

Running Head: COMPLEXITIES OF CARE

Complexities of Care: looking back, moving forward

Nursing and gay men's health:

Development and presentation of an educational resource for nurse educators
in British Columbia

By

Patrick T. Loftus, BScN

University of Victoria, 2008

A project submitted in partial fulfillment of the requirements for the degree of

MASTER OF NURSING

In the School of Nursing, Faculty of Human and Social Development,
University of Victoria

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Foreword: Looking Back-Situating Self

As a gay man, who happens to be a nurse, I have had a very “eclectic” and varied nursing career. After graduating with a diploma in nursing in 1983, I worked primarily in the areas of psychiatry and infectious diseases, with a focus on HIV/AIDS. After moving to Vancouver in 1986, my odyssey with gay men’s health began. In the mid 1980s I worked as a clinic nurse doing HIV/AIDS testing, prevention and help line phone work at the British Columbia Centre for Diseases Control (BCCDC) in Vancouver, British Columbia (BC), was one of the original HIV/AIDS street nurses and the first staff nurse at the HIV/AIDS clinic located at the Vancouver Gay and Lesbian Centre. In the past, I have volunteered for AIDS Vancouver, the Vancouver Meals Society (at one point sat on their board of directors) and was the BC/Yukon representative for the Canadian Association of Nurses in AIDS Care (CANAC) from 1989 to 1990. On a personal note, I attended more than my fair share of funerals and memorial services for friends, lovers, team mates and acquaintances than any person in their mid-twenties should have.

Reflecting back on my career and life, I am grateful for the fact that I am, and have remained HIV negative. Although HIV did not infect me, it did affect me. While investigating the concept of gay men’s health, I discovered that services and research in relation to gay men’s health, outside of HIV/AIDS, were difficult to find even though the concept of a gay men’s health paradigm/movement is not new. The history of this movement has been poorly documented and numerous literature searches turned up a paucity of information. Therefore I decided to reach out to gay scholars, locally and internationally. I spoke with Dr. Terry Trussler, DEd and Dr. Rick Marchand, PhD who are long time community based researchers who have been conducting community participatory research in relation to gay

men's health and HIV/AIDS for over 10 years. Both had the same response "there was basically no information on gay men's health up until the AIDS crisis" (personal communication April 2, 2011). As I continued with my quest to uncover information and reading Dr. Walt Odets¹ book *In the shadow of the epidemic: Being HIV-negative in the age of AIDS (1996)*, I felt compelled to email Dr. Odets to thank him for his poignant and insightful description of the plight of HIV negative men in the era of AIDS. I shared with him who I was, my personal experiences with HIV/AIDS and what I was doing in relation to my graduate work. In my email I asked him the following questions;

Are gay men of my generation, who are HIV negative, too tired to take on another round or battle? If you will, are we too afraid to acknowledge we are HIV negative, have healthcare needs that are not related to HIV and are not being addressed?

His response was;

"Dear Patrick,

Thank you for your note and comments. Yes, I think you're right about this--it all goes on. I would only add to your insights about the current situation that people who feel shame about themselves don't ask for anything for themselves. Homophobia is at the root of that shame and homophobia is certainly the largest issue in gay men's health. Another big one, right now, is all the men--both negative and positive survivors--who have not been able to "process" their feelings about the epidemic because of all the silence. These, and I include myself, are survivors of trauma. This is isolating and destructive and someone needs to do work here.

The New Year will, in itself, change none of this, but I send good New Year wishes nonetheless. Walt" (Dr. W. Odets, personal communication, December 31, 2010, reprinted with full consent of the author).

Dr. Odet's response inspired me to envision that nursing could take a lead in the promotion of gay men's health. Nursing could add another voice to the gay men's health movement. Nursing as a profession could act as an ally and begin to address the health

¹ Dr. Walt Odet is a clinical psychologist and author in the San Francisco bay area who has been doing counselling/therapy with HIV negative gay men for over 20 years.

issues and needs of gay men, inclusive of but not focused on HIV/AIDS. These experiences also reinforced to me that my “population of interest”, gay men and their health issues, was the right fit for me. Thus, this became the focus of my graduate work.

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First and foremost, I want to thank my friend and colleague, Heather Underwood. Her support, encouragement and editing skills have been exemplary. I do not believe I would have accomplished this undertaking without “Momma Heather’s” unwavering support.

I also wish to acknowledge writing scholar, Dr. Madeline Walker for her direction, guidance and support in relation to the structure and flow of this project. Finally, I would like to thank my advisory committee, Dr. Noreen Frisch and Dr. Bernie Pauly for sharing their knowledge and providing me with their support and direction as I complete my educational journey.

Abstract

In this project, I will present an educational resource for use by Registered Nurses in British Columbia and elsewhere. This curriculum is designed to assist nurse educators to teach practicing nurses about the complexities and concerns of addressing health issues of gay men beyond issues related to just HIV/AIDS. The curriculum is organized to address gay men's health through the lifespan by focusing on three cohorts of gay men: older, middle-aged and younger. Clinical nurse educators in British Columbia can use the curriculum as a teaching tool to help nurses identify current knowledge, attitudes, and beliefs that may be affecting the care provided to gay men. This project will be presented in two parts. Part A will introduce the concept of gay men's health along with a review of the literature and the theoretical perspectives used to design the teaching curriculum and Part B will present the curriculum itself. The curriculum will not only provide the opportunity for Registered Nurses to engage in discourse surrounding gay men's health but it may challenge nurse educators and their students to examine the social issues and attitudes influencing nurses' clinical practice and care provided to gay men. The curriculum supports Registered Nurses in their quest to identify what they already know about gay men's health. Therefore, expanding their knowledge in relation to gay men and their health issues, inclusive of but not focused on HIV/AIDS.

Part A: Curriculum Design

“The gay health movement did not die with the advent of AIDS, but simply became silent, invisible and without resources.” (Jalbert, 1999, p. 2)

The purpose of this project is to develop a curriculum in relation to gay men’s health for clinical nurse educators in British Columbia (BC). This project will be presented in two parts. Part A will discuss the evolution of the curriculum inclusive of the history of the gay men’s health movement, HIV/AIDS, a review of the literature and the theoretical underpinnings of the curriculum. Part B will be a presentation of the proposed curriculum.

Historical Context

Over the past 20 years, nurses have acquired knowledge and skills in relation to gay men’s health primarily by working with people who have HIV/AIDS (Jalbert, 1999, p. 9). On one level this suggests that nurses accept gay men and are cognisant of their health needs, but on another level, this knowledge appears to be framed within the sexual health, HIV/AIDS paradigm. In one Canadian study conducted within the lesbian, gay, bisexual and transgender (LGBT) community almost 100% of participants felt healthcare must be improved to meet LGBT needs and 50% believed their sexual orientation would be seen negatively by healthcare providers (Project Affirmation, nd, p. 8). Thus, in order to begin my inquiry I reflected on the following question: What is the first thing that comes to mind when nurses think of the phrase “gay men’s health?” I venture that for most nurses, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is first on the list, or pretty close to the top. There is no question that HIV/AIDS continues to be an important health issue for gay men: but is that all there is? I suggest this is not the case. The concept of a gay men’s paradigm of health is not new. However, it appears that health

services for gay men are primarily focused on HIV/AIDS with little or no attention being paid to other health issues (Banks, 2003; Dunn, 2006; Ryan & Chervin, 2000; Jalbert, 1999).

In order to develop an appreciation of gay men's health, an overview of the history of gay men's health movement, inclusive of HIV/AIDS is provided here. Dating back to the late 1970s and early 1980s, the gay male community in North America recognized inequalities in relation to access to healthcare, primarily as a result of homophobia (Brass, 2006; Ryan & Chervin, 2000). The Ville Marie Social Services Centre in Montreal, the Village Clinic in Winnipeg and the Gay Men's Health Association in Halifax responded to the perceived homophobic treatment of gay men in the development of their services. During this time, these organizations developed "value free, non-discriminatory programs" for gay men in order to address their unique health needs (Ryan & Chervin, 2000, p. 10). However in 1982, with the emergence of the HIV/AIDS epidemic, these organizations shifted their focus/mandate from program development aimed at providing value free, non-discriminatory healthcare to gay men to concentrate on HIV/AIDS (Ryan & Chervin, 2000, p. 10).

In the 1980s, as the AIDS epidemic was unfolding, many nurses in their 20s and 30s were suddenly faced with the challenge of caring for dying patients their own age. Nursing leaders in North American began to recognize the need for on-going education and support for nurses in relation to HIV/AIDS. In 1987, American nurses responded by forming the Association of Nurses in AIDS Care (ANAC) (Association of Nurses in AIDS Care, 2011) and shortly after, in 1988, the Canadian Association of Nurses in AIDS Care (CANAC) was established (Canadian Association of Nurses in AIDS Care, 2011). ANAC's mission was "to promote the individual and collective professional development of nurses involved in the

delivery of healthcare to persons infected or affected by the Human Immunodeficiency Virus (HIV) and to promote the health and welfare of infected persons” (Association of Nurses in AIDS Care, 2011). CANAC’s mission was similar “to recognize and foster excellence in HIV/AIDS nursing through education, mentorship and support” (Canadian Association of Nurses in AIDS Care, 2011). Was this admirable? Yes. Was this necessary? Yes. However, as the HIV/AIDS epidemic continued to decimate the gay male community, the health needs of gay men were “reduced to the absence of disease” (Ryan & Chervin, 2000, p. 17), specifically prevention and treatment of HIV/AIDS. The HIV/AIDS discourse continues to dominant gay men’s health to this day (Banks, 2003; Dunn, 2006; Ryan & Chervin, 2000; Jalbert, 1999; Wolitski, Stall & Valdiserri, 2008).

Knowledge of, and treatment for, HIV/AIDS has changed dramatically in the past 30 years. In fact, a new generation of nurses and gay men have grown up with little, if any knowledge of those early days of the epidemic. HIV/AIDS is now perceived by most as a “chronic and manageable illness” and that HIV infection is “treatable” rather than a death sentence (Chenard, 2007, p. 25). However, this much anticipated treatment is being translated into a cure for HIV/AIDS by a portion of the population. In one Canadian study “17% believe that if people with HIV are treated early the disease can be cured” (Canadian HIV/AIDS Information Centre, 2005, p. 11). With the success of Highly Active Anti-Retroviral Therapy (HAART), long-term manageability of HIV/AIDS appears to be a reality (Sullivan & Wolitski, 2008, pp. 227-233). However, there is insufficient scientific data at this time to support such a statement thus reinforcing the need for ongoing education and prevention strategies, for not only gay men, but the global population as a whole (Levy, 2009, p. 724; Scondras, 2007 & UN AIDS)

In 1985, the Public Health Agency of Canada (PHAC) began tracking the AIDS epidemic. Their inaugural report identified that “over 80% of the reported cases were identified in men who have sex with men” (MSM) (Public Health Agency of Canada, 2009). Flash forward to 2008 where statistics indicated that 51% of existing HIV/AIDS cases nationwide is among gay men and men who had sex with men (MSM) (Public Health Agency of Canada, 2009; Mancount, 2010). The PHAC data also indicates that HIV/AIDS is on the rise in other groups, such as injection drug users, women and people who identify as heterosexual. The BC statistics, as reported by the British Columbia Centre for Disease Control (BCCDC) were in line with the national statistics (BCCDC, 2009). In the 2010 Mancount survey they estimated that there were approximately 20,000 gay men living in the Greater Vancouver area and that 18.1% of these men were HIV positive; with the highest prevalence of HIV infection being among MSM between the ages of 33 to 48+ (Mancount, 2010). These data suggest that HIV/AIDS continues to be an ongoing health issue for gay men and for other groups as well. Thus, the need for ongoing health promotion and prevention programs are necessary as well as ongoing healthcare professional education and support in relation to HIV/AIDS is necessary but not solely sufficient as part of gay men’s healthcare.

Nevertheless, what about the 81.9 % of gay men in Greater Vancouver (according to the Mancount 2010 approximation) who are HIV negative? Are the health needs of gay men being addressed? This question was the catalyst for the development of this teaching curriculum for clinical nurse educators in relation to gay men’s health. To support the proposed curriculum a review of the literature follows.

Review of the Literature

Currently, it appears that information on health and health related services for gay men is focused primarily on HIV/AIDS with information and research being done by nursing scholars on the topic of gay men's health difficult to locate. Additionally, information specific to gay men and their health issues is often included under the umbrella of the lesbian, gay, bisexual and transgender (LGBT) population banner, making specific information about gay men only difficult to find. Furthermore, the experiences of gay men are not uniform and are shaped by socio-historic, psychosocial and biomedical factors, which can have an effect on health-related concerns and needs.

For the purpose of clarity and within the context of this project, gay men are defined as men who self-identify as homosexual; are physically attracted to and develop emotional and meaningful relationships with other men. They are 'publicly out' to some degree and have some form of connection to the gay community. This definition is inclusive of the term *queer*, which at one point in time was considered derogatory. The term 'queer' is now being reclaimed by some younger gay men (Dunn, 2006; Ryan & Chervin, 2000). Although the healthcare needs of adolescent, ethnically diverse, bisexual and transgender gay men are of equal importance and requires attention, the paucity of information and research made their issues beyond the scope of this project.

To facilitate my search for relevant literature, I actively sought information in relation to gay men's health and nursing by searching the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, OVID and Google Scholar by entering the following search terms; "gay men's health"; "gay men's health, not HIV"; "homosexual health"; "gay men's health" and "nursing"; and multiple variations of the above. Since my

population of focus is gay men, I excluded results that concentrated on HIV/AIDS, transgender and ethnically diverse men. After multiple searches, I discovered there were a limited number of published, peer-reviewed nursing articles in relation to gay men's health, outside the HIV/AIDS paradigm. However, I successfully uncovered a few nursing scholars who are engaging in discourse surrounding gay men's health, outside the HIV/AIDS paradigm (Cant, 2005; Dootson, 2000; Dunn, 2006; Gee, 2006; Irwin, 2007; Røndahl, Innala & Carlsson, 2004; Røndahl, 2009a/2009b). By expanding my scope outside of the nursing paradigm to include other disciplines such as psychology, social work and medicine, I was able to uncover additional information. I also reached out and sought information and input from known scholars working in the area of gay men's health, organizations with which I was familiar, such as the Canadian AIDS Treatment Exchange, the Canadian Rainbow Health Coalition, the Community Based Research Centre, the Fenway Institute and the Gay and Lesbian Medical Association. Additionally, I enlisted the support and assistance from the University of Victoria Info line and the College of Registered Nurses of British Columbia reference librarians. They assisted me to refine my search terms, suggested resources and supported me to ensure I was complying with copyright laws.

Identifying the percentage of the population who identify as gay men has been difficult. To date, statistics, or the actual number of gay men has been estimated based on men who have disclosed their sexual behaviour within the context of research (Wolitski, Stall, & Valdiserri, 2008, p. 7). In the 1950s, Alfred Kinsey was the first researcher to attempt to identify the percentage of men who were homosexual. His research has been criticized for overly representing white middle class men, recruiting participants from

known gay venues, and for including incarcerated men who had no access to female companionship. With that being said, Kinsey's work continues to be viewed as the foundation for the current discourse in relation to the percentage of the population who are believed to be gay (Wolitski, Stall, & Valdiserri, 2008, p. 7).

Kinsey defined male homosexual behaviour as physical: men engaging in physical sex with another male: men who have considered or fantasized about engaging in same sex sexual activity (Kinsey, Pomeroy & Martin, 2003, pp. 896-897). He collected data from men of all ages. Based on this definition of homosexual behaviour and the subsequent analysis, Kinsey's results suggest that approximately 50% of men in his study identified as being exclusively heterosexual and a few percent identified exclusively as homosexual. These results suggest that a significant percentage of males either had engaged in or had some form of same sex sexual activity. The final analysis of the data suggests that 37% of (at least one in three) American males in the 1940s had either engaged in or considered some form of homosexual activity (Kinsey, Pomeroy & Martin, 2003, p. 895). Kinsey's fluid definition, viewing sex in behavioural terms as opposed to labelling the individual, may in fact be the foundation for the current term commonly used to describe "men who have sex with men" (MSM) (Banks, 2003, p.19) . Researchers, along with scholars have adopted MSM to be inclusive of gay men which has further marginalized and diminished the gay male identity; reducing it to a behavioural definition (Young & Meyer, 2006, pp. 1146-1147).

In 2001, the Canadian Community Health Survey (CCHC) conducted by Statistics Canada included sexual orientation in their survey for the first time. The 2003 analysis of the 2001 survey indicated that "among Canadians aged 18 to 59, 1.3% of these men considered themselves homosexual." In the United States (US), as reported in the National

Health and Social Life Survey, 4.9% of male respondents reported same sex behaviour since age 18 and 2.8% of these men self-identify as gay or bisexual. In their final analysis, they reported that approximately 2.4% of the US male population is estimated to be gay men (Wolitski, Stall & Valdiserri, 2008, p. 8).

Based on available epidemiological data, 1.3% of Canadian men (Canadian Community Health Survey, 2001) and 2.4% of US men (Wolitski, Stall & Valdiserri, 2008, p. 8) are estimated as being exclusively gay. In Kinsey, Pomeroy and Martin's (2003) research, their final analysis suggests that 10% of men between the ages of 16-55 are "more or less homosexual with 4% being exclusively homosexual" (p. 895). As a result, "10 percent is the most commonly cited population based statistic for male homosexuality" (Banks, 2003, p. 13). However, how accurate are these numbers? It has been suggested that homophobia and internalized homophobia may result in men not reporting their sexuality and that "current research methodologies don't appear to have the capacity to accurately count the true number of gay men therefore "10% of the Canadian male population is estimated to be gay" (Banks, 2003, p. 13). Interestingly, and of importance to this project, within the 2001 CCHC cohort "21.8% of homosexual and bisexual people reported that they had unmet healthcare needs, compared to 12.7% of their heterosexual counterparts", nearly twice the number (Statistics Canada, 2003).

The current discourse surrounding gay men's health appears to have a one-size fits all approach, assuming that gay men are a homogenous group. However, the lived experiences of health, inclusive of health needs, change over time: what is relevant for a 62-year-old gay man may not be applicable to a 22-year-old gay man and vice versa. Working from this premise, the curriculum I have developed focuses on how clinical nurse educators

can support Registered Nurses to uncover and reflect on what they already know about gay men's health needs, inclusive of but not focused on HIV/AIDS. It will also provide the opportunity for nurse educators and clinical nurses to identify and engage in discourse surrounding *other* health issues that are affecting gay men and their health needs.

Therefore, by expanding clinical nurse educator's knowledge of gay men's health, outside the HIV/AIDS paradigm and framing this new knowledge within the context of practice they will be better positioned to support clinical nurses' practice when they are caring for HIV negative gay men. Acquiring new knowledge in relation to gay men's health will assist clinical nurses to address the healthcare needs of gay men in the clinical setting and they will be better positioned to advocate for gay men within the healthcare environment.

Curriculum Development

This course of study has been developed through the exploration of the current body of work from nursing and other health professions, in relation to gay men's health, inclusive of HIV/AIDS. As there is a paucity of nursing work in relation to gay men's health outside the HIV/AIDS paradigm, works from scholars in other disciplines such as medicine, psychology and social work have been included. The goal is to provide clinical nurse educators with the tools to develop clinical leadership skills by focusing on the needs of gay men, beyond HIV/AIDS, to ensure that these nurses are better positioned to provide the nursing care that gay men may require (Hameric, Spross & Jansens, 2009, pp. 249-282). Specific issues related to ethnically diverse, transgendered and bisexual populations are not addressed in this curriculum. However, this curriculum may serve as a basis for the development of specific considerations in nursing care in relation to these groups.

In general, studies have indicated that homosexuals, inclusive of gay male patients have experienced substandard nursing care (Healthy People 2010, 2001, p. 27; Irwin, 2005, p. 70). This phenomenon has been attributed to the nurse's negative or homophobic attitude towards the patient (Röndahl, Innala & Carlsson's, 2004, p.391). A study of physicians in the United Kingdom uncovered data that suggest that some physicians felt uncomfortable with gay men; felt gay men should not work in schools, and believed homosexuality was an illness, even though homosexuality was removed as a formal psychiatric diagnosis in 1973 (Irwin, 2005, p. 71). Other researchers reported, "44% of gay male patients did not disclose their homosexuality to their primary physicians" for fear of their reaction and subsequent care if they shared this information (Klitzman & Greenberg, 2002, p. 66). These data suggest that some homosexual patients have experienced substandard care by routinely being subjected to heterosexually biased approaches, assuming heterosexuality. This could result in lesbian, gay, bisexual and transgender (LGBT) people not seeking preventive screening tests, preventive interventions or the delay in seeking treatment for acute health conditions or exacerbation of chronic conditions (Healthy People 2010, 2001, p. 27). It has also been noted that healthcare professionals rarely include options for providing information on same-gender sexual partners when taking health histories (Healthy People 2010, 2001, p. 49).

This curriculum is designed to provide the opportunity and the tools for clinical nurse educators to engage in an open and honest discourse on how homophobic and heterosexist ideologies may be influencing the care of gay men. As such, this curriculum addresses the context of health care beyond HIV/AIDS. The proposed curriculum presents the opportunity for the clinical nurses to engage in critical reflection in relation to their

beliefs surrounding gay men. Reflectivity can assist nurses to gain a better understanding of how their own attitudes and preconceived, socially constructed ideologies may be influencing their ability to provide holistic, culturally congruent care to gay men.

By providing clinical nurses with the opportunity to review what they already know about gay men's health, the curriculum is designed as a teaching tool, encouraging the learner to evaluate past clinical practice and experiences with men who have disclosed their sexual identity and to reflect on these situations. In addition, the curriculum's learning activities provides the tools for clinical nurse educators to teach students with the opportunity to recognize their current level of knowledge in relation to gay men's health and develop new knowledge that could enhance future relationships and practice with men who identify as gay at various stages of their life course development.

The overall goals and objectives of this curriculum are for clinical nurses to:

- Develop an understanding and acquire knowledge about the historical underpinnings of the gay men's health movement;
- Develop an understanding of how HIV/AIDS has impacted the lives of gay men;
- Increase knowledge of gay men's health, inclusive of but not focused on HIV/AIDS;
- Develop an understanding of how homophobia and heterosexism can influence nursing care and subsequently impact the health of gay men;
- Develop knowledge of the health needs and the health disparities gay men may be facing at different stages of life course development;
- Identify current and future nursing practice issues in relation to gay men's health, and;
- Provide the opportunity for clinical nurses to not only advocate for gay men and their health issues but potentially change the health trajectory of individual and groups of gay men.

Theoretical Underpinnings

This curriculum is underpinned by the tenets of life course theory (LCT) which engages with a set of concepts and principles across the lifespan (See Tables 1 & 2). These concepts and principles assist clinical nurse educators to view gay men’s health at different stages of life course development: focusing on three spheres: socio-historic, psychosocial and biomedical (See Figure 1). Engaging with the three identified spheres, combined with a LCT approach provides a framework for clinical nurse’s to develop new knowledge and an appreciation of a range of health issues affecting gay men as they unfold throughout an individual’s lifetime (The health of lesbian, gay, bisexual, and transgender people, 2011).

Table 1: Life Course Concepts

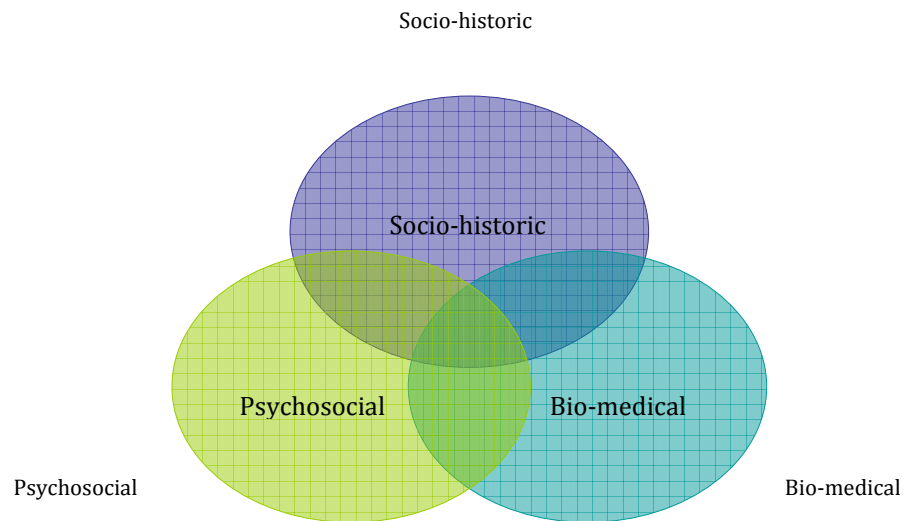
Concept	Definition
Social Pathways	<ul style="list-style-type: none"> ➤ Trajectories in relation to the influences of family, education and place of residence associated with individuals or groups; ➤ these pathways are often influenced by socio-historical underpinnings; ➤ are often socially constructed; ➤ individuals establish their own life way trajectories, which are influenced by “institutional pathways and normative patterns.”
Trajectories	<ul style="list-style-type: none"> ➤ A sequence of roles and events that are affected/influenced as the individual transitions into or changes roles; ➤ transitions can be personal or social; ➤ open up the opportunity for behavioral change; ➤ transitions that occur too early or at a young age may “have lifelong implications, influencing trajectories by shaping later life events, experiences and transitions.”

Turning Point	<ul style="list-style-type: none">➤ Involve substantial changes in the direction of an individual's life;➤ usually, but not always, involve career choices/changes (Elder, Johnson & Crosnoe, 2003, p. 8).
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Table 2: Life Course Principles

Principles	Description
<p>1- Life span development: <i>“Human development and aging are lifelong processes”.</i></p>	<ul style="list-style-type: none"> ➤ Developmental processes are better understood using a longitudinal perspective; ➤ development does not stop at age 18; ➤ adults experience multiple physical, psychological and social changes that meaningful; ➤ patterns of late life adaptation and aging are influenced by their formative years of life course development.
<p>2- Agency: <i>“Individuals construct their own life course through choices and actions they take within the opportunities and constraints of history and social circumstances”.</i></p>	<ul style="list-style-type: none"> ➤ Individuals “ make choices and compromises” based on their perceived alternatives that they perceive; ➤ the planning and choices individuals make can and do influence their future trajectory; ➤ planning and behavioural expressions are based on context and the perceived restraints.
<p>3- Time and place: <i>“The life course of individuals is embedded and shaped by the historical times and places they experience over their lifetime”.</i></p>	<ul style="list-style-type: none"> ➤ When and where an individual was born; ➤ the socio-historical context; ➤ the perceived cultural influences; ➤ in addition, the intrinsic value individuals place on these influences can influence their life course.
<p>4- Timing: <i>“The developmental antecedents and consequences of life transitions, events and behavioral patterns vary according to their timing in a person’s life”.</i></p>	<ul style="list-style-type: none"> ➤ The same event/experience may affect individual differently, dependent on when they occurred during the life course; ➤ the meaning or significance of the event changes, dependent on the individual’s developmental stage; ➤ individuals faced with multiple life changing events at once experience a “pile up” of transitions, which can alter their life course.

<p>5- Linked lives: <i>“Lives are lived interdependently and socio-historical influences are expressed through this network of shared relationships.”</i></p>	<ul style="list-style-type: none">➤ Individuals are affected by societal (macro) changes;➤ these changes will influence interpersonal (micro) relationships;➤ initiating new relationships can shape lives;➤ these new relationships or “turning points” can lead to positive or negative behavioural changes;➤ lives are lived interdependently;➤ transitions in one person’s life often lead to transitions in another person’s life as well (Elder, Johnson & Crosnoe, 2003, pp. 11-14).
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Figure 1: Three Spheres of Gay Men's Health

Life course theory (LCT) acknowledges that an individual experiences of health change over time. By examining the current ideologies associated with gay men's health, LCT enables clinical nurses to recognize the changing health needs of older, middle-aged and younger gay men as being distinct. LCT provides the opportunity to review people's lives within the context of social change (Elder, Kirkpatrick Johnson & Crosnoe, 2003, pp. 3-19). LCT focuses on how time, context, process and aging impact on human development and that developmental change is a continuous process "experienced throughout life" (Elder, Johnson & Crosnoe, 2003, pp. 11-13).

The teaching-learning experience of this curriculum is underpinned by engaging with a transformative learning theory (TLT) approach. Transformative learning (TLT) is defined as "Reformulating understanding of an experience with the specific purpose of

transforming one's perspective; the learner uses prior interpretation to construe a new or revised interpretation of the meaning of one's experience to guide future action" (Keating, 2011, p. 60).

TLT engages in a cognitive process with the specific purpose of transforming one's perspectives. The learner engages in this process by reflecting on past knowledge and experiences to construct a new or revised interpretation of a situation, which in turn could be used to guide future actions. By drawing on experiences and engaging in critical reflection, the learners will construct their own beliefs and judgments rather than unquestioningly accept the beliefs and judgments of others. This approach is applicable to adult learners who are expected to interpret situations and act according to their own belief system (Keating, 2011, p. 60).

TLT can facilitate clinical nurses to recognize and make the connections on how overt, subtle or unknowing homophobia or the assumption that heterosexuality (heterosexism) may be affecting their assessments of and subsequent care to gay men. Knowledge gained from personal reflections on homophobia could in turn influence nurse's future interactions with gay men and assist the nurses to recognize their health needs. TLT emphasizes that the learner ultimately determines what is learned, with the teacher guiding the process.

Curriculum Design

Based on LCT, the curriculum is organized into five separate, yet interconnected sections: 1) Introduction; 2) Challenges in providing care to gay men; 3) Older/Aging Gay Men-*The Silent Generation*: born between 1925–1942; Baby Boomer: born between 1943–

1960; 4) Middle-Aged Gay Men-Generation X: born between 1961–1981, *and*; 5) Younger Gay Men-Millennial Generation: born between 1982–?.

Module 1 provides an overview of the historical underpinnings of the gay men's health movement and the impact and influence HIV/AIDS has had on gay men's health. Information on heterosexism, homophobia, ethical considerations, sex, gender and sexuality will be covered. It is designed to promote discourse, providing the framework for nurses to uncover what they already know about gay men's health with the intent on developing new knowledge. This module includes:

- Welcoming remarks;
- Overall goals/objectives;
- Review of the historical underpinnings of the gay men's health movement, inclusive of HIV/AIDS;
- Establish a baseline for clinical nurses to reflect on what they know and how they currently perceive gay men and their health needs;
- Overview of gender, sex and sexuality;
- Overview and discussion re: heterosexism (heteronormativity) and homophobia (homonegativity) assumptions and how these concepts may be affecting clinical nurses' understanding of gay men and their subsequent interactions and healthcare delivery to this population;
- Discussion of ethics, including definitions and tenets of ethical nursing practice that can enable clinical nurses to be more aware of their interactions with gay men and how this awareness can enhance the health of gay men;
- Discussions/exercises on how the acquisition of new knowledge in relation to gay men's health could enhance clinical nurses' practice.

Module 2 introduces the concept of culture. It focuses on the socio-historic underpinnings and developmental stages, which includes access to care issues that gay men may be experiencing. This module:

- Encourages the student to identify individual learning needs in relation to gay men's health;
- Reviews and encourages, within the context of Western culture and healthcare, the student to identify how heteronormative/homonegative assumptions may be influencing their clinical interactions and subsequent care of gay men, and;
- Provides the student with the tools on how they can incorporate and share this new knowledge with their peers and other healthcare professionals therefore, acting as advocates for gay men and their health needs while honouring their professional code of ethics and standards of practice.

Modules 3 through 5 will focus on gay men at various stages of their life course development, using the following cohorts as a general guide (Life course Associates, 2011):

- 1) Older/Aging Gay Men-*The Silent Generation*: born between 1925–1942; Baby Boomer: born between 1943–1960; 2) Middle-Aged Gay Men-*Generation X*: born between 1961–1981; 3) Younger Gay Men-*Millennial Generation*: born between 1982–?

These modules will have a similar structure and design which includes:

- Introduction;
- Identify and define the stage of development;
- Summary of learning goals;
- Review of the socio-historic, psychosocial and biomedical underpinnings of the identified stage;
- Learning activities to assess current knowledge in relation to gay men and their health needs within the identified life course cohort;
- Identify the health needs and issues of the defined group;
- Examine how nursing can address these needs, and;
- Examine how nursing through knowledge can better engage with and respond to gay men and their health needs.

This curriculum has been designed to assist educators to instil a sense of questioning and self-reflection, not only amongst the students but within themselves as well. The goal is to achieve a broader, more holistic view of gay men and their health needs. By raising awareness and integrating topics such as sex, gender and sexuality, homophobia and heterosexism and culture into the clinical nurses' vernacular, the opportunity is presented for clinical nurses to develop new knowledge in relation to gay men's health. This in turn will not only broaden their understanding of gay men and their health needs, but it also presents a real opportunity for clinical nurses and educators to review and enhance their knowledge and current practice in relation to gay men.

Nurse educators can facilitate a leadership role in relation to gay men's health. By creating a safe environment to present this curriculum, educators are working to create an environment where students feel safe to engage in discourse. This discourse will facilitate students to review and reflect on their current knowledge and past practice experiences with gay men.

Critical thinking and discussion questions, learning activities, additional readings and resources (printed and on-line), handouts and a glossary are also part of the curriculum. Recommended resources can be used as pre-readings or educational resources by the educator or student alike to enhance the teaching and learning experience. Module specific handouts are included and can be utilized prior to each session to assist the students to determine their current level of knowledge in relation to gay men's health. This in turn will help them to develop a deeper understanding of how their own level of knowledge, social attitudes and use of language may be influencing their care of gay men.

Suggested Reference Books
Makadon, H. J. (2008). <i>The fenway guide to lesbian, gay, bisexual, and transgender health</i> . Philadelphia: American College of Physician.
Odets, W. (1995). <i>In the shadow of the epidemic: Being HIV-negative in the age of AIDS</i> . Durham: Duke University Press.
Shankle, M., (2006). <i>The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service</i> . New York: Harrington Park Press.
Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). <i>Unequal opportunity: Health disparities affecting gay and bisexual men in the united states</i> . New York: Oxford University Press.

Suggested On-line/Electronic Resources
Gay and Lesbian Medical Association (2001) Healthy people 2010: companion document for lesbian, gay, bisexual and transgender (LGBT) health. http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf
Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review. http://www.cbrc.net/attachments/123_gay_health_eng.pdf
Ryan, B., (2003) A new look at homophobia and heterosexism in Canada. http://www.cdnaids.ca/web/repguide.nsf/7df11ef9c5b7c745852568ff007d35e8/E597f908b523522c85256e91006f2fcf/
Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse http://www.avenuecommunitycentre.ca/res/framing.pdf

Educators may also want to consider the option of inviting a guest speaker(s) to facilitate discussions surrounding the concept of gay men's health. Considering their geographic location, educators may contact an AIDS Service organization to enquire if they have a speaker's bureau and if any of their speakers might be able to address the idea of gay men's health in the broad sense. Included in the curriculum is a list of a few organizations in the lower mainland of BC that may be able to assist the educator in finding a speaker.

Community Resources
About Men (BC Initiative) http://www.aboutmen.ca/
AIDS Vancouver http://www.aidsvancouver.org/
Community Based Research Centre http://www.cbrc.net/
Health Initiative for Men http://checkhimout.ca/
Men's Health Initiative http://www.aboutmen.ca/

Adhering to the life course theory approach to teaching, and prior to engaging with Part B of this project, I suggest educators review the following article.

Johnson, S. & Romanello, M., (2005). Generational diversity: Teaching and learning approaches. <i>Nurse Educator</i> , 30(5), 212-216.
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It may prove to be a valuable resource by providing educators with some additional insight as they plan their sessions as educators, students may have different approaches to learning, and this article may be beneficial to both educator and student.

Please Note: As part of the curriculum and subsequent modules there is a selection of critical thinking/discussion questions, suggested readings/on-line activities as well as additional readings. These resources/activities have been designed to challenge both the educator and the student. There are also handouts with some suggested activities that both the educator and student could engage with prior to each session. This approach will assist not only the students but educators as well to determine their current level of knowledge in relation to gay men's health. It will also provide the opportunity to identify gaps, enhancing their current level of knowledge and facilitate learning for both parties involved.

Please Note: This curriculum is presented as a package that can be used separately from the rest of the project paper and is referenced using the Chicago style of formatting, as opposed to the American Psychological Association (APA) format in keeping with the standard or conventional format for published curricula.

Part B: Curriculum

Complexities of Care: Looking back, moving forward nursing and gay men's health



Complexities of Care:

Looking back, moving forward

Nursing and gay men's health

An educational resource

for nurse educators in

British Columbia

Graphics by Poweredtemplates



Photo by David Shankbone



Photo by Esparta



Photo by Marwho

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Foreword

The concept of gay men's health is not new. As far back as the mid 1970s and early 1980s, the gay male community recognized inequalities in the care they were receiving. Clinics opened across Canada and the United States specifically to meet the unique health needs of gay men. The pioneers of the gay men's health movement were developing clinics to address what was being described as the homophobic and heterosexist attitudes of the healthcare professionals of the time. However, with the onset of the AIDS crisis in the early 1980's, the original mandate of value free, inclusive care was dramatically altered.

There is no question that the gay male community was and continues to be impacted by the HIV/AIDS crisis. Gay men in Western society were dying very young and in numbers that in hindsight is hard to comprehend. HIV/AIDS service organizations soon replaced the gay men's clinics and understandably, the focus became HIV/AIDS. Advocacy, community support, public health education and prevention of this disease became the priority as the global epidemic needed to be contained and the dying had to stop. Medicine, science and researchers from multiple disciplines responded.

HIV was isolated in 1984. Two years later, a commercial test to screen for HIV was available. Modes of transmission were determined. Education and prevention strategies were developed. Faced with the magnitude of the problem, researchers scrambled to develop a treatment and a vaccine for the virus. Nurses in North America also recognized the multiple issues surrounding HIV/AIDS and the need to educate its members. HIV/AIDS is now being described as a chronic, manageable disease. The scientific, medical and nursing communities responded to the HIV/AIDS crisis in what can be described as nothing short of amazing; Herculean in fact.

The spectre of HIV/AIDS is often associated with gay men's health, but is that all there is? Is this the only issue that needs to be addressed in nursing and the promotion of gay men's health? I suggest this is not the case. Currently, gay men's health is most often framed within a sexual health paradigm, with an almost exclusive focus on HIV/AIDS. The health needs of gay men are not and should not be exclusively framed within the sexual health paradigm, with a focus on HIV/AIDS, as it tends to minimize other health related concerns and needs. Nurses need to appreciate that gay men are not a homogenous group and a *one-size fits all* approach will not work. Lived experiences of health and the underlying issues surrounding sex, gender and sexuality, homophobia and heterosexism influence the health of gay men. Further, health needs change over time; what is relevant for a 62-year-old gay man may not be applicable to a 22-year-old gay man and vice versa. By engaging with the literature on gay men's health, with a focus on nursing and by engaging with discourse surrounding the current level of nursing knowledge in relation to gay men and their health needs, the information in this curriculum will provide an opportunity for clinical nurses to identify what they already know about gay men's health and to expand their knowledge, inclusive of but not focused on HIV/AIDS.

The overall goal of this curriculum is to assist clinical nurses to identify and develop a more comprehensive understanding of how the concepts of sex, gender and sexuality intersect with homophobia, heterosexism, and the ideologies of Western culture for gay men. This project is specifically focused on the needs of gay men and does not address specific concerns related to ethnic diversity, transgendered and bisexual issues.

This curriculum consists of five separate yet interconnected modules and will provide both clinical nurses and nurse educators with the opportunity to review what they already know

about gay men's health by examining the issues within the context of three separate spheres: the socio-historic, the psychosocial and the biomedical. The information will be presented using three distinct cohorts of gay men: older, middle-aged and younger.

As part of this curriculum and subsequent modules there are a selection of critical thinking and discussion questions, learning activities and suggested readings and on-line activities as well as additional readings. For each module, there are also handouts with some suggested activities designed to challenge both the student and the nurse educator. It is suggested that educators review the resources and readings prior to each session and assign or suggest activities the student could engage with prior to each session. You may suggest or direct learners to take the homophobia quiz prior to session one or have learners complete sections of the module handout prior to the planned session. This will assist all participants to determine their current knowledge level and enhance their learning (See Handout Section).

This curriculum will facilitate clinical nurses and nurse educators to develop a deeper understanding of how these concepts, attitudes and feelings may be influencing their practice with gay men at different stages of these men's life course development. Nurses have the opportunity to alter the trajectory of gay men's health, within the nursing paradigm. Clinical nurses will have the opportunity to develop a more holistic approach to gay men and their health needs, across the lifespan.



**Complexities of Care:
Looking back, moving
forward
Nursing and gay men's
health**

**Module One:
Introduction to gay
men's health**

**An educational
resource for nurse
educators in British
Columbia**



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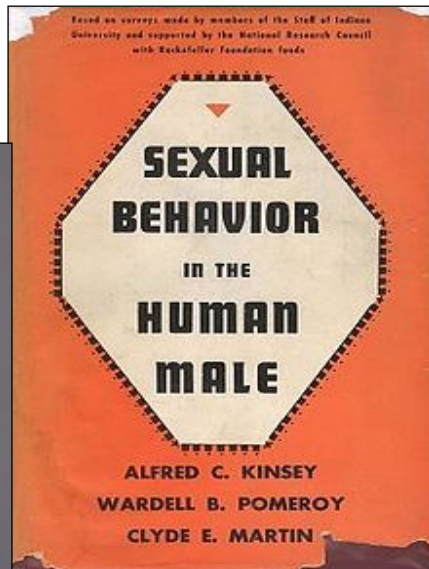


Photo courtesy of Wikipedia



Photo by Benson Kua

Module One: Introduction to gay men's health

Overview

Welcome and thank you for your interest in not only expanding the knowledge of British Columbia's (BC) clinical nurses' in relation to gay men's health, but your own. This curriculum is presented in five separate yet interconnected modules, over the course of five separate sessions. Module 1 is by far the largest, therefore depending on your timelines; you may want to consider splitting it into two sessions. This module will provide you with the background and socio-historic underpinnings of gay men's health. It will also assist you to: identify and define the population, discuss the history of the gay men's health movement, inclusive of HIV/AIDS. It will provide you with information on gender, sex and sexuality, homophobia and heterosexism as well as a discussion surrounding ethics and nursing. It will conclude with suggested critical thinking and discussion questions, as well as suggestions for a quest speaker or panel, and additional readings and activities. When and if you introduce these resources is at your discretion but it is suggested that you engage with and/or assign them as activities/readings prior to each session. These suggested resources and activities can be used at your discretion as you work through this and subsequent modules.

Module One-Learning Goals

Clinical nurse through participation and reflection will:

- Develop knowledge in relation to the definition and percentage of the population that identifies as gay;
- Develop an understanding of the historical underpinnings of the gay men's health movement, inclusive of the gay rights movement;
- Acquire knowledge in relation to history of HIV/AIDS and the impact it has and continues to have on gay men's health;

- Describe key terms and concepts related to gay men's health;
- Describe gay men's population demographics;
- Develop new knowledge in relation to homophobia and heterosexism by; 1) defining the terms, and; 2) developing an understanding by engaging in reflectivity, on how these socio-historic beliefs can impact the health of gay men;
- Develop an understanding of the terms sex, gender and sexual orientation and the use of same, and;
- Explore the role of nursing ethics in relation to gay men.

By reflecting on past clinical situations where clinical nurses may have cared for a gay man and by engaging in this reflection, clinical nurses will have the opportunity to review their practice with the intent to develop a deeper understanding of how knowledge of the patient's sexuality could enhance their future practice. This in turn could facilitate change to future practice approaches in relation to gay men and their health needs.

Although the healthcare needs of bisexual, ethnically diverse and transgender gay men are of equal importance and require attention, it is beyond the scope of this curriculum.

To begin this session, defining and identifying the population is the suggested first step.

Defining/Identifying the population

For the purpose of clarity and within the context of this curriculum, gay men will be defined as men who self-identify as homosexual, are physically attracted to and develop emotional and meaningful relationships with other men. They are publicly out to some degree and have some form of connection to the gay community. This definition is inclusive of the term *queer*, which at one point in time was considered derogatory however, is now being *reclaimed* by some younger gay men.^{1 2}

Identifying the numbers of gay men, within the context of research has been challenging. Numbers and statistics, to date, have been estimated based on men disclosing their sexual behaviour within the context of research. It is suggested that between the ages of 16-55, 10% of men are more or less homosexual with 4% being exclusively homosexual. Thus, 10% of the male population in Western culture is, and remains the most commonly cited base rate for male homosexuality in North America.^{3 4 5 6}

The Gay Men's Health Movement

Information in relation to gay men's health movement is minimal at best. Gay men's sexual health clinics opened across North America during the 1970's. In Canada, the Ville Marie Social Services Centre in Montreal, the Village Clinic in Winnipeg and the Gay Men's Health Association in Halifax were established⁷ and in the United States, the first community health project for gay men was opened in New York City in 1972.⁸ These community driven organizations all recognized the need to provide non-discriminatory, value free care to gay men.⁹ They were initially mandated to provide testing, counselling and treatment in relation to sexual health and sexually transmitted diseases, specifically targeting gay men. This movement was spearheaded by community leaders and healthcare professionals alike who recognized that gay men's health needs were not being addressed within the context of the gay community. Through engagement with the community, non-sexual health issues began to emerge and it was soon recognized that these issues were not being addressed within the mainstream, biomedical model of care for the time. These clinics responded by developing health initiatives and programs for, and by gay men and their advocates to address the health needs of the gay male community.^{10 11} However without warning, a new disease began to emerge which initially surfaced in the gay male

community; this yet unknown disease would alter the trajectory of gay men's health forever.

Human Immunodeficiency Virus (HIV) & Acquired Immunodeficiency Virus (AIDS)

"An estimated 33.4 million people worldwide were living with HIV infection (including AIDS) in 2008."¹²

The HIV/AIDS crisis, which emerged in 1981 decimated the gay male community in Canada and North America and took precedence over all other health issues and concerns. Since the initial recognition of the HIV/AIDS epidemic in the gay male community, it was and continues to be a dominate discourse surrounding gay men's health.^{13 14} The spectre of HIV/AIDS is often associated with gay men's health; but is that all there is? Is this the only issue that needs addressing when nurses engage in discourse and seek knowledge surrounding health issues that are relevant and important to gay men? The health needs of gay men are not and should not be exclusively framed within the sexual health paradigm focusing on HIV/AIDS, as the current discourse seems to suggest.

However, discourse surrounding HIV/AIDS can assist clinical nurses to develop an understanding of the concept of gay men's health. This in turn will provide the framework for clinical nurses to review and reflect on their current knowledge in relation to gay men's health. By empowering nurses to recognize that there are other health issues that are affecting gay men, it will assist them as they develop new knowledge and clinical skills to influence change and provide leadership in area of gay men's health.

The disease we now know as AIDS was first reported in North America on June 5, 1981 by the Centers for Disease Control (CDC) in the United States.¹⁵ HIV/AIDS was first identified in a group of five gay men, all living in the Los Angeles area, who were diagnosed with a rare form of pneumonia known as pneumocystis carinii pneumonia.^{16 17} On June 18,

1982, scientists began speculating that this disease might be sexually transmitted.¹⁸ As the number of reported cases increased in men who identified as gay, an association or link between sexual behaviour and sexual orientation began to form. It is speculated that this is when the link to HIV/AIDS and the gay male community was established.¹⁹ As science and medicine tried to uncover knowledge about this new disease, from a socio-historic perspective, *others* outside the scientific and medical community felt HIV/AIDS was a *punishment for homosexual men*.²⁰ The emerging pandemic and its association to the gay male community, albeit unknowingly, was also being reinforced by the scientific and medical community as they scrambled to identify and contain this emerging pandemic.

Originally known as the *gay plague* and referred to as *gay related immunodeficiency disease* (GRID)²¹, the CDC, on September 24, 1982, labelled the cluster of symptoms and opportunistic infections as *Acquired Immunodeficiency Syndrome* (AIDS). From that day forward, AIDS became the globally accepted acronym used to describe this disease.²²

Scientists were convinced that a virus, more specifically a retrovirus, was the cause of AIDS. In 1984, the Pasteur Institute in France isolated a virus believed to be the cause of AIDS; Human Immunodeficiency Virus (HIV) had been isolated. In summary, starting in 1981; a) AIDS presented on the world stage; b) 2 ½ years later (1984) the virus had been identified and isolated, and; c) 2 years later (1986) a commercially available blood test was made available. This was an unprecedented medical and scientific accomplishment.²³ Interestingly though, from a global perspective HIV/AIDS is a heterosexual disease, a fact that is often overlooked by many today.²⁴

The Canadian/British Columbia Experience (HIV/AIDS)

“It was estimated that at the end of 2008, there were approximately 65,000 (54,000 to 76,000) people living with HIV (including AIDS) in Canada, of whom 26% were unaware of their infection. The number of people newly infected with HIV in Canada in 2008 was estimated to be between 2,300 and 4,300”²⁵

In 1985, the Public Health Agency of Canada (PHAC) began tracking the epidemic and stated in their inaugural report that “over 80% of the reported cases were identified in *men who have sex with men* (MSM). These statistics indicated that men, >15 years of age and who identified as MSM, were and still are the largest group of Canadians affected by HIV/AIDS²⁶. The British Columbia (BC) statistics, as reported by the British Columbia Centre for Disease Control, are similar to the national averages.²⁷

There was no question that HIV/AIDS was affecting gay men’s lives, their health and their well-being. In the 1980s, North American nurses began to recognize the need for on-going education and support for nurses in relation to the HIV/AIDS crisis and responded accordingly.^{28 29} There are however a handful of nursing scholars engaging in discourse surrounding gay men’s health, outside the HIV/AIDS paradigm.^{30 31 32 33 34 35 36}

Within the body of nursing literature and literature from other disciplines, there are often references to homophobia and heterosexism in the discourse surrounding healthcare worker’s attitudes towards homosexuals.^{37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54}

These attitudes and assumptions often result in “gay men being further marginalized and disadvantaged” when it comes to healthcare.⁵⁵ In order to appreciate how homophobia and heterosexism intersects with gay men’s health, a discussion surrounding sex, gender and sexual orientation is critical.

Sex, Gender and Sexual Orientation

There is ongoing discourse among scholars surrounding the definition and application of the concept of sex, gender and sexual orientation.^{56 57 58} For the purpose of this curriculum, the following definitions and descriptions are as follows.

Sex can be defined as biological and anatomical differences that identify individuals as being male or female, inclusive of chromosomes, hormones and external genitalia^{59 60}, usually assigned to an individual at birth based on the individual's external genitalia.⁶¹

Gender on the other hand is a bit more complex and concerns the psychological and sociocultural differences between male and female.⁶² It is complex phenomenon that some believe to be independent of sex yet used interchangeably; hence the confusion.⁶³

Western culture tends to limit gender to two categories; male or female⁶⁴ and ascribes gender roles based on socially derived definitions of what is perceived to be acceptable masculine or feminine behaviour.⁶⁵ Gender roles are defined by how the individual presents themselves to the world⁶⁶ and are often reflected in the cultural expectations and definitions of what it is to be a male/masculine or female/feminine.^{67 68} Masculine, as defined by the Oxford Dictionary, is *designating an object deemed to be of the male sex on the basis of some quality, such as strength or activity, esp. as contrasted with a corresponding object deemed female.*⁶⁹ Masculine characteristics are described as *aggressive, forceful, strong, rational, self-confident, competitive, and independent.*⁷⁰ Feminine on the other hand, as defined by the Oxford Dictionary, is much vaguer *of or pertaining to a woman, or to women; consisting of women; carried on by women.*⁷¹ Feminine characteristics are described as *warm, kind, emotional, gentle, understanding, aware of others' feelings, and helpful to others.*⁷²

It appears that gender; gender identity and the gender role are reflective of and are supported by Western society's *normative gender rules* of masculinity/femininity.⁷³ Therefore, a male who is perceived as being masculine is assumed to be heterosexual and a male who is perceived as being feminine is assumed to be homosexual.⁷⁴ Additionally, a transgender individual is described as "an individual whose gender identity and expression, to varying degrees, does not correspond with their genetic or physical gender, or does not conform to society's assigned gender roles, expectations or sexuality."⁷⁵ Nurses need to be cautious *when a person's gender and sex fall together in accordance with social norms, as it may not necessarily be a correlation to the individual's lived reality*⁷⁶; not all men are heterosexual. It is important to remember that a gay man's sexual identity and desires, be they new or re-emerging can impact on their health and well-being through the added stressors of stigma, potential lack of family and social support and confusion.

Finally, sexual orientation will be defined as feelings of sexual attraction or arousal to a member of; a) the opposite sex (heterosexual); b) the same sex (homosexual is used to describe male and female same sexed attraction, however this project will focus on male homosexuality), and; c) attraction to both sexes (bisexuality).⁷⁷ In order to acquire new knowledge about gay men and their health needs nurses need to challenge traditional definitions of gender in relation to sexuality. Nurses need to be conscious of socially defined stereotypes by recognizing and understanding that homosexual or gay men are not a homogenous group and not all males/men are heterosexual. By failing to recognize this, they may be unknowingly engaging with the tenets of homophobia and heterosexism.

Homophobia, Heterosexism and Nursing

“Just as racism has been identified as a cause for decreased health status among racial and ethnic minorities, homophobia also exists within a broad historical and contemporary context and has far reaching ramifications.”⁷⁸

Homophobia

Homophobic attitudes are prevalent within Western healthcare and the healthcare systems, as a whole, such attitudes are partly responsible for gay men’s’ under use of healthcare services.⁷⁹ The *assumption* of heterosexuality (heterosexism) and the subsequent negative socio-historic attitudes (homophobia) on the part of the healthcare providers has been identified as one of, if not the most important hurdle to overcome in relation to gay men’s healthcare.^{80 81 82 83 84 85 86} Within the context of Western society, regardless of sexual orientation, men share a common biology, physiology and psychosocial conditioning. They share experiences of health and illness. However, it has been noted that it is the *lived experiences* of gay men that separates gay men’s health issues from *other* men⁸⁷; homophobia is one of those experiences.

How is homophobia defined? One definition of homophobia, within the context of nursing, is *the inherent unconscious fear of homosexuality that leads to the corresponding failure to provide quality holistic care to this group of individuals based on these fears*⁸⁸ and/or *the dread of being in close quarters with homosexuals.*⁸⁹ It can manifest itself in behaviors ranging from *fear, anger and disapproval to contempt, avoidance and disgust*, therefore making nurses appear indifferent to the issues of LGBT patients.⁹⁰

Homophobia among nurses and healthcare professionals alike appears to be prevalent and there is evidence of widespread homophobia among healthcare professionals.^{91 92 93 94 95 96 97 98 99 100 101 102 103 104} This suggests that the stigma

surrounding homosexuality still exists and *a prevailing assumption of heterosexuality is dominant*.¹⁰⁵ Discourse surrounding gay men's health indicates that lesbian, gay, bisexual and transgender (LGBT) patients are often reluctant to disclose their sexuality to healthcare workers and have expressed fear of discrimination as their rationale for not disclosing their sexuality. Although this curriculum focuses specifically on gay men, heterosexual discourse and assumptions of heterosexuality have implications for all LGBT patients. However, lesbian, bisexual and transgendered persons may confront additional issues in accessing health care that are beyond the scope of this project.

Sexuality is an intricate, intimate, complicated and personal component of an individual and choosing to share this intimate side of one's being can be fraught with anxiety and fear. Homophobia can, and does have a negative impact on a gay man's sense of safety. Additionally, the fear of discrimination may result in gay men withholding information that may be relevant to their well-being. Feeling safe, within the context of healthcare, is paramount for the patient when interacting with nurses. It is equally important for nurses to be cognisant of their own thoughts, emotions and knowledge in relation to homosexuality.^{106 107 108}

Research has suggested that some homosexual patients have experienced substandard nursing care as they have been routinely subjected to heterosexually biased approaches and approached with the assumption that they are heterosexual. In addition, healthcare professionals *rarely include options for providing information on same-gender sexual partners* when taking health histories¹⁰⁹; thereby it is unlikely that same sexed partners will be acknowledged in the patient's plan of care. LGBT patients have also been *ridiculed or lectured* in relation to their sexuality on past encounters with healthcare

professionals thus less likely to disclose their sexuality based on these experiences.¹¹⁰ This information supports the belief that healthcare providers, including nurses, do not seem to have the skills to collect the necessary information to be of assistance to gay men and their health needs. Additionally, some nurses may have *negative or homophobic attitudes* towards LGBT patients.^{111 112}

As a nurse, it is important to be aware that gay men likely have experienced substandard nursing care as a result of the health care provider's negative or homophobic attitude towards their patients. In the current societal context, nurses often appear to have difficulties in *showing understanding and sensitivity, which has implications for ensuring nursing of equal quality to homosexual and heterosexual patients.*¹¹³ Fear that their confidentiality will not be protected may be another reason as to why gay men do not disclose their sexuality.¹¹⁴ Nurses have acknowledged that homophobic attitudes and the lack of nursing knowledge surrounding gay men can and does influence their health and well-being, which is counterproductive to nursing care and the overall health of the patient.¹¹⁵ Homophobia manifests itself in negative attitudes and in different ways¹¹⁶; as much as nurses and healthcare professionals like to think they are immune to this phenomenon, they are not.^{2 117 118 119}

² Homophobia also appears to be evident within the nursing profession. Although beyond the scope of this paper it is important to note that discourse indicates that lesbian, gay, bisexual and transgender nurses have experienced homophobic and heterosexist attitudes in the workplace. LGBT nurses do not disclose their sexuality for fear of discrimination and ridicule from peers and colleagues; the belief that disclosure could negatively affect career advancement, and; for personal safety issues. These issues have the capacity to influence LGBT nurses caring for LGBT patients. Self-preservation and fear of disclosure may limit LGBT nurses advocating for the rights of LGBT patients. Irwin (2007) suggests by "educating nurses to be culturally sensitive to the issues surrounding gay men's health may diminish homophobia and heterosexism", patient care would be enhanced and professionalism promoted.

Blackwell, C. W. (2008). Registered nurses' attitudes toward the protection of gays and lesbians in the workplace. *Journal of Transcultural Nursing*, 19(4), 347-353.

Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.

To counteract these homophobic attitudes, nurses need to be conscious of their own beliefs surrounding homosexuality. By expanding their knowledge in relation to homophobia and heterosexism they will be cognizant of, and develop an understanding that these beliefs are learned therefore, can be unlearned.^{120 121}

Heterosexism

Within Western culture, heterosexuality is the assumed and dominant norm of sexual expression.^{122 123 124 125 126 127} Heterosexism refers to the belief that *everyone is heterosexual* and that *non-heterosexual people are abnormal*¹²⁸ ; *a belief system that values heterosexuality as superior, more natural than homosexuality, it assumes that all people are heterosexual and presumes heterosexuality to be the norm.*¹²⁹

The assumption of heterosexuality can and often does, result in gay men being *further disadvantaged when it comes to accessing healthcare*¹³⁰ and renders *homosexuality socially invisible.*¹³¹ Acknowledging or disclosing one's sexual orientation is commonly referred to as *coming out*. Coming out is defined as *the process of acknowledging or disclosing something about oneself and is usually associated with one's sexuality.*¹³² Coming out, or disclosing ones sexual orientation is one of the most "problematic components" gay men experience when consulting a healthcare professional and/or gaining access to care.¹³³ Research suggests that gay men do not come out to healthcare providers for fear of negative or homophobic responses.^{134 135} This may result in *gay men avoiding routine medical examinations or delaying a medical appointment* due to the fear of the possible consequences or substandard care they may receive if they reveal their sexual orientation to their healthcare provider.¹³⁶ When a gay man takes the risk to come out, the assumption is that he wishes to engage in dialogue surrounding his sexuality. Failure to acknowledge

this disclosure, on the part of the nurse, can severely limit communication that could result in missed information, which may have a negative impact on the gay man's physical and psychological well-being.¹³⁷

Studies have indicated that nursing and medical student's knowledge in relation to lesbian, gay, bisexual and transgender (LGBT) persons is generally lacking.¹³⁸ Clinical nurses can improve health services for gay men by addressing sexual orientation issues as part of their everyday practice. They must be aware of the stigmatization LGBT patients may have faced in past healthcare encounters and they must actively listen to how the patients describe themselves. For example, nurses can communicate a non-judgemental attitude by using gender-neutral terms such as *partner* as opposed to *wife or husband, boyfriend or girlfriend* during an assessment. Questions like: Are you sexually active? Are your sexual partner's male, female or both? This approach avoids assumptions and creates a non-judgemental, LGBT friendly environment.¹³⁹

Homophobia and heterosexism are powerful terms and are often used to describe negative reactions. As an alternative to homophobia, the term *homonegative* could be used.¹⁴⁰ Homonegative is described as *negative reactions to homosexuality* so homophobia could be used to describe the more *irrational, fear-based* responses to homosexuality.¹⁴¹ As an alternative to heterosexism, the term *heteronormative* could be used. Heteronormativity is described as *heterosexual's attitudes toward gay, lesbian, bisexual and transgender* people.¹⁴² Based on these definitions and the belief that nurses value being non-judgemental and do not necessarily knowingly engage with a homophobic or heterosexist philosophy, the terms *homonegative* and *heteronormative* are more applicable to nursing and will be referenced as an alternative throughout this curriculum, when applicable.

By including the terms homonegative and heteronormative in the learning curriculum, it will provide clinical nurses with the opportunity to identify if homonegative and/or heteronormative assumptions are operating in the clinical setting and how they are influencing interactions and subsequent care of gay men.

Encouraging clinical nurses to reflect will present them with the opportunity to be more pro-active in relation to the health and well-being of gay men; assisting them to assess their current attitudes and knowledge of gay men's health. Next, an overview of ethical considerations in nursing highlight the importance of developing a comprehensive understanding of how homonegative and heteronormative assumptions may be influencing the clinical nurse's knowledge in relation to gay men and their health needs.

Ethical Considerations

Nurses have recognized that homophobia and heterosexism can influence care.¹⁴³
¹⁴⁴ ¹⁴⁵ ¹⁴⁶ ¹⁴⁷ ¹⁴⁸ ¹⁴⁹ Local, national and international nursing bodies have included ethical discourse in relation to sexuality and the role of the nurse within their respective code of ethics and standards of practice.¹⁵⁰ ¹⁵¹ ¹⁵²

*In the provision of care, nurses are moral agents entrusted with the provision of ethical care to the public. This means they have a responsibility to conduct themselves ethically in what they do and how they interact with persons receiving care.*¹⁵³ According to the CNA Code of Ethics, "nurses do not discriminate on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability or socioeconomic status or any other attribute."¹⁵⁴

Even with the multiple societal changes that have occurred over the past three decades (See Appendix 1) it appears that the healthcare community, including Registered Nurses, continue to assume heterosexuality as the dominant sexual orientation. Heteronormativity and homonegativity appear to be *alive and well* in the healthcare system. It interferes with relationships among healthcare professionals, potentially influencing their interactions with gay male patients and ultimately with the nurse's ability to recognize the unique health needs of gay men. At this stage, it is important to note that a patient's sexuality is not an issue in every health and nursing care situation. However, nurses need to be aware of their own biases or prejudices in relation to homosexuality and how these attitudes may influence care.

Finally, nurses continuously strive to provide holistic, culturally competent, ethical care to all patients. This module will support clinical nurses to recognize their moral position in relation to gay men and their health, and provide opportunities to acquire new knowledge in order to support and advocate for gay men and their health needs within the healthcare environment. This has the potential to alter the trajectory of gay men's health overall.

Critical Thinking/Discussion Questions

1. Using the terms identified and defined in this module how would you describe or position yourself?

(Reflect on your past practice and consider the following questions.)

2. Have you cared for an openly gay man? Did this information guide you in their care? Please describe/elaborate.
3. Have you cared for a man **you assumed** was gay? How did this assumption guide you in their care? Please elaborate.

Suggestions for a Guest Speaker

If you opt to invite a guest speaker or strike a panel here is a sample of an agenda, with suggested issues you may consider asking the speakers to address;

- Enquire if the speaker/s could discuss their experiences (both good and bad) with nurses in a healthcare setting;
- From the speakers perspective how could nurses make the healthcare environment more welcoming to them;
- From the speakers perspective, besides HIV/AIDS, what are some of the health issues that are important to them;
- Enquire if the speaker could provide address homophobia and/or heterosexism, from personal experience;
- Have the speaker and students engage in discourse and discuss how they support or disagree with why these issues may or may not be generalizable to the gay male community as a whole;
- Allow time for questions and discussions.

As part of this module, a list of organizations in the lower mainland of BC has been identified. These organizations may be able to assist the educator to find a guest speaker.

Community Resources
About Men (BC Initiative) http://www.aboutmen.ca/
AIDS Vancouver http://www.aidsvancouver.org/
Community Based Research Centre http://www.cbrc.net/
Health Initiative for Men http://checkhimout.ca/
Men's Health Initiative http://www.aboutmen.ca/

Suggested reference books and online/electronic resources

Suggested Reference Books
Makadon, H. J. (2008). <i>The fenway guide to lesbian, gay, bisexual, and transgender health</i> . Philadelphia: American College of Physician.
Odets, W. (1995). <i>In the shadow of the epidemic: Being HIV-negative in the age of AIDS</i> . Durham: Duke University Press.
Shankle, M., (2006). <i>The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service</i> . New York: Harrington Park Press.
Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). <i>Unequal opportunity: Health disparities affecting gay and bisexual men in the united states</i> . New York: Oxford University Press.

Suggested On-line/Electronic References
Gay and Lesbian Medical Association (2001) Healthy people 2010: companion document for lesbian, gay, bisexual and transgender (LGBT) health. http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf
Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review. http://www.cbrc.net/attachments/123_gay_health_eng.pdf
Ryan, B., (2003) A new look at homophobia and heterosexism in Canada. http://www.cdnaids.ca/web/repguide.nsf/7df11ef9c5b7c745852568ff007d35e8/E597f908b523522c85256e91006f2fcf/
Ryan, B., & Chervin, M. (2000). Framing gay men's health in a population health discourse http://www.avenuecommunitycentre.ca/res/framing.pdf

Each module contains suggested reading and activities that the educator may find beneficial when planning their sessions. Educators have the option of extracting and/or suggesting students engage with specific chapters or sections of the suggested resources as part of the teaching-learning process. Where or when these activities are suggested and/or assigned is at the discretion of the individual educator.

Suggested Reading
Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'homophobia is killing us'. <i>Critical Public Health</i> , 18(1), 87-96.
Brass, P. (2006). Pioneers: The gay men's health project clinic. <i>White Crane</i> , (69), 28
Christensen, M. (2005). Homophobia in nursing: a concept analysis. <i>Nursing Forum</i> , 40(2), 60-71.
Montagnier, L. (2002). Historical essay. A history of HIV discovery. <i>Science (New York, N.Y.)</i> , 298(5599), 1727-1728
Tate, F. B., & Longo, D. A. (2004). Homophobia: A challenge for psychosocial nursing. <i>Journal of Psychosocial Nursing & Mental Health Services</i> , 42(8), 26.
Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). Introduction. In <i>Unequal opportunity: health disparities affecting gay and bisexual men in the United States</i> (pp.1-31). New York: Oxford University Press.

Suggested On-Line Activities
Gender and Sexuality (Learning Modules) http://www.genderandhealth.ca/en/modules/sexandsexuality/module-map.jsp
Homophobia Quiz (Part of the Gender and Sexuality web site) http://www.genderandhealth.ca/en/modules/sexandsexuality/gss-homophobia-01.jsp
Gay and Lesbian Emergence: Out in Canada (CBC Archives) http://archives.cbc.ca/politics/rights_freedoms/topics/599/

Additional Readings/Resources
BC Teachers Federation: A Chronology of Advances in LGBT Rights in Canada, and in BC http://bctf.ca/SocialJustice.aspx?id=6100
Canadian Association of Nurses in AIDS Care http://www.canac.org/english/WELCOME.htm
Canadian AIDS Treatment Information Exchange (CATIE) http://www.catie.ca/eng/home.shtml
Canadian Nurses Association: Code of Ethics (2008) http://www.cna-nurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf
Community Based Research Centre http://www.cbrc.net/
Fenway Health http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_abt_about_home
Genke, J. (2004). Resistance and resilience: The untold story of gay men aging with chronic illnesses. <i>Journal of Gay & Lesbian Social Services</i> , 17(2), 81-95.
Gay and Lesbian Medical Association http://www.glma.org/index.cfm?nodeid=1
National Coalition for LGBT Health http://lgbthealth.webolutionary.com/home
Ryan, B., (2003). A new look at homophobia and heterosexism in Canada. http://www.cdnaids.ca/web/repguide.nsf/cl/E597F908B523522C85256E91006F2FCF/\$file/homophobia%20report_eng.pdf
Qmunity-BC's Queer Resource Centre http://www.qmunity.ca/



Complexities of Care:

Module Two: Challenges in providing care to gay men

An educational
resource for nurse
educators in British
Columbia



Photo courtesy of AIDS Services of Austin



Logo Courtesy of Community Based
Research Centre



Photo courtesy of syracuse.com

Module Two: Challenges in Providing Care to Gay Men

“We treat all people the same, which in itself is an indication that LGBT people, and probably other minorities, are not likely to receive the informed attention and services that they deserve.”¹⁵⁵

There has been and continues to be discourse surrounding the existence of a “gay culture.” The Oxford dictionary defines culture as “the distinctive ideas, customs, social behaviour, products or way of life of a particular society, people, or period. Hence, a society or group characterized by such customs, etc.

“Gay culture in most instances, however, must be considered something rather different from mainstream culture. Gay culture represents a subculture, a set of people with a set of behaviors and beliefs that could be distinct or hidden, which differentiates them from the larger culture which surrounds them. Even considering the very public expression of gay culture that is becoming prevalent in the beginning of the 21st century, there are still important peculiarities that distinguish gay culture from the mainstream culture”¹⁵⁶

By gaining an understanding of the *gay culture*, and exposing students to this concept within the context of the Canadian health care model, they will be poised to discuss future approaches to practice that could potentially enhance the health of all gay men, regardless of their age.

Module Two-Learning Goals

Clinical nurses through participation and reflection will:

- Enhance their understanding of culture and how it pertains to gay men’s health;
- Review the socio-historic challenges, in relation to health needs, each cohort of gay men may have experienced;
- Review and describe the developmental challenges faced by each cohort of gay men when accessing healthcare;
- Describe the barriers gay men face when accessing healthcare;
- Identify the unique health issues and concerns within each cohort of gay men;

- Discuss the on-going need for research in relation to gay men's health, inclusive of but not focused on HIV/AIDS;
- Identify strategies that clinical nurses can engage with to promote, support and enhance the health of gay men, regardless of their age, sexual orientation, socioeconomic status, gender identity, etc.

Nursing scholar Madeline Leininger defines culture, using a nursing lens, as a set of values that are learned, shared and communicated within the culture. Culture guides the thinking, actions, decision-making and development of recognizable patterns or “lifeways” which are passed down through the generations.¹⁵⁷ In this sense, gay culture does not have an identifiable set of customs, common origins or traditions. Conversely, LGBT people have a long history of banding together to fight oppression, discrimination and lobbying for human rights recognition under the law. Events are held to celebrate culture, diversity and pride; the LGBT community was the first to respond to the AIDS crisis. Whether you define this as a *culture* or a *movement*, it has none the less produced results that have enhanced the health of the gay community.¹⁵⁸

Gay men's health needs to be redefined to be inclusive of, but not be limited to HIV/AIDS; a paradigm shift is required to accomplish this. Shifting this focus will emphasize the overall health needs of gay men, which in turn will offer gay men greater control over their own health, increase their sense of well-being and broadening the range of gay men's health.¹⁵⁹

In this curriculum, a population health approach is proposed as a means of expanding gay men's health beyond the HIV/AIDS paradigm. The Public Health Agency of Canada (PHAC) formally adopted a population health model in relation to health promotion as its primary model in 1994. This model is defined as:

“Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups.”

Within this framework, the 12 determinants of health are identified as: income and social status, networks, education, conditions, social, environments, skills, health, biology services, gender and culture.¹⁶⁰ This broader perspective on health addresses the conditions in which health is promoted.

It is important to remember that a gay man’s sexual identity and desires can affect his health and well-being, especially if the identity or desires are new or reemerging. Clinical nurses should provide non-judgmental respectful care to all patients regardless of sexual orientation. However, negative attitudes towards gay men are common and nurses, like others, are subject to societal influences such as homonegativity and heteronormativity. In such a milieu, nurses are vulnerable to falling victim to preconceived stereotypes and making assumptions based on these stereotypes. Therefore, it is helpful to examine and reflect on your own beliefs, assumptions and reactions when someone such as a patient, a colleague or a friend tells you that they are gay.

Hopefully, these sessions have stimulated you to think about your our internal reactions to people who are different. In doing so, you will be able to identify how personal biases, even the ones you think you do not have, can interfere with the process of establishing a rapport. By using another lens to view gay men and their health needs, you are developing an appreciation of the patient’s worldview and will be better positioned to establish a caring and empathic relationship. This in turn will promote and enhance communication with gay men in a manner that is culturally sensitive and this it will not be difficult if you actively listen to how patients describe themselves. The first step is to follow

your patient's lead, listen what he is saying and how he is saying. Next is to create a clinical relationship and welcoming environment that signals acceptance, respect, and safety. ¹⁶¹

Gay men of all ages are at risk of avoiding routine care because they are not sure if they will be accepted or because they have in the past experienced overt or subtle discrimination within a healthcare environment. ¹⁶² Therefore, it is very important that nurses feel comfortable interacting with gay male patients, have some knowledge of the gay male culture and learn to use gender-neutral language by interacting; asking questions that are not heterosexually biased.

Critical Thinking/Discussion Questions

1. How does "gay culture" factor into to gay men's health?
2. Can you think of examples of health related questions, using gender-neutral language, when you are assessing a male patient?
3. Upon reflection, have you knowingly or unknowingly engaged in heteronormativity?
4. What steps can you take to create a safe, non-judgemental environment for gay men?
5. How does the concept gay men's health fit into the overall concept of men's health, or does it?
6. Knowing what you now know, what do you consider as the nursing research priorities in relation to gay men's health?

Suggested Readings
Ramchand, R., & Fox, C. (2008) Access to optimal care among gay and bisexual men: identifying barriers and promoting culturally competent care. In <i>Unequal opportunity: health disparities affecting gay and bisexual men in the United States</i> (pp.355-378). New York: Oxford University Press.
Turner, L., Wilson, W., & Shirah, M. (2006). Lesbian, gay, bisexual and transgender cultural competency for public health practitioners. In <i>The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service</i> (pp. 59-83). New York: Harrington Park Press.

Suggested On-Line Activities
About Men (BC Initiative) http://www.aboutmen.ca/
Gay Culture Education http://www.straightgayfacts.com/index.html
Gay Hate Crimes http://www.youtube.com/watch?v=F9EyWJXK55c&feature=fvwrel
Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender Populations: An End to Invisibility. (Video) http://louisville.edu/medschool/medicine/news/video-dr.-jennifer-potter-lecture-on-lgbt-health-issues
Men's Health: A Global Perspective-Dr. Larry Goldenberg (3 Videos) http://www.aboutmen.ca/application/www.aboutmen.ca/media/news/33/_news
Out in America (Video not posted as of 2011-06-14) http://www.pbs.org/
Gender and Health http://www.genderandhealth.ca/en/modules/introduction/introduction-genderasadeterminantofhealth-Shayna-02.jsp

Additional Readings/Resources
Gay Slang Dictionary http://www.odps.org/glossword/index.php?a=list&d=8&t=dict&w1=A
Public Health Agency of Canada (2010). Key Determinants. Retrieved on February 12, 2010 from http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants



Complexities of Care:

Module Three: Aging/Older Gay Men

(*Silent Generation*: born between 1925–1942 and *Baby Boomer*: born between 1943–1960)

**An educational
resource for nurse
educators in British
Columbia**



Photo by Gage Skidmore



Photo by Larry Murray



Graphic courtesy of Kathy

Module Three: Aging/Older Gay Men

(*Silent Generation*: born between 1925–1942 and *Baby Boomer*: born between 1943–1960)

“For a group who has been accustomed to hiding their sexual orientation or gender identity for fear of repercussions, outside assistance may be a very difficult and stressful addition to their life.” ¹⁶³

From a research perspective there is a paucity of research and information in relation to gay men’s health in general, outside of HIV/AIDS.¹⁶⁴ What is known tends to be framed within the context of research that focuses on statistical and demographic data. Information in relation to aging/older gay men is almost non-existent.^{165 166 167 168}

Module Three-Learning Goals

Clinical nurse through participation and reflection will;

- Develop an understanding of the socio-historic underpinnings of older/ageing gay men in relation to their healthcare needs;
- Explore the possible barriers that may be influencing why older/ageing gay men may not be accessing healthcare services;
- Discuss the health needs of older gay men and the role the clinical nurse plays in the delivery of these health services;
- Participants will explore and develop an understanding of ageism in relation to older/ageing gay men within a broad social context, as well as the gay community, and;
- Identify how older gay men’s actions may have been influenced by the health of their middle-aged and younger cohorts.

The 1969 Stonewall riot in New York City is commonly associated with the birth of the modern gay liberation/rights movement. The gay men who were involved in this riot refused to succumb to the narrow-minded, socially oppressive attitudes of the time toward homosexuality. They are credited with blazing the trail for the current generation of gay men, who now reap the benefits of their actions. Stonewall brought homosexuality to the

forefront, which meant it was no longer *invisible* to mainstream society.^{169 170} Even with the multiple societal changes that have occurred over the past three decades (See Appendix 1) such as the removal of homosexuality as a formal psychiatric diagnosis in 1973 and an increase in social acceptance of sexuality diversity, many older gay men continue to face unique challenges within the healthcare system and within their own community.¹⁷¹

Gay culture tends to *highly value youth and physical attraction*,¹⁷² thus younger gay men tend to distance themselves from their older counterparts. The younger men often view older gay men as “socially unacceptable”. Ironically, younger gay men are the ones reaping the benefits attributed to these older gay men’s social action and civil disobedience that created today’s rights and privileges. Yet they are often rendered invisible, stigmatized, marginalized, discriminated against and shunned by the very community they helped to create.^{173 174 175}

Older/ageing gay men have a unique history regarding oppression that differs from the experiences of middle-aged and younger gay men. Many gay seniors in Canada “constructed their sexual identities prior to the gay liberation movement”¹⁷⁶ and see no reason to disclose it.¹⁷⁷ Having come from an era where hiding your sexuality was a matter of *self preservation and survival*, older gay men are reluctant to disclose their sexuality for fear of being further marginalized, judged or discriminated against. This in turn perpetuates their invisibility within the social and healthcare systems.^{178 179}

Studies have also indicated that older gay men do not view their general health any differently than their heterosexual counterparts.^{180 181} However, the major difference which has been noted is that older gay men may be perceived as a *double minority*; gay and

ageing.¹⁸² Therefore, older gay men are not only facing discrimination based on their sexual orientation but may also be experiencing ageism.^{183 184 185}

In a 2007 Canadian study, the authors explored the health and social services needs of LGBT seniors. Their results suggested that LGBT senior's experiences with homophobia and heterosexism continues to make them a highly invisible group, which complicates their ability to access healthcare. Healthcare workers were generally aware of LGBT seniors and felt their sexual orientation did not impact or influence the care they provided; however, their role as advocate for LGBT seniors was vague and undefined. On the other hand, biological and families of choice, who were involved in the senior's care, felt invisible and commented that their role in the LGBT senior's life was generally not acknowledged by the healthcare system.¹⁸⁶

It has been suggested that compared to older/ageing heterosexual adults, LGBT elders may be at an increased risk for psychological maladjustment to ageing, in part due to the combined effects of ageism and heterosexism.¹⁸⁷ Homophobia and heterosexism appear to be underpinning many of the challenges faced by LGBT seniors, including older gay men, in relation to their health and well-being.

There is no doubt that they have experienced the emotional effects of losing their contemporaries early in the AIDS epidemic and are perceived as being at risk for social isolation and institutional discrimination.^{188 189 190} However, in a society that places such a high value on youth and physical attractiveness, older gay men are viewed as being *resilient and better prepared to face the challenges of aging* because they have *learned to cope with life's challenges*.^{191 192}

The use of language is important when discussing health issues in relation to gay men's health, particularly older/ageing gay men. Therefore, the clinical nurse must understand and appreciate how the use of language/terms can affect their interactions with older/ageing gay men (See Handouts).

Critical Thinking/Discussion Questions

1. What are some of the health implications for older/ageing gay men who have experienced marginalisation and discrimination in the healthcare settings?
2. What role can clinical nurses take to educate peers and colleagues to ensure that the rights of older/ageing gay men are protected?
3. How can nursing promote the health of and be more welcoming to older/ageing gay men?

Learning Activity: Role Play Scenario-Older Gay Men

You are coming on duty for a 12 hour night shift. As you are doing your chart review you note that Mr. Jones is a 67 year old, divorced male who is 4-day post op cardiac triple cardiac patient. All information indicates he is stable and recovering well. Although the nurse's notes indicate Mr. Jones is pleasant enough, unless he is asked direct questions he does not appear to volunteer much information.

While doing your first round you enter the room and find Mr. Jones has two visitors; a female who appears to be similar in age to Mr. Jones and a male visitor who appears younger than Mr. Jones. You note that the male visitor was sitting on the bed next to Mr. Jones holding his hand but he jumped up and appeared uncomfortable with the situation. You introduce yourself to Mr. Jones and his visitors and let him know you will be back later to check on his dressings, etc. Later that evening when you return to Mr. Jones's room he is alone. You begin to chat with him as you go about your duties. In the course of the

conversation you note he is discussing his children, grandchildren but he also mentions his “partner” (no hints as to the gender). You reflect back on your earlier encounter and recall the awkward situation where the male visitor had jumped up from Mr. Jones’s bedside when you entered the room earlier.

Have learners role play the situation starting at the point where the nurse and Mr. Jones are privately chatting. How might the nurse engage with Mr. Jones to explore his situation?

- How might the nurse explore the earlier situation where the male visitor appeared startled and jumped up from the bedside;
- What kinds of open ended questions could the nurse engage with to encourage Mr. Jones to share information;
- How could the nurse express that s/he was open to discussing different types of relationships/families;
- Is information in relation to Mr. Jones sexual orientation relevant and/or important to his care; why or why not?

Suggested Readings
Appelbaum, J. (2008). Late adulthood and aging: clinical approaches. In Makadon, H (Eds.) <i>The fenway guide to lesbian, gay, bisexual, and transgender health</i> (pp. 135-156). Philadelphia: American College of Physicians.
Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. <i>Gerontologist</i> , 47(4), 490-503.
Grossman, A. (2008) The unique experiences of older gay and bisexual men: associations with health and well-being. In <i>Unequal opportunity: health disparities affecting gay and bisexual men in the United States</i> (pp.303-326). New York: Oxford University Press.
Sperber, J. (2008). As time goes by: an introduction to the needs of lesbian, gay bisexual, and transgender elders. In <i>The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner’s guide to service</i> . New York: Harrington Park Press.
Wright, S. L., & Sara Canetto, S. (2009). Stereotypes of older lesbians and gay men. <i>Educational Gerontology</i> , 35(5), 424-452.

Suggested On-Line Activities
Aging and Gay (CBC Radio-May 11, 2011) http://www.cbc.ca/metromorning/episodes/2011/05/18/aging-and-gay/
Gay Rights1959: CBC Archives (Video) http://archives.cbc.ca/politics/rights_freedoms/topics/599/
Stonewall Uprising-American Experience-Public Broadcasting System (Video) http://video.pbs.org/video/1889649613 *Go to the PBS home page and enter "gay" into the search bar and see what else there is!!

Additional Readings/Resources
Canadian Rainbow Coalition http://www.rainbowhealth.ca/english/educational.html
Gay Activist: The National Council on Ageing http://gactupdate.wordpress.com/info/age/
Gay Seniors (Canada) http://people.ucalgary.ca/~ptrembla/gay-lesbian-bisexual/6k-elderly-gay-lesbian.htm#Canada
Our Maturing Movement: State-by-State LGBT Aging Policy and Recommendations http://www.thetaskforce.org/reports_and_research/our_maturing_movement
Out Maturity http://outmaturity.com/aboutoutmaturity/
Senior Action in a Gay Environment http://www.sageusa.org/index.cfm



Complexities of Care:

Module Four: Middle-aged gay men

(*Generation X*: born between 1961–1981)

**An educational resource
for nurse educators in
British Columbia**



Photo by Peter Cruise



Photo by Lammy831



Photo by P. Loftus

Module Four: Middle-aged gay men

(*Generation X*: born between 1961–1981)

*“Healthcare issues (outside of HIV) are perhaps the least studied are for gay men, lesbians and bisexuals in general, but particularly for those middle-aged or older.”*¹⁹³

The middle years are a period where physical signs of aging become apparent and the realization and increased awareness that there is less time remaining in life.^{194 195}

Discourse surrounding middle-aged gay men appears to be squarely centred in the HIV/AIDS epidemic/paradigm and “gay men in mid-life are at the center of a perfect storm.”¹⁹⁶ Gay men who were in their 20’s and 30’s in 1981, when the AIDS epidemic was first identified, are now in their 40’s and 50’s.

Module Four-Learning Goals

Clinical nurses through participation and reflection will;

- Develop an understanding of the challenges and limitations middle-aged gay men may experience when accessing healthcare;
- Develop an understanding of the health disparities middle-aged gay men may be facing;
- Identify how middle-aged gay men’s health may have been influenced by the actions of their older cohorts, and;
- Explore clinical approaches that could be used when addressing health and health promotion with middle-aged gay men;

Health issues surrounding the well-being of this group are multifaceted and complex. Middle-aged gay men who were not infected with HIV in the beginning of the epidemic and who have remained HIV negative are now situated in a precarious position, not only within the healthcare system but within the gay community. Being somewhat limited by the availability of information, an attempt will be made to synthesize the major areas of concern facing middle-aged gay men.

Dr. Walt Odets suggests that survivor guilt is making it difficult for middle-aged gay men to recognize or acknowledge other problems and issues that may now be affecting their current state of health and well-being. Dr. Odets suggests that middle-aged gay men may be experiencing *survivor guilt* as a result of being HIV negative when many engaged in what is now known as *high-risk sexual behaviour* in the 1970s and 1980s but did not get infected with HIV.¹⁹⁷

Survivor guilt can lead to increased high-risk sexual behaviour, putting middle-aged gay men at risk for acquiring HIV. Survivor guilt also appears to be making it difficult for some men to recognize or acknowledge other problems and issues that may now be influencing their current state of health and well-being.¹⁹⁸ In Canada, specifically Vancouver, a recent survey indicates that the highest prevalence of HIV infection among men who have sex with men (MSM) is between the ages of 33 to 48+.¹⁹⁹

Posttraumatic stress syndrome associated with the multiple losses middle-aged gay men may have experienced during the early days of the epidemic is now emerging as a real health risk for HIV negative, middle-aged gay men. Depression, anxiety, substance abuse, social isolation and the physiological effects of aging are a few of the other health issues facing middle-aged gay men.^{200 201}

. HIV and sexually transmitted infections (STI) remain important and relevant health issues for gay men that require on-going attention. However scholars have identified that substance misuse, mental health, diet/exercise, tobacco, domestic violence, coming out, human papilloma virus, hepatitis (immunization/testing), and; prostate, anal, testicular and colon cancer are health concerns that need to be acknowledged and addressed in relation to gay men's health. Although these concerns are not exclusive to middle-aged gay

men, they appear to be more prevalent in this cohort. This suggests that to effectively address middle-aged gay men's health, healthcare professionals including nurses also need to be cognisant of gay culture.^{202 203 204 205}

It has been acknowledged that middle-aged gay men do not require special health care but the lack of clinical and cultural guidelines within the current body of health literature has limited nursing discourse to the biomedical paradigm of testing and treatment strategies for anal carcinoma, anal PAP smears, sexually transmitted diseases (inclusive of HIV and high risk sexual behaviour), mental health and substance abuse. Along with the clinical information that addresses care, these interventions should not be exclusively relegated to the physical realm. Scholars advocate that nurses need to be inclusive of gay culture and the concept of holistic care when caring for gay men in general.

^{206 207}

The devastation that the HIV/AIDS epidemic has brought to the gay male community is almost palpable, possibly explaining why HIV/AIDS continues to dominate the health discourse in relation to middle-aged gay men. The current discourse is suggesting that HIV/AIDS is now being perceived as more of a "chronic illness" compared to the life threatening illness it once was. There is no question that HIV/AIDS requires ongoing attention; this curriculum challenges nurses to look beyond HIV/AIDS and to consider other chronic health issues that may be affecting middle-aged gay men, regardless of their HIV status. However, chronically ill, HIV negative, middle-aged gay men are in the centre of this debate as their issues are not being addressed or even acknowledged by the medical or gay community; rendering them invisible and further marginalizing and stigmatizing them.^{208 209}

Middle-aged gay men will experience the same illnesses: physical and social changes as their heterosexual counterparts, but it appears that there are extraneous factors such as homophobia/heterosexism and survivor's guilt that may be influencing how these men access health services and relate to healthcare professionals. ²¹⁰

Critical Thinking/Discussion Questions

1. How do you think the life/social events that occurred during older gay men's lives may have impacted on middle-aged gay men's current health and well-being?
2. What are your thoughts on the following comment; "People choose to be gay."
3. What nursing strategies might the clinical nurse take to engage with, and promote the health of middle-aged gay men?

Suggested Readings
Ferri, R. S. (2004). Issues in gay men's health. <i>Nursing Clinics of North America</i> , 39(2), 403-410.
Gee, R. (2006). Primary care health issues among men who have sex with men. <i>Journal of the American Academy of Nurse Practitioners</i> , 18(4), 144-153.
Kertzner, R.(2001). The adult life course and homosexual identity in midlife gay men. <i>Annual Review of Sex Research</i> , 12, 75.
Lipton, B. (2004). Gay men living with non-HIV chronic illnesses. <i>Journal of Gay & Lesbian Social Services</i> , 17(2), 1-23.

Suggested On-Line Activities
Gay Men's Health Concerns- About.com http://menshealth.about.com/od/gayhealth/a/Gay_Concerns.htm
Study Investigates Special Concerns of Gay Men with Prostate Cancer http://www.cpcn.org/arch_0074_gaymen.htm
Public Health Agency of Canada (search term "gay men's health") http://recherche-search.gc.ca/s_r?t3mpl1t34d=1&s5t34d=phac&l7c1l3=eng&S_08D4T.1ct57n=search&S_08D4T.s3rv5c3=basic&S_C6LL2CT46N.f53ld=fulltext&S_C6LL2CT46N=url%3Aphp&S_m5m3typ3.sp3c5f53r=INDEX&S_m5m3typ3.v1l93=html%2Bxhtml&S_m5m3typ3.t3xt6p3r1t7r=OR&S_F8LLT2XT=gay+men%27s+health&S_S20RCH.l1ng91g3=eng

Additional Readings/Resources

Boxer, A. (1997) Gay, lesbian, and bisexual aging into the twenty-first century: an overview and introduction. *Journal of Gay, Lesbian, and Bisexual Identity*, Vol. 2, Nos. 3 & 4, 187-197.

“Certain Circumstances” Issues in Equity and Responsiveness in Access to Health Care in Canada :*A collection of papers and reports prepared for Health Canada (2001)*
Part III-Barriers and Specific Population Groups-Documents 1 & 11
http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-certain-equit-acces/2001-certain-equit-acces-eng.pdf



Complexities of Care

Module Five: Younger Gay Men

(*Millennial Generation*: born
between 1982-?)

**An educational resource
for nurse educators in
British Columbia**



Photo by Moses Namkung



Artwork by SarutDX



Photo by David Shankbone

Module Five: Younger Gay Men

(Millennial Generation: born between 1982–?)

“Very often, there is a silence in the family and at school about same sex sexuality and when a young person’s homosexuality is suspected or disclosed s/he suffers from denial, discrimination and abuse. Not surprisingly, living in hostile environments leaves such young people at high-risk of drug abuse, depression and suicide.”²¹¹

In the 21st century younger gay men are “coming out” at an earlier age and forming same sexed relationships sooner than their older counterparts.²¹² Youth is fraught with change; a time where the ego identity is developing and connections to people and social groups are being established. As adolescents, younger gay men have been at risk for multiple social and health problems such as leaving school prior to completion because it is perceived as unsafe, verbal and physical violence, family rejection, homelessness, legal problems, substance misuse, mental health issues, eating disorders and suicidality.^{213 214} They may also engage in higher risk sexual behaviour which puts them at risk for acquiring sexually transmitted infections (STI) and HIV.^{215 216 217 218 219 220 221} These experiences could potentially affect their health as they move forward into young adulthood.

Module Five-Learning Goals

Clinical nurses through participation and reflection will:

- From the literature, identify some of the key health issues affecting younger gay men and the challenges they may be facing;
- Identify nursing’s role in promoting and enhancing younger gay men’s health;
- Identify how younger gay men’s health may have been influenced by the actions of their older and middle-aged cohorts, and;
- Identify how younger gay men can influence and enhance the health of the next generation of gay men.

In Canada, gay youth are reported as being disproportionately homeless, living in poverty, resorting to illegal activities, prostitution and/or engaging in high-risk sex in order to survive.²²² In the recent Canadian Mancount report, 23% of young gay men in Vancouver who are under the age 30 have never been tested for HIV. This suggests that this group needs attention and education to raise awareness in relation to their risk for acquiring HIV/AIDS.²²³ Cumulative results from two US studies (1994-1999), designed to assess the risk for HIV in young gay men between the ages of 13 to 29, indicated that 10% of the participants were HIV positive and 77% were unaware of their infection. ²²⁴

Nursing scholars have identified four areas that nurses need to be cognisant of in order to provide culturally competent care to gay youth: 1) imposing personal values-don't assume heterosexuality, be conscious of homophobia; 2) awareness of and willingness to engage in cross cultural communication-recognizing defensive and isolating behaviour in youth; being open to issues that may affect gay youth; being non-judgemental, addressing confidentiality and using inclusive language; 3) act as a resource and a change agent, and; 4) cross cultural communication skills-acknowledge errors, for example-assuming heterosexuality: acknowledge mistakes and apologize for making assumptions; be nonconfrontational, casual yet caring and open in approach.²²⁵ Again, homophobia and heterosexism appear to play a part in why younger gay men may not be accessing health services. This marginalization and subsequent isolation will influence the health and well-being of these young gay men.

Critical Thinking/Discussion Questions

1. How could you ask a younger male (or any male for that matter) about his sexual identity in a non-gender specific way?
2. What are some of the health issues facing younger gay men?
3. In relation to their health, how are younger gay men benefitting from the social and political actions of their older counterparts?
4. How can nurses influence the delivery of care for younger gay men in the future?

Suggested Role Play Scenario-Younger Gay Men

You are the triage nurse at a busy emergency department on a relatively slow Monday evening. Troy, a “20 something” young man enters the department and approaches you. He is soft spoken, appears well dressed but a bit disheveled and is not making eye contact with you. You can detect the odor of alcohol, although he does not appear to be intoxicated. You also note he has a black eye, some minor abrasions and a cut lip. He states he is “not feeling well” but does not elaborate. You do your initial assessment and triage him as “non-urgent”, register him and direct him to the waiting room. An hour later the department has gotten busy but you look up and see this young man sitting in chairs, feet and legs pulled up, head down and he appears to be quietly sobbing. You have a moment so you approach him to find out what is happening. He is obviously emotional and doesn’t want to talk about it. You usher him into a treatment room where you discover he has recently been kicked out of his parents home because they found out he was gay and has been living on the streets for the past 6 days. However, he has been staying with a man he met at a bar 3 days ago.

Have the learners' role play this situation to determine their approaches and priorities;

- Considering the situation what would be the nurses priority in terms of Troy's situation;
- How can the nurse communicate to Troy in a gender neutral manner that it is his health and well-being that is important right now, not necessarily his sexuality;
- What are the priorities in relation to Troy's immediate health and well-being;
- What other issues should be addressed/explored;
- What other resources/supports might Troy need?

Suggested Readings
Bakker, L. J., & Cavender, A. (2003). Promoting culturally competent care for gay youth. <i>Journal of School Nursing (Allen Press Publishing Services Inc.)</i> , 19(2), 65-72.
Boxer, A., & Cohler, B. (1989). The life course of gay and lesbian youth: an immodest proposal for the study of lives. <i>Journal of homosexuality, Vol. 17, (3)</i> pp 315- 355.
Garofalo, R., & Bush, S. (2008). Addressing LGBTQ youth in a clinical setting. In Makadon, H (Eds.) <i>The fenway guide to lesbian, gay, bisexual, and transgender health</i> (pp. 75-99). Philadelphia: American College of Physicians.
Hunter, J., Cohall, A., Mallon, G., Moyer, M., & Riddel, J. (2006). Health care delivery and public health related to LGBT youth and young adults. In <i>The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service</i> (pp. 221-245). New York: Harrington Park Press.

Suggested On-Line Activities
It Gets Better http://www.itgetsbetter.org/
Gay Bullying http://www.youtube.com/watch?v=IV4dgLuQq74

Additional Readings/Resources
McDaniel, J., Purcelli, D., & D'Augelli (2001) The relationship between sexual orientation and risk for suicide: research findings and future directions for research and prevention. Retrieved on June 1, 2001 from http://www.hhdev.psu.edu/HDFS/faculty/pubs/daugelliSuic%20and%20LT%20Beh%20McDaniels-1.pdf
King, M., Semlyen, J., Tai, S., Killaspy, M., Osborn, M., Popelyuk, M., & Nazareth, I. (2008) A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. Retrieved on June 14, 2011 from http://www.ncbi.nlm.nih.gov.ezproxy.library.uvic.ca/pmc/articles/PMC2533652/

Appendix 1: Timeline of LGBT rights in Canada³

<p>1965: Everett Klippert was arrested. He acknowledged to the police that he has been gay for 24 years and is unlikely to change. Two years later, he was sentenced to an indefinitely long term in prison as a "<i>dangerous sex offender</i>."</p>
<p>1967: Reviewing Klippert's case, the <i>Supreme Court of Canada</i> upheld a lower court ruling which suggested life imprisonment as the maximum penalty for homosexual behavior.</p>
<p>1967: Within a few weeks of the Court's decision, Attorney General Pierre Trudeau introduced bill C-150 to Parliament to liberalize the <i>Canadian Criminal Code</i>. One aim of the amendments was to decriminalize homosexual behavior between adults. He commented:</p> <p>"It's bringing the laws of the land up to contemporary society I think. Take this thing on homosexuality. I think the view we take here is that there's no place for the state in the bedrooms of the nation. I think that what's done in private between adults doesn't concern the Criminal Code. When it becomes public this is a different matter, or when it relates to minors this is a different matter."</p> <p>The "<i>bedrooms of the nation</i>" expression was actually borrowed from an editorial in the <i>Globe and Mail</i> newspaper by Martin O'Malley, dated 1967-DEC-12</p>
<p>1968: Trudeau's amendments to the Criminal Code become law.</p>
<p>1969-MAY-14: C-150 was signed into law. Any consensual sexual activity by a maximum of two adults was decriminalized.</p>
<p>1971: Everett Klippert was released from prison.</p>
<p>1977: Quebec became the first province in Canada to include sexual orientation in its Human Rights Act. Discrimination against heterosexuals, homosexuals and bisexuals was prohibited.</p>
<p>1978: The <i>Canadian Immigration Act</i> was altered so that it no longer prohibited homosexuals from immigrating into the country.</p>
<p>1979: The <i>Canadian Human Rights Commission</i> recommended that "<i>sexual orientation</i>" be added to the <i>Canadian Human Rights Act</i>.</p>

³ [Religioustolerance.org](http://www.religioustolerance.org/hom_marb15a.htm) (2011) Retrieved on June 2, 2011 from http://www.religioustolerance.org/hom_marb15a.htm

1980: Pat Carney introduces a bill to Parliament to prohibit discrimination against homosexuals, bisexuals and homosexuals by adding “*sexual orientation*” to the *Canadian Human Rights Act*. It failed to pass. Svend Robinson introduced similar bills in 1983, 1985, 1986, 1989, and 1991. None succeeded.

1981: First cases of AIDS begin to appear. *Toronto City Council* called on the Ontario government to amend the *Ontario Human Rights Code* to include sexual orientation as a prohibited ground of discrimination.

1981-FEB-6: Canada’s “Stonewall:” About 3,000 people marched in Toronto to protest the arrest of more than 300 men at four gay bath houses on the previous night.

1982: The *Canadian Charter of Rights and Freedoms*, Canada’s constitution, was approved. It defined many protected classes based on race, sex, religion, etc. However, sexual orientation was not initially included.

1986: The *Ontario Human Rights Code* was amended to include sexual orientation as a protected class. Ontario is the most populous province in Canada. It was the second province to do so.

1987: Manitoba became the third province to add sexual orientation to its human rights code.

1988: Svend Robinson became the first Member of Parliament to reveal that he is gay. He was re-elected in 2000.

1989: The *Canadian Human Rights Commission* ruled that same-sex couples, and their children if any, should be considered families.

1991: Delwin Vriend was fired by *King’s University College* in Edmonton, AB, because his sexual orientation was regarded as incompatible with the religious beliefs of the *Christian Reformed Church* who owned and operated the school. He taught chemistry as a lab instructor. It is not clear how his sexual orientation interacted with his teaching. He sued the government of Alberta.

1992: The military lifted its previous ban of promotions, postings and career training for homosexuals, as a result of a lawsuit initiated by Captain Joshua Birch and others. ³

1992: New Brunswick and British Columbia made sexual orientation a protected classification.

1993: Saskatchewan made sexual orientation a protected class.

<p>1993: The <i>Supreme Court of Canada</i> ruled that it was not discrimination to deny bereavement leave to a partner in a same-sex relationship.</p>
<p>1995: The Province of Ontario extended family benefits to its gay and lesbian employees in same-sex relationships.</p>
<p>1995: The <i>Supreme Court of Canada</i> ruled in <i>Egan v. Canada</i> that the term "sexual orientation" was to be "read in" to Section 15 of the <i>Canadian Charter of Rights and Freedoms</i>. This is the section that deals with equality rights.</p>
<p>1995: An Ontario Court judge ruled that same-sex couples must be allowed to bring joint applications for adoption.</p>
<p>1996: Bill C-33 passed Parliament. The term "sexual orientation" was added to the <i>Federal Human Rights Act</i> as a protected class.</p>
<p>1997: Newfoundland added sexual orientation to its human rights legislation.</p>
<p>1998: Vriend's case was decided by the Supreme Court of Canada. In a unanimous decision, the court orders that the <i>Alberta Individual Rights Protection Act</i> (now called the <i>Human Rights, Citizenship and Multiculturalism Act</i>) is to be interpreted as including protection of homosexuals.</p>
<p>1998: Prince Edward Island's human rights legislation was changed to include sexual orientation -- the last province to do so. Seven years later, they were to become the last province to allow same-sex couples to marry.</p>
<p>1999: The <i>Ontario Legislature</i> passed Bill 5. This outlawed discrimination in the province against same-sex couples. They are now treated in the same way as heterosexual common-law couples.</p>
<p>1999: The <i>House of Commons</i> overwhelmingly passed a resolution -- 216 to 55 -- to define marriage as a union of one man and one woman.</p>
<p>1999: In the "<i>M v. H</i>" case, the <i>Supreme Court of Canada</i> ruled that same-sex couples were to have the same rights as opposite-sex unmarried common-law couples. This includes the right to alimony. Responding to this case, the Ontario Legislature introduced Bill 5 to alter more than 50 provincial laws.</p>
<p>2000: The government of Alberta passed Bill 202 which states that the province will use the notwithstanding clause to refuse marriage to same-sex couples in the event a court decides in favor of SSM. The bill is meaningless, because only the federal government, not the provincial and territorial governments, defines who may marry. However, it probably made a large percentage of the voters in Alberta happy.</p>

2000-DEC-20: A long-term running battle between the *Little Sisters Book & Art Emporium* in Vancouver, BC, and *Canada Customs* came to a sudden end. For years, Customs had confiscated erotic and informational GLBT literature at the border while allowing erotic heterosexual material to be imported into Canada. The *Supreme Court of Canada* declared the enabling law under which Customs operated to be unconstitutional.

2001-JAN-14: Two same-sex couples were married in a church service in Toronto. They could not obtain a marriage license, and so went through the ancient ritual of the reading of the bans. The Ontario government refused to register their marriages. However, two and a half years later, on 2003-JUN-10, the Ontario Court of Appeal retroactively recognized the marriages, thus making them the first same-sex couples in the world -- at least in recent centuries -- to be legally married.

2002: Marc Hall won a lawsuit against *Monsignor John Pereyma Catholic High School* in Oshawa, ON. The school had prohibited him from bringing his boyfriend to the school dance.

2002: The *Ontario Superior Court* ruled unanimously that restricting marriage to one man and one woman is unconstitutional. The court gave the Ontario and Federal governments 24 months to change their legislation to allow same-sex couples to marry. The Ontario government decided against appealing the ruling. The federal government released a public opinion poll indicating that most Canadian adults favor allowing the marriage of same-sex couples. Three days later, the federal government started the process of appealing the ruling to the *Ontario Court of Appeals*.

2002: In November, an Ekos poll found that 45% of Canadians favored Same Sex Marriage (SSM).

2003-JUN-10: The *Ontario Court of Appeal* unanimously ordered the Ontario government to issue marriage licenses to same-sex adult couples, and to register their marriages. Michael Stark and Michael Leshner made North American history by obtaining a marriage license and being married a few hours later.

2003-JUN-17: The Federal Government threw in the towel. They felt that they had to recognize the unanimous decisions of three senior provincial courts legalizing SSM. At a caucus meeting, the Liberal party decided to not appeal the decisions of the Ontario and British Columbia appeal courts to the *Supreme Court of Canada*. Rather, it decided to introduce legislation to Parliament which will legalize SSM across the country.

2003-JUL-08: The *British Columbia Court of Appeal* unanimously ordered the British Columbia government to immediately sell marriage licenses to same-sex adult couples, and to register their marriages.

2003-AUG-14: The *United Church of Canada* voted overwhelmingly to endorse SSM at their general council meeting in Wolfville, NS.

<p>2003-SEP-09: A gay-positive group initiated a class-action suit against the federal government on behalf of same-sex couples who were denied <i>Canada Pension Plan</i> benefits when one partner died before 1998. They won the case.</p>
<p>2003-SEP-16: A motion by the conservative <i>Alliance Party</i> in Parliament was defeated. It would have declared that marriage in Canada was restricted to a union of one man and one woman. It would have required Parliament to invoke the notwithstanding clause. That would have over-ridden the <i>Canadian Charter of Rights and Freedoms</i> to deprive same-sex couples of the right to marry.</p>
<p>2003-SEP-17: Bill C-250 was passed. It added sexual orientation to the existing list of four protected classes in Canada's hate propaganda legislation. Hate speech against persons on the basis of their sexual orientation is now a criminal offense. Exceptions are made in the law for religious hate speech. All Canadians are protected by the law: heterosexuals, homosexuals and bisexuals.</p>
<p>2004-JUN: A lesbian couple filed the first same-sex divorce petition after their one-year-old marriage broke down.</p>
<p>2004-DEC-08: The Supreme Court of Canada handed down a 19 page ruling on the Federal Government's "<i>Proposal for an Act respecting certain aspects of legal capacity for marriage for civil purposes.</i>" -- commonly referred to as its "<i>reference.</i>" It involved four questions concerning same-sex marriage. The court's decisions were unanimous. It determined that the Federal Government has the sole right to determine who may marry in Canada, that the proposed federal SSM legislation was constitutional, and that churches and other religious institutions can freely discriminate against same-sex couples in marriage. Unfortunately, it refused to rule on whether the <i>Canadian Charter of Rights and Freedoms</i> requires SSM.</p>
<p>2005-FEB-01: Bill C-38, which would make SSM available across Canada, was introduced to parliament.</p>
<p>2005-MAY-04: The <i>House of Commons</i> voted in favor of C-38 at the second reading stage -- approval in principle -- by a vote of 163 to 138.</p>
<p>2005-MAY-09: The governing body of the Anglican Church of Canada decided to delay its decision on SSM until 2007.</p>
<p>2005-JUN-28: The <i>House</i> passed the bill by a vote of 158 to 133.</p>
<p>2005-JUL-19: The <i>Senate</i> passed the bill by a vote of 47 to 21 with three abstentions.</p>

2005-JUL-20: Bill C-38, which theoretically made same-sex marriages available across Canada was signed into law by the Chief Justice of the *Supreme Court of Canada*. Normally, this action is taken by the Governor General. However, she was incapacitated by a medical problem. Same-sex couples anywhere in Canada could theoretically be married.

2005-JUL-22: The Prince Edward Island government decided to not make marriage licenses available to its same-sex couples, in violation of federal law. Alone among the provinces and territories, they decided that they first had to pass enabling legislation.

2005-AUG-19: Dr. Chris Zarow and Constance Majeau, a same-sex couple from California, successfully petitioned the government of Prince Edward Island to allow them to marry. They received a marriage license on the morning of AUG-19 and were married that afternoon. *For the first time in history, any qualifying couple, whether same-sex or opposite-sex, could obtain a marriage license in any province or territory in Canada, marry, and have their status registered.*

Week of 2006-DEC-03: The Conservative Government announced that it was planning to introduce a motion to Parliament asking whether the Members of Parliament wish to have legislation introduced to prevent loving, committed same-sex couples from marrying in the future. It failed.

2007-JUN-18: The *Anglican Church of Canada* held its 38th General Synod. the theme was: "*Draw the circle wide; draw it wider still.*" They came very close to authorizing resolution A186, which would authorize: "... the blessing of committed same-sex unions." The clergy voted in favor; the laity voted in favor; the bishops voted against by a heartbreaking 21 to 19. Since all three orders had to approve the resolution, it did not pass. The next chance is in 2010.

2009-SEP-19: The *Queer Hall of Fame* was opened Vancouver's Qmunity -- B.C.'s queer resource centre. Five persons active in GLBT rights in Canada were inducted.

Appendix 2: Glossary ^{4 5}

Ageism: a stereotypic and negative perception of ageing and older adults in society. It can include any attitude, action, or institutional structure that subordinates an individual or group on the basis of age.

Ally: a heterosexual person who supports and celebrates LGTB identities, interrupts and challenges LGBT-phobic and heterosexist remarks and actions of others, and willingly explores these biases within her/himself.

Bisexual: an individual who is attracted to, and may form sexual and romantic relationships with both women and men. A bisexual may feel equally attracted to either sex, or may experience stronger attractions to one sex while still having feelings for the other.

Closeted: being “closeted” or “in the closet” refers to not disclosing one’s sexual orientation or gender identity; it is a metaphor usually associated with not being able to tell others that one is lesbian, gay, bisexual, or transgender.

Coming Out: “coming out” or “coming out of the closet”, is the process of becoming aware of one’s homosexual or bisexual orientation, or one’s transgender identity, accepting it and telling others about it. This is an ongoing process that may not include everybody in all aspects of one’s life. “Coming out” usually occurs in stages and is a non-linear process. An individual may be “out” in only some situations or to certain family members or associates and not others. Some may never “come out” to anyone beside themselves.

Discrimination: dealing with people based on prejudicial attitudes and beliefs rather than the basis of individual characteristics and merits. While prejudice is a state of mind, discrimination refers to specific actions.

Disparity: lack of similarity or equality; inequality; difference: a disparity in age; disparity in rank.

Fag/Faggot: a gay man. It can be used as an insult or reclaimed as a positive term.

Family of Choice: people forming an individual’s social support network and often fulfilling the functions of blood relations. Many LGTB people are rejected when their families learn of their sexual orientation/gender identity, or they may remain “closeted” to their biological relatives. In such cases, it is their partner/significant other and close friends who form their social/support system and who will be called upon in times of crisis.

⁴ Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

⁵ Dictionary. com (2011) Retrieved on June 2, 2011 from <http://dictionary.reference.com/>

Family of Origin: the biological family or the family in which one was raised. These individuals may or may not be part of a person's support system.

Gay: a person who forms sexual and affectionate relationships with those of the same gender; often used to refer to men only.

Gender Identity: one's internal and psychological sense of oneself as male or female, both or neither (regardless of sexual orientation)

Gender Roles: the socially constructed and culturally specific behaviours and expectations imposed on women (femininity) and men (masculinity). Society uses gender roles to differentiate females from males.

Heterosexism: the assumption that everyone is, or should be, heterosexual and that heterosexuality is inherently superior to and preferable to homosexuality or bisexuality; heterosexism also refers to organizational discrimination against non-heterosexuals or behaviours not stereotypically heterosexual.

Heterosexual: an individual (female or male) who forms sexual and romantic relationships with members of the other gender; also referred to as "straight"; a term people apply to themselves because they feel it represents their basic sexual orientation, even though they may occasionally experience attraction to people of their own gender.

Homophobia: the irrational fear or hatred of, aversion to, and discrimination against, homosexuals or homosexual behaviour. There are many levels and forms of homophobia, including cultural/institutional homophobia, interpersonal homophobia, and internalized homophobia. Many of the problems faced by lesbian, gay, bisexual and transgender people stem from homophobia and heterosexism.

Homosexual: a person who has emotional, romantic and sexual attractions predominantly to the same gender; because this term is associated historically with a medical model of homosexuality, most homosexuals prefer the terms lesbian, gay or queer.

Inequity: lack of equity; unfairness; favouritism or bias. an unfair circumstance or proceeding.

Internalized Homophobia: the experience of shame, guilt, or self-hatred in reaction to one's own feelings of sexual attraction for a person of the same gender.

LGBT: abbreviated term used to refer to lesbian, gay, transgender and bisexual people. Also interchangeable with GLBT, LGTB, etc.

Marginalized: to place in a position of marginal importance, influence, or power

Out: to be open about one's sexual orientation or transgender identity.

Prejudice: the pre-judgement of a person or group in the absence of valid information about them.

Privilege: refers to the positions of power and authority that people from the dominant cultures hold over minority cultures as a result of being white, male, upper middle- class, heterosexual, etc.

Queer: broad term rapidly becoming more wide-spread in use by LGTB communities. One reason it has gained in popularity is because of its inclusiveness. “Queer” usually refers to the complete range of non-heterosexual people and provides a convenient shorthand for lesbian, gay, transgender, bisexual.

Sexual Orientation: refers to a person’s deep-seated feelings of sexual attraction. It includes whom an individual desires sexually, with whom they want to become intimate, and with whom they want to form some of their strongest emotional relationships. The inclination or capacity to develop these intimate sexual and emotional bonds may be with people of the same gender (lesbian, gay), the other gender (heterosexual) or either gender (bisexual). Many people become aware of these feelings during adolescence or even earlier. Some do not realize or acknowledge their attractions (especially same-sex attractions) until much later in life. Orientation is not the same as behaviour since not everyone acts on his or her attractions. It is also important to note that one’s gender identity is totally independent of one’s sexual orientation.

Sexual Preference: refers to whom one prefers to have sexual and romantic relationships with (homosexual, bisexual, heterosexual). It is sometimes used interchangeably with “sexual orientation”, but *considered by many to be inaccurate (or even insulting)* because the word “preference” implies choice, whereas the term “orientation” implies that a person is born heterosexual, homosexual or bisexual.

Stereotype: a fixed image that attributes certain characteristics or habits to a specific group distinguished from others based on race, ethnicity, language, gender, country of origin, sexual orientation, abilities, or age.

Straight: is commonly used to refer to people who are emotionally and physically attracted to the opposite sex. This is a slang term for heterosexual. Some people don’t like the word straight as it implies that anything else is ‘crooked’.

Transgender: a transgender person is someone whose gender identity or expression differs from conventional expectations of masculinity or femininity. Transgender is also a broad term used to describe the continuum of individuals whose gender identity and expression, to varying degrees, does not correspond with their genetic or physical gender, or does not conform to society’s assigned gender roles and expectations.

Module Two Handout: Overview of Gay Men's Health

In addition to this handout, you may consider having the students review the handouts from the subsequent modules. This will allow the students to develop a deeper understanding/appreciation of what they have learned.

Individually, or as a group, ask the students to describe the health challenges each cohort of gay men may face.

Cohort	Health Challenges
Older/Ageing:	
Middle-aged:	
Younger:	

How can an understanding of gay culture enhance clinical nurse's practice with gay men?

Module Three Handout: Older/Ageing Gay Men

What is the first thing that comes to mind when you hear the phrase “older/ageing gay men’s health”?

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HIV/AIDS is the most important health issue affecting gay men of all ages? T F N/S

Gay men over 60 are not sexually active? T F N/S

Homosexuality, at one point in history, was illegal in Canada? T F N/S

Define the following terms using your own language.

Term	Definition/Understanding
Ageism:	
Discrimination:	
Inequity:	
Marginalization:	
Stigmatization:	

Module Four Handout: Middle-aged Gay Men

Middle-aged gay men are at the highest risk for acquiring HIV/AIDS.	T	F	N/S
It is legal for same sex couples to marry in Canada.	T	F	N/S
Sexual orientation is a protected human right in Canada.	T	F	N/S
Organizations which promote gay rights are not necessary.	T	F	N/S
Middle-aged gay men's health issues are no different than their heterosexual contemporaries.	T	F	N/S

How do the following terms relate to middle-aged gay men's health?

Term	Definition/Understanding
Survivors Guilt:	
Post Traumatic:	
Gay rights:	

Module Five Handout: Younger Gay Men

HIV/AIDS is a “non issue” for gay men under 30. T F N/S

Sexual health is a major concern for younger gay men. T F N/S

Young gay men have a higher incidence of substance abuse, suicidality and homelessness than their heterosexual contemporaries. T F N/S

Based on your own thoughts and experiences what are some of the key health concerns of younger gay men?

How can nursing promote and enhance the health of younger gay men?

Endnotes

Module One: Introduction to gay men's health

¹ Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

² Ryan, B. & Chervin, M. (2000).Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

³ Banks, C., (2003).The cost of homophobia: human impact of homophobia on Canada. – University Institute for social research, Retrieved on March 5, 2011 from <http://www.womensweb.ca/files/pdf/homophobia.pdf>

⁴ Kinsey, A. C., Pomeroy, W. R., & Martin, C. E. (2003). Sexual behavior in the human male. *American Journal of Public Health*, 93(6), 894-898.

⁵ Statistics Canada (2003). Canadian Community Health Survey. Retrieved on March 5, 2011 from <http://www.statcan.ca/Daily/English/040615/d040615b.htm>

⁶ Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). Introduction. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.1-31). New York: Oxford University Press.

⁷ Ibid

⁸ Brass, P. (2006). Pioneers: The gay men's health project clinic. *White Crane*, (69), 28-31.

⁹ Ryan, B. & Chervin, M. (2000).Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

¹⁰ Brass, P. (2006). Pioneers: The gay men's health project clinic. *White Crane*, (69), 28-31.

¹¹ Ryan, B. & Chervin, M. (2000).Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

¹² Canadian AIDS Treatment Information Exchange (2011). Retrieved on April 3, 2011 from <http://www.catie.ca/eng/Home.shtml>

¹³ Ibid

¹⁴ Brass, P. (2006). Pioneers: The gay men's health project clinic. *White Crane*, (69), 28-31.

¹⁵ Sepkowitz, K. A. (2001). AIDS--the first 20 years. *The New England Journal of Medicine*, 344(23), 1764-1772.

¹⁶ About AIDS (2011). Retrieved August 18, 2007 from <http://library.thinkquest.org/03oct/01335/>

¹⁷ Sepkowitz, K. A. (2001). AIDS--the first 20 years. *The New England Journal of Medicine*, 344(23), 1764-1772.

¹⁸ Ibid

¹⁹ Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on February 2, 2010 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf

²⁰ Sepkowitz, K. A. (2001). AIDS--the first 20 years. *The New England Journal of Medicine*, 344(23), 1764-1772.

²¹ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.

²² Sepkowitz, K. A. (2001). AIDS--the first 20 years. *The New England Journal of Medicine*, 344(23), 1764-1772.

²³ Montagnier, L. (2002). Historical essay. A history of HIV discovery. *Science (New York, N.Y.)*, 298(5599), 1727-1728.

²⁴ Sepkowitz, K. A. (2001). AIDS--the first 20 years. *The New England Journal of Medicine*, 344(23), 1764-1772.

²⁵ Public Health Agency of Canada (2009) *HIV and AIDS in Canada; Surveillance Report to December 31, 2009*. Retrieved on May 15, 2011 from <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf>

²⁶ Ibid

²⁷ British Columbia Centre for Disease Control (2009). Annual supplement report: HIV/AIDS. Retrieved on May 14 from http://www.bccdc.ca/NR/rdonlyres/A8CE7DC6-EBD3-4E90-91450B9367C8B35/0/STI_HIVReport_HIVAIDSUpdate2009_20110401.pdf

²⁸ Canadian Association of Nurses in AIDS Care (2011). Retrieved on April 20, 2011 from <http://www.canac.org/english/WELCOME.htm>

-
- ²⁹ Association of Nurses in AIDS Care (2011). Retrieved on April 20, 2011 from <http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=1>
- ³⁰ Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- ³¹ Dootson, L. G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum*, 35(3), 13-20.
- ³² Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf
- ³³ Gee, R. (2006). Primary care health issues among men who have sex with men. *Journal of the American Academy of Nurse Practitioners*, 18(4), 144-153.
- ³⁴ Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.
- ³⁵ Rön Dahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392, and;
- Rön Dahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152.
- Rön Dahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.
- ³⁶ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ³⁷ Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'homophobia is killing us'. *Critical Public Health*, 18(1), 87-96.
- ³⁸ Banks, C., (2003).The cost of homophobia: human impact of homophobia on Canada. Community – University Institute for social research, Retrieved on March 5, 2011 <http://www.womensweb.ca/files/pdf/homophobia.pdf>
- ³⁹ Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). The impact of coming out on health and health care access: The experiences of gay, lesbian, bisexual and two-spirit people. *Journal of Health & Social Policy*, 15(1), 1, and;
- Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.

-
- ⁴⁰ Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- ⁴¹ Christensen, M. (2005). Homophobia in nursing: a concept analysis. *Nursing Forum*, 40(2), 60-71.
- ⁴² Dootson, L. G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum*, 35(3), 13-20.
- ⁴³ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf
- ⁴⁴ Fell, G., Mattiske, J., & Riggs, D. (2008). Challenging heteronormativity in psychological practice with lesbian, gay and bisexual clients. *Gay & Lesbian Issues & Psychology Review*, 4(2), 127-140.
- ⁴⁵ Gay & Lesbian Medical Association (2001) Healthy people 2010: companion document for lesbian, gay, bisexual and transgender (LGBT) health. Retrieved on January 4, 2011 from http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf, and;
- Gay & Lesbian Medical Association (2006) *Guidelines for care of lesbian, gay, bisexual, and transgender patients*. Retrieved on January 4, 2011 from <http://glma.org/document/docWindow.cfm?fuseaction=document.viewDocument&documentid=16&documentFormatId=25>
- ⁴⁶ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ⁴⁷ Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on March 5, 2011 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf
- ⁴⁸ Klitzman, R. L., & Greenberg, J. D. (2002). Patterns of communication between gay and lesbian patients and their health care providers. *Journal of Homosexuality*, 42(4), 65.
- ⁴⁹ Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.
- ⁵⁰ Rön Dahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392;

Röndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;

Röndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

⁵¹ Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/raming.pdf>

⁵² Rye, B. J., & Meaney, G. J. (2010). Measuring homonegativity: A psychometric analysis. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement*, 42(3), 158-167.

⁵³ Tate, F. B., & Longo, D. A. (2004). Homophobia: A challenge for psychosocial nursing. *Journal of Psychosocial Nursing & Mental Health Services*, 42(8), 26.

⁵⁴ Welles, S. L. (2007). Why LGBT health research, why now. *Journal of LGBT Health Research*, 3(1), 1-5.

⁵⁵ Fell, G., Mattiske, J., & Riggs, D. (2008). Challenging heteronormativity in psychological practice with lesbian, gay and bisexual clients. *Gay & Lesbian Issues & Psychology Review*, 4(2), 127-140.

⁵⁶ Batcup, D., & Thomas, B. (1994). Mixing the genders, an ethical dilemma: How nursing theory has dealt with sexuality and gender. *Nursing Ethics*, 1(1), 43-52.

⁵⁷ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008

⁵⁸ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.

⁵⁹ Batcup, D., & Thomas, B. (1994). Mixing the genders, an ethical dilemma: How nursing theory has dealt with sexuality and gender. *Nursing Ethics*, 1(1), 43-52.

⁶⁰ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.

⁶¹ Ibid

⁶² Batcup, D., & Thomas, B. (1994). Mixing the genders, an ethical dilemma: How nursing theory has dealt with sexuality and gender. *Nursing Ethics*, 1(1), 43-52.

-
- ⁶³ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ⁶⁴ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008.
- ⁶⁵ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ⁶⁶ Batcup, D., & Thomas, B. (1994). Mixing the genders, an ethical dilemma: How nursing theory has dealt with sexuality and gender. *Nursing Ethics*, 1(1), 43-52.
- ⁶⁷ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ⁶⁸ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008
- ⁶⁹ Oxford Dictionary (2011) Retrieved on May 21, 2011 from <http://www.oed.com.ezproxy.library.uvic.ca/view/Entry/114561?redirectedFrom=masculine#eid>
- ⁷⁰ Fagenson, E. A. (1990). Perceived masculine and feminine attributes examined as a function of individuals' sex and level in the organizational power hierarchy: A test of four theoretical perspectives. *Journal of Applied Psychology*, 75(2), 204-211
- ⁷¹ Oxford Dictionary (2011) Retrieved on May 21, 2011 from <http://www.oed.com.ezproxy.library.uvic.ca/view/Entry/114561?redirectedFrom=masculine#eid>
- ⁷² Fagenson, E. A. (1990). Perceived masculine and feminine attributes examined as a function of individuals' sex and level in the organizational power hierarchy: A test of four theoretical perspectives. *Journal of Applied Psychology*, 75(2), 204-211
- ⁷³ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ⁷⁴ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008
- ⁷⁵ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

-
- ⁷⁶ Fagenson, E. A. (1990). Perceived masculine and feminine attributes examined as a function of individuals' sex and level in the organizational power hierarchy: A test of four theoretical perspectives. *Journal of Applied Psychology*, 75(2), 204-211
- ⁷⁷ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008
- ⁷⁸ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ⁷⁹ Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on March 5, 2011 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf
- ⁸⁰ Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'homophobia is killing us'. *Critical Public Health*, 18(1), 87-96.
- ⁸¹ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf
- ⁸² Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ⁸³ Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on March 5, 2011 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf
- ⁸⁴ Peate, I. (2006). Caring for gay men I: Specific health needs. *Practice Nursing*, 17(2), 64-68.
- ⁸⁵ Rön Dahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;
- Rön Dahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.
- ⁸⁶ Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>
- ⁸⁷ Ibid
- ⁸⁸ Christensen, M. (2005). Homophobia in nursing: a concept analysis. *Nursing Forum*, 40(2), 60-71.

-
- ⁸⁹ Rye, B. J., & Meaney, G. J. (2010). Measuring homonegativity: A psychometric analysis. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement*, 42(3), 158-167.
- ⁹⁰ Christensen, M. (2005). Homophobia in nursing: a concept analysis. *Nursing Forum*, 40(2), 60-71.
- ⁹¹ Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'homophobia is killing us'. *Critical Public Health*, 18(1), 87-96.
- ⁹² Bakker, L. J., & Cavender, A. (2003). Promoting culturally competent care for gay youth. *Journal of School Nursing (Allen Press Publishing Services Inc.)*, 19(2), 65-72.
- ⁹³ Banks, C., (2003). The cost of homophobia: human impact of homophobia on Canada. Community – University Institute for social research, Retrieved on March 5, 2011 from <http://www.womensweb.ca/files/pdf/homophobia.pdf>
- ⁹⁴ Blackwell, C. W. (2008). Registered nurses' attitudes toward the protection of gays and lesbians in the workplace. *Journal of Transcultural Nursing*, 19(4), 347-353.
- ⁹⁵ Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). The impact of coming out on health and health care access: The experiences of gay, lesbian, bisexual and two-spirit people. *Journal of Health & Social Policy*, 15(1), 1.
- ⁹⁶ Dootson, L. G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum*, 35(3), 13-20.
- ⁹⁷ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ⁹⁸ Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on March 5, 2011 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf
- ⁹⁹ Lipton, B. (2004). Gay men living with non-HIV chronic illnesses. *Journal of Gay & Lesbian Social Services*, 17(2), 1-23.
- ¹⁰⁰ Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.
- ¹⁰¹ Røndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;

Röndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

¹⁰² Tate, F. B., & Longo, D. A. (2004). Homophobia: A challenge for psychosocial nursing. *Journal of Psychosocial Nursing & Mental Health Services*, 42(8), 26.

¹⁰³ Rosser, B. R. S., Bockting, W. O., Ross, M. W., Miner, M. H., & Coleman, E. (2008). The relationship between homosexuality, internalized homo-negativity, and mental health in men who have sex with men. *Journal of Homosexuality*, 55(2), 185-203.

¹⁰⁴ Williamson, I. R. (2000). Internalized homophobia and health issues affecting lesbians and gay men. *Health Education Research*, 15(1), 97-107.

¹⁰⁵ Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.

¹⁰⁶ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.

¹⁰⁷ Röndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152.

¹⁰⁸ Tate, F. B., & Longo, D. A. (2004). Homophobia: A challenge for psychosocial nursing. *Journal of Psychosocial Nursing & Mental Health Services*, 42(8), 26.

¹⁰⁹ Healthy people 2010: companion document for lesbian, gay, bisexual and transgender (LGBT) health Gay & Lesbian Medical Association (2001). Retrieved on January 4, 2011 from http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf

¹¹⁰ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.

¹¹¹ Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

¹¹² Röndahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392.

¹¹³ Ibid

¹¹⁴ Taylor, I., & Robertson, A. (1994). The health needs of gay men: A discussion of the literature and implications for nursing. *Journal of Advanced Nursing*, 20(3), 560-566.

¹¹⁵ Røndahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392.

¹¹⁶ Ibid

¹¹⁷ Ibid

¹¹⁸ Gay & Lesbian Medical Association (2006) *Guidelines for care of lesbian, gay, bisexual, and transgender patients*. Retrieved on January 4, 2011 from <http://glma.org/document/docWindow.cfm?fuseaction=document.viewDocument&documentid=16&documentFormatId=25>

¹¹⁹ Klitzman, R. L., & Greenberg, J. D. (2002). Patterns of communication between gay and lesbian patients and their health care providers. *Journal of Homosexuality*, 42(4), 65.

¹²⁰ Tate, F. B., & Longo, D. A. (2004). Homophobia: A challenge for psychosocial nursing. *Journal of Psychosocial Nursing & Mental Health Services*, 42(8), 26.

¹²¹ Røndahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392;

Røndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;

Røndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

¹²² Corbett, K. (2007). Lesbian women and gay men found that nurses often assumed they were heterosexual, which led to feelings of discomfort and insecurity. *Evidence-Based Nursing*, 10(3), 94-94.

¹²³ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.

¹²⁴ Mattiske, J., Fell, G., & Riggs, D. (2008). Challenging heteronormativity in psychological practice with lesbians, gay and bisexual clients. *Gay and Lesbian Issues and Psychology Review*, 4(2), 127

¹²⁵ Morin, S. F. (1977). Heterosexual bias in psychological research on lesbianism and male homosexuality. *American Psychologist*, 32(8), 629-637.

¹²⁶ Semp, D. (2008). A public silence: the discursive construction of heteronormativity in public mental health services and the implications for clients. *Gay and Lesbian Issues and Psychology Review*, 4(2), 94.

-
- ¹²⁷ Walpin, L. (1997). Graduate student scholarship. combating heterosexism: Implications for nursing. *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*, 11(3), 126-132.
- ¹²⁸ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ¹²⁹ Banks, C., (2003). The cost of homophobia: human impact of homophobia on Canada. Community – University Institute for social research, Retrieved on March 5, 2011 from <http://www.womensweb.ca/files/pdf/homophobia.pdf>
- ¹³⁰ Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). The impact of coming out on health and health care access: The experiences of gay, lesbian, bisexual, and two-spirited people. *Journal of Health and Social Policy*, 15(1), 1-29.
- ¹³¹ Røndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152.
- ¹³² Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- ¹³³ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008
- ¹³⁴ Banks, C., (2003). The cost of homophobia: human impact of homophobia on Canada. Community – University Institute for social research, Retrieved on March 5, 2011 from <http://www.womensweb.ca/files/pdf/homophobia.pdf>
- ¹³⁵ Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- ¹³⁶ Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). The impact of coming out on health and health care access: The experiences of gay, lesbian, bisexual, and two-spirited people. *Journal of Health and Social Policy*, 15(1), 1-29.
- ¹³⁷ Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- ¹³⁸ Røndahl, G., Innala, S., & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392;
- Røndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;

Röndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

¹³⁹ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008

¹⁴⁰ Rye, B. J., & Meaney, G. J. (2010). Measuring homonegativity: A psychometric analysis. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement*, 42(3), 158-167.

¹⁴¹ Ibid

¹⁴² Ibid

¹⁴³ Aguinaldo, J. P. (2008). The social construction of gay oppression as a determinant of gay men's health: 'homophobia is killing us'. *Critical Public Health*, 18(1), 87-96.

¹⁴⁴ Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

¹⁴⁵ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.

¹⁴⁶ Jalbert, Y. (1999).Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on March 5, 2011 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf

¹⁴⁷ Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.

¹⁴⁸ Peate, I. (2006). Caring for gay men I: Specific health needs. *Practice Nursing*, 17(2), 64-68.

¹⁴⁹ Röndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152, and;

Röndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

¹⁵⁰ Canadian Nurse Association (2008). Code of Ethics for Registered Nurses. Retrieved on March 4, 2011 from http://www.cnanurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

¹⁵¹ College of Registered Nurses of British Columbia (2010). Professional Standards for registered nurses and nurse practitioners. Retrieved on March 4, 2011 from <https://crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf>

¹⁵² International Council of Nurses (2006). Code of Ethics for Nurses. Retrieved on January 10, 2011 from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

¹⁵³ College of Registered Nurses of British Columbia (2010). Professional Standards for registered nurses and nurse practitioners. Retrieved on March 4, 2011 from <https://crnbc.ca/Standards/Lists/StandardResources/128ProfessionalStandards.pdf>

¹⁵⁴ Canadian Nurse Association (2008). Code of Ethics for Registered Nurses. Retrieved on March 4, 2011 from http://www.cnanurses.ca/CNA/documents/pdf/publications/Code_of_Ethics_2008_e.pdf

Module Two: Challenges in Providing care to gay men

¹⁵⁵ Rainbow Health: improving access to care (2006). Retrieved on January 5, 2011 from http://www.rainbowhealth.ca/documents/english/Final_Report-July_4_2006.pdf

¹⁵⁶ Powell, D., (2008). *21st Century Gay Culture*. Retrieved on May 15, 2011 from http://sca.as.nyu.edu/docs/10/3693/Dinshaw_TheFemaleHunter.pdf

¹⁵⁷ Madeline Leininger.com (2008) Retrieved on June 5, 2010 from <http://www.madeleine-leininger.com/en/index.shtml>

¹⁵⁸ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

¹⁵⁹ Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

¹⁶⁰ Public Health Agency of Canada (2010). What is the population health approach? Retrieved on February 1, 2010 from <http://www.phac-aspc.gc.ca/ph-sp/approach->

¹⁶¹ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008

¹⁶² Ibid

Module Three: Aging/Older Gay Men

¹⁶³ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

-
- ¹⁶⁴ The National Council on Ageing (2002) Retrieved on May 12, 2011 from <http://www.futureyears.org.uk/uploads/files/OLGMppp.pdf>
- ¹⁶⁵ Appelbaum, J (2008). Late adulthood and aging: clinical approaches. In Makadon, H (Eds.) *The fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 135-156). Philadelphia: American College of Physicians.
- ¹⁶⁶ Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). The impact of coming out on health and health care access: The experiences of gay, lesbian, bisexual, and two-spirited people. *Journal of Health and Social Policy*, 15(1), 1-29.
- ¹⁶⁷ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁶⁸ Brown, L. B., Alley, G. R., Sarosy, S., Quarto, G., & Cook, T. (2001). Gay men: Aging well! *Journal of Gay & Lesbian Social Services*, 13(4), 41-54.
- ¹⁶⁹ Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*, 98(6), 989-995.
- ¹⁷⁰ Healthy people 2010: Gay and lesbian medical association companion document for lesbian, gay, bisexual and transgender (LGBT) health (2001). Retrieved on January 4, 2011 from http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf
- ¹⁷¹ Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing*, 25(1), 70-76.
- ¹⁷² Appelbaum, J (2008). Late adulthood and aging: clinical approaches. In Makadon, H (Eds.) *The fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 135-156). Philadelphia: American College of Physicians.
- ¹⁷³ Ibid
- ¹⁷⁴ Brown, L. B., Alley, G. R., Sarosy, S., Quarto, G., & Cook, T. (2001). Gay men: Aging well! *Journal of Gay & Lesbian Social Services*, 13(4), 41-54.
- ¹⁷⁵ Grossman, A., (2008). The unique experiences of older gay and bisexual men: associations with health and well-being. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.303-326). New York: Oxford University Press.
- ¹⁷⁶ Ibid

-
- ¹⁷⁷ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁷⁸ Grossman, A., (2008). The unique experiences of older gay and bisexual men: associations with health and well-being. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.303-326). New York: Oxford University Press.
- ¹⁷⁹ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁸⁰ Brown, L. B., Alley, G. R., Sarosy, S., Quarto, G., & Cook, T. (2001). Gay men: Aging well! *Journal of Gay & Lesbian Social Services*, 13(4), 41-54.
- ¹⁸¹ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁸² Grossman, A., (2008). The unique experiences of older gay and bisexual men: associations with health and well-being. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.303-326). New York: Oxford University Press.
- ¹⁸³ Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf
- ¹⁸⁴ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁸⁵ Grossman, A., (2008). The unique experiences of older gay and bisexual men: associations with health and well-being. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.303-326). New York: Oxford University Press.
- ¹⁸⁶ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.
- ¹⁸⁷ Meisner, B., & Hynie, M., (2009) Ageism with heterosexism: self-perceptions, identity, and psychological health in older gay and lesbian adults. *Gay & Lesbian Issues and Psychology Review*, Vol. 5, No. 1,

¹⁸⁸ Brown, L. B., Alley, G. R., Sarosy, S., Quarto, G., & Cook, T. (2001). Gay men: Aging well! *Journal of Gay & Lesbian Social Services*, 13(4), 41-54.

¹⁸⁹ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.

¹⁹⁰ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

¹⁹¹ Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D., et al. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist*, 47(4), 490-503.

¹⁹² Appelbaum, J (2008). Late adulthood and aging: clinical approaches. In Makadon, H (Eds.) *The fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 135-156). Philadelphia: American College of Physicians.

Module Four: Middle-aged gay men

¹⁹³ Boxer, A. (1997) Gay, lesbian, and bisexual aging into the twenty-first century: an overview and introduction. *Journal of Gay, Lesbian, and Bisexual Identity*, Vol. 2. (3/4) pp 187-197

¹⁹⁴ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

¹⁹⁵ Kertzner, R.(2001). The adult life course and homosexual identity in midlife gay men. *Annual Review of Sex Research*, 12, 75.

¹⁹⁶ Cox, S., Kellerhouse, B. (2007) Why are so many mid-life gay men getting HIV? *Gay city news*. Retrieved on March 13, 2011 from http://www.smartsextalk.com/PDF/0704_HIV.pdf

¹⁹⁷ Odets, W. (1995). *In the shadow of the epidemic: Being HIV-negative in the age of AIDS*. Durham: Duke University Press.

¹⁹⁸ Odets, W. (1995). *In the shadow of the epidemic: Being HIV-negative in the age of AIDS*. Durham: Duke University Press.

¹⁹⁹ Mancount (2010) Retrieved on March 13, 2011 from http://www.mancount.ca/files/ManCount_Report2010.pdf

²⁰⁰ Cox, S. & Kellerhouse, B. (2007) Why are so many mid-life gay men getting HIV? *Gay city news*. Retrieved on March 13, 2011 from http://www.smartsextalk.com/PDF/0704_HIV.pdf

²⁰¹ Odets, W. (1995). *In the shadow of the epidemic: Being HIV-negative in the age of AIDS*. Durham: Duke University Press.

²⁰² Ferri, R. S. (2004). Issues in gay men's health. *Nursing Clinics of North America*, 39(2), 403-410.

²⁰³ Gee, R. (2006). Primary care health issues among men who have sex with men. *Journal of the American Academy of Nurse Practitioners*, 18(4), 144-153.

²⁰⁴ Lipton, B. (2004). Gay men living with non-HIV chronic illnesses. *Journal of Gay & Lesbian Social Services*, 17(2), 1-23.

²⁰⁵ Gay Culture Education. Retrieved on February 4, 2011 from <http://www.straightgayfacts.com/index.html>

²⁰⁶ Gee, R. (2006). Primary care health issues among men who have sex with men. *Journal of the American Academy of Nurse Practitioners*, 18(4), 144-153.

²⁰⁷ Ferri, R. S. (2004). Issues in gay men's health. *Nursing Clinics of North America*, 39(2), 403-410.

²⁰⁸ Odets, W. (1995). *In the shadow of the epidemic: Being HIV-negative in the age of AIDS*. Durham: Duke University Press.

²⁰⁹ Lipton, B. (2004). Gay men living with non-HIV chronic illnesses. *Journal of Gay & Lesbian Social Services*, 17(2), 1-23.

²¹⁰ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

Module Five: Younger Gay Men

²¹¹ Hillier, L., & Harrison, L. (2004). Homophobia and the production of shame: Young people and same sex attraction. *Culture, Health & Sexuality*, 6(1), 79-94.

²¹² Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). Introduction. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.1-31). New York: Oxford University Press.

²¹³ Hillier, L., & Harrison, L. (2004). Homophobia and the production of shame: Young people and same sex attraction. *Culture, Health & Sexuality*, 6(1), 79-94.

-
- ²¹⁴ McDaniel, J., Purcelli, D., & D'Augelli (2001) The relationship between sexual orientation and risk for suicide: research findings and future directions for research and prevention. Retrieved on June 1, 2001 from <http://www.hhdev.psu.edu/HDFS/faculty/pubs/daugelliSuic%20and%20LT%20Beh%20McDaniels-1.pdf>
- ²¹⁵ Dootson, L. G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum*, 35(3), 13-20.
- ²¹⁶ Dunn, B. (2006). LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf
- ²¹⁷ Gay & Lesbian Medical Association (2006) *Guidelines for care of lesbian, gay, bisexual, and transgender patients*. Retrieved on January 4, 2011 from <http://glma.org/document/docWindow.cfm?fuseaction=document.viewDocument&documentid=16&documentFormatId=25>
- ²¹⁸ Healthy People 2010 (2001). Companion document for lesbian, gay, bisexual and transgender (LGBT) health. Retrieved on July 7, 2010 from http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf
- ²¹⁹ Makadon, H. J. *The fenway guide to lesbian, gay, bisexual, and transgender health*. Philadelphia: American College of Physicians. 2008
- ²²⁰ Remafedi, G., (2008). Health disparities for homosexual youth: the children left behind. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.1-31). New York: Oxford University Press.
- ²²¹ Shankle, M., (2006). *The handbook of lesbian, gay, bisexual, and transgender public health: A practitioner's guide to service*. New York: Harrington Park Press.
- ²²² Ryan, B. (2001). Valuing gay men's lives: Reinvigorating HIV prevention in the context of our health and wellness. [Electronic Version]. Retrieved on January 12 from <http://library.catie.ca/PDF/P7/19191.pdf>
- ²²³ Mancount (2010). Retrieved on March 13, 2011 from http://www.mancount.ca/files/ManCount_Report2010.pdf
- ²²⁴ Remafedi, G., (2008). Health disparities for homosexual youth: the children left behind. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.1-31). New York: Oxford University Press.
- ²²⁵ Bakker, L. J., & Cavender, A. (2003). Promoting culturally competent care for gay youth. *Journal of School Nursing (Allen Press Publishing Services Inc.)*, 19(2), 65-72.

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Afterword: Moving Forward-Reflections on Learning

As this chapter of my educational journey ends, I have been reflecting back on what I have learned, not only in relation to gay men's health but also about myself as a gay man and a nurse. As a young gay man, a young adult and a novice nurse I was on the "front lines" of the HIV/AIDS epidemic as it began to unfold. I saw firsthand the devastation this disease could cause; an experience I am unlikely to forget. From a personal perspective, the early days of the epidemic were fraught with fear: of the unknown, of death, of the next friend announcing they were infected and the fear of attending yet another funeral in the coming months. There were many professional challenges and personal losses, too many to relive in this project.

Professionally, in the mid 1980s, knowledge surrounding HIV/AIDS was in its infancy. New information was being uncovered on a daily basis but the dissemination of this new knowledge was not necessarily keeping the pace. However, what we did know was that this disease was the cause of death for many a gay man; they were dying young and at an alarming rate. HIV/AIDS research was squarely focused on uncovering new information with the intent of stopping the spread of this virus, finding a vaccine to prevent it or ideally finding a cure. The medical, scientific and social scientist's agenda was unified; the dying had to stop. In response, AIDS Service Organizations formed across Canada and North America and education and prevention programs were being developed; the race was on. There were some victories, the spread of the virus slowed for a while but it seemed to ebb and flow. It was not until Highly Active Anti-Retroviral Therapy (HAART) was introduced in 1996 that the dying slowed down; there was real hope on the horizon for the first time.

I feel privileged that I was one of the many nurses who “took on” HIV/AIDS and tried to make a difference in those early days, but it came at a cost. In retrospect, I may have done things differently, but as the old saying goes “no pain, no gain.”

Reflecting back on my career, inclusive of my graduate education there are two scenarios that stand out for me. I have encountered nurses and other medical professionals very knowledgeable about the gay community, gay culture and the health needs of the gay community as a whole. However, these individuals may not have been keeping up to date with the most current information in relation to gay men’s health. Secondly, I have encountered some dynamic individual and groups of enthusiastic nurses who were very knowledgeable about HIV/AIDS, but appeared to have a somewhat naive and stereotypical view of gay men. Reflecting back on these experiences I came to the realization that regardless of the work environment you cannot assume that everyone is up to date and aware of the most current information, even in a very proactive, gay positive environment; we all require support, assistance and direction to keep our practice current. In particular, nurses, as well meaning as they are, may not have supports in place to facilitate the acquisition of new knowledge in relation to gay men’s health. I had, in some instances been passing judgment on clinical nurses whom I felt lacked the general knowledge of gay men’s health. I came to the realization that clinical nurses as a whole were keen to acquire new knowledge but they needed exposure to the information, support, resources and encouragement to access this information therefore expanding their knowledge.

Nurses have acquired knowledge about gay men’s health but it has primarily been framed within the sexual health, HIV/AIDS paradigm. My experiences, both in and out of the academic setting, have reinforced to me that nurses are open to new information, to

feedback and are more than capable of reflecting on how their own worldview may be impacting the care they provide to gay men; what seems to be lacking is leadership.

Nursing, as a profession is in a constant state of flux. As the demands on individual practitioner increases, paradoxically the supports and resources for nurses appear to be dwindling. I asked myself the following questions. Is a curriculum on gay men's health a reasonable, realistic and attainable goal to assist clinical nurses to uncover new knowledge? Will nurse educators accept this challenge, provide leadership, consult, and collaborate with clinical nurses to expand their knowledge of gay men's health, especially in this time of fiscal restraint and increased demands on the individual nurse? I concluded it was.

Based on my past clinical experiences, discourse with classmates and favorable responses from peers and mentors, my plan to construct a curriculum for nurses in relation to gay men's health has reinforced to me that clinical nurses are not only open to identifying what they already know about gay men's health but they appear to be eager to enhance and develop new knowledge. I have come to appreciate that if one offers nurse educators and clinical nurses the opportunity to engage in the tenets of clinical and professional development, they are quick to recognize their knowledge gaps. I believe clinical nurse educators and clinical nurses have the capacity to recognize the positive impact they can have on the health and well-being of gay men if they are provided with the opportunity and the leadership.

My graduate work has provided me with a forum to discuss how gay men's health, inclusive of, but not focused on HIV/AIDS, can be enhanced. By providing the vehicle for clinical nurse educators and clinical nurses to engage with the worldview of gay men, not

focused on HIV/AIDS, at different stages of their life course, provides them with the opportunity to enhance their knowledge of gay men's health. This holds true for me as well, as a gay man who lives in the gay community.

The Canadian Nurses Association (CNA) *Advanced Nursing Practice: a National Framework* (2008) identifies four competencies that distinguish an advanced practice nurse: clinical, research, leadership and consultation and collaboration. I believe, through leadership, this curriculum will bring non-HIV/AIDS health issues of gay men to the forefront of clinical nurses' minds. It presents them with the opportunity to not only identify and expand their knowledge of gay men's health but it also provides them with the opportunity to enhance their clinical practice. It directs them to resources and research information that is useful; information that can be difficult and time consuming to find.

I believe that nurse educators can, through leadership; consultation and collaboration provide support, education and direction for clinical nurses in relation to gay men's health. This knowledge will support the clinical nurse's practice, which in turn will enhance the health and well-being of all gay men, regardless of their age.

Finally, I have come to realize that the rights and privileges that I have taken for granted as a gay man are a direct result of the gay men who came before me. There is no question that HIV/AIDS is, and continues to be a major health concern for gay men. Ongoing support, education and research into HIV/AIDS is necessary, but it is not the only health issue affecting gay men.

References

- Association of Nurses in AIDS Care (2011). Retrieved on April 20, 2011 from <http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=1>
- Banks, C., (2003). The cost of homophobia: human impact of homophobia on Canada. Community – University Institute for social research, Retrieved on March 5, 2011 from <http://www.womensweb.ca/files/pdf/homophobia.pdf>
- Brass, P. (2006). Pioneers: The gay men's health project clinic. *White Crane*, (69), 28-31.
- British Columbia Centre for Disease Control (2009). Annual supplement report: HIV/AIDS. Retrieved on May 14 from http://www.bccdc.ca/NR/rdonlyres/A8CE7DC6-EBD3-4E90-91450B9367C8B35/0/STI_HIVReport_HIVAIDSUpdate2009_20110401.pdf
- Canadian Association of Nurses in AIDS Care (2011). Retrieved on April 20, 2011 from <http://www.canac.org/english/WELCOME.htm>
- Canadian HIV/AIDS Information Centre (2005) *Leading together: Canada takes action on HIV/AIDS, (2005-2010)*. Retrieved on July 23, 2011 from http://www.leadingtogether.ca/pdf/Leading_Together.pdf
- Cant, B. (2005). Exploring the implications for health professionals of men coming out as gay in healthcare settings. *Health and Social Care in the Community*, 14(1), 9-16.
- Chenard, C., (2007). The impact of stigma on the self-care behaviors of HIV-positive gay men striving for normalcy. *Journal of the Association of Nurses in AIDS Care*, 18(3),

Dootson, L. G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum, 35* 23-32.

Dunn, B. (2006).LGBT health matters: an educational & training tool for health and social services sectors. *Canadian Rainbow Health Coalition* [Electronic Version]. Retrieved on January 5, 2011 from http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

Gee, R. (2006). Primary care health issues among men who have sex with men. *Journal of the American Academy of Nurse Practitioners, 18*(4), 144-153.

Elder, G., Kirkpatrick Johnson, M., & Crosnoe, R. (2003). The emergence and development of life course theory (pp. 3-19) Found in *Handbook of the life course*. New York: Kluwer Academic/Plenum Publishers.

Hamric, A., Spross, J. & Jansens, C. (2009). Clinical, professional, and systems leadership In (4th ed.). *Advanced Practice Nursing: An integrated approach* (pp. 249-282). St. Louis, MO: Saunders Elsevier.

Healthy People 2010. Gay and Lesbian Medical Association (2001). Retrieved on February 7, 2010 from http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf

Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing, 25*(1), 70-76.

Jalbert, Y. (1999). Gay Health: current knowledge and future actions. Literature Review [Electronic Version] Retrieved on February 2, 2010 from http://www.cbrc.net/attachments/123_gay_health_eng.pdf

Johnson, S., Romanello, M., (2005). Generational diversity: Teaching and learning approaches. *Nurse Educator*, 30(5), 212-216.

Keating, S. B., Curriculum development and evaluation in nursing. (2011). *Curriculum development and evaluation in nursing* (2nd ed.). New York: Springer Pub. Co.

Kinsey, A. C., Pomeroy, W. R., & Martin, C. E. (2003). Sexual behavior in the human male. *American Journal of Public Health*, 93(6), 894-898.

Klitzman, R. L., & Greenberg, J. D. (2002). Patterns of communication between gay and lesbian patients and their health care providers. *Journal of Homosexuality*, 42(4), 65.

Levy, J. A. (2009). Not an HIV cure, but encouraging new directions. *The New England Journal of Medicine*, 360(7), 724-725.

Life course associates (2011). Retrieved on May 15, 2011 from http://www.lifecourse.com/assets/files/gens_in_history.pdf

Mancount (2010). Retrieved on March 13, 2011 from http://www.mancount.ca/files/ManCount_Report2010.pdf

Project Affirmation, a study conducted by the Coalition for Lesbian and Gay Rights in Ontario (1993-1997). Retrieved on June 12, 2011 from

<http://www.rainbowhealth.ca/documents/english/RHET%20Section%202%20-%20Workshop%20Handouts.pdf>

Public Health Agency of Canada (2009) *HIV and AIDS in Canada; Surveillance Report to December 31, 2009*. Retrieved on May 15, 2011 from <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/2009/dec/pdf/2009-Report-Rapport.pdf>

Röndahl, G., Innala, S. & Carlsson, M. (2004). Nurses' attitudes towards lesbians and gay men. *Journal of Advanced Nursing*, 47(4), 386-392.

Röndahl, G. (2009a). Lesbians' and gay men's narratives about attitudes in nursing. *Scandinavian Journal of Caring Sciences*, 23(1), 146-152.

Röndahl, G. (2009b). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1.

Ryan, B. & Chervin, M. (2000). Framing gay men's health in a population health discourse [Electronic Version] Retrieved on March 5, 2011 from <http://www.avenuecommunitycentre.ca/res/framing.pdf>

Scondras, D. (2007). Is cure possible for HIV? *AIDS Treatment News*, (422), 6-7.

Statistics Canada (2003). Canadian Community Health Survey. Retrieved on March 5, 2011 from <http://www.statcan.ca/Daily/English/040615/d040615b.htm>

The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding (2011). Retrieved on July 20, 2011 from http://www.nap.edu/catalog.php?record_id=13128

Wolitski, R. J., Stall, R., & Valdiserri, R. O. (2008). Introduction. In *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp.1-31). New York: Oxford University Press.

Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, 95(7), 1144-1149.