

Building Communities as a Strategy Towards Gay Men's Health

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Thesis

- In current American culture, the building of healthy communities requires the **building** and **sustaining** of those communities themselves.

Community building as a tool

- Community building as a health strategy seeks to place the individual, in this case the gay individual, within the context of a supportive community that has developed strategies to support and advocate for the individuals within its care. Community building seeks to expand the resources available to an individual by plugging him or her into a wider matrix of resources and support.

What is community building?

- Strengthening of social networks: the connection of individuals to a complicated matrix of support: friends, family, sexual partners, etc. By identifying these social networks, we can strengthen **access** to the resources available to the network as a whole.

What is community building?

- Leadership development: community building requires support and development of those individuals who take on various roles of leadership.
- Opportunities for community service: community organizations provide a location for individuals to participate in the building of the community through various volunteer or paid roles.

What is community building?

- Opportunities for discussion of shared ethos/values/ethics/rituals: community building implies the development of shared understandings for how to operate within the community: how to build relationships, sexual ethics, political commitments.



Community building in Philadelphia



My role in this work in Philadelphia

- From 1991-2001, Director of the SafeGuards Gay Men's Health Project
- Since 2001, consultant working on gay men's health issues for the Philadelphia Department of Public Health and the Philadelphia Foundation.
- Currently, consultant for LGBT Community Assessment in Philadelphia.

The History

- As in many cities in the United States and Canada, an incipient gay health movement in the 1970s had created gay health clinics in major cities of North America. In Philadelphia, this clinic, called Philadelphia Community Health Alternatives, served as a sexually transmitted disease clinic.

The History

- In the early 1980s, this gay health clinic (following a trend in many other cities) became an AIDS Service Organizations in order to respond immediately to the AIDS crisis.

The History

- The “crisis model” in Philadelphia also led to the belief that particular communities and cultures would require responses unique to the needs, practices, beliefs and cultures of the particular community in question. These practices focused not only what sort of health care work gets done, but HOW it gets done. So specific agencies grew up to meet the needs of injection drug users, gay and bisexual men, African Americans, Latinos, etc.

The History

- SafeGuards Project created in 1990 as an HIV prevention organization for gay and bisexual men.
- SafeGuards conducts Men's Survey of over 1,400 gay and bisexual men. Results showed that community needed to explore locus of control, shared sense of ethos, etc. This was the first community research that was completed.

The History

- In 1997, SafeGuards creates new series of programs aimed to address gay men's health more broadly. Programs include:

Programs

- Discussion Groups that brought together a range of gay and bisexual men to discuss their health: to better understand their bodies. These groups were modeled on the work of *Our Bodies, Our Selves* (the feminist model that empowered individuals to understand their health and bodies without depending upon the expertise of doctors, psychotherapists, or other professionals).

Programs

- Gay Men's Health Standard of Care: this document outlines the most up-to-date thinking about gay men's health regarding vaccinations and screenings, nutrition, mental health, exercise, and other areas pertinent to overall gay men's health.

Programs

- Access to gay friendly doctors: a campaign to identify and promote among the community those doctors who were welcoming and aware of the health care issues of gay and bisexual men. These doctors completed a survey that showed their areas of expertise in gay men's health. The surveys were then posted on the web so that gay men could shop around for the best doctor.

Programs

- Social events: opportunities to meet other individuals with like interests in order to build a sense of shared concern and interest (as opposed to self-interest alone).

Programs

- Health advocacy with local, state and federal health agencies: developing advocates who had the skills and vocabulary to engage health care agencies and to insure that gay men's health was addressed and that appropriate programs were implemented.

Programs

- The model was a community-organizing model, not a clinical model. By this I mean that the organization sought to empower gay men to take charge of their own health care, not to come under the control or disciplines of a clinic or particular agency. This requires a unique form of leadership in which the gay health advocate or organizer cedes control of the process to the shared agenda of the community.

Ongoing work of Community Organizing Model in Philadelphia

- **Formation of a leadership group** of men and women who are committed to gay men's health as an idea, and who are willing to research, advocate, and build new programs in this area.
- **Provision of strategies and support** to these leaders so that they can maintain an ongoing commitment to the work.

Ongoing work of Community Organizing Model in Philadelphia

- **Conduct further research** to understand the health disparities that gay men face: smoking, drinking, access to appropriate health tests and screenings, etc.
- **Map communities** of gay individuals: understand (collectively) where they live in the city, what resources are available to them, how they connect to available resources, etc.

Ongoing work of Community Organizing Model in Philadelphia

- **Better understand** the complexities of homosexual men: understand the many ways that homosexual men understand their identities: what does it mean to identify as gay? How does such an identity change one's social network? How do non-gay identified homosexual men differ from those who have a gay identity? What is the intersection between those who identify as gay and those who do not.

Ongoing work of Community Organizing Model in Philadelphia

- **Imagine and understand the long-term picture:** We seek to impact gay men's health for the long-term- so we see our interventions in gay culture as having a gradual but trackable effect. To the extent that community organizing strategies are successful, we would expect to see a growth in gay communities in our city (as trackable through ongoing community assessment), and an improvement in the collective health of these men (as trackable through ongoing analysis of pertinent health data).

Conclusion

- This gay men's health community organizing model proposes that the unique challenges of modern American gay life require a response that is specific to its culture and practices, and that is more collective in nature. Only through understanding the unique and collective health care needs of gay men, can we best begin to respond to them.

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