



ONE OF THESE THINGS AIN'T LIKE THE OTHER

**Exploring The HIV Prevention Needs Of Young
Adult Black Same Gender Loving Men**

One Of These Things Ain't Like The Other:

Exploring the HIV prevention needs of Young Adult Black Same Gender Loving Men -

A report prepared for the Gay Men's Sexual Health Alliance.

Written by: David Absalom & Tyler Boyce

This report was prepared for The Gay Men's Sexual Health Alliance (GMSH) by David Absalom & Tyler Boyce. The opinions expressed herein are those of the authors and do not necessarily reflect the official views of the GMSH.

Please credit the source as follows:

Absalom, D. & Boyce, T. (2020). One of these things ain't like the other: Exploring the HIV prevention needs of Young Adult Black Same Gender Loving Men - A report prepared for the Gay Men's Sexual Health Alliance, Toronto, Ontario.

Contents

1	Preface
1	Acknowledgments
2	Introduction
2	What we did
4	What we learned
	Part 1 - Exploring HIV Prevention Methods & Toolkits of Young Adult Black SGL men
8	Part 2 - Exploring the Key Issues Affecting the Sexual Health and Well-Being of Young Adult Black SGL Men
10	Part 3 - Identifying Areas for Improvement in HIV Prevention Service Provision to Young Adult Black SGL Men
12	Recommendations
13	Limitations
14	Conclusion
15	References



Preface

The ‘One of these things ain’t like the other: Exploring the HIV prevention needs of Young Adult Black Same Gender Loving Men’ report is a community-driven initiative from Young Adult Black Same Gender Loving (SGL) men to aid service providers to better understand and respond to our HIV prevention needs. Throughout this report, we use the culturally affirming term “Same Gender Loving (SGL)” coined by Dr. Cleo Manago to describe Black men with same gender attractions and sexual behaviors¹. Here we use the term interchangeably with ‘Gay’ and is to be understood as such.

The interplay of systemic, structural, and individual factors have been known to produce circumstances which more easily facilitate HIV transmission. Anti-Black racism coupled with homophobia, heterosexism, and HIV stigma limit Black SGL men’s access to the tools and resources that promote and sustain optimal sexual health. Despite this knowledge, oftentimes HIV prevention work within Black SGL communities focuses on rates of transmission without acknowledging the systemic context in which transmission occurs.

In an effort to rectify the current state of HIV prevention work within Black SGL communities, we consulted with a small but mighty group of young Black SGL men. In conversation with these men, we gathered insights on the necessary changes needed to ensure HIV prevention strategies and programming are relevant and useful to young Black SGL men.

This report provides learnings and recommendations to service providers and organizations on how to develop and improve HIV prevention strategies and programming in a way that honors the fullness of young Black SGL men.



Acknowledgments

We’d like to take this time to express our thanks and gratitude to those who supported this project at every stage. We are especially grateful for folks who participated in our focus groups and shared their life experiences with us. We appreciate you, without you, this work wouldn’t be possible. Lastly, thank you to the Gay Men’s Sexual Health Alliance (GMSH) for providing funding and making a commitment to engage with Black Same Gender Loving men.

Introduction:

With continued advancements in the prevention of Human Immunodeficiency Virus (HIV), Canada, like many high income countries has become better equipped to prevent HIV infection, as well as improve medical management for People living with HIV (PLHIV)². As a result, jurisdictions such as Ontario, have taken up the narrative of potentially reaching an endgame in its efforts to eliminate HIV transmission³. However, epidemiological data suggests this is not the case for Black Same Gender Loving (SGL) men. Available Canadian national surveillance data highlights Black SGL men as being disproportionately represented among new HIV diagnoses. Although Black men represent only 3.9% of Ontario's population, the proportion of Black SGL men with a positive HIV test increased from 8.9% between 2009 and 2010 to 13.7% between 2011 and 2012⁴. As of 2018, epidemiological reporting has determined Black SGL men face an 8.5 times greater burden of HIV diagnosis when compared to the estimated proportion of Black SGL men in the Black population⁵. Despite these troubling findings, there has been a consistent dearth throughout the Canadian HIV sector to investigate the health conditions and outcomes of Black SGL men². This is especially true for young adult Black SGL men aged 16 -29 where little to no data or literature exists in the Canadian context. Thus, if Ontario truly wishes to reach an HIV endgame, there is a need to understand and respond to the HIV prevention needs of young Black SGL men.

What We Did:

We conducted focus groups consisting of 22 young Black SGL men in both Toronto (n = 15*) and Ottawa (n = 7), as these cities have two of the largest Black populations in Ontario⁶. Recruitment to participate mostly occurred through word of mouth. Promotional flyers were also created and posted on social media in addition to being circulated by community partners such as the Black Coalition for AIDS Prevention (Black Cap) & the AIDS Committee of Ottawa (ACO). To participate, we asked folks to be between the ages of 16 - 29, identify as an SGL man and be HIV negative.

We hosted these focus groups with the following objectives:

1. To explore the varying HIV prevention methods and toolkits that young adult Black SGL men use.
2. To explore the key issues affecting the sexual health and wellbeing of young adult Black SGL men.
3. To identify areas for improvement in HIV prevention programming and service provision to young adult Black SGL men.

Focus groups took approximately 60 minutes and were tape-recorded and transcribed verbatim. Participation was voluntary, written consent was obtained, and participants received an honorarium of \$25. A breakdown of the participants' socio-demographic profiles can be found in Tables 1 and 2 below.

Table 1: Ottawa Socio-demographic profile (n=7)

Participant Characteristic	%
Sexual Orientation	Gay: 71% Bisexual: 29%
Ethnicity	Black - African: 86% Black - Caribbean: 14%
Country of Birth	Canada: 28% Outside of Canada: 72%
Citizen Status	Canadian Citizen: 28% Permanent Resident: 16% International Student: 28% Prefer not to answer: 28%
Employment Status	Permanent: 56% Contract/ Temporary: 28% Prefer not to answer: 16%
Household Income	\$0 - \$49,999: 41% \$50,000 - \$89,999: 16% Don't know: 16% Prefer not to answer: 28%

Table 2: Toronto Socio-demographic profile (n = 13)

Participant Characteristic	%
Sexual Orientation	Gay: 100%
Ethnicity	Black - African: 15.4% Black - Caribbean: 61.5% Black - North American: 23.1%
Country of Birth	Canada: 69.2% Outside of Canada: 30.8%
Citizen Status	Canadian Citizen: 77% Permanent Resident: 7.7%
Employment Status	Permanent: 7.7% Contract/ Temporary: 53.8% Self - Employed: 7.7%
Household Income	\$0 - \$49,999: 23.1% \$50,000 - \$89,999: 53.8% \$120,000+: 7.7%

* Originally 10 individuals completed the focus group in Toronto, however the digital file was corrupted during the transcription process. Shortly after, a second focus group was conducted with 5 new participants. The written notes and demographic information of the first 10 participants have been included in this report.

What We Learned:

Part 1 - Exploring HIV Prevention Methods & Toolkits Of Young Adult Black SGL men

Community Resource & Information Sharing

Like many SGL men, participants expressed worry over contracting HIV. Despite the advancements in HIV prevention and treatment over the years, the media representation of HIV has left an everlasting impact on their perception of HIV.

“I think growing up, like when you watch TV and movies and there’s a gay character, you automatically know they’re going to get HIV and it’s going to be like this really big thing, and they’re going to get sick and then they’re going to die and it’s like ... So I think that’s where it comes from”

To address these worries, participants leveraged their social networks in an effort to manage their sexual healthcare. Several participants mentioned using their social networks as sources of HIV & sexual health knowledge and support. Using their own lived experiences, many participants acted as unofficial sexual health educators, answering questions regarding access to PrEP and sexual health treatment in addition to HIV and STI symptoms.

R1: “So it’s really someone at my job who I was having a conversation with. He was like, “Okay, let me kind of walk you through it, show you how to get on it.” They have a new place that they started, so really just that was kind of how I figured it out and was like, ‘Okay, I’m going to give in and go on [PrEP].”

R2: “My friend was on [PrEP] and then he kind of educated me on whatever. So then after that, I was looking for a new place to get tested, so he kind of recommended to me to where he is downtown here.”

Participants expressed experiencing neglect from healthcare providers who didn’t notify them of all of the available resources at their disposal. As such, participants looked to provide and seek out information within their social networks. This act of community care is of major importance to participants as they recognized without it, there could be detrimental impacts on their sexual health.

“... Like, if I didn’t have that friend who told me about it, who’s to say where I’d be, or how my sexual health would have been impacted had I not known that clinic existed, because, I wasn’t going to go to my family doctor; no, no way...”

In this passage we also see a participant speak on their reluctance to visit their family doctor. Participants spoke on how they’d prefer seeking HIV & sexual health information out from their social network as opposed to a doctor. While both were trustworthy sources, participants noted doctors came off as “less genuine” in their approaches.

PrEP & Condom Use

PrEP was not highly utilized among focus group participants. Extending to the discussion in the previous section, some men spoke to the neglect they experienced from healthcare providers. When asked about the absence of PrEP within their HIV prevention toolkits, discussions of neglect continued. Despite attending HIV & STI testing and providing a truthful history of their sexual activity, participants noted that the option of PrEP had never been presented.

“... I don’t know, my family physician, or family doctor, like he knows of my [sexual] orientation and, you know, he’s asking questions about my sexuality or my sexual history. But I’ve never been recommended this stuff [PrEP]...”

For some participants, they noted the racial disparities in access to HIV prevention information and HIV prevention tools such as PrEP:

R1: “I only feel like it’s always Black men always – or Black people, in general, we need to be educated about their lifestyle or their health, in general. But when it comes to a White person, they already know. My doctor. I got a family doctor, too. He’s not giving me that kind of information.”

R2: “I’m only hearing it from White men. From White gays that have a thing with Black guys and they’re like, “Oh, my god, you should be on PrEP. PrEP is so good.”

R3: “You know, go to Ottawa and you go on Grindr, everybody has it. And most of the time they’re a lot fairer skin than me. And most of the time the access and the way talk about it it’s like their doctor or whoever they’re going to is like, “Yeah, sure, PrEP for you and PrEP for you.”

R4: “For me, it’s always been a person that’s like another race and they make it seemed like it’s easy to get like Skittles in the candy store. But like I wouldn’t even know the first place to go to get PrEP. So that’s how PrEP – that’s how I’m hearing of it.”

From these rich narratives, we see participants speaking to how anti-Black racism is a barrier to accessing and receiving sexual health information and prevention tools. In the context of PrEP, a key barrier here is a fundamental lack of health professionals linking young Black SGL men with the preventative drug. Participants' perceptions of how this lack of care is disproportionately experienced by them as young Black SGL in comparison to their White queer counterparts, is paramount for understanding the manifestations of anti-Black racism within the HIV sector and health system more broadly.

In addition to the challenges mentioned above, some participants expressed reluctance to go on PrEP for fear of its potential long-term implications on the body and negative side effects.

R1: “I was hesitant to go on it because I didn’t know what the long-term effects were. And every doctor I asked or person I knew that was on it, it was all kind of the same answer; like nobody really knows”

R2: “I don’t know like there are so many things I get to ingest in my body. I can’t just like go on PrEP because I just want to go on PrEP. What if it has so many negative side effects? There should be so many studies about PrEP before I actually go on PrEP, you know? What if it does something to my body, you know? Like so many things going on right now. I’m like, no, I don’t want to go on PrEP, you know.”

R3: “Also, too, I think I’m paranoid, too, just because I’ll be like, um, the history of medicine and these cocktails being provided to people of color and it always having these like negative side effects.”

Here we see a common fear and hesitancy among our participants around the potential side effects of PrEP. However, this hesitancy isn’t unique to these participants. Black communities have historically been victimized by the health system⁷. From medical experimentation during the era of slavery, to the notable Tuskegee Study, to the current disparities Black communities experience at every level of the health system, Black communities have a warranted mistrust of the medical profession^{7, 8}. Further, we see these young Black SGL men are already marginalized from PrEP education initiatives and often forced to rely on their own personal networks as primary sources of sexual health education. In this way, common fear and hesitancy around PrEP usage is not adequately paired with trust building and the reliable information required to make informed decisions about PrEP. As a result of not being on PrEP, condoms remain a standalone tool within participants’ HIV prevention toolkits:

“Condoms is always the go-to. It’s the easiest thing to come across. I don’t know how easy it is to get PrEP. But condom is always the easiest thing to do. It’s the go-to.”

Finally, participants described how cost was a major barrier to accessing PrEP.

R1: “I’m making \$14 an hour and I have to pay my bills and everything, you come and tell me I’m on PrEP or whatever, I’m actually not going to pay attention because I have so many bills to pay and I have so many things I need to do with my money.”

R2: “[PrEP is] not super, super cheap. That’s why I think the people who might need PrEP the most oftentimes don’t have access to it.”

R3: “I think even though there are so many complaints about PrEP, I think the most important thing is to make it more available to people you know. When you get it, it’s mostly white people who can actually afford the PrEP.”

R4: “I think probably the biggest issue with [PrEP] is the cost”

During these discussions, the topic of insurance coverage arose:

R1: “I actually have a question. You were talking about like under 25 it’s free. But is that on OHIP?”

R2: “Because I was wondering for someone who’s not from here, how would we access it? Probably through our insurance or we’d probably have to pay for it. But I don’t know.”

It’s important to note that as of 2018, generic variations for PrEP on the provincial drug formulary, became free to Ontarians aged 24 and under through OHIP+^{9,10}. Despite this expansion of healthcare access in Ontario, several participants were not aware of it. This lack of awareness is a testament to the necessity of targeted outreach and thoughtful health promotion for young Black SGL men. It is clear that without it, changes on paper struggle to manifest into changes on the ground. As a result, young Black SGL men are excluded from the benefits of an effective HIV prevention strategy, despite being a group who would benefit greatly from a wider range of HIV prevention options.

Of those participants on PrEP, the overarching theme described was the added layer of protection:

R1: “I was petrified, petrified of catching HIV. Any time I caught a cold I thought I had it and I would get a rapid test ... It was just if I go to a party and something happens and I’m inebriated and I don’t know what I did or didn’t do, then at least that way I’ve got like a safety net for HIV at least, yeah.”

This rich narrative highlights the positive benefit of PrEP on this participant’s life. Being on PrEP provided participants with an added sense of safety in terms of preventing HIV, thereby creating the space to more fully engage in the sex they want without the fear of HIV looming.

Part 2 - Exploring The Key Issues Affecting the Sexual Health And Well-Being Of Young Adult Black SGL Men

Accessing Care

Extending the discussion from the last section, some participants spoke to the difficulties in accessing & receiving care from healthcare providers. Sharing healthcare providers with family members created significant barriers for participants to manage their sexual health-care. Several participants expressed discomfort in their ability to fully disclose or fully discuss their sexuality with healthcare providers, two noted:

R1: “When you go to the doctor you don’t want to discuss it [sexuality] because you don’t want him to know.”

R2: “... I realized I would not be able to talk comfortably about my sexuality with him [family doctor]. So I decided no. I would rather go through the regular path of waiting for months to get a family doctor.”

As a result, participants were left without a primary healthcare provider for an extended period as they went through the process of finding a queer-friendly healthcare provider. One participant spoke of the importance of finding a healthcare provider with whom they can have an open patient-provider relationship.

“... You want to be able to say everything right? You don’t want to hide anything from your doctor. That’s why you need to come out to your doctor. That’s what I feel like. You gotta be confident in your doctor.”

As you can imagine, the inability to be fully open with healthcare providers limits access to pertinent HIV & sexual health information, prevention strategies, and treatment. For some, this communication barrier stems from the fear of experiencing homophobia by family members and members within the Black community. In speaking to the impact homophobia had on their sexual health, two participants highlighted the absence of support during their adolescence:

R1: “Like, I did not feel comfortable being slightly, even remotely myself or queer on my dad’s side of the family, because things were said, thoughts were shared and general feelings about homosexuals. So heaven forbid I had a question about anything around queer sexual health or what can I do, or sex at all.”

R2: “It was just like with the lack of family support, accessing information about sexual health in early stages as you’re growing up as a youth are kind of more difficult I feel like for the members of the community, just because it’s so looked down upon by a lot, like a large part of the community. And that is what I found, so I think that’s somewhat of a barrier in accessing or like managing our sexual health.”

Here, we see how homophobia rooted within participants' families shape their experiences managing their sexual health. The underlying assumption of heterosexuality coupled with homophobia limits young Black SGL men's ability to fully utilize their families as support networks to have their sexual health needs recognized and met. Instead, they are forced to navigate this territory solo.

In some cases, participants discussed the lack of knowledge their healthcare providers had in the realm of Gay Men's Health as a barrier to accessing care. One participant spoke to his experiences of trying to go on PrEP with his family doctor:

“My family doctor, didn’t know what it [PrEP] was. And I’m like, “I shouldn’t be coming to you with the answers.” So then he’s like running off the tests and he’s just like, “Oh, do you need to do this one?” And I was like, “Why are you asking me?” So, I would feel more comfortable going to like a specifically LGBTQ-positive kind of doctor.”

Here we see participants being expected to hold specialized knowledge around sexual health in order to access appropriate care—a burden disproportionately placed on these young Black SGL men. This is not only unsafe but sows a lack of confidence and can discourage young Black SGL men from accessing sexual health supports in the future.

‘Not Queer Enough Or Not Black Enough?’

Participants spoke about cases of anti-Black racism, homophobia, and microaggressions when accessing care. At non-Black organizations, they felt as though they didn't read as queer so didn't receive pertinent information. When receiving care from non-Black health care providers, they felt as though the healthcare provider thought they were lying or expressed judgment of their sexual behaviour.

R1: “I don’t think they [non-Black health providers] acknowledge my Blackness in that sense where they kind of like cater the way they give care to me based on my skin colour. I do feel like they definitely acknowledge your sexuality.”

R2: “Sometimes Black, or queerness, ... they believe you’re having sex with a large number of people. That’s why you come here [Community Health Centre].”

These narratives speak to the absence of culturally competent care. Despite the literature clearly identifying race as a social determinant of health, participants' experiences suggest that it is excluded from praxis. Providing care to young Black SGL men is not a one-size-fits-all approach. It must be done so in a respectful manner while understanding the needs and concerns of young Black SGL men to ensure they continue to utilize such services.

When receiving care at Black organizations, participants expressed discomfort as they felt they were easily read as queer and had to then deal with the resulting homophobia.

“I’ve gone into an HIV clinic sometimes and, kind of what you were saying where it’s like, you know how it’s within the Black community, it’s still a very taboo discussion. So, when you go in and someone at the front desk is a Black woman who’s like let’s say my mom’s age or something, there’s the judgment. There’s like different kinds of judgment because I’m like ‘Okay, I know you work here, but I know you’re not really about this’, you know what I mean? And there’s this judgment and this tone.”

Again, we see the same absence of culturally competent care for these young Black SGL men within Black organizations. Culturally competent care extends beyond service providers to everyone within the organization. Creating an unwelcoming environment as this participant spoke of, could potentially limit what folks share and future use of services.

Part 3 - Identifying Areas for Improvement in HIV Prevention Service Provision To Young Adult Black SGL men

Affirmative Spaces

In this section, participants spoke to what they needed from service providers and community based organizations in order for their services to be relevant and effective for young Black SGL men. At the top of their list, participants stressed the importance of going into spaces that were inclusive and affirming of both their Blackness and queerness. One participant highlighted the current absence of these spaces:

“I’m just saying like not having a safe space has actually contributed a lot. And being a Black you consider your parents, you consider your relatives, you just want to make sure whatever you’re doing you’re very careful as to what you’re doing. So having a safe space is something that we are missing in our community.”

As touched on earlier, the absence of safe and affirming spaces has left participants to navigate their sexual health in silence and without support. Creating and sustaining affirming spaces supportive for confronting stigma related to race, sexuality, and HIV status is vital for the HIV prevention efforts and sexual health management of young Black SGL men.

When discussing what these spaces should entail, one participant noted:

“I want a doctor – I want someone who is like medically trained to tell me like, okay, here are the advantages, disadvantages and here – if you have this much amount of sex within this amount of time I think this would be a good solution. But like I don’t really think that that option is really being offered to us and it’s usually just like word of mouth within the community.”

In addition to these physical spaces, participants also called for digital safe spaces dedicated to Black SGL men. Several liked the idea of utilizing platforms like Instagram to act as an information hub for Black SGL men:

R1: “If you were to create like an Instagram page that was specifically for what this is, Black gay men, I feel like that would be more helpful to Black gay men.”

R2: “In regards to getting information, I think that it would be a great idea if we - or, like actually, you were to create an Instagram page, because everyone has social media.”

Cultivating an online space dedicated for Black SGL men allows for community building and for young Black SGL men to develop healthy and integrated selves uniting their Black and SGL identities. In addition to this, HIV prevention and sexual health efforts have the potential of reaching a wider range of social networks of young Black SGL men.

Recommendations:

Given our learnings, to ensure service providers and community-based organizations that work with young adult Black SGL men are best supported in their sexual health and HIV prevention efforts, we have outlined the following recommendations and action items. These recommendations leverage the talents, knowledge, and experiences of Black SGL men to ensure programs and services are fully useful, appropriate, and accessible in both intent and practice.

Recommendation	Action
Engage and work collaboratively with diverse young adult Black SGL communities to leverage cultural knowledge and amplify Black SGL voices	Outreach, recruit and hire from diverse young adult Black SGL communities
Increase the cultural competency and safety of service providers working with young adult Black SGL men both in the workplace and those who are clients	Embed anti-racism and anti-oppression training as an onboarding requirement for all staff with mandatory annual refresher courses
Ensure programing and HIV prevention strategies meet the specific needs of young adult Black SGL men	<p>Work with young Black SGL men and service providers to create culturally relevant education and support services</p> <p>Outreach, programming efforts, and evaluation should be mindful of and reflect the diversity within young Black SGL men. Diversity is not limited to: immigration status, language, geographic location, income, ability, age, sexual orientation, HIV status, and education levels</p> <p>Identify and partner with community champions/leaders to allow ASOs' programming to start entering the social networks of Black SGL (ex: collaborating with local popular social media "influencers" to disseminate information and programming)</p>

Improve the accessibility of all programming for young adult Black SGL men

Embed HIV programming and biomedical HIV prevention efforts (i.e.) PrEP clinics into pre- established community programming and venues young adult Black SGL men attend as opposed to the clinic based or ASO approach. Bringing these approaches to pre- established community programming in an effort to meet folks where they are, where their Blackness and queerness are affirmed, will be a more effective context for the delivery of HIV prevention efforts

Collaborate with agencies and institutions addressing related issues to young Black SGL men

Ensure outreach and programming efforts extend beyond LGBT friendly and gay identified venues

Leverage social media and online platforms to create safe spaces for young Black SGL men. Use such spaces as a resource & communication hub

Limitations:

Despite the rich learnings from this project, there are limitations worth noting. First, the fairly small sample size limits the generalizability of these findings and recommendations. Given the sample size, we completely acknowledge the information presented is not representative of all young Black SGL men. This information should be seen as an information-gathering activity and highlight the fact that more work is needed. Second, participants were mostly recruited from word of mouth and our social networks. This convenience sampling again makes it difficult for the information to be representative and generalizability of the recommendations to all young Black SGL men. Lastly, there may have been cases of social desirability bias as some participants may have wished to look favorable in our eyes thereby withholding information. Although we were faced with some limitations, this work is still a platform to further efforts to work with young Black SGL men on issues of concern to us.



Conclusion:

For young Black SGL men, navigating HIV prevention can feel like an uphill battle to have our needs met. Anti-Black racism coupled with homophobia, heterosexism, and HIV stigma has overtly and systemically produced barriers in which Black SGL men are denied access to the care necessary for optimal health and wellbeing.

This report was meant to amplify the voices of young Black SGL men. They are telling us how they try to prevent HIV. They are telling us about the barriers they experience in terms of sexual health and society at large. They are telling us what they need. It is now up to us, as service providers and as a health system, to listen, learn, and revise our practices.

There is hope for a better tomorrow – for conditions in which all can prosper and truly optimize health and wellbeing. It is with the brave and astute insights from those who participated in our focus groups that the work continues and Ontario has the chance to truly be ‘a place to grow’ for everyone.

References:

1. Douglas, C., & Turner, E. (2017). How Black Boys Turn Blue: The Effects of Masculine Ideology on Same-Gender Loving Men. Psychology Benefits Society.
2. Nelson, L. E., Tharao, W., Husbands, W., Sa, T., Zhang, N., Kushwaha, S., ... & Kaul, R. (2019). The epidemiology of HIV and other sexually transmitted infections in African, Caribbean and Black men in Toronto, Canada. BMC infectious diseases, 19(1), 294.
3. Ontario HIV Treatment Network. (2017). Strategic plan to 2026: HIV Endgame. Ontario HIV Treatment Network: Toronto, Ontario. Retrieved from: <http://www.ohtn.on.ca/about/strategic-plan/>
4. George, C., Makoroka, L., Rourke, S. B., Adam, B. D., Remis, R. S., Husbands, W., & Read, S. E. (2014). HIV testing by black MSM in Toronto: Identifying targets to improve testing. SAGE Open, 4(2), 2158244014529776.
5. James, L.L. & Coleman, T (2019, May). Unintended Consequences? Issues in HIV/AIDS Epidemiologic Data for Black Cisgender, Same Gender Loving (SGL), Bisexual Men and Trans (BCSGLBT) Populations. Presented at the 28th Annual Canadian Conference on HIV/AIDS Research, Saskatoon, SK.
6. Statistics Canada (2017). Diversity of the Black population in Canada: An overview. Statistics Canada, Catalogue no. 89-657-X2019002. (Ethnicity, Language, and Immigration Thematic Series).
7. Washington, H. A. (2006). Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present. New York: Doubleday.
8. Nestel, S. (2012). Colour coded health care: the impact of race and racism on Canadians' health. Wellesley Institute.
9. Ontario Ministry of Health and Long Term Care. Ontario Drug Benefit Formulary/Comparative Drug Index. Effective October 30, 2017. Edition 42
10. Ontario Ministry of Health and Long Term Care. OHIP+ Redesign Update – FAQs for Patients

One Of These Things Ain't Like The Other:

Exploring the HIV prevention needs of Young Adult Black Same Gender Loving Men



Copyright ©2020 Gay Men's Sexual Health Alliance™
252A Carlton Street, Suite 300, Toronto, Ontario, Canada, M5A 2L1
www.gmsh.ca | www.thesexyouwant.ca
Facebook: @GMSHAlliance
Twitter: @GMSHAlliance
Instagram: @GayMensSexualHealthAlliance