

Imagining Positive Futures

Quotes from members of the Peer Research Advisory Committee about their experience working on this study.

“The ‘Peer Research Advisory Committee’, as we were now called, guided the vernacular as not to alienate the target demographic. After all we had a couple of generations and a world of experience to transverse. Trust has been a recurring theme in the dialogue. Perhaps not always out in the open but just under the surface”

“The intersectionality of the 50+, PnP, and HIV, this intersectionality was so small in the past, and now more attention is being paid to the demographic because of the longevity of their lives that wasn’t present before – quality of life stuff.”

Picking the Project’s Focus

This research project started as a proposal by the Dr. Peter Centre (DPC) submitted to Gilead for the Canada to Zero program to create a peer-based research project. Inspired by conversations about feeling under-served and overlooked, the proposal suggested focusing on a particular demographic:

We leveraged our networks to recruit peer researchers to be members of the research committee within the projects’ demographic. DPC also reached out to HIM and MAX Ottawa for facilitators to support the research committee meetings.

Many peer researchers had previous experience participating in research projects where they did not see the end results or were not asked about their lived expertise and experiences. It took time to build trust with the group.

50+

Gay, bi, men who have sex with men
50+ years of age
Living with HIV or at risk of HIV
Lived or living experience with party n play

Research Committee

Once the DPC got approval for funding, it was time to put together the Peer Research Advisory Committee.

What’s the Goal?

Once we had a focus, we needed to decide what we wanted to do with the information we’d collect. The researchers said they wanted to make sure the study would be able to benefit the people the survey was studying.

We determined that the study would produce a guide to inspire and inform service providers interested in creating programs, services and spaces for gbmsm, 50+, living with HIV or at risk of HIV, with lived or living experience with party n play.

Although not a goal of the project, queer and trans facilitators working with the research committee resulted in intergenerational community connections and care.

Picking the Project’s Focus

Unlike a lot of studies, this study was a lot more open ended – the proposal only required the demographic and HIV prevention with the subject of party and play.

The first few meetings were open discussion for the peer researchers, while the facilitators took notes. The notes were organized by loose categories and shown back to the researchers. At each subsequent meeting, the notes were used to narrow down topics until we found a focus.

Mental Health

Public Health

Substance Use

Social Programs

The researchers were adamant that they wanted the study to incorporate as many significant topics as possible and consider keeping the project holistic.

Our study is about public health messaging around HIV prevention and drug use, which gave us a chance to incorporate questions about mental health, substance use, recovery, grief and social connections.

FOCUS

Quotes from members of the Peer Research Advisory Committee about their experience working on this study.

“Repeatedly, not only my words were being listened to but my perspective had a space to be held. This witnessing was powerful. I was provided a vantage point to experience being witnessed and in fact encouraged to articulate my personal thread that wore through decades of hidden personal truths. This process revealed the value, at least to me, of the years of inconspicuous loss that has remained voiceless and miniscule, almost imperceptible. That value is well worth kicking a little soot off the floor of the river of consciousness.”

“I felt like I mattered. My thoughts. My feelings. They mattered, and my experience of being a man over 50 with HIV was a benefit to others. I felt very much a part of the process and the creativity this made me feel, as if I could help my community. I had assumed it would be much like the other research projects I’ve done. It was very different in that we’re very open to my opinion and thoughts. I found this to be very refreshing and healing.”

Speaking of public health messaging, here are a few examples of some of the impactful, scary and potentially stigmatizing, images used over time to talk about HIV and crystal meth.

This poster, created by Peter Staley in 2004, were hung up in phone booths around New York City.

This gained a fair amount of press and led to New York funding a campaign to crystal reduce meth use among gay and bi men.

Another example of an ad created by Peter Staley’s ‘Crystal Meth Working Group’, that was posted around New York in 2005.

An AIDS poster from the 1980s created by the Dallas County Health department equated an HIV diagnosis with promiscuity.

The research committee identified the need for creative responses to stigmatizing public health messaging. Because of this, the project also includes the option to submit art that re-imagines and challenges stigmatizing public health messaging about HIV, mental health, and substance use.

What would it look like if public health ads were positive and realistic about the experiences of aging HIV+ men engaging in party and play?

This project seeks to empower and uplift the perspectives of gbmsm that are rarely represented in public health messaging yet deeply affected by these campaigns.

To complete the online survey, please email:



spinch@drpeter.org

\$30 honorarium for completion

Would you or someone you know be interested in participating in the study?

To submit art about public health ads, please email for further instructions:

spinch@drpeter.org

\$60 honorarium for submission

Designing the Survey

Now armed with a focus and a goal, we set out to design our survey.

We returned to the process we used to find our focus. Open discussions with the researchers with the facilitators doing note taking and presenting the notes back to the researchers in an iterative process.

This ensured that our questions were based on and inspired by the concerns and interests of the researchers. The facilitators supported with formatting suggestions for qualitative and quantitative data collection. This also led to conversations about question design and how to offer space for respondents to name their own experiences through comment boxes instead of only listing options.

and the project continues...

Please reach out to participate or if you have any with any questions: spinch@drpeter.org