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This paper explores the issue of inequity in health status for gay men in New Zealand (NZ) (and elsewhere) and addresses potential and actual pathways to equity. For the past two decades gay men's health (GMH) has necessarily required a focus on HIV/AIDS, and it is only relatively recently that disparities between the health of gay men and that of men in general have been given attention by mainstream health organizations and gay community groups. These disparities suggest that the health issues of gay-men-as a-group need to be addressed separately from health issues of men-as-a-group. The paper argues that despite 'tackling of inequities in health' being a key goal of the NZ Health Strategy there is relatively little concern or interest with health for gay men in NZ (beyond HIV). Three contrasting data sets – selected international policy documents addressing GMH, interviews with key informants involved in GMH from New Zealand, and focus groups with gay men – are used to consider the framing of gay men's health as a public health concern. The critical review of the policy documents identifies that internationally a range of organizations have addressed GMH issues. This is found to contrast markedly with the situation in NZ where there has been limited policy work around such issues. The international policy documents reveal a diversity of voice as to who contributes to the official framing of gay men's health issues, with two patterns (inclusion and exclusion of gay voices) being found. In NZ, in contrast, there is little interest in these issues from key informants from mainstream health organizations/settings and from gay community organizations. While policy development internationally is based on a range of research evidence, the key informants identified a need for 'robust local evidence' before any focus on gay men's health issues would be possible – but simultaneously identified serious research gaps within NZ. One key issue in the analysis of focus group data is that while gay men draw heavily on a 'we are the same as straight men' discourse, they identify a number of gay specific health issues and identify social causes (such as discrimination) as the main factor contributing to poor health and wellbeing. The paper concludes by highlighting factors that can facilitate the development of gay-focused health policy and also introduces two policy development initiatives (from New Zealand, 2006 and Australia, 2003) which aim to improve equity in health for gay men.