APPLICATION OF KNOWLEDGE ABOUT
THE INTERNET AND SEXUAL MINORITY
HEALTH IN CANADA

report on the pan-Canadian meeting
held November 26 and 27, 2012
Principal investigator for the knowledge application project

Joseph J. Lévy, professor, Department of Sexology, UQAM

Project coordination and report writing

Jean Dumas, research professional, Department of Sexology, UQAM
Joseph Lévy, professor, Department of Sexology, UQAM

Research assistant

Yannick Chicoine Brathwaite

Knowledge application advisors

Line Chamberland, professor, Department of Sexology, UQAM
Holder of the Chaire de recherche sur l’homophobie, UQAM
Christine Thoër, professor, Department of Communication, UQAM
Associate director of COMsanté and the Portail Internet santé

National meeting organization, videography and videoconference set-up team

Élizabeth De Nost
Sophie Boisvert
Jean-Baptiste Berthier

Graphic art

Gabriel Pelletier


Acknowledgements

We would like to thank all the participants, the research assistant for statistical analyses, the whole team that worked to organize the event, and the Canadian Institutes of Health Research (CIHR) for project funding.
LIST OF PARTICIPATING ORGANIZATIONS

AlterHéros, Montréal, Québec
Avenue Community Center, Saskatoon, Saskatchewan
Bureau de lutte contre l'homophobie, ministère de la Justice, Montréal, Québec
Centre de santé et de services sociaux (CSSS) Jeanne-Mance, Montréal, Québec
Centre de solidarité lesbienne, Montréal, Québec
Centre for Spanish Speaking People, Toronto, Ontario
Chaire de recherche sur l'homophobie, UQAM, Montréal, Québec
Coalition d'aide aux lesbiennes, gai(e)s, bisexuel(le)s et transgenres de l'Abitibi-Témiscamingue, Amos, Québec
Institute for Sexual Minorities Studies and Services, Edmonton, Alberta
Health Initiative for Men, Vancouver, Colombie-Britannique
Mouvement d'information et d'entraide dans la lutte contre le VIH-sida (MIELS), Québec, Québec
Ministère de la Santé et des Services sociaux, Montréal, Québec
Portail Internet et santé, Réseau de recherche en santé des populations, Montréal, Québec
Rainbow Health Ontario – Santé arc-en-ciel Ontario, Toronto, Ontario
RÉZO, santé et mieux être des hommes gais et bisexuels, Montréal, Québec
Sidaction, Trois-Rivières, Québec
# Table of contents

1. **Preamble**  
2. **Context**  
3. **Key points**  
4. **Objectives and summary of the national meeting on knowledge application**  
5. **Summary of topics discussed**  
   - 5.1 Health content available online  
   - 5.2 Calibration of online content and other activities with health needs  
   - 5.3 Promotion of online contents and other activities  
   - 5.4 A worrisome issue: suicide among LGBT people – Research data and online outreach issues  
   - 5.5 Innovations in online outreach work  
   - 5.6 Ethical dimensions  
   - 5.7 Funding  
   - 5.8 Online training for health professionals  
   - 5.9 University classes and sexual minority health  
6. **Steps for developing an online intervention**  
7. **Evaluation of online outreach work**  
8. **Pathways for future studies**  
9. **New Internet technologies**  
10. **Recommendations**  
11. **Conclusion**  

**Bibliography**  
**Appendix I: National meeting program**  
**Appendix II: List of summary sheets available online**
1. PREAMBLE

Like many Canadians, LGBT people often seek health information online. This information can be searched for and found on a range of sites that provide static content, or by using interactive tools such as bulletin boards, discussion forums, blogs, chat rooms and social networks such as Facebook.

Researchers with the Sexual and Gender Diversity: Vulnerability, Resilience (SVR) team carried out two pan-Canadian online studies on these topics from 2008 to 2011. The first study, which addressed managers and workers from 80 Canadian organizations that use online communication tools and provide information on sexual minority health, aimed to describe the online health-related content they provided, the development of these activities, the human and financial resources associated with these activities, and several other relevant aspects.

The second study consisted of an online questionnaire filled out by 2,187 LGBT people from all over Canada. The main objectives were to identify their health-related concerns; the information sources they consulted such as health professionals, outreach workers, family members and friends; and their health-related Internet use. In the context of other aspects of their online experiences they were also asked to evaluate the repercussions of the information they gathered about their health.

Following these studies, the SVR team received a grant from the Canadian Institutes of Health Research (CIHR) to facilitate the transfer and application of the knowledge acquired through the two studies. The team therefore produced a summary of the results and presented it at a national meeting in November 2012 that brought together many Canadian leaders in the realm of online LGBT health work.

The meeting’s goals were to present the studies’ results, discuss them with managers and workers from LGBT organizations across Canada, share the experiences associated with Internet use in their respective organizations, and formulate recommendations for the development of this field.

This report first presents the context surrounding Internet use for sexual minority health.
in Canada. Next, it covers the key points of the two studies carried out between 2008 and 2011. The objectives and process of the national meeting are then described, followed by summaries of the eight topics discussed by participants. A simple model is provided that presents development steps for online activities. The report concludes with observations about evaluating online work and recommendations for developing such outreach projects.
Among contemporary sociopolitical issues, the issue of LGBT sexual minorities has given rise to numerous polemics regarding the recognition of LGBT rights and social acceptance (Lévy and Ricard, 2011). While the number of people belonging to sexual minority groups is difficult to establish, particularly because of the indicators chosen for national studies, it is estimated that in the United States the number is approximately 8.8 million, or about 2.9% of the population (Gates, 2006). In Canada (Statistics Canada, 2003), the group numbers about 346,000 adults, or 1.9% of the population aged 18 to 59 years. However, these numbers do not reflect the social reality of these populations, which belong to a diverse range of organizations and occupy a range of political positions, sociosexual lifestyles, socioeconomic profiles and health statuses.

Contemporary studies demonstrate the numerous barriers this population faces in the process of social acceptance (stigmatization, prejudice, discrimination, and violence) and the multiplicity of physical and mental difficulties they confront. The most significant include 1) HIV/AIDS and other sexually transmitted infections (STIs), which have deeply affected men who have sex with men (MSM; Institut national de la santé publique du Québec, 2011), and 2) mental health problems such as anxiety, depression, suicidal ideation and suicide attempts, mood problems, abuse, stress, and more (Omoto et al., 2006; Saewyc et al., 2007; Institute of Medicine, 2011; Tjepkema, 2008), these often being related to whether the people in their lives accept their sexual orientation and gender identity (Berg et al., 2008). Alcohol and drug use is also significant amongst this population (Ruf et al., 2006; Meyer et al., 2007), as is smoking (Gruskin et al., 2007).

Faced with such difficult conditions, LGBT people and their allies have developed specific organizations founded on community resources and networking. These groups promote the struggles for political and social recognition of this population, for instance among transgender people, but also to define their actions in the realm of health promotion and prevention, particularly by using the Internet, which plays a key role in this area (Lévy et al. 2011). LGBT people are heavy Internet users, especially when it comes to interactive tools such as blogs and social
networks (Harris Interactive, 2009). Despite limits such as the risk of misinformation, self-diagnosis, and self-medication, this medium can also help reduce inequalities in access to and use of health and social services. This is what the results of the second study presented in this report suggest, along with other studies on specific sub-groups among sexual minorities, such as people living with HIV/AIDS (Kalichman, 2005).

In 2007, during a group discussion, the SVR team researchers met with Canadian leaders in sexual minority health outreach. The idea of carrying out a study to draw a portrait of Canadian websites that provide health information to LGBT people was well received during this meeting, mainly because it met a real need, considering the little existing knowledge in the area and the usefulness of such data for developing online outreach projects. After being presented to the Social Sciences and Humanities Research Council of Canada, the study received funding and the project was carried out from 2008 to 2010.

A second study, which followed from the first, aimed to better target the needs of the LGBT population. Once the picture of Canadian sites was established, it was essential to establish the extent to which the information available on the sites matches up with sexual minorities’ health-related concerns, to identify the tools used by people seeking information, to describe the ways they take in information and to measure the perceived impact of this information on their health. This study received funding from the Canadian Institutes of Health Research.
1. ONLINE HEALTH PROMOTION PROGRAMS FOR SEXUAL MINORITIES IN CANADA: STUDY OF COMPONENTS, OBJECTIVES AND DEVELOPMENT PERSPECTIVES.

FUNDING: SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL (SSHRC)

- 241 sites that provide health information to sexual minorities were examined in 2009. Half are managed by organizations that provide services to LGBT people and the various sub-groups within that population, and the other half are managed by organizations dedicated to fighting HIV/AIDS.
- Most of the sites are managed by community organizations.
- Target audiences are varied and include young people, adults, elderly people, people living with HIV/AIDS, LGBT populations as a whole, and specific sub-groups from within that population.
- The majority of the content deals with sexual health, mental health, life habits, and interpersonal and social relations. Organizations dedicated to fighting HIV/AIDS provide more sexual health content.
- Some content is static, some is interactive. Interactive tools provided to users include, in order of importance: an e-mail address to reach an outreach worker, a social medial profile such as on Facebook, a bulletin board or discussion forum as part of the site, an instant messaging address and a chat room as part of the site. Slightly more than ten organizations work on cruising sites to encourage sexually transmitted infections (STI) prevention among gay and bisexual men or other men who have sex with men (MSM).
- Human and financial resources are limited. Many organizations have a volunteer team. Only a few organizations have budgets for their online activities.
- Information sources for content development include other sites where verified content is posted, experts in various fields, and health professionals.
- The difficulties reported in developing online activities include difficulty finding verified content, translation, and the time needed for content development.
- Ethical issues related to online activities include the validity of the content provided, outreach and reference protocols, and rules of conduct for outreach workers in their direct or time-lapsed discussions with users.
2. THE INTERNET AND SEXUAL MINORITY HEALTH IN CANADA: USAGE, NEEDS, AND DEVELOPMENT PERSPECTIVES

FUNDING: CANADIAN INSTITUTES FOR HEALTH RESEARCH (CIHR)

- 2,187 LGBT people from all over Canada took part in the online study.
- More than a quarter said they had at least one chronic illness diagnosed by a health professional (physical, mental or sexual health).
- Health concerns mentioned in the year preceding the study are, in decreasing order of frequency: mental health, interpersonal and social relations, sexual health and life habits. Major variations were noted as to the specific concerns mentioned based on membership in an LGBT sub-group, age and health status.
- Depending on the health concern in question, 40 to 60% of participants cited the Internet as their first source of information.
- The principal Internet tools employed by users to find information are, in decreasing order of usage frequency: search engines, bookmarked sites, discussion forums, Q&A bulletin boards, instant messaging and blogs.
- LGBT participants said they discussed the information they gathered with their loved ones, health professionals and community outreach workers (assimilation methods).
- The perceived impacts of the health information obtained includes, amongst others, new ways of thinking about concerns, making behavioural changes toward better health, and deciding to consult a health professional or community outreach worker.
4. OBJECTIVES AND SUMMARY OF THE NATIONAL MEETING ON KNOWLEDGE APPLICATION

Following the two aforementioned studies, a pan-Canadian meeting was organized in order to disseminate the obtained results and discuss issues surrounding Internet use with the community groups in question. The meeting took place on November 26 and 27, 2012 at Université du Québec à Montréal. It brought together some thirty participants from Alberta, British Columbia, Ontario, Québec and Saskatchewan. The specific objectives were to: a) present the principal results of the two studies and sub-analyses, b) give organization representatives the chance to present their own online activities, c) encourage discussion and networking among the expertise-holders present, d) distill recommendations, flowing from the study results, about strategies to employ in developing online outreach approaches and e) talk about the content and format of the summary sheets to be produced.

The presentations were recorded in audio and video formats, and summary notes were taken during the discussion periods. A questionnaire was distributed to participants on the topics most likely to be subject to knowledge application in their respective organizations, and finally, a meeting evaluation was carried out. The meeting program is included in Appendix I and the list of videoconferences and summary sheets appears in Appendix II.

5. SUMMARY OF TOPICS DISCUSSED

Nine topics were distilled from within the group discussions and the plenary. Each of these topics is associated with specific proposals about the way to use the studies’ results and the lessons to take from the experiences of participating organizations to support the overall goal of improving the development of online work toward sexual minority health in Canada. While many problems cut across several topics, a general agreement was reached that the following topics define key areas which organization managers and outreach workers should focus on.
5.1 HEALTH CONTENT AVAILABLE ONLINE

Beyond the difficulties related to seeking and updating content, verifying sources (which professionals, which verifications?), translation, user literacy level, putting scientific data in lay terms, and the speed at which the Internet develops, participants also complained about the rarity of content particular to certain sexual minorities, particularly lesbians and bisexuals. Still, they noted that in recent times, online content for transgender people has increased considerably. This improvement has happened because outreach workers observed that resources were greatly lacking for these people within health and social services; because certain organizations such as Rainbow Health Ontario mobilized to counter this lack; and because transgender communities have a long history of online presence as part of their struggles for the political and social recognition of their specific needs.

5.2 CALIBRATION OF ONLINE CONTENT AND OTHER ACTIVITIES WITH HEALTH NEEDS

The study results presented at the meeting helped us identify key issues. How well does the sexual minority health information available online match up with user concerns? How do organizations develop online content and offline activities to better meet those needs?

The managers and outreach workers consulted in 2009 noted the importance of content related to sexual health, homophobia, discrimination, the coming-out process, and family relationships. However, it would also be wise to increase the volume of information available on topics such as body image, anxiety, depression, loneliness, and isolation, topics that affected more than four out of ten LGBT participants in our 2011 online study.

As an example of knowledge application, following the dissemination of this data and other research work, the organization RÉZO, in Montréal, created a survey on its site about body image and outreach workers have addressed the topic in discussion groups (self-esteem and self-affirmation) for several years now. The organization HIM, in Vancouver, also offers online activities related to this concern.

Other concerns that affect a large number of LGBT people include various forms of addiction (Internet and erotic images in particular). While 20-25% of LGBT people say they are concerned with these issues, only 6-7% of organizations report that they offer content on these topics on their sites or within their other activities.
5.3 PROMOTION OF ONLINE CONTENT AND ACTIVITIES

Participants discussed ways to promote their online content and activities for sexual minority health. Beyond using pamphlets or other paper-format information and promotion during direct work with various target audiences, participants mentioned the importance of properly indexing the site so that it's easier to find using search engines such as Google.

The practice of blocking sites with LGBT health content, for instance in teaching institutions and libraries, is also of concern. Sexual minorities, particularly young people who hesitate to use their home computers for this purpose, are cut off from important information and potential sources of support. Requests can be made to unblock sites, but unblocking is not always possible. That said, given the increasing popularity of Internet-enabled cell phones, this problem should soon be mitigated.

Discussions also addressed methods for measuring the success of website promotion. Despite limits such as the difficulties interpreting data, software programs exist that measure the number of unique visitors or more regular visitors over a given period of time, the popularity ranking of a site, where visitors come from and so forth.

5.4 A WORRISOME ISSUE: SUICIDE AMONG LGBT PEOPLE – RESEARCH DATA AND ONLINE OUTREACH ISSUES

The second study on health-related internet use among sexual minorities asked participants about their physical, mental and sexual health concerns and their interpersonal and social relations. In the sphere of mental health, high proportions of LGBT people reported having concerns about body image, anxiety, depression and more. Nearly 15% reported concerns with suicidal ideation or suicide attempts within the last year. A second study carried out online, the Net Gay Barometer (Léobon, 2008), also surveyed participants about this question, and the proportion was almost identical. While these are two studies with convenience samples, the results led the SVR team researchers to carry out a more fine-tuned data analysis. The regression analyses we carried out revealed numerous factors associated with suicidal ideation and suicide attempts, such as depression, physical violence, loneliness, homophobia and difficulty accepting one's sexual orientation.

The presentation of these results also included a summary of existing online suicide prevention work. The most developed programs that the team was able to find were in
the Netherlands and the United States. A few Canadian and Quebec initiatives were also presented.

Click here to watch the videoconference
Presentation in French, slides in English.

5.5 INNOVATIONS IN ONLINE OUTREACH WORK

The national meeting allowed participants to learn about several innovative online outreach approaches. In addition to serving as sources of inspiration for the development of current or future projects, the following examples demonstrate the importance of the fast evolution of the Internet environment.

Alter Héros: a support network for sexually diverse youth in Québec
  ❖ Harmonization with GRIS activities
  ❖ Talk about it with an expert

Click here to watch the videoconference
Presentation in French and English, slides in French and English.

La coalition d’aide aux gai-e-s, lesbiennes, bisexuel-le-s de l’Abitibi-Témiscamingue
  ❖ A network of LGB allies
  ❖ A website on men’s and women’s health

Click here to watch the videoconference
Presentation in French, slides in English.

Les communautés culturelles LGBT: Guys Like You dans la communauté hispanophone de Toronto
  ❖ Hybrid online and offline outreach work

Click here to watch the videoconference
Presentation in English, slides in English.

❖ Radio podcast on STI prevention

Click here to watch the videoconference
Presentation in English, slides in English.
Fighting homophobia: nohomophobes.com
- Real-time display and count of homophobic words posted on Twitter

Click here to watch the short video
Presentation in English,

Online outreach work program: Health Initiative for Men (HIM), Vancouver
- Program resulting from a broad community consultation and other research on MSM health
- Strong involvement of volunteers from diverse communities
- The success of Vick Vancouver, an online soap opera for young people
- Net-Reach Hustle: an initiative for male sex workers
- Project for online STI testing results

Click here to watch the first videoconference
Presentation in English, slides in English.

Click here to watch the second videoconference
Presentation in English, slides in English.

Le programme d’interventions en ligne de RÉZO santé et mieux être des hommes gais et bisexuels, Montréal
- A micro-site offering support to parents of young men in the process of coming-out
- Facebook for the promotion of the organizations STI testing nights
- Grindr to reach out to men in a different way
- Interventions to better address other needs: survey on body-image, fight against tobacco use, online discussion workshops adaptation project

Click here to watch the videoconference
Presentation in French, slides in English.

Rainbow Health Ontario: an online LGBT health database
- Research results in the form of fact sheets and intervention tools
- Descriptions of training workshops available to healthcare professionals
- The TransConnection project

Application of knowledge about the Internet and sexual minority health in Canada: report on the pan-Canadian meeting – April 2014
5.6 ETHICAL DIMENSIONS

The question of ethics surrounding online outreach work was discussed and issues were set out. First, the quality of online content was brought up. In fact, erroneous information can lead to serious consequences for users. One of the methods proposed during the meeting to solve this problem was to only choose content that has already been verified on other sites, but the problem of obsolete information and updating remains crucial.

Some organizations with more resources have created their own content examination policies. Rainbow Health Ontario for instance has developed selection criteria for the content submitted to their database.

Click here to see the selection criteria.

It’s also possible to obtain external accreditation from a recognized health content validation organization, such as the Health on the Net Foundation. Once the validation process is done, the organization obtains permission to place the HONCode logo on its site for a one-year period. Users can also consult a list of HON-certified organizations in a database.

Click here to consult the section for webmasters on the accreditation process.

Secondly, participants discussed the ethical rules surrounding direct or differed interactions between outreach workers and users. Which rules should appear in intervention and reference protocols? For example, what should be done if we detect that a user is in a serious crisis state (suicidal risk)? The participants agreed on the answers: We must try to talk to the user on the phone as quickly as possible or even between, face to face, and if needed, refer the user to specialized services such as a suicide prevention center. However, some believed that if talking directly to the user is impossible, then an online intervention alone may be useful and pertinent.

In the field of intervention and referencing, other situations also involve ethical dimensions. For example, in the case of outreach workers who have exchanges with users in other countries where the political and social situations of sexual minorities are problematic, how can we insure that the intervention isn’t harmful for the local internet...
users?

Rules of conduct for outreach workers who are present on dating sites were also discussed. In addition to online intervention guides (*AIDS Committe of London*, 2010) that highlight, amongst others, the need to keep a certain distance and a professional relationship with the users, some organizations have clear guidelines regarding this topic that are communicated to outreach workers during their training.

### 5.7 FUNDING

One of the major problems brought up during the discussions was the funding of online outreach work. Too few funding sources are aware of the importance of online outreach work. Historically, funds have come from public health authorities working toward STI and HIV/AIDS prevention. More recently, according to some participants, funds have been obtained in the areas of mental health and addictions.

Another difficulty is the non-recurrence of funding. In fact, financial aid is provided to kick off projects, but not to ensure their ongoing work, and so projects shut down. Only a few organizations throughout the country have succeeded in maintaining online outreach work over many years.

Participants highlighted the importance of better funding strategies for sexual minority health. It was proposed that we establish a common vision to have the Internet recognized as a key area for outreach work, for instance by presenting research results that show that LGBT users often cite the Internet as a first source of health information, and that this social space has become a key place to develop ties with potential service users (for example, testing services), particularly younger people. One strategy used by two organizations to direct target groups toward their services is to develop an overall health approach. Rézo santé et mieux-être des hommes gais et bisexuels and Health Initiative for Men (HIM) are two examples of organizations who have successfully developed such an approach.

The exploration of new funding sources was also discussed. For example, in British Columbia, authorities working in the field of men’s health are aware of the realities of men who are members of sexual minorities. It is also worth mentioning that Canada’s Chief Public Health Officer recently published two reports that describe sexual minorities as populations that are under-served by health care systems (*Public Health Agency of Canada*, 2011, 20012)). Studies tend to show that the Internet can help compensate for these lacunae.
 Certain participants also noted the importance of pursuing financial support for outreach work on cruising sites by demonstrating to authorities the savings made to the healthcare system thanks to the online promotion of STI testing.

5.8 ONLINE TRAINING FOR HEALTH PROFESSIONALS

Beyond traditional face-to-face training provided to health professionals (such as the list of trainings about transgender people provided by Rainbow Health Ontario), participants discussed the Internet’s potential for training on sexual minority health. Rainbow Health Ontario plans to offer two-hour online training sessions to raise awareness among professionals. Nevertheless, it is important to consider the limits, for instance the shorter duration and the lack of interactivity in this type of learning.

5.9 UNIVERSITY CLASSES AND SEXUAL MINORITY HEALTH

Participants also brought up the lack of sexual minority health training in university programs. They believed we should evaluate how universities could begin to plan online training on the topic, in the same vein as what is taking place in numerous areas of teaching. This has many advantages: economies of scale and the attraction of diversified clientele. Participants also brought up the idea of creating a trans-disciplinary, pan-Canadian curriculum on sexual minority health.

6. STEPS FOR DEVELOPING AN ONLINE INTERVENTION

A number of participants said there was a need for a tool to improve the development of online outreach work in order to better plan their work and avoid common pitfalls, such as difficulty matching their choices to the needs expressed by target communities, choosing an appropriate theoretical model to provide a foundation for outreach work, choosing appropriate online tools, and so forth. While several guides and models for online outreach development already exist, a simple and easy-to-apply example is provided here (for example, see Atkin et al., 2013).
6.1 COMMUNITY CONSULTATION

One way to ensure better calibration of outreach work to LGBT community needs is to carry out community consultations. An example of this type of strategy was provided by Health Initiative for Men (HIM), Vancouver.

*Health Initiative for Men (HIM), Vancouver.*

To better understand the needs of the various populations of gay and bisexual men and other men who have sex with men in the Vancouver area, including some who are often excluded from studies (for instance, those who don’t spend time in traditional social
spaces or who don’t identify with gay culture), HIM carried out a consultation (208 individual or group interviews, 669 respondents to an online questionnaire) which addressed topics related to the Internet as a social space for sexual and other kinds of encounters but also as a source of health information. One of the report’s conclusions is that the Internet is cited as the third source of health information after family doctors and organizations. Proportionally, more young people cite the Internet as their information source. The report also suggests pathways for online content development based on participants’ suggestions.

Click here to see the research report.

7. EVALUATION OF ONLINE OUTREACH WORK

To evaluate the repercussions of online outreach work, data on website visits can be useful, as long as the data is configured in such a way as to obtain user information (number, country, etc.). Beyond visit data, how can we evaluate the effectiveness of online outreach work? What are the results in terms of changes in attitudes, behaviours, networking to break isolation, referrals to other sites or health services? What are users’ practices in this regard, and how can we evaluate them? It is difficult to do this kind of evaluation, because if there is a change in behaviour, can we attribute it to the outreach work alone? How is the outreach work perceived depending on whether it’s carried out by volunteers, workers or professionals such as doctors? How can the credibility and quality of outreach work be evaluated in each case? Is it different if it’s a helping relationship with a peer helper?

As for website credibility, what do users base their evaluations on? How can we help them evaluate? We also need to evaluate literacy level: how are users assimilating content? How are they reading, remembering, forwarding? The question of literacy leads to the issue of lay language. How can we ensure that content is accessible? How are users navigating the Internet to find information? What are the repercussions of new social media? These are many of the questions that require collective thinking.

An example of evaluation: the online activities of Séro Zéro (RÉZO)

In 2002, two years after launching its new site and its cruising site outreach work, the organization received a grant from Health Canada to evaluate its activities. An online
questionnaire was offered to users who visited the site. Respondents were invited to talk about their experience on the site or following a conversation with a worker on the Q&A bulletin board or a cruising site, using provided appreciation indicators and learning indicators. These indicators also dealt with ease of use, the quality of information obtained, the relevance and usefulness of this information, the perceived impact of this information on health or on health-promoting behaviours, the way the activity took place, the time allotted to it, the schedule and the overall satisfaction and interest level in regard to the activity. A space was available for comments, suggestions of other discussion topics, and new ideas for implementing other information, education, support, and reference activities.

Click here to read the research report (available in French only).

8. PATHWAYS FOR FUTURE STUDIES

- To evaluate the impacts of online outreach work with LGBT people, studies need to be better targeted, even though this is difficult to achieve. For example, if there is a change in behaviour, can we attribute it to the online outreach alone? How is the outreach work perceived depending on whether it's carried out by volunteers, workers or health professionals such as doctors? How can the credibility and quality of outreach work be evaluated in each case? Is it different if it's a helping relationship with a peer helper? Do the outreach work’s repercussions vary depending on the issue being discussed?

- Aspects related to literacy among LGBT people must be studied in greater depth. How are users assimilating online content? Of the things they read, what do they remember and pass along? The question of literacy leads to the issue of lay language and the gap between scientific data and rephrased data. How can we ensure that content is accessible? To verify these areas, a useful method could be to create discussion groups made up of users from a variety of profiles. Participants could visit the site and then discuss the elements they understood and remembered.
9. NEW INTERNET TECHNOLOGIES

- The visual and audiovisual content of Canadian sites have not been studied in depth, nor in a way that takes into account variations between Francophone and Anglophone LGBT groups (for example, video content on YouTube, web series). The same is true for more recent technologies: smartphone and tablet applications, podcasts and other dissemination tools. Studies on social media (Facebook, Twitter, etc.) used by LGBT people are also needed to understand new usage trends.
- Better targeting is needed when it comes to the phenomenon of online audience segmentation (sexual specializations and market segmentation) that leads to group diversification.
- Accessible, credible training needs to be developed for workers and volunteers who provide online outreach work. For example, an online training module (introduction to Internet issues) could be created for volunteers and outreach workers.
- An Internet and LGBT resource directory could be developed.

10. RECOMMENDATIONS

1. Health content available online

- Provide more content for certain sub-groups among sexual minorities for whom health information is harder to find, such as lesbians and bisexuals.
- In case of lack of resources for content translation, Google Translate could be used as a first step, followed by validation.
2. Calibrating online content and other activities with health needs
   ❖ Consider the high levels of certain concerns among LGBT people such as body image, anxiety and various forms of addiction, and provide tailored content.

3. Suicide among LGBT people
   ❖ Be inspired by various examples of existing online outreach work.
   ❖ Develop partnerships for referrals.
   ❖ Train outreach workers to react appropriately to crisis situations.

4. Innovations in the realm of online outreach work
   ❖ Be inspired by innovative online activities listed in this report for current and future projects.
   ❖ Keep a watch on Internet developments and adapt outreach work as a result (for example, evolution of social networks, Twitter)

5. Ethical dimensions
   ❖ Ensure that online content is rigorously verified by posting already-validated content, for instance using the search engine for accredited sites provided by the Health on the Net Foundation
   ❖ Obtain external accreditation for content
   ❖ Include training on outreach ethics for outreach workers by referring to existing guides

6. Funding
   ❖ Raise granters’ awareness about the importance of online outreach work, for instance by writing a joint position paper.
   ❖ Develop a research and training strategy with the CIHR to build online outreach capacity in the field of health

7. Online trainings for health professionals
   ❖ Develop online trainings on sexual minority health to help fill the training gaps for professionals in university programs.
   ❖ Use the Internet as a training medium for online outreach workers (for example, webinars, virtual training workshops, etc.).
Readers are also invited to consult various canadian publications or other information supports on the subject of online intervention developement, such as:

1. The Portail Internet santé of the Réseau de recherche en santé des populations du Québec.

11. CONCLUSIONS

This first pan-Canadian meeting on the application of knowledge about the Internet and LGBT health made it possible to pool data and share experiences related to this issue. The discussions established a set of issues and areas for further research that could further our thinking about the development of online health resources aimed at sexual minorities. We hope that this first initiative will be followed by other meeting days that could help deepen the strategies we would like to put into place to improve online information sources and health outreach work.


Institut national de la santé publique du Québec (2011). *Programme de surveillance de l’infection par le virus de l’immunodéficience humaine (VIH) au Québec*, Ministère de la Santé et des Services sociaux, Laboratoire de santé publique du Québec.

Academies Press.


consulté sur Internet le 25 février 2014: 
http://www.statcan.ca/Daily/Francais/040615/q040615b.htm

Pan-Canadian meeting on the use of the Internet for the health of sexual minorities in Canada

November 26th-27th 2012, Université du Québec à Montréal

Final program

Jour 1 – 26 novembre

Classroom for the day: NM-140, Pavillon Paul-Gérin-Lajoie, 1205, Saint-Denis St.

8h45 – Greetings

9h00 – Opening words – Joseph J. Lévy, professor, department of sexology and lead researcher responsible for the knowledge transfer project.

9h15 – Anna Travers, Rainbow Health Ontario: Creating access and equity for a hidden population: Rainbow Health Ontario’s work to support trans health.

10h00 – Discussion

10h30 – Coffee break

10h45 – Jean Dumas, research results presentation: adequacy of health-related contents on Canadian websites with LGBT issues.

11h30 – Discussion

12h00 – Lunch (lunch boxes on site)
13h00 – Wayne Robert - *Health Initiative for Men (HIM)*, Vancouver: Online Engagement with Our Community: Lessons, Challenges and Opportunities.

13h45 – Discussion

14h15 – Robert Rousseau, le programme d’interventions en ligne de *RÉZO, santé et mieux-être des hommes gais et bisexuels*.

15h00 - Break

15h15 – Discussion

15h45 – Survey on the fact sheet model and knowledge transfer content of day 1

16h15 – Discussion between participants

17h15 – Closing words of day 1

**Day 2 – November 27th**

**Class room for the morning : NM-140**

8h45 – Greetings

9h00 – Line Chamberland, research results presentation: suicide and depression associated factors among LGBT in Quebec and Canada: possible online interventions.

9h45 – Discussion

10h15 – Jean Dumas, research results presentation: health issues among LGBT (continued), internet use for health, evaluation of contents and perceived impact of informations on health.

10h45 – Coffee break

11h00 – Discussion

11h15 – Véronique Daneau et Tamara Ginn : Le programme d’interventions en ligne de *AlterHéros*, Montréal.

11h45 - Discussion

12h15 – Lunch (lunch boxes on site)

**Classroom for the afternoon : NM-110**

13h15 – Benjamin Audet : Online interventions of *Coalition d’aide aux lesbiennes, gais et bisexuels-les de l’Abitibi-Témiscamingue*.

13h45 – Discussion
14h15 – Gerardo Bétancourt: *Guys Like You*, an online and offline intervention for Spanish MSM in Toronto and *Using Pod Cast Internet Radio* as an intervention with Spanish-Speaking Populations.

14h45 – Discussion

15h15 – Break

15h30 – Round table of participants: recommendations for knowledge transfer and online interventions development in Canada.

17h00 – National meeting evaluation and closing words of day 2.
Health concerns and health-related use of the Internet: 36 summary sheets available online

N=2187 participants to the online survey

Click here to go on the website and download files

Lesbians (no. 1-6): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.

Gay or homosexual men (no. 7-12): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.

Bisexual women (no. 13-18): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.

Bisexual men (no. 19-24): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.

Transgender (no. 25-30): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.

LGBT youth 30 years old or less (no. 31-36): sexual orientation and gender identity, mental health, sexual health, interpersonal and social relationships, Internet tools used to find health-related information, ownership patterns of the information found on the Internet.