.97
Internet for Porn	97.9%	(National 95.9%) P .240 OR 0.77
Internet for Boyfriend	56.0%	(National 49.3%) P .116 OR 1.31
Internet Sex Seeking	94.3%	(National 88.3%) P .026 OR 2.20
Internet for Gay News	72.3%	(National 77.3%) P .161 OR 0.77

Analysis by age showed that Simcoe's younger men exceeded the National average Internet use for their age group while older men exceed younger in both cases. Simcoe's younger men exceeded older in using the Internet to find sexual health information.

	Simcoe 30+ (n=117)	Simcoe <30 (n=24)	<i>p</i>	<i>OR</i>	National 30+ (n=6477)	National <30 (n=1872)	<i>p</i>	<i>OR</i>
Web Sex Seeking	95.7%	87.5%	.113	0.31	90.1%	81.9%	<.001	1.85
Web Health Info	62.4%	70.8%	.492	1.46	61.7%	74.8%	<.001	1.85

Analysis by orientation showed that Simcoe’s bisexual men were robust in their use of the Internet to find partners. Bisexual men of Simcoe used the Internet to find sexual health information at the same rate as Bisexual men Nationally.

	Simcoe Gay (n=57)	Simcoe Bi (n=83)	<i>p</i>	<i>OR</i>	National Gay (n=5433)	National Bi (n=2834)	<i>p</i>	<i>OR</i>
Web Sex Seeking	87.7%	98.8%	.006	11.48	84.9%	94.9%	<.001	3.32
Web Health Info	73.7%	57.8%	.072	2.04	68.0%	57.8%	<.001	1.55

Implications for programs

Simcoe’s men are obviously engaged on the Internet and that may well be the key venue for outreach.

Community Engagement

Sex Now used questions to probe the level of community engagement among respondents. Community engagement is a way of assessing the social cohesion of groups, a factor that can be useful in prevention activities. It is also a way of measuring resilience in the face of marginalization. Simcoe men’s engagement in gay community organizations was very low even compared to the already low National average (5.0% v 13.4%). This may be due to a relative absence of such organizations in the region but also to the majority presence of bisexual men who commonly do not engage with gay community. Simcoe’s men under 30 were significantly more involved in gay community than older men (12.5% v 3.4%).

Simcoe’s men exceeded the National average, however, in civic engagement—involvement in general community organizations and activities.

	Simcoe (n=141)	National (n=8349)	<i>p</i>	<i>OR</i>
Involved in Gay Organization	5.0%	13.4%	.001	.338
Involved in Civic Organization	53.9%	58.5%	.158	.831

Implications for programs

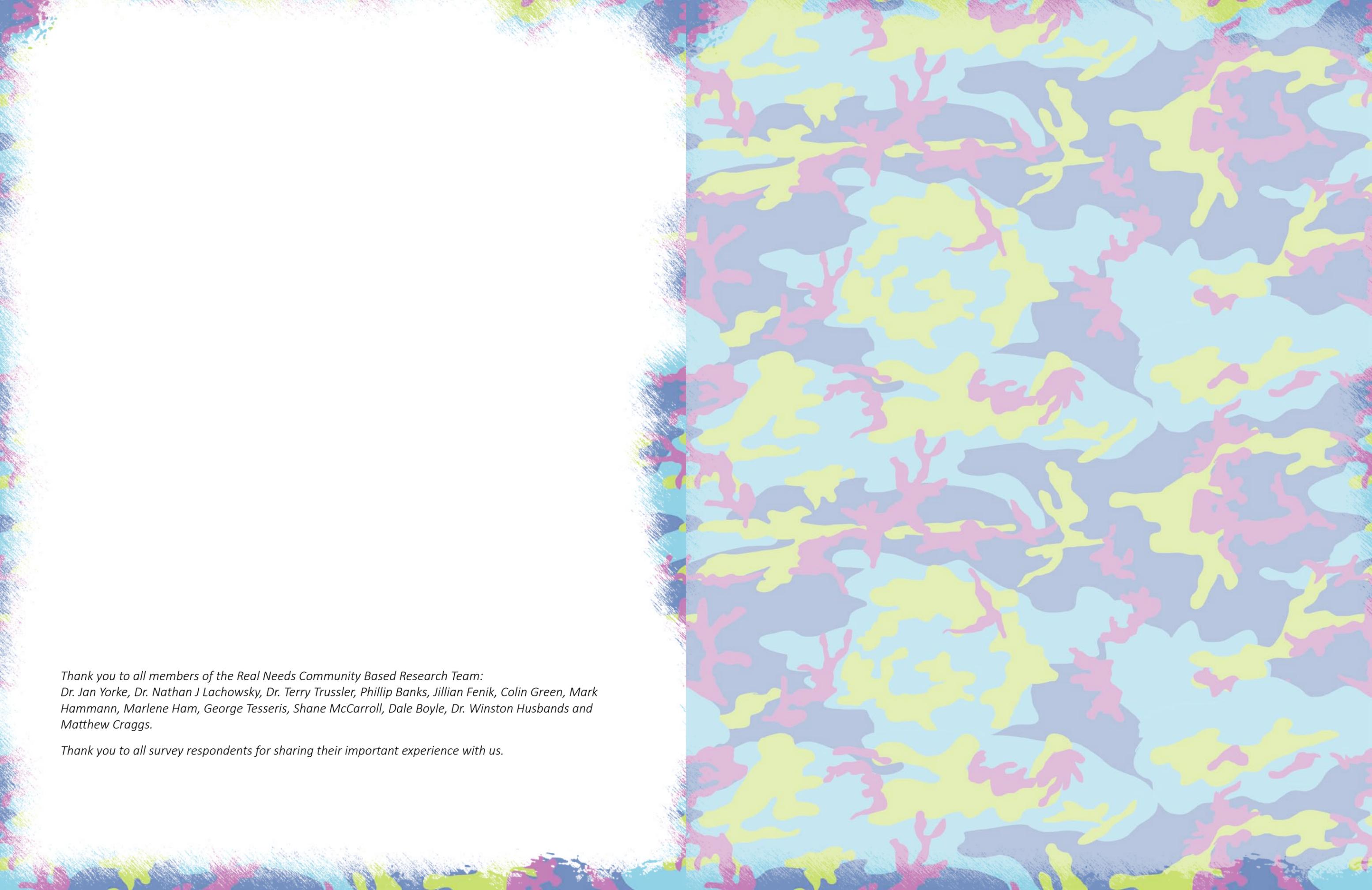
It may not be possible to increase gay community involvement of Simcoe’s bisexual men but younger men may be empowered to further organize the involvement of gay men as a way of creating greater social cohesion.

Discussion

Review of Implications from the Analysis

- Indicators suggest that annual HIV and STI testing rates in Simcoe were lower than the national average. Both are less than optimal for prevention goals. Consider an annual testing target of 70%.
- Increasing free condom distribution may be of value where gay men connect, however, bisexual men may present a challenge due to their anonymity needs.
- Some Simcoe men may benefit from sexuality sensitive recreational substance counseling and treatment.
- Simcoe men may benefit from efforts to reduce institutionalized stigma in the health care system, especially where HIV and STI testing are conducted. Sensitivity training could be a community program option made available to regional health centres.
- Simcoe’s gay men may benefit from social empowerment activities and improved access to sexuality sensitive mental health care.
- Improved regional communication about the status of HIV and STI epidemiology may support improved personal vigilance, HIV/STI testing and prevention outreach.
- Simcoe men are highly attuned to the Internet and social media. Simcoe programs could benefit from strategic use of these resources to improve communications and social coherence.
- Younger Simcoe men under thirty are the most likely group to work on greater visibility of gay community to strengthen prevention activities.

With such a large proportion of married bisexual men in the population of men who have same sex relations, anonymity is concern. Programs intending to increase testing practices need to take this into account to produce any improvement. The relative invisibility of young gay men in such communities is something to work with even if the numbers are low. There are bound to be many isolated individuals who would appreciate community development activities that can be used to improve prevention activities including testing frequency. Some needs like sexuality sensitive mental health services could help to change conditions for gay men. Younger men have capacities to change the feel of their environment and are perhaps the best agents of change available in Simcoe.



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