BUILDING GAY MEN'S HEALTH:

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BUILDING GAY MEN'S HEALTH: A Peer-Based Approach to Creating Community Change

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DEDICATION

Dedicated to the brave gay men who went before us, fighting for their lives and the lives of future generations of gay men; and for those who will continue the battle against HIV until it is won.

ACKNOWLEDGEMENTS

The Gay Men's Action Plan is a collaborative project that was developed through the Man to Man Program at AIDS Vancouver with the ideas and input of several individuals over a three year (and counting) period of time. I would like to acknowledge the time, thought, dedication and support of the following people:

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1. OVERVIEW

This manual provides a detailed account of the peer-based qualitative research process that the Man to Man Program at AIDS Vancouver has developed in conjunction with our research consultant, Terry Trussler. The manual is intended for anyone working in the field of gay men's health or gay men's HIV prevention and looking for new approaches to the work, and to engaging their community. It is also relevant for people in other fields who are looking for innovative and empowering ways of conducting research while building community capacity.

I begin with a personal introduction to this work from the prospective of a gay man working in a community-based HIV prevention program. The first section will outline the historical context of HIV prevention programming for gay men and the evolution of HIV/AIDS prevention from a fear-based behavioural approach to a more holistic model of gay men's health employing a harm-reduction health promotion philosophy. The next section will discuss the need for change in approaches to gay men's HIV prevention, and will focus on some of the emerging issues that necessitated this change (e.g.. the introduction of HIV combination therapies and a younger generation of gay men who have not seen the effects of HIV).

The theory behind the use of peer-based participatory research will be outlined along with suggestions of when and why to use this approach. The following section will focus on the process of conducting qualitative research from the initial stages of assessing your community's situation through to recruiting and training facilitators, conducting the discussion groups and follow-up. It includes our approach to thematic analysis of qualitative material.

I will then discuss the lessons learned through undertaking qualitative research activities with the Man to Man Program. This will include numerous suggestions

beneficial to anyone thinking of undertaking their own peer-based research project.

Finally I will look at how the results of community-based research can be most effectively employed in community development and structural change.

The Man to Man Program and its Gay Men's Action Plan research project will be featured throughout the manual as illustrations of the evolution of HIV prevention for gay men, and of the theory in action.

2. INTRODUCTION

When I first came out as a young gay man in 1994, I realized that throughout the course of my life, I would see the effects of HIV on my friends, chosen family and community. I was entering a gay community that had all but lost an entire generation. Where were the role models? What did an older gay man look like? Why did the gay men of my younger generation not seem to be talking about HIV? Was the HIV crisis over? Somehow I didn't believe that.

I started volunteering at YouthCO AIDS Society, a youth-driven HIV education and support agency in Vancouver, British Columbia. It was there that I first met other people of my age who were HIV positive. Then it hit me. HIV was real. It could and did happen to anyone. I was struck by a newfound passion and drive. I could not and would not sit back and see another generation of gay men struck down in their prime. I threw myself into my volunteer work with the hope and belief that by educating gay men about HIV transmission, I might be fortunate enough not to have to experience the devastating loss that faced a generation of gay men before me.

Four years ago I was hired by AIDS Vancouver (Vancouver, BC, Canada) to do some temporary relief work in the Man to Man Program - AIDS Vancouver's answer to gay men's HIV prevention. When I entered the program I was scared. Suddenly I was responsible for educating Vancouver's gay men about HIV transmission - but how? The landscape was changing rapidly and profoundly. It was 1996 and the International AIDS Conference came to town bringing new hope in the form of combination therapies. But, amidst the good news, the Vanguard Project, a Vancouver-based longitudinal study of HIV sero-conversion in young gay men, revealed that 52% of its cohort had had at least one instance of unprotected anal sex in the previous year.[1] As a young gay man, this statistic scared me, and so did projections that if current sero-conversion rates (1-2%) continued, upwards of 25% of gay men would be infected within 20 years.[2]

At the time, the Man to Man Program was floundering and we all knew that we needed to take things in a different direction. But where, and how? The obvious first step was to do a needs assessment in Vancouver's gay community. But the community was already suffering from research fatigue, and we didn't have the necessary funds to hire researchers and conduct a study. We realized that an innovative approach was needed to gain the rich and comprehensive understanding of the values, norms, and attitudes of gay men in Vancouver necessary to develop a foundation on which to rebuild our program.

In early discussions among Paul Perchal, Rick Marchand and myself, it was decided that we would conduct a participatory research project. We developed a research proposal that was submitted for funding but never approved. At this point we started conversing with Terry Trussler who, in partnership with Rick Marchand, was completing the writing of a book on employing the theories of health promotion (Field Guide – Community HIV Health Promotion[3]). Terry's role as a researcher allowed us to move forward with the peer-based model of research that we had conceived collaboratively while ensuring scientific rigour. We theorized that engaging gay men in a reflective process in the form of group discussions facilitated by their peers could serve the dual purposes of creating an intervention through dialogue, and providing us with the information we needed for our program development.

In the fall of 1997, I was hired as the coordinator of the Man to Man Program and began mapping out the community, our resources and our potential. In concert with Terry Trussler, who would act as our research consultant, and Paul Perchal who was the Director of Education at AIDS Vancouver, we developed a process that we termed the "Gay Men's Action Plan", or GMAP. Put simply, we would recruit volunteers, train them as peer ethnographers and facilitators, and then send them into their peer groups to conduct discussions that would be taped, transcribed and later analyzed. Our hope was that the gay men who participated

in this process would be empowered to get involved, and our participant and facilitator base would snowball.

Over the next three years we conducted three phases of this project. The first involved a set of general discussions that looked at issues such as: notions of gay community, relationships and monogamy, social supports, and gay community infrastructure. Participant response was very positive, and we learned a great deal from the process and from the data collected. We decided that for the next phase of the project we would build upon some of the themes from Phase 1; we proceeded with two distinct foci: gay men in sero-discordant relationships (one HIV+, the other HIV-), and gay men who use drugs and alcohol. Again we had a very encouraging response.

By now it was 1999 and bareback sex was taking centre stage in gay media and in discussions of gay men's HIV prevention. Were gay men really going out and deliberately having unprotected anal sex after 15 years of safer sex messages? We had a pretty good idea that they were (and quantitative research to prove it), but we wanted to know why, and how it was affecting the gay community. We began our third phase of GMAP with the hope of getting "barebackers" and "non-barebackers" talking about an issue that was considered unspeakable. We knew it wouldn't be easy, and it proved to be a trial of patience, determination and flexibility. At the time of this writing, we are wrapping up a process that has taken us the better part of a year to conduct.

Today, three years after we began developing the GMAP project in earnest, the Man to Man Program has developed and adopted a number of new and innovative programming ideas, and has come into its own as a leader in gay men's health and HIV prevention. This is a credit to those people who believed in the process and stuck with it through the highs and the lows. For myself, the process has been an invaluable learning experience. Professionally, it has allowed me to develop numerous skills, and the confidence to use and share

them. Personally, it has helped me to reflect and become clearer about who I am as an individual, as a gay man, as a member of the gay community, and as a member of a population that continues to live in the shadow of HIV. It has also given me the power to dream my own life, and then take the steps necessary to facilitate turning the dream into reality.

I hope that by reading this manual, you will be inspired to adopt some or all of the principles and techniques into your own community or group. While the process was developed in the context of gay men's HIV prevention, its potential applications are much broader. Similar research components have subsequently been built into AIDS Vancouver's Women's Outreach Program and the Vancouver based Boys R Us Drop-in Centre for male sex trade workers. The process could easily be adapted to work wherever a peer-based approach to collecting information and empowering individuals is desired. The case studies I have outlined also focus on gay men's HIV prevention approaches, and highlight an important shift that we have made. We have moved from a "traditional" fear-based behavioural approach to HIV prevention to a holistic health promotion approach to gay men's health. These case studies will hopefully be of use to anyone working in the field of gay men's health and contemplating programming changes.

While there is no "right" way to approach gay men's health programming, I do believe that from time to time it is important to stop for critical reflection on our approaches and the impact that they are having on our communities. As the HIV epidemic and the gay rights movement evolve, it is essential that programming reflect this evolution.

Andrew Barker
September 2000

3. HISTORICAL CONTEXT

Before we look at making shifts in gay men's HIV prevention programming, it is important to stop and reflect upon the recent evolution of gay culture, the early impact of HIV on this culture, and the origins of gay men's HIV programming.

Gay men have traditionally (in Western culture) been looked down upon by mainstream society as "freaks of nature," and were generally not accepted by the predominant society. It was necessary for gay culture to remain underground from fear of discrimination, violence and being "outed" to one's family, friends and employer. This underground culture existed in many urban centres in varying degrees of visibility throughout much of the twentieth century. Sex was often conducted in parks and tearooms (public washrooms), and for many gay men their only contact with gay life or culture was in these situations.

The 1960s were a time of sexual liberation and freedom across North America and Europe, and the gay culture of the time was no stranger to this. By the late 1960s, gay men were no longer willing to sit back and be beaten down; we started to fight back and stand up for our rights (although at the time our rights were few and far between). Transgressive sexual politics, including flaunting "taboo" sexual acts, became a strategy that many gay men used in standing up for their rights. One of the most infamous examples of this, and a turning point in the gay liberation movement, was the Stonewall Riots in New York City in 1969. An attempted police raid on the Stonewall Inn (a gay bar) was met by resistance and a refusal by the gay patrons, primarily drag queens, to back down and be arrested essentially just for being gay. Similar responses in other cities and towns led to a new era of political activism and the beginnings of a broader acceptance for gay men.

A Decade of Decadence

No longer willing to live their lives underground, gay men entered the 1970s loud and proud. Gay men flocked to major urban centres to escape their often oppressive childhoods. Sexual freedom and exploration, parties, dancing, drugs, and a carefree lifestyle were de rigueur for many gay men of the time. For years we had been oppressed and now was the time to break free and celebrate. Although the gay culture of the 1970s is not well studied, it is well documented in literature and other expressive mediums. Andrew Holleran's "Dancer From the Dance"[4] gives an exquisitely detailed account of gay life in New York City and on Fire Island while Armistead Maupin's "Tales of the City"[5] follows an eclectic group of gay and straight friends and acquaintances through their lives in 1970s San Francisco.

The Beginnings of HIV and the Gay Community

As the 1970s drew to a close, the lives that gay men had lived became tinged with unexplained sickness. As the decade rolled over, gay men started getting sick from an unknown disease. At first, it was thought to be some form of gay cancer as it was only being seen amongst gay men. Could it be a result of too many drugs? Sniffing too many poppers (amyl/butyl nitrate) on the dance floor and during sex? As more and more previously healthy and virile gay men started falling ill, some with ugly purple lesions (Karposi's Sarcoma), the illness was given the name "GRID", or Gay Related Immunodeficiency. Randy Shilts gives a good portrayal of the fear and panic that gripped gay communities in his book (and the subsequent movie) "And the Band Played On."[6]

Although it would later be renamed as AIDS, the damage had been done, and gay men were labeled as "disease carriers." This reaffirmed the homophobes' view that homosexuality was a sin and an abomination. Government and main-stream society did not want to hear about AIDS, attributing it to "abnormal" gay

behaviour. In a climate of homophobia and “AIDS-phobia”, health care workers were reluctant to administer care to the sick and dying, and governments were unwilling to commit dollars to research and health care. Gay men and their allies were left to fend for themselves.

The Birth of HIV/AIDS Service Organizations

Kitchen table discussions ensued, and fear, love, and intense passion led to the development of grassroots organizations across Canada, the United States, Europe, Australia and New Zealand. These groups had multiple goals, and were determined to slow the spread of HIV, care for those who were already sick, and put pressure on government. Governmental support was needed to invest in research for medications and a cure, to increase health care dollars for people living with HIV/AIDS, and to provide funding for support and education for those infected and affected by HIV/AIDS. While the focus of gay culture in the 1960s and 1970s had been on gay liberation and exploring newfound freedoms, by the 1980s HIV/AIDS took centre stage in gay life and culture, and this was perpetuated by the mainstream media. Operating from a place of fear and in a crisis mentality, gay men and their allies organically developed highly effective models of community mobilization, activism and support. Organizations such as the renowned ACT UP became known for their passionate activism and civil disobedience in the name of HIV.

Early HIV Prevention Efforts

Early AIDS service organizations were, by default, often the only ones doing HIV prevention work. Since HIV was new, there was no template for how to successfully launch an HIV prevention campaign. The pioneering prevention workers had to make it up as they went along. At a time when gay men saw their friends and lovers dying around them, a message of “use a condom or you’ll die”

seemed an appropriate and fairly effective strategy for preventing the spread of HIV.

Condoms were handed out in bars and bath-houses, and the message to use a condom “every time” was prevalent on posters, in pamphlets and in gay media. Although the message seemed fairly simple and straightforward, would gay men who had only in the past decade begun to taste true sexual liberation be willing to “use a condom every time” and restrict the number of their sexual partners as was being suggested? Condoms, until this point, had only been used as a form of birth control - not something most gay men were overly worried about, particularly when having sex with each other! Now, we were being asked to introduce this foreign piece of latex into our most private, or not so private, moments. It just wasn’t sexy, and it didn’t feel as good! Prevention workers responded by suggesting ways of making condom use more erotic.

Agency Evolution

Through the late 1980s and into the early 1990s, these prevention messages were somewhat, but not entirely, effective in slowing the spread of HIV. While this work was being done, other work was also progressing. Many agencies now had government funding, and the countless hours of lobbying and activism had resulted in the development of HIV medications and research into the science of HIV with the hopes of a cure and/or vaccine. Agencies that had started out as small grassroots organizations had evolved, in some instances, into large multi-million-dollar-a-year agencies with programs ranging from home health care, to HIV prevention workshops, to advocacy, to hospital care teams. Volunteers remained the saving grace of many of these agencies.

Influenced by the social impact of the women’s liberation movement and the civil rights movement in the United States, the gay and broader queer* communities’

* In this case « queer » refers to gay, lesbian, bisexual, and transgendered people.

response to HIV was an overwhelming display of courage, love and compassion. The process of developing and sustaining HIV/AIDS service organizations and programs was incredibly empowering for many of the people involved, infusing them with a sense of purpose and importance. It was a unique example of community mobilization. The powerful models of community development that evolved as a response to the HIV/AIDS crisis have now been borrowed by other health care sectors for use in the prevention of other types of illness and disease (e.g., breast cancer).

3A. CASE STUDY: THE BIRTH OF AIDS VANCOUVER'S MAN TO MAN PROGRAM AND EARLY HIV PREVENTION EFFORTS

This is a story of one agency's realization that it had to provide targeted services to gay men, and how it went about doing that.

The inception and development of AIDS service organizations previously discussed occurred throughout Canada and the United States. Vancouver, British Columbia was no exception.

In the early 1980s, Vancouver was one of Canada's gay "meccas," along with Toronto and Montreal. Vancouver was also one of the epicentres for the HIV epidemic - first with gay men, and more recently also with the injection drug using population. Vancouver's gay male community is centred in the West End of Vancouver on the downtown peninsula. It is one of the most densely populated areas in North America, and has a high concentration of gay men, particularly around Davie Street, the heart of the gay community.[7] The gay community has always had a fairly transient population with many of its constituents coming from other parts of the province and country. It was, and still is, unusual to find many gay men who were actually born and raised in Vancouver. As such, many of the gay men living in Vancouver didn't have close familial support (and many didn't have it at home, either; hence, the need to move).

AIDS Vancouver

Across North America, HIV first appeared in the major urban centres where gay men had gathered. Vancouver was hit by HIV very early in the epidemic. It may come as no surprise then that Vancouver established one of the first AIDS service organizations in the country. In 1983, AIDS Vancouver was incorporated as a non-profit organization that would provide support and education to those infected and affected by HIV/AIDS. It was established and initially run by gay men and their allies with the overwhelming majority of service users being gay

men. HIV prevention initiatives focussed predominantly on providing gay men with the necessary information, and condoms, to avoid HIV.

By the late 1980s, the epidemiology of HIV was shifting, and while the majority of AIDS Vancouver's clients were still gay men, they were seeing an increasing number of primarily straight women and men coming through the doors who also had mental health and substance use issues. A singular approach to HIV prevention would create accessibility barriers and could alienate those population groups who didn't identify with the given message. As such, it was necessary to start targeting educational services. AIDS Vancouver had federal funding for overall education initiatives, but did not have any dedicated funds or programming for gay men.

The Man to Man Program

In 1989, AIDS Vancouver received a grant to conduct a needs assessment of the gay community over a 6-month period.[8] With the needs assessment complete, and with the support and advocacy of some local health officials, AIDS Vancouver managed to secure provincial funding for a gay men's prevention program through a convoluted route that involved provincial funds being channelled through the city's health department. This was at a time when the provincial government wouldn't directly fund AIDS Vancouver because distributing condoms encouraged "immoral sexual activity"; an attitude of "let them look after their own" prevailed in the right-wing government of the time. The funds were designated to set up a program that would work in the gay community to provide condoms and information to gay men and other men who have sex with men about safer sex and HIV transmission.

The program was to be peer-based (i.e., run by and for gay men and men who have sex with men (msm)) and community-oriented. The idea behind this was that the experts on gay men, their culture and their sexuality are gay men, and

not suspicious health officials who had never supported gays in the past. The program structure included a program coordinator who would be responsible for the overall planning and operation of the program (including developing and maintaining a pool of volunteers), and an outreach educator who would be out in the field working directly with the community.

In its first few years, the Man to Man program developed a number of initiatives, not unlike those that have been seen in similar programs throughout North America, Europe, Australia and New Zealand. Poster campaigns, condom blitzes, bath-house outreach, park outreach and safer sex workshops were the order of the day. The primary focus of these activities was to get gay men who weren't using condoms to question and change their behaviour with the goal of eradicating HIV transmission.

Getting the Word Out… Early Print Media Campaigns

The Man to Man Program promoted programming with a bold poster campaign that was intended to raise awareness of the program and its message of safer sex. The posters were targeted at both gay men/msms, and the general public. The campaign appeared on city buses, among other places, and was intended to show gay/msm men that Man to Man and AIDS Vancouver existed and were there to support them. The campaign was also designed to raise awareness of HIV and, hopefully, reduce homophobia and stigma in the mainstream population. The campaign provoked a lot of reaction and responses ranging from appreciation and thanks to nasty bigotry and discomfort related to internalized homophobia. Throughout the early years of the program, other campaigns and pamphlets aimed to eroticize safer sex while continuing to promote awareness of HIV/AIDS transmission and the Man to Man Program.

Operation Latex Shield

As the prime objective of the early Man to Man Program was to get gay men to use condoms when they had anal sex (AIDS Vancouver has always considered oral sex to be low risk for HIV transmission; it was considered medium risk by the Canadian AIDS Society until it revised its risk guidelines in 1998), it was essential that gay men had easy access to condoms. Condoms were, and are, expensive (particularly if you have a lot of sex!), sometimes embarrassing to buy, and considered by many gay men as an item that they would rather *not* have to buy or use. Consequently, access to free condoms would at least remove these barriers/excuses for not using condoms.

While it was, and is, important to have condoms available for “pre-planned” sexual encounters, it is equally important to have condoms available in sexualized environments where gay men congregate and may end up having “unplanned” sex, and where the presence of drugs and alcohol could affect an individual’s judgement or decision-making capabilities. These environments include bars and parties, bath-houses, parks, and tearooms.

The Man to Man Program took its “Operation Latex Shield” crew of outreach workers to virtually any and all gay events and parties throughout Vancouver in an effort to blanket gay men with condoms, information, and the message to “use a condom every time.” This generally involved a volunteer sitting behind a table laden with condoms, lube, and safer sex pamphlets. Patrons would come up and help themselves to materials, and ask questions about safer sex (and sometimes, “So, what time do you get off?”). Operation Latex Shield also attempted to do outreach in the public sex trails in Stanley Park. This initiative was less successful because of the difficulty of approaching people in the dark in an environment where talking is taboo, and also because of safety concerns for volunteers and staff.

4. THE NEED FOR CHANGE: HEADING INTO A PLACE OF TRANSITION

As we moved into the mid -1990s, a number of changes occurred in the HIV epidemic. In Western countries (specifically North America, Europe, and Australia), the epidemic had thus far predominantly hit gay men through sexual transmission. Illness and death attributable to AIDS were sadly common in major urban settings where gay men had formed communities. A similar scene was playing out in smaller towns and rural settings, although many affected men moved to larger centres for better care and support. Now, new HIV medications, a new generation of gay men untouched by HIV, prevention fatigue in older gay men, changing epidemiology, and shifting public perceptions about HIV were contributing to a new era in the HIV epidemic. These changes would alter the face of HIV/AIDS as we had known it, and render traditional approaches to gay men's HIV prevention redundant in their purest forms.

A New Hope: Combination Therapies/Protease Inhibitors

In 1996, Vancouver hosted the XI International AIDS Conference. The theme for the conference was « One World One Hope » and, in many ways, the conference lived up to its name. The theme referred, of course, to the search for a cure. While the conference did not bring us news of an impending cure, it did introduce a new class of anti-HIV medications to the world (for those who could afford them). These new drugs (e.g., Ritonavir, saquinavir, nevirapine) were classified as protease inhibitors, and when taken in combination with each other or with existing HIV medications such as AZT could, in some people, reduce the HIV viral load to undetectable levels!

The impact of media hype around the « new hope » was profound and became the catalyst to a new preoccupation for the media/press. The hype was useful to AIDS groups looking for funds. At the same time, these drugs were seen by many as a "cure" for HIV and a cause for celebration. While they have had a

dramatic impact on the lives of many HIV+ people, the drugs are by no means a cure, and their long-term effectiveness is still uncertain. Not everyone is able to take the medications. For some people, the drugs are not effective, particularly if they have been infected with a « drug-resistant strain » of HIV. Compliance can also be a big issue; taking several pills throughout the day, some on an empty stomach, others with food, can be a logistical nightmare for someone in the best of situations, never mind someone with mental illness, drug and/or alcohol issues, or people living in poverty. Additionally, the side-effects from these potent medications can be so harsh that some people are unable to take them.

With these drugs has come a decreased death rate from AIDS. While this is definitely great news, from a prevention perspective it has meant that HIV is not seen by many as the health threat that it once was. The advent and availability of combination therapies (depending on your financial and health care system situations) have given some gay men one more reason for not having to worry about HIV.[9] At the same time, there are more people than ever before who are living with HIV, and the drug treatments are beginning to fail,[*] threatening another potential wave of death - something that the health care system has not yet taken into account.

The Perceived Invincibility of Youth

As children reach adolesence and begin to leave their childhood behind, a natural part of this evolution is the realization that they have the power to make their own decisions and shape their own lives. This is not always the case for people who have grown up under adverse conditions of abuse, poverty or war. But for those who have not had to deal with such issues, there is often a feeling that the world is theirs to explore. With this sense of freedom often comes a certain sense of invincibility… that « it can't happen to me ». This is apparent in

[*] Drug treatments are beginning to fail as HIV mutates to become resistant. Strains of HIV resistant to certain HIV medications can then be transmitted to people for whom the medications will be ineffective.

youth who choose to start smoking, believing that their life is ahead of them and that cancer won't affect them… they'll stop smoking far before that point. A similar example is seen in youth who, having finally received their driver's licences, drive at excessive speeds, believing that they won't get into an accident.

For young gay men, when a lifetime of living in the closet comes to an end and they « come out », there is a similar sense of newfound freedom. Sex that was once a far-off fantasy is suddenly a reality. Fear and loneliness are replaced with excitement and possibility. In many cases young gay men have not grown up seeing friends or family afflicted with HIV/AIDS. For most, HIV/AIDS is something that they've grown up hearing about, but has never been a reality. Without seeing the first-hand effects of HIV it is difficult to imagine the realities. HIV, like lung cancer or death from a car accident, becomes a far-off threat. Something to consider… later. Not to say that all young gay men have this attitude or approach to life. There are also some young gay men who are paranoid of HIV and will either abstain from sex entirely, or else use extreme measures of personal protection (such as wearing two condoms… even for oral sex!). Other young gay men feel that HIV is an inevitability in their life. For those young gay men that feel invincible to HIV it is critical that appropriate measures be taken to address this issue so that they don't have to learn first-hand of the horrors of HIV. The traditional fear-based approach to HIV prevention will generally not work with this population; just as the fear-based war on drugs and smoking has not experienced the level of success that was hoped for.

Prevention Fatigue

For gay men who have lived through the HIV epidemic, and for those who have been around long enough to have been a part of the « safer sex » campaign culture, there may come a time when they begin to question « how much

longer? » After well over a decade of being told to have safer sex, by the mid 1990s many gay men were tired of hearing about HIV, safer sex, and the necessity of condom use; they had begun to tune out HIV prevention messages.

Something that had begun out of a place of fear and crisis until a « cure was found » had become a fixture in gay sex life. Not only had a generation of gay men suffered the loss of a community, but now they were expected to make condom use a life-long practice! Many gay men grew tired of the constant message to « use a condom ». They'd heard it and were doing their best to follow it. There comes a time, however, when it's just too much. What happened to the sexual liberation of the 1970s? Bath-houses had been shut down, sex clubs were non-existent, and orgies and multiple casual sex partners were frowned upon both within and outside of the gay community. Add in survivor guilt (the guilt associated with seeing one's friends, lovers and community die and remaining healthy and/or alive), and it becomes clearer why some gay men gave up on the safer sex message, and why others have adopted a strategy of calculated risk. Calculated risk involves making a calculation about what level of risk (for HIV) you are willing to take based upon factors such as a partner's sexual history, outward appearance, and recent HIV testing.

Changing Epidemiology

Once labelled specifically as a « gay disease », the full impact of HIV was now becoming known. The majority of the world's HIV infections were in third world and developing countries, with the primary mode of transmission considered to be heterosexual sex (although due to oppression, homosexual transmission may not be acknowledged). In 1996 there were 13 million HIV positive people in sub-Saharan Africa, and estimates indicated that there would be 18-24 million adults infected with HIV by 2000.[10] Back home in Canada the epidemiology was shifting, and gay men were no longer in the HIV spotlight. Heterosexual

transmission and transmission through intravenous drug use were becoming more widespread. Suddenly this disease that supposedly only hit gay men was being seen in women, children, straight men, aboriginal peoples, and ethno-cultural minorities.

Shifting Public Perceptions

For years, gay men had fought to remove the dangerous label of « gay disease » from HIV/AIDS. Now all of a sudden it was happening. HIV dollars were being diverted away from gay men towards other populations. Gay men were also feeling displaced from the AIDS service organizations and community resources that they had built for themselves. New groups of people were suddenly using these resources, and the different groups didn't necessarily mix or feel comfortable with each other. The media shifted its HIV focus from gay men to other populations. It could be deduced, if you watched television, read the papers, or were even remotely observant, that HIV was no longer such a threat to gay men's health. The reality, however, was quite the opposite. Gay men still made up the majority of new sero-conversions (in North America). A potentially dangerous idea was forming: that HIV was moving out of the gay community, and that gay men didn't have to worry about HIV as they had previously.

4A. CASE STUDY: CHANGES IN VANCOUVER'S GAY COMMUNITY

Vancouver's gay community was one of the first and hardest hit by HIV in the country. The International AIDS Conference in 1996 heralded the beginning of a new era in the HIV epidemic in Vancouver with the emergence of a number of new issues. With the exception of some regional differences, Vancouver's story is one that has been seen across Canada.

In the summer of 1996, the International AIDS Conference rolled into Vancouver bringing with it new ideas, new hopes, a rich tapestry of participants and a world-wide media focus. Vancouverites who had previously viewed HIV/AIDS as something that happened to "those people over there" or "those fags in the West End" could not ignore what was occurring. The opening ceremonies started off with a lively protest through the streets of Vancouver demanding a new National AIDS Strategy, more money for research, and a cure. Prime Minister Chretien did not attend the opening ceremonies. His representative, Minister of Health David Dingwall, was snubbed by an audience of 14,000. Protesters made international headlines by turning their backs and blocking their ears during his speech.

The Emergence of a New HIV Crisis in Vancouver

With the conference hype and media flurry, there was an increased focus on the local HIV situation. The fact that HIV affected gay men was old news; in Vancouver a "new" crisis was brewing in the Downtown Eastside, Canada's poorest postal code, and home to a large injection drug using (IDU) population. While HIV had been running through this community for some time, it was largely ignored until now by government officials.

The affected community in the Downtown Eastside was faced with a multitude of issues that included extreme poverty, widespread drug addiction, lack of social service supports and numerous individuals living with mental illness. The focus

for HIV prevention and support became the Downtown East Side. The gay men who had been affected until now had, on the whole, been middle-class, better educated, and more connected to social supports than Vancouver's IDU population. There seemed to be an unspoken feeling that, by this point in the epidemic, gay men should have all of the required information about safer sex and be using condoms when they have sex. In reality, gay men were still affected, and many of these gay men were on the "margins" of society. As health care officials, government and media turned their attention towards the crisis in the Downtown Eastside, the HIV crisis in the gay community took a back seat.

A Blow to the Gay Community

During the 1996 International AIDS Conference, the Vanguard Study (a local longitudinal study looking at risk factors involved in sero-conversion of young gay men) reported that in the first year of the study, 52% of its cohort had had at least one instance of unprotected anal sex[11]. This did not reflect well on the gay community, or on local prevention efforts. Hearing these statistics, the general population once again demonized gay men as irresponsible sex fiends. Gay men themselves were shocked and saddened by the news, and for some young gay men the findings just reinforced the belief that for them, HIV was an inevitability. What the media's reporting of the story failed to point out, however, was that although 50% of the cohort had had unprotected sex, this included people in monogamous relationships, it did not say in what frequency this was occurring, and it did not look at the other side of the story: 50% of young gay men were consistently using condoms *every* time they had anal sex!

A Community in Disarray

As Vancouver's HIV focus shifted from gay men to injection drug users and the Vanguard Project released its initial findings, the gay community was fragmented and without focus. In the 1970s, a community had developed on the basis of

sharing a new freedom and fighting the homophobic oppression that still existed. In the 1980s, the community rallied together to fight HIV and its multitude of related issues. In this time of crisis and devastation, the community flourished. Natural leaders emerged, agencies such as AIDS Vancouver and the BC Persons With AIDS Society were built, and innovative programming was created. Although it was highly political and fraught with emotion and loss, the community was focussed and mobilized.

By the mid-1990s the momentum had slowed. Many of the leaders and activists had died, and the organizations that they had built were expanding their focus and services to address the needs of the IDU population. Gay men were no longer as involved as they once had been in the HIV movement. As a younger generation of gay men came along, the gay community was in a state of disarray. The older role models that are usually prevalent in a community were missing; many of them had died. Many young men were frightened of older gay men, thinking that they were only after one thing (sex). The community also faced the issue of a high degree of transience amongst its brethren. Vancouver as a city has a high number of immigrants and transplants. Gay men flocked to Vancouver's promise of freedom, warm weather (compared to much of Canada), and fairly gay friendly climate. The reality of some of the highest rents in Canada, dark wet winters, and a community that was often cold and unfriendly meant that they didn't always stay for long.

People working in the gay community and in HIV prevention understood these issues. We also knew that with the changes in the HIV epidemic, we needed to re-evaluate what we were doing. In the Man to Man Program, the only program in the city working specifically on gay men's HIV prevention, the situation was equally unbalanced. A high stress job, changing community and epidemic issues, and a decrease in community support for the program resulted in a high turn-over of program staff. By 1996 we knew that simply handing out condoms and

information was no longer enough. We needed to start addressing some of the underlying issues that affect a person's ability to maintain safer sex.

A New Theory

Up until this point, we had been operating from a fairly single-minded approach of trying to change gay men's sexual behaviour to include condom use. Although we operated from a health promotion framework (enabling people to increase control over the conditions affecting their health), we did not sufficiently take into account other realities in the lives of many gay men, such as poor self-esteem, a history of sexual abuse, and drug and alcohol dependency to name but a few. By early 1997, AIDS Vancouver was starting to adopt new approaches to HIV education. While we had always operated from a harm reduction philosophy (suspending judgement about a person's activities and working with them to lower their risk even on a micro level (e.g., pulling out before ejaculation if not using condoms)), we were now becoming active proponents of harm reduction for both sexual and injecting practices. We began a period of reflection on our approach to gay men's HIV prevention: looking at the labels we used ("gay men" versus "men who have sex with men"), universal versus targeted approaches (e.g. campaigns targeted at the entire gay community versus targeting a specific sub-section of the community) and behavioural versus socio-cultural models (e.g. trying to change sexual behaviour versus addressing the underlying issues that may lead to HIV vulnerability. At about the same time came a new theory that would assist us in critically reflecting upon our educational initiatives and provide us with a new language and ways of addressing the community: Population Health. Still in its infancy in HIV/AIDS circles, the theory was being adopted by Health Canada and it would be but a matter of time before funding proposals and programming would be required to work from this framework.

The Population Health Framework is the brain-child of Fraser Mustard and John Frank of the Canadian Institute for Advanced Research. The framework asserts

that the health of a given population, such as gay men, is defined by the absence of disease or disability within that population. The health of the population can be ascertained by looking at a series of factors that determine health; these factors are labeled as "determinants of health":[12]

- **Personal health practices** (e.g., regular screening for STDs which, if left untreated, can increase risk to HIV infection)
- **Biological endowment and coping skills** (e.g., predisposition to depression)
- **Social and economic environments** (e.g., needing to "hustle" for money)
- **Physical environment** (e.g., living with an abusive partner)
- **Health services** (e.g., accessibility to gay friendly/knowledgeable health care)

The Road to Change Begins with One Small Step

Population Health had not yet been officially adopted by AIDS Vancouver, but it was being talked about, and the theory influenced our way of looking at gay men's HIV prevention in the overall context of health. The Man to Man Program now had to figure out exactly what issues were most affecting gay men in Vancouver, and how we could best address them. We had a pretty good idea of many of the determinants of health that were contributing to the HIV vulnerability of gay men in Vancouver. These included: low self-esteem, drug and alcohol use/dependency, the advent of new HIV medications, the perceived invincibility of youth, shifting the HIV focus away from gay men, prevention fatigue, poverty, lack of role models, lack of social supports and so on. Although we instinctively knew these factors to be prevalent in Vancouver, we needed proof, and we needed to know how the community wanted us to proceed.

By 1997, the activities of the Man to Man program were minimal; we still did some bath-house outreach, and the Man to Man outreach educator at the time,

Shane Borley, had been working on a fun and interactive campaign called *Victor Vancouver*. The bi-weekly cartoon appeared in local alternative newspapers, and followed the antics of a "local" gay boy as he tried to date, make friends, and navigate through life in Vancouver. While these activities certainly served a purpose and reached a segment of the gay population, we knew that we weren't doing enough, and we were unsure of how to proceed.

We needed to do research that would go beyond a needs assessment to find out where gay men were "at." We wanted to look beyond the quantitative data that would come from a survey, and find out what was happening in the minds of our community. What were the values, norms, attitudes, and beliefs of gay men in Vancouver? The first problem, however, was that we did not have funding for research. We wrote a funding application to do some research, but did not receive the funding, and didn't want to wait for the next call for proposals.

We looked at the resources we had available to us. The program had slowed down its activities by this point and we had some unused money in the budget. We were fortunate enough to have Rick Marchand and Terry Trussler working closely with AIDS Vancouver while finishing up their book on theory, method and practice in community-based HIV work: Field Guide: Community HIV Health Promotion. Rick was also the executive director of AIDS Vancouver at the time. Paul Perchal was the director of education at AIDS Vancouver, and brought a strong background in community development work and participatory action research. Rather than hire a researcher to go out into the community and bring back answers, we decided to get the community involved in the process as peer ethnographers who would ask the questions and bring back the answers. We could work with the existing Man to Man volunteers, create valuable dialogue within the community, empower and mobilize the community, and the cost would be minimal. Terry, as a community-based researcher, was excited by the possibility of working specifically in the gay community, and came on board to help train the volunteers and act as our research consultant on the project.

We decided to proceed with a series of qualitative in-depth discussion groups facilitated by our volunteers who would be trained as peer ethnographers (researchers). The project would be called the “Gay Men’s Action Plan” or GMAP, and would pave the road to a new era of programming in the Man to Man Program.

5. AN INNOVATIVE APPROACH: PEER-BASED PARTICIPATORY ACTION RESEARCH

Before looking at the process involved in conducting peer-based participatory action research, it is important to understand some of the theory and reasoning behind it. So, what exactly is peer-based participatory action research? First of all, it is important to note that we are talking about qualitative research in this situation. “Peer-based” refers to the fact that the research is conducted by a group or community’s peers; the community is conducting research on itself. “Participatory” refers to the community’s participation in the research process, and “action” means that the process is “research on the go” that is integrated into the project. In this section, the purpose and use of peer-based participatory action research will be discussed.

The Qualitative Advantage

Whether we know it or not, research plays a huge part in our lives and in the world in which we live. Beyond the more obvious “scientific” research into health issues, and technology, research is also used by corporations, governments, and non-profit organizations to gather data that will inform their future operations. In the past we have seen a large amount of quantitative research, often in the form of surveys. While this information is useful in tracking people’s behaviours (e.g., shopping habits or sexual activities), it does not effectively get into people’s minds to capture their values, beliefs, norms and attitudes. Qualitative research accomplishes this, and is being used with increasing frequency in a variety of applications.

Early in the AIDS epidemic, research, if it happened at all, tended to be quantitative in nature and often focussed on a person’s sexual behaviour. We now know that for HIV prevention/health promotion to be effective, we must look beyond the behavioural change model and begin to address the specific

determinants of health that contribute to HIV vulnerability.* One of the key tenets of health promotion is that *health is an experience and not a behaviour*.[13]

Qualitative research is a good approach for in-depth exploration of the lived experiences that contribute to HIV vulnerability. There are several approaches to qualitative research that would work well in the field of HIV: documented observations, personal journal writing, one on one interviews, and focus groups. The focus group is the method that the Man to Man Program utilized, and which we will focus upon in this manual. Many of the principles that will be discussed would, however, be applicable to other forms of qualitative research.

The Purpose and Use of a Peer-Based Approach

When we think of conducting research, many of us think of well-schooled researchers going out into the field to conduct surveys, run interviews, and facilitate focus groups. In many instances this is an entirely appropriate and effective strategy, but what if you don't think the community would be receptive to being "studied" by researchers, or you do not have the resources to do this? Or what if you want the research to be an integrated part of the community development work that is being done? And what if you want to use your findings to mobilize the community? Participatory action research is a field that will resolve these dilemmas. Within this field, there are many different approaches; the one that we will focus on here is peer-based qualitative research involving peer ethnographers and a research consultant.

* HIV vulnerability : To be vulnerable in the context of HIV/AIDS means to have little or no control over one's risk of acquiring HIV infection or, for those already infected with or affected by HIV, to have little or no access to appropriate care and support. Vulnerability is the net result of the interplay among many factors, both personal (including biological) and societal; it can be increased by a range of cultural, demographic, legal, economic and political factors. (United Nations Joint Programme on HIV/AIDS)

➔ Accessing hard to reach communities

Many marginalized communities have been “researched to death” by well-meaning researchers looking to understand the issues and behaviours of that population (e.g., young gay men, IDUs, women, aboriginals and other ethnic minorities). The intention behind this research is usually well-meaning and ultimately geared towards “helping” the subject population. However, in many cases, the disparity between where the researcher is coming from, and where the subjects are in their lives (socio-economically, politically, experientially, racially, etc.) results in barriers, mistrust in the research process, and further marginalization of those being “studied.” Additionally, findings are not easily transferable to programming.

Peer-based research deals with disparities by training members of a particular population or community as peer ethnographers (researchers) who will conduct the research. The peer ethnographers come from the same place as the rest of the “subjects,” and issues such as using appropriate language, mistrust of research, and the power dynamics associated with researchers are minimized. This leaves the research process and ensuing activities open for greater participation and buy-in, particularly in situations where people have already been “researched” without seeing any results or change.

➔ Research as community mobilization

Perhaps the most compelling reason for conducting peer-based qualitative research is the impact it can have on the people involved (peer ethnographers, participants, and sponsoring agency/program (if applicable)). As was discussed previously (section 4, The Need for Change), effective interventions need to address the multiple and complex realities of HIV vulnerability. HIV prevention programs need to shift from behavioural “policing” to a community development

approach that will not only involve but also motivate and empower the community to determine and make its own necessary changes and structural interventions.

Example: *The Boys R Us drop-in centre for male sex trade workers had a regular client base, but knew that its clients needed more than just food, support, and a safe space to hang out. A few clients were trained as peer-ethnographers, and a series of focus groups was conducted. Many participants indicated a strong desire to get off the streets and out of the sex trade, but they couldn't do it alone. As a result, the program staff and volunteers worked with the clients to develop an "exiting" program that would help clients to overcome the complex issues and barriers that stood between them and their desired life.*

Peer-based research, by definition, involves the community or affected population in the process. Following this logic, participants may choose to get further involved, and the original group of peer researchers and participants can snowball in size. Many focus group participants have found that simply being afforded the opportunity to talk openly and honestly with their peers in a safe environment is hugely revealing and empowering, as evidenced by these quotes from GMAP participants evaluations:

« [I liked the] exchange of ideas from different aspects of the community. It gives me a chance to exchange ideas with people that I wouldn't meet normally. »

« Got me to think about things that [I] was aware of but hadn't really thought about. »

With good management and encouragement, the research process can lead to community buy-in, excitement, and a grassroots movement towards effecting positive change. The spin-off effects of this are: a more focussed community, providing the opportunity for people to develop a sense of purpose and place within the community, and the development of social support networks. These elements all lead towards healthier individuals and ultimately a healthier community (physically, mentally, emotionally, and spiritually).[14] Peer-based

research has the multiple purposes of being a means to collect data, an intervention in and of itself, and a form of community mobilization.

➔ Cost benefit

Hiring researchers to conduct qualitative research is a costly undertaking. This can be a major hurdle for community-based organizations with limited funding. As well as designing the research tool, the researcher has to spend a great deal of time recruiting participants, facilitating focus groups, doing follow-up, conducting the analysis, and writing up the findings. Using a peer-based approach substantially reduces the role of the researcher. The researcher is, however, crucial for accomplishing the following:

- Guiding and developing the research tools and questions;
- Providing a theoretical background and training to the peer researchers;
- Answering questions along the way;
- Ensuring that appropriate methodology is being used (for example, ensuring that participants won't be harmed in any way by the research);
- Leading and/or conducting the analysis and summation of results.

Volunteer peer-ethnographers can, depending on their interests and availability, conduct a large part of the actual field work (such as recruiting participants and conducting focus groups). It is also beneficial to hire a research coordinator (or utilize an existing staff person) who can perform the following overall coordination tasks:

- Provide overall logistical coordination of the research;
- Oversee the recruitment and training of volunteer peer researchers;
- Provide moral support and guidance;
- Act as a liaison between the research consultant, peer ethnographers, focus group participants, sponsoring agency, and the community at large.

Understanding Peer Ethnography

Ethnography is a form of research that involves immersing oneself in a culture or community in order to gain a full understanding of the values, attitudes, norms and beliefs of the culture. Ethnography involves making detailed observations of the conversations, experiences and daily life of the subject population. A key element of success is in how the ethnographer enters the community; care must be taken to gain the understanding, acceptance and permission of the community you are entering. Without this, it will be impossible to get an honest or complete picture of the community. Equally important is to be a quiet and patient observer. Pushing your agenda or issue can shut people down or scare them off. Given time and an opportunity to speak, issues of personal importance will surface.

Peer ethnography takes this process one step further by utilizing the skills of people who are already a part of the culture or community. Peer ethnographers will have an advantage in the form of a degree of inherent trust and mutual understanding. It is important to select peer ethnographers who are able to remain neutral in heated dialogues even when the issue is near to their hearts. Approaching community “gate-keepers” (those who are natural community leaders and have access and influence in the community) to be peer ethnographers can be a good strategy for ensuring widespread buy-in and acceptance of the project. Utilizing peer ethnographers in qualitative research can be time-consuming and challenging, but, ultimately, the benefits to the community and to the research are well worth the extra effort.

When Not To Use a Peer-Based Approach

Peer-based research is a flexible and effective means of getting inside the minds of a community. It can be used in a variety of different circumstances. Its advantages include community buy-in, empowerment and mobilization, and cost

savings. But are there times when you would not want to use a peer-based approach?

If you need fast results, peer-based research may not be the best option. Recruiting and training peer ethnographers takes time, and negotiating schedules and timelines can be a slow and at times arduous task. If you are short on time, but have a decent budget, you may want to consider the middle road of paying your peer ethnographers. In this case, they are not peers to the same extent (they are now being paid), but community members are still involved in the process.

Another situation in which peer-based research may not work is if you're working with a group of severely agitated people who are not even willing to be in the same room as each other, much less be facilitated by one of their "own." In such circumstances it may be dangerous to send in a peer researcher who is perceived to be in a position of power and control. A less explosive approach would be to send in a neutral outsider, or pair the peer ethnographer with the neutral person.

6. THE PROCESS: UNDERTAKING PEER-BASED FOCUS GROUPS

We have looked at the changes occurring in the HIV epidemic, the need for changes in how we frame gay men's HIV prevention, and some of the theory behind peer-based qualitative research. In this section, these elements will come together in an outline of the process involved in undertaking a peer-based community research project. The process was developed using a focus group tool and in the context of gay men's HIV prevention and health promotion; examples and case studies are based on this experience.

Part of the beauty of peer-based qualitative research is its flexibility and varied applications. Whether you are running a gay men's health program, a shelter for the homeless, or a community safety program, the information outlined here can be adapted to fit your particular needs.

The Beginning: Assessing Your Community's Situation

If you are considering peer-based research, then you have probably already identified, however informally, a need for change in your community. You probably also have a goal in mind (e.g., finding out what social supports are in place for gay men in your community). The first step in the community-based research process is a capacity assessment (brief overview or assessment of the community's current situation). Taking the time to "map out" the community will give you an understanding of who and what you are going to be working with, and will help you to develop a suitable approach for inviting the community into the process. If you are already working within the community, this may not be a particularly difficult task, but it will help you to focus your goals and approach.

The **key questions** to ask before undertaking your research process are:

- **Who is the population or community you are going to be working with?** Identify the particular group that you will be working with. (e.g., gay men, women, seniors, sex trade workers, youth).

- **What different "types" of people comprise the community?** For example, the gay community is made up of: club kids, gym bunnies, professionals, students, youth, older gay men, HIV+ men, HIV- men, single men, men in relationships, the SM community, and so on… Are you interested in reaching all or just some of them?

- **Who are the key stakeholders in the research process?** This could include: the community at large, a specific segment of the community, gate-keepers, funders, the sponsoring agency/program, peer ethnographers, the research consultant, the research coordinator, and of course the participants.

- **What are your goals?** Why are you doing the research? What are you hoping to find out from the research, and what do you want to do with it?

- **How participatory do you want the research to be?** There are varying degrees of participation in research. Time, finances, control and overall goals will determine how participatory your research will be.

- **Is the community united or fragmented?** A united community is easier to work with (unless they are all against you!), and may be further along the continuum of community development. A fragmented community will require more time for planning and recruitment of peer ethnographers and participants, and may require more groundwork to be done in terms of community development work.

- **Are there any formal structures or groups in place?** Existing groups or structures can be an effective way of reaching a specific target population. Just remember that there may be others in your target population who aren't part of a group, and may have a different story to tell.

- **Are there any key structural or historical factors that you need to know about?** It is important to know what you are entering into so that you don't inadvertently "trip" over sensitive issues. For example, a recent gay-bashing death in the community or a past research study that exploited the community can severely affect how you will be received, and will influence how you approach the community with your ideas.

Once this information has been assembled, sit back and look at it objectively. What jumps out at you? Can you see obvious areas that need further exploration? When I undertook this process with the Man to Man Program, I used flip chart paper to literally draw a "map" of the players in Vancouver's gay community. For me, a visual representation made it easier to see who and what we were dealing with.

With increased clarity about the community you will be working with, revisit your goals. How do they relate to the community map you have made? Are they realistic? Do they fit with the current community structure, or are interim steps needed? Realistic and achievable goals will make it easier to proceed with your research. Remember, you can always build up to the larger goals! With your goals in place, you can move on to the next stage in the process: creating an environment of change.

Creating an Environment of Change

To set the stage for the research and community development about to be undertaken, background dialogue and preparation within the community are

beneficial. Depending on the current situation of the community, this may or may not already be naturally occurring. If the dialogue is occurring, building upon it and introducing focus groups will be a fairly easy task. If, on the other hand, you are entering "cold," introduce the issues to the community and create some dialogue so that the focus groups do not appear to be coming out of left field.

Stimulating meaningful dialogue within a community is a great way of stirring interest and "priming" people for further in-depth discussion of the issues at hand. Effective mechanisms for creating initial dialogue within a community can involve newspaper articles and interviews about the current socio-political climate of the community, provocative posters and/or advertisements that challenge people's beliefs and assumptions (cheaply produced guerrilla campaigns or guerrilla street theatre can be a fun and effective way of doing this), outreach at community events (e.g., Pride Day festivities), and so on. Be creative and innovative.

The Man to Man Program was running the *Victor Vancouver*[15] campaign prior to beginning its GMAP research activities. *Victor Vancouver* was a weekly cartoon strip following the daily life of a local gay boy. Using a voice-mail feature, it provided a fun and interactive mechanism for people to reflect and respond to a variety of issues relevant to Vancouver's gay community. Although the campaign had not been consciously planned as a precursor to GMAP, it did effectively set the stage for further community dialogue, and became the foundation for further community-wide dialogue campaigns.

Assembling the Plan

The stage is set, the community is ready, and you're itching to get going, but there are a few more details to consider

- **Timeline:** A timeline listing all of the events and activities will help with organization and focus. Volunteers have other commitments in their lives, so it is inevitable that there will be changes and delays in the timeline. Be flexible and patient. In each of the three phases that The Man to Man Program conducted, the timelines were over-run, and acted more as guidelines than strict schedules. Include meetings, trainings, actual focus groups, analysis and report-back in the timeline (sample timeline in Appendix A).

- **Budget**: Peer-based research can be done relatively cheaply, but not for free unless you have amazing volunteer support in every area. Potential costs include: literature review, administration, advertising, a research consultant, a project coordinator (if not being conducted by an existing staff person), tape recorder and tapes, food for focus groups, transcription, and volunteer recognition.

- **Literature review**: A literature review is a summary of related articles, books, and research that gives background information on the issues of interest. A literature review, while not essential, is a useful way of examining what has been done before. It can provide ideas and insight into what questions to ask, and how to ask them.

- **Community advisory committee:** As with any community-based project, success is dependent on community acceptance and buy-in. A voluntary community advisory committee ensures community involvement and can provide input, advice, validation, and/or assistance in employing the results. The committee can be as formal and structured as you need it to be. The

advisory committee that the Man to Man Program established was initially intended to take recommendations from GMAP and other research projects, to develop an action plan on gay men's health. In reality, the committee quickly evolved into an information sharing group for people working and volunteering in the field of gay men's health.

- **Ethics review:** An ethics review of research protocol is standard procedure in most academic research, and often necessary if you want to publish your results. That said, an ethics review can take a fair amount of time and energy, and may not always be feasible or desirable. If you opt not to have your protocol reviewed, run it past your advisory committee and your research consultant to ensure that you will not be doing anything to either bias your results, or cause mental/emotional harm to anyone.

Recruiting Volunteer Peer Ethnographers

Begin by developing a volunteer job description. Writing a job description for your volunteer peer ethnographers will help you become clearer about what you want, will provide a point of reference for the volunteers, and will extend a sense of credibility and responsibility to the position. The job description should include a brief description of the research project and the work to be done, an outline of typical duties and responsibilities, qualifications, and what they will get in return (e.g., training, recognition, a chance to interact with other like-minded gay men). A sample job description is available in Appendix B.

Typical duties and responsibilities of a peer ethnographer:

- Participate in research team trainings and meetings;
- Assist in developing and then read a literature review of relevant materials (although this may have been done separately beforehand);
- Recruit participants for focus group discussions;
- Conduct focus groups with the target population;

- Assist in the analysis of data.

Attributes that you might want to look for in a peer-ethnographer:

- **Reliable:** must have the time and commitment to follow through with the project
- **Personable:** must be able to make participants comfortable enough to open up and talk honestly about personal matters
- **Sensitive to issues of diversity:** must be open-minded, non-judgmental, and aware of diversity issues (i.e. racial, cultural, age, socio-economic, sexual/gender orientation)
- **Knows the community:** must be a knowledgeable member of the community
- **Team player:** must be able to work effectively with the rest of the research team, and with the participants
- **Connected:** access to broad social/support networks will be a benefit when it comes time to recruit participants
- **Experienced:** while not necessary, previous research experience is beneficial

A recruitment strategy will help you to reach your desired potential peer ethnographers. You could easily spend hundreds or thousands of dollars in advertising at this stage, but we have found word-of-mouth to be one of the most effective recruitment tools. Look at what resources you have available within your own agency or program. Do you have a pre-existing volunteer pool you can draw from? Do these people have friends who might be interested? Make a list of the people you think would make good peer ethnographers; extending personal invitations is a great way to bring people into the process. One of the best ways to reach a population is through its gate-keepers or natural leaders.

Contact established agencies and social/sporting groups to see if they have members who may want to volunteer as ethnographers, and tell them you'll be back later looking for participants. This is where community mapping comes in

handy! An article on your research in the local press is another way of drumming up volunteers, and introduces the project and its goals to the community. Newspaper ads, posters and handbills may also be effective depending on your community; in Vancouver, they yielded a very low response. For optimal coverage, consider a combination of these tools.

Training peer ethnographers

Once you have put together your team of peer ethnographers, they will need to be trained in group dynamics, focus group facilitation and basic ethnography. The training module that we developed in the Man to Man Program is based on the concept of modelling (the training itself is conducted in much the same way as you would conduct a focus group). The training is ideally suited to a full-day session, but could be broken into a couple of evening sessions if necessary.

Ask your volunteers about their familiarity with focus groups, facilitation and ethnography before the training; this will give you a better sense of the level of detail you will need to go into. Eight to ten ethnographers is, logistically, a good group size to work with. A relaxed, casual environment puts people at ease, and makes the work seem friendlier and less intimidating; a living room makes an ideal setting. Food is a great social lubricant, will cut down on disruptions caused by people having to go out for food, and will show volunteer peer ethnographers that they are appreciated.

Before the training, plan your agenda and copy all handouts (sample agenda is available in Appendix C). The training should be conducted by an experienced facilitator who is familiar with the content. Useful training supplies include: a flipchart, markers, masking tape, pens and paper, tape recorder and blank audio cassette (for sample focus group).

Keep the training fun and interesting, and be flexible with your agenda. The following table outlines the training that the Man to Man Program developed and used successfully in its GMAP research:

PEER ETHNOGRAPHER TRAINING – Table 1

TRAINING STEPS	EXPLANATION
Arrival	Invite participants to arrive 15 minutes early for food and to get settled.
Introductions	Begin on time and thank everyone for coming. Review the agenda, then move into a round of introductions (first name and what they hope to get out of the training session). Conduct an icebreaker to help participants relax and get comfortable. See Appendix D for sample icebreakers.
Housekeeping	Go over basic housekeeping items: washrooms, smoking, food and drink, etc. Ask everyone what time they need to be finished.
Ground rules	Establish basic ground rules for the training and subsequent team meetings. Get the team to brainstorm ground rules, and record them on a flipchart. Groundrules establish a baseline of trust and respect. See Appendix E for sample ground rules.
Outline purpose and goals	Give a brief outline of the research, its goals, and why you have chosen to do participatory (peer-based) research. Leave time available for questions, and have a referral/reading list available for those who might be interested in learning more about the theory on their own.
Facilitation skills	Basic facilitation skills and insight into group dynamics will make ethnographers more comfortable, and will benefit the focus groups. Some basic principles of group work appear in Appendix F. **Elements of a successful focus group are found in table 2.** Get trainees to brainstorm these lists themselves, and record them on a flip chart; then go back and fill in the missing points. A copy of this table is available in Appendix G. A further handout on "Managing Groups" can be found in Appendix H.
Conducting a focus group	Ethnographers should record observations of what is being said, and what is *not* being said. Body language and avoided issues can be very revealing. Facilitation can be solo or in pairs depending on preference. Options for recording data include audio or video taping and note taking. Audio taping is easiest and fairly non-obtrusive. Ensure ethnographers are familiar with operating the machine, and have fresh tapes and batteries. **Focus group mechanics are outlined in table 3** (also in Appendix I**).** A simplified "script" of the process (Appendix J) is a good "cheat sheet."
Practice focus group	Hold a practice focus group with your peer ethnographers as participants to give them the opportunity to see the principles and mechanics of focus groups in action. Run a discussion following the outlined steps, and focus on the issues you'll be researching. This may be beneficial for developing the research questions later, and/or can be used as data. Finish with a round of questions and observations about the process.
Wrap-up and next steps	If co-facilitation is desired, pair people up (experienced with less experienced facilitators, and outgoing with more introverted people). Outline tasks (participant recruitment, thinking of potential focus group questions, postering, etc.), and set the next meeting. Answer questions and do a round of final thoughts on the day. Hand out a training evaluation form so you know how the session went (sample form in Appendix K). Thank everyone for their commitment and involvement, and let the adventures begin!

FACILITATION SKILLS - Table 2

Facilitation Issue	How to address it
Staying focussed	▪ be prepared ▪ clearly state goals (and remind participants throughout the focus group) ▪ use visual aids where appropriate ▪ take frequent breaks ▪ provide refreshments if in budget ▪ give freedom to move around the room/go to bathroom ▪ provide encouragement ▪ summarize key points that have been made
Expectations of the group	▪ ask the group their expectations for the session ▪ get participants to share their expectation(s)
Conflict	▪ clearly state ground rules at the beginning, and remind again if necessary ▪ try not to "judge"; the facilitator must remain neutral for group safety ▪ stress commonalties ▪ ask participants to use "I" statements – don't force opinions on the group ▪ encourage discussion ▪ if there are ideological conflicts, explain that they're not personal, and ask individuals to clarify
Creating an environment of sharing	▪ establish the common ground or purpose ▪ do an icebreaker activity ▪ respect personal boundaries ▪ don't pick on people ▪ establish ground rules ▪ ensure everyone can see and hear the rest of the group
How to support ideas	➔ **in sync ideas:** ▪ validate what is being said ▪ ask a question that gets people to further expand their thinking ▪ acknowledge and thank people for their contribution ➔ **out of sync ideas** ▪ mirror what is being said to clarify it ▪ validate the person's opinion/differences ▪ let them know that as a facilitator you're unclear about what they're saying – ask them to rephrase, explain or relate their point to the topic ▪ thank the person for their contribution
How to record ideas	▪ flip charts (write ideas down) ▪ active listening: re-phrase back to group what you have heard ▪ clarification/consensus ▪ post ideas on boards/flip-charts/post-it notes ▪ use colour ▪ audio or video tape the session
How to "hear" what is being said	▪ watch body language of participants ▪ ensure safety and respect ▪ ask for clarification ▪ maintain eye contact ▪ ask open-ended questions to clarify

CONDUCTING A FOCUS GROUP – Table 3

Focus Group Step	Explanation
Set up	▪ arrive half an hour early to set up (for best results, hold in someone's home) ▪ make sure you have paper, pens and forms ▪ set up and test the tape recorder ▪ arrange food and drinks (ask participants to bring food for a potluck) ▪ prepare yourself physically, mentally, emotionally and spiritually
Introductions and icebreaker	▪ help everyone get acquainted and feel more comfortable with each other ▪ use first names only for confidentiality ▪ icebreakers can be found in Appendix D.
What is the research/sponsoring program?	▪ explain purpose of the discussion groups, where the information will be going, and who it will benefit (i.e. ultimately the gay community) ▪ answer any questions ▪ invite participants to contact the research coordinator for further discussion
Housekeeping	▪ where are washrooms? ▪ smoking? ▪ refreshments? ▪ timeline (when do people need to leave?)
Ground rules	▪ #1 rule: what is said in the room stays in the room ▪ brainstorm others and write them on a flip chart ▪ sample ground rules in Appendix E
Tape recorder (sign consent forms)	▪ explain that you would like to record the session for later transcription. The tape need only be heard by the transcriber (who will remove all names), and can be destroyed afterwards ▪ give participants two copies of a consent form outlining the research and its future usage - one to be signed and returned to the research team, the other for them to keep (sample forms in Appendix L)
Participant information forms	▪ a simple demographic form will give you some basic information about who you have heard from ▪ a sample form is in Appendix M
Focus group questions and discussion	▪ start the tape recorder and launch into the first question. It may take time for people to "warm up" ▪ let the conversation flow where it needs to - you don't necessarily have to stick exactly to your listed questions… they are there as a discussion stimulant
Closure	▪ when time runs out, or the discussion comes to a natural close, ask for final thoughts or comments, and then close. ▪ switch off the tape recorder. ▪ thank the participants for coming. Be clear that if anything has come up for them during the discussion, they can talk to you about resources (e.g., counselling, support groups, etc.) ▪ have a list of resources available. Invite participants to contact the project coordinator with questions or concerns.
Staying involved	▪ tell participants what the next steps will be (analysis, report writing, report back to community) ▪ provide phone numbers/email addresses for further involvement
Participant evaluation forms	▪ ask participants to fill in a participant evaluation form so that they can let you know what they thought of the focus group ▪ a sample form is in Appendix N
Facilitator's evaluation form	▪ facilitators fill in their own record of how they felt the focus group went ▪ include personal observations about the mood, tone, and what was or wasn't being said ▪ a sample form is in Appendix O

Question Development

The questions that you choose to use for your focus groups will determine the course of the discussion. The questions are more of a starting point and a guide for discussion than anything else. With good, provocative questions, the discussion, once started, will naturally flow where it needs to go.

Involving the entire research team in the development of the questions will solidify the team and give a sense of accomplishment and ownership. Shortly after the training, reassemble the team to work together to develop the questions. Specific requirements in terms of focus and prior knowledge of the community will influence the way your questions are developed. If you are starting with uncertainty about which issues are “burning,” start off with a series of broad questions, allowing participants to put forward their own issues. If you have a specific issue you want to focus on, develop specific questions to stimulate discussion on this issue.

With your team, create an inventory of potential issues. Brainstorm (list) issues, questions and themes to explore. Once you have exhausted this process, group the issues and ideas together into related fields. If you are focussing on health-related issues, a suggestion for these groupings is: social health, sexual health, community health, psychological health and personal health. The categorized inventory that the Man to Man Program developed for its research into bareback sex is in Appendix P.

This categorized inventory is the basis on which you will develop your actual questions. Questions can be developed as a group, in pairs, or by the research consultant (mainly dependent on time and interest). Use different styles of questions that will allow for differing comfort levels with personal disclosure. Questions should be open-ended to avoid “yes/no” answers. Sample questions from Man to Man’s GMAP research project can be found in Appendix Q.

Different styles of questions:

- **Scenario:** Places participants in a specific situation and asks how they would react. (e.g., There is a new magazine being published about gay men's health. What would get you to buy it? What would you like to contribute?)
- **Projection:** Allows participants to talk about an issue without relating it specifically to themselves. (e.g., If one of the guys in a couple you know finds out he is HIV+, how do you think they would react? What issues do you think it raises for them?)
- **Future:** Encourages participants to think about life in the future. (e.g., It is now 2010. What do you think your life will be like? What impact will HIV/AIDS have on society?)
- **Deconstructive:** Makes people rethink what they take for granted (e.g., Health care becomes privatized, how will this affect the way you live your life?
- **Reactive:** Designed to produce a strong reaction to a provocative statement (e.g., Monogamy is bullshit. Do you agree or disagree? Why?)
- **Fantasy:** Allows participants to dream and reveal what their ideal life/community would look like. (e.g., If you had unlimited resources and could do anything, what would you do? What would you do about HIV?)

If time permits, do a practice focus group with the peer ethnographers as participants to test out the new questions. As members of the community, they should be representative of how others will answer the questions. Rework and fine-tune the questions as necessary.

Recruiting Participants

For a successful focus group that captures the information you're looking for, target the appropriate potential participants. Your recruitment approach will vary depending on whether you are looking for "generic" community members for broad-based discussion, or specific people for targeted groups (e.g., gay men in

sero-discordant relationships). A participant recruitment strategy, similar to the one used to recruit peer ethnographers, will simplify this process.

Ask peer ethnographers to comb their networks (social, sports, etc.) for participants. In the GMAP research, word-of-mouth, or the “snowball” effect, was the most effective recruitment tool. Revisit the social/support groups and other agencies that you approached when looking for peer ethnographers; ask if you can hold a focus group with pre-existing groups/clients. This reaches many people at once, and is a wonderful group/team building activity. These strategies also work for targeted groups, but more direct recruitment may also be necessary. Approach gatekeepers (natural leaders) of specific targeted groups (e.g., a party promoter or DJ if trying to reach the club scene); use email lists and newsgroups, and extend personal invitations. Honoraria may be necessary in order to reach some of the harder to reach target groups (e.g., male sex trade workers).

A brief written summary of your research and its potential benefits is useful when approaching potential participants. Let people know that the session will be tape-recorded, that all personal information will remain confidential, and that they will be able to see the results at the end of the project.

Follow-Up

One of the main differences between peer-based qualitative research and academic research is that peer-based research is intended to involve and mobilize the community. For this to happen, the interest and momentum gained during the focus groups must be harnessed. In addition to thanking participants and peer ethnographers at the end of the focus groups, stay in contact with them, invite them to get further involved (in the analysis and discussion of the transcripts, in another phase of research, or in future program development), and make the results available to those involved and to the community in general. A

follow-up newspaper article or advertisement, a pamphlet of the results and recommendations, or a community forum are all ways of disseminating the results to the community.

7. ANALYSIS: OBSERVING CONSTRUCTS OF REALITY[16]

You have finished your focus groups and have had the tapes transcribed; you are left with a stack of lengthy documents. So now what? There are many different approaches to qualitative analysis, and they all have their merits. The method that we will focus on here is one that Terry Trussler utilized with the data from Man to Man's GMAP research: isolating and rearranging "reality constructs" as a way of interpreting the underlying vulnerabilities of Vancouver's gay community.

Volunteer Involvement

After completing its first phase of focus groups, the peer ethnographers with GMAP indicated a willingness to be involved in the analysis. In a subsequent training session, the ethnographers were given some basic skills in recognizing and extracting key points in the discussion that gave us an accurate description of local gay culture. This involved reading through the transcripts (in pairs) and pulling out the key points, and then grouping these points into broader thematic categories (e.g., monogamy, sexual adventurism). While this was useful information, it did not provide an in-depth picture of the "hows" and "whys" behind gay culture.

Going Deeper: Seeking Reality-Making Constructs

In order to get a more in-depth picture of what is happening in the lives of the participants, we need to examine how individual and cultural realities are constructed. The way that gay men interact with others in their daily lives, whether it be in mainstream society, amongst friends in a gay coffee shop, or in the bedroom, is an ongoing negotiation of the terms and realities of gay culture.

To accomplish the necessary deeper level of analysis, transcripts need to be read for "reality-making constructs" (the words, concepts and images that are used to produce, manage and sustain the lived reality of the speakers). Although there are different approaches to achieving this objective, Terry Trussler found that the best approach for the GMAP data would be to examine the underlying "rules of order" embedded in the text in order to find the foundation on which personal and cultural realities are constructed.

Example:

"As soon as we realize we're gay, we have to sort of live by whatever's already been created for us in the gay world." – GMAP focus group participant

In this quote from a GMAP focus group, a fairly innocuous phrase becomes, upon closer reading, an example of a cultural "rule of order"; that we, as gay men, must live by "whatever's already been created for us."

Reading transcripts for these reality-making constructs is laborious and can be fairly difficult. If at all possible, this phase of the analysis should be performed by a qualitative researcher experienced in community-based socio-cultural research.

Coding

An inventory of the reality-making constructs can be assembled using a coding system developed by T. Rhodes. Rhodes initially used this system to create field assessments of HIV vulnerabilities from ethnographic observations of urban drug cultures, but it works equally well for assessing reality-making constructs of gay male culture.[17]

INDIVIDUAL Sees cultural experience from an inner vantage. Accounts for how and what reality comes across to the person. **EXAMPLE:** extraordinary challenges of personal development over gay men's life course. "Jeez, it's so hard. None of us knows where we're going."	**INTERPERSONAL** Describes the experience between individuals **EXAMPLE:** the unspoken grounds of gay relationships. "I'll be monogamous one day. The sooner the better. It's the waiting that's hell."
STRUCTURAL Concerns experience with society, institutions and the environment. **EXAMPLE:** the transience of life in a west coast city. "In Vancouver things are connected, but not in any central way. More a random series of events."	**SOCIAL** References experience of generalized others in the family, at work, or in the community. **EXAMPLE:** the state of universal gay culture and its local influence. "It's not about gay this, gay that, but gay people doing what everybody does."

The sorting of the reality-making constructs into the four fields of the inventory matrix proved to be an innovative way of bracketing the meaning of the "sound bites" or poignant statements that were made in the focus groups. When the GMAP analysis was complete, we ended up with a rich inventory and analysis of the values, norms, beliefs, attitudes and vulnerabilities of gay men in Vancouver. The final reports consist of broad sections for each of the four fields (individual, interpersonal, social and structural). Each field was then further broken down into detailed themes. Under each theme, the individual "sound bites" or poignant statements were grouped together. This format provides the reader with a clear and concise picture of the realities of gay culture and life in Vancouver.

Example: In the final analysis of GMAP's focus groups on magnet (sero-discordant) couples, the themes under interpersonal were: magnetic attraction,

love and lust, love and trust, communication challenges, disclosure, open or closed, two positives, bareback, and complicated safety.

Under the theme of love and lust, the following quotes were grouped amongst others:

“Love happens all the time. Lust is great release though. I think there’s terrific need for both in a relationship…”

“The role of lust in the relationship can change through the relationship. And the form of love changes during a relationship.”

“I can definitely have lust without love, but I can’t have love without lust. But, um, it’s just been something that I only found out, of course, after I was positive.”

8. CASE STUDY: LESSONS LEARNED – THE MAN TO MAN PROGRAM'S GAY MEN'S ACTION PLAN

In conducting its Gay Men's Action Plan (GMAP) research, the Man to Man Program encountered numerous obstacles and challenges. The following is a summary of the key lessons that were learned through conducting three phases of research over a three-ear (and counting) period.

It is probably evident by now that qualitative peer-based research is not an exact science. Part of the appeal of qualitative research, apart from its obvious sex appeal (in some circles, aybe), is its flexibility and varied applications. When used as part of a community development process, the organic nature of peer-based research becomes a natural complement to the overall vision and process. As the Man to Man program went through its research, not everything ran according to plan, and very little ran according to schedule.

When unexpected circumstances arise, you can either get stressed, or you can look for the lesson and move forward. The GMAP research project, as discussed previously, was developed as an organic process. The Man to Man team had a rough plan of attack, but was flexible and allowed the research to grow organically. Numerous challenges were encountered, but the situations were examined, and the lessons extracted and remembered for the next phase of the project. From the seemingly obvious to the more obscure, many of these lessons have already been discussed throughout this manual, but here they are all together:

- **Have enough participants:** Five to seven participants is ideal. Too few and people feel self-conscious; too many and people don't get to talk enough. A focus group with three participants and two peer-ethnographers can be a little awkward! (It can be salvaged, though, if one of the facilitators chooses to participate in the discussion.)

- **Confirm, confirm, confirm:** Call participants the day before to confirm their focus group; if there aren't enough participants, reschedule.
- **Word-of-mouth over print ads:** As tempting, and expensive, as it may be to take out newspaper ads looking for peer ethnographers and participants, they're not all that effective. Use word-of-mouth, social networking (approach gatekeepers), email and direct mail-outs to extend personal invitations.
- **Have a "tough skin":** People are mean. Well, hopefully not all of them, but the Man to Man Program certainly encountered its share of unconstructive criticisms during its research and community development initiatives. You can't and won't ever please everyone. Listen to constructive criticism and reflect on it, but don't lose sight of your goals.
- **Timelines are but mere guidelines:** If only we had known then what we know now. Enough said.
- **Be flexible:** When the unexpected arises, and it will, be flexible and allow things to proceed as they need to. Getting uptight and stressed will affect the whole team and can harm the process.
- **Food – it's a good thing:** Having food at focus groups, trainings and meetings can help smooth the flow. Food is a great icebreaker, an incentive and a wonderful social lubricant.
- **Money talks (honoraria):** Although you ideally want peer-ethnographers and participants to get involved voluntarily for the sake of the community, sometimes an incentive is needed. Food is a good incentive, but, depending on the population you're working with, an honorarium is sometimes necessary. When Man to Man teamed up with a drop-in centre for male sex trade workers, honoraria for the ethnographers and the participants were necessary. Check with other research projects to find out the going rate in your area.
- **Show your volunteers how much you love 'em:** Do something to thank your volunteer peer ethnographers for all of their hard work! Food at meetings and trainings is a good starting point. An appreciation dinner, donated gift

certificates or a night of glow-in-the-dark disco bowling are all great ways of saying: “Thank you. You rock!” (Glow-in-the-dark disco bowling is a big hit!)

- **Use icebreakers:** Icebreakers (fun, introductory activities) are a different way of introducing people, alleviating nervousness, and warming people up for the “main event.” Use icebreakers in trainings and focus groups.
- **Boardrooms are boring:** Hold meetings, trainings and focus groups in comfortable, relaxed environments (such as someone’s living room). Boardrooms and office spaces are intimidating and cold, and don’t exactly make people want to kick back and pour their heart out.
- **Recruit outgoing peer ethnographers:** Although you have to work with who you’ve got, recruiting outgoing peer ethnographers will likely benefit the participant recruitment and facilitation stages of the process. If they are timid and shy, participants will pick up on this energy and be less likely to talk comfortably and openly. That said, the experience can be a great opportunity for people, so don’t automatically rule them out; consider pairing them up with more outgoing co-facilitators.
- **Pair experienced with inexperienced:** Assess the experience, comfort and skill level of your peer ethnographers. If they want to be paired up for co-facilitation, try to pair more comfortable and experienced facilitators with less skilled ones.
- **Peer ethnographers as gatekeepers:** For access to particular sub-groups in the population you’re working with, recruit the gatekeepers or natural leaders of these sub-groups as peer ethnographers. Man to Man was having difficulty recruiting “barebackers” into discussion groups, so hooked up with someone who had made a film around the issue and had existing contacts.
- **Don’t push the issue:** Respect personal boundaries. Don’t push people on an issue that they don’t want to talk about. If it means moving on to the next question, do so!
- **Stay neutral:** As members of the subject community, peer ethnographers will likely have lots to say about the issues at hand. It is vital for the comfort and safety of the participants and the success of the group that the facilitator

remains neutral and doesn't contribute to the discussion (except to ask questions). Holding an initial focus group with the peer ethnographers as participants will allow them to voice their opinions beforehand.

9. EMPLOYING THE RESULTS

One of the criticisms of much of the academic-based social research that has been done (e.g., into the sexual behaviour patterns of gay men), is that the results are not easily transferable to the community of origin. We may find out a new statistic or correlation, but how does this translate into programming? Community-based organizations don't have the resources to analyze the academic findings and translate them into programming, and most researchers specialize in collecting and analyzing data, not in utilizing it to effect change.

Fortunately, with the peer-based approach to qualitative research, this conundrum is minimized. The language used in the focus groups will be understood by the research team, and solutions will often present themselves in focus groups, or will emerge through analysis. If, after analysis, you are still unclear as to how to proceed, go back to the community, and do more focus groups to present back the findings and ask for input on how to proceed. This validates your findings, gives you potential directions, and also serves to further involve and mobilize the community. The results of peer-based focus groups in action are illustrated in the following case study on the Man to Man Program.

9A CASE STUDY: INNOVATIVE APPROACHES TO GAY MEN'S HEALTH IN VANCOUVER

After three years, the Man to Man Program at AIDS Vancouver continues to engage the community in peer-based qualitative research through its Gay Men's Action Plan (GMAP) research. Since beginning this work, the program has introduced a number of new approaches to gay men's health. This is the outcome.

The staff at AIDS Vancouver's Man to Man Program realized that traditional approaches to HIV prevention efforts were no longer effective. It became apparent that the work they undertook would have to shift to address some of the broader issues of gay health, to include a multitude of factors contributing to HIV vulnerability. After conducting the first phase of qualitative research with a team of peer ethnographers, a number of issues became clear. The program has focussed on these and subsequent issues when formulating new services. The program now provides interventions on individual, interpersonal, structural and social levels. This has included helping to develop social support networks, creating an opportunity for dialogue and discussion, providing a range of sexual health information and options in a non-judgmental way based on a harm reduction approach, developing structural interventions, providing advocacy and, of course, continuing to provide access to condoms and lube!

Individual Interventions: The Straight-Up Facts about Gay Life, Sex, and HIV

A series of three provocative new pamphlets addressing gay health issues was developed to fill the need for information on gay men's health that went beyond HIV prevention. The Pocket Guide series is written in a straightforward non-judgmental style using everyday language and featuring provocative and entertaining graphics. The titles include "Men Seeking Men" (general information on personal safety, cruising, dating, relationships, etc), "Fruity Booty, How to

Keep Your Ass Fresh" (information on anal health), and "They're here – STDs to know about" (information on STDs, HIV and safer sex). The pamphlets are distributed through local health clinics, community-based agencies, student groups, and through the Man to Man information boards. The series has been extremely popular, particularly amongst young gay men who appreciate the honest, non-paternalistic approach, and reprints were necessary within the first year.

The program has, almost since its inception, had information centres in several gay bars and bath-houses throughout the city. During the mid-990s, these boards fell into a state of disrepair and under-utilization. In 1999, after a comprehensive assessment of what did and didn't work with the old boards, slick new sheet-metal boards were installed featuring a tri-panel display area that is protected by plexi-glass (the old boards were cork boards and the displays were often ripped down or covered by other posters). Three direct quotes from the research are juxtaposed in these displays with accompanying images. The idea behind these displays is to provide different viewpoints on an issue, and to provoke thought, dialogue and personal reflection on the socio-cultural realities of gay men in relation to each other and to gay health (including HIV). The boards are also used to distribute pamphlets, fact sheets on hot topics (e.g., barebacking) and condom packs through a built-in display rack.

Interpersonal Interventions: Further opportunities for discussion

Further phases of peer-based discussion groups were held for gay men on more focussed issues after these issues rose to the surface in the first phase of research which had a broader focus (i.e. gay men who use drugs and alcohol, gay men in sero-discordant relationships, and bareback sex). In total, 13 focus groups with a total of 60 participants have taken place. Participants in all phases of the research project have been surprisingly appreciative of the opportunity to talk openly and honestly with other gay men about their own issues.

"[I] enjoyed the various views of other gay men."

"It was like holding a mirror up to my own fears/subconscious/guilt."

"Allowed me to put my own gay issues into perspective."

Taking the concept of creating dialogue one step further, Man to Man developed a bi-weekly Community Question Campaign that appeared in *Xtra West*, the local gay press. The campaign was designed to stimulate broad community thought and dialogue about prevailing gay cultural values and beliefs, while providing an outlet for reactions. Each issue featured a different theme (again taken from the research, and also from a separate focus group), a provocative question and accompanying image, and the opportunity to call a voice-mail box to vote on the question. In the following issue, the statistics from the voting would be printed along with the next question. The campaign yielded an average of 300 responses per week to the voice-mail system, and the results were used to validate, build upon, and further inform the analysis of the GMAP findings.

Structural Interventions: Community Development and Partnerships

Where at one point in time the program staff and volunteers were not well connected with the community or with other people doing work in the gay men's community, today there are strong connections and many collaborations. The group that was originally intended to be an advisory committee for the GMAP research quickly evolved into an information-sharing group for people working with gay men. This has provided a wonderful opportunity for everyone to stay connected and informed about each other's work.

The program has also worked with other agencies to collaboratively develop entirely new programs. The Boys R Us drop-in centre for male sex trade workers was developed by a collection of local social service agencies in response to a recognition that male sex trade workers were an underserved and vulnerable

population. Today, the drop-in is expanding to include an “exiting” program for clients who want to leave the sex trade and enter school or the work forcePride Health Services is a health access clinic for LGBT people held one afternoon per week. It was developed as a pilot project to increase access to a multi-disciplinary range of health services after a local study revealed that many LGBT people didn’t have appropriate health care.[18] In 1999/2000, Health Canada provided some money to gay men’s HIV educators in Toronto, Montreal and Vancouver to do research looking into the concept of “gay health.”

In Vancouver, this was a natural extension of the work that had been done in Man to Man and with the GMAP research. Building on what we already knew, we were able to develop a quantitative survey tool that essentially “took the pulse” of the gay community.[19] The Gay Health Vancouver Men’s survey was developed, and the energy and excitement that was created (it was a feature of the local gay press) has added to the momentum created through the qualitative research, and set the stage for larger-scale structural community development activities.

Social Interventions: Advocating for change

The Man to Man Program has taken an active leadership role in advocating for gay men’s rights and gay men’s health. This has often occurred within the broader realm of LGBT health and community development. For example, the establishment of the previously discussed Pride Health Services involved advocating with the local health board about the health issues and needs of LGBT people. Advocacy and education with community, regional, provincial and federal government officials on broad issues of gay men’s health and specific gay issues (e.g. adressing bareback sex) is an ongoing process.

10. THE LAST WORD

Gay men's HIV prevention programming was first developed as a crisis response to a nightmarish new illness that quickly reached epidemic proportions and touched, in one way or another, virtually everybody in the gay community, and many beyond. The community and allied response was an amazing display of love, compassion, anger and action. Organizations and programs were created and run on shoestring budgets.

The epidemic evolved and somewhere along the way, gay men's HIV issues were put on the back burner. Other changes in the epidemic and in many gay men's communities have necessitated a deeper understanding of the values, norms, attitudes and beliefs of gay men. Without this understanding, we cannot begin to effectively address the complex determinants of health that contribute to HIV vulnerability. Peer-based qualitative research is an opportunity to collect this valuable information, an intervention in its own right, and a good community development and mobilization tool.

The Man to Man Program at AIDS Vancouver undertook an intensive peer-based research project that was an empowering and informative process for all involved. As a result of the process, and the data collected, the program has now shifted its philosophy and activities to encompass a broader approach to HIV prevention in the context of gay men's health.

As we move into the new millenium and the third decade of HIV, we must continue to be innovative and flexible in our approaches to gay men's health and HIV prevention. We will never have all of the answers, or enough money for our work. But until there is a cure, the important thing is to be proactive and continue to evolve with the HIV epidemic and our communities. Integrating participatory research processes into HIV programming is an excellent ongoing way of staying abreast of the issues of a community, transferring local knowledge into action-

oriented programs, and empowering the members of the community to take their individual and collective health into their own hands.

Endnotes

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