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Gay ZONE, Centretown Community Health Centre
420 Cooper Street
Ottawa, Ontario
K2P 2N6

February 8, 2014

Re: Request for Proposals for Developing Gay ZONE's Theory of Change

Global Evaluation Solutions is pleased to respond to the Request for Proposals to present a theory of change development plan for Gay ZONE. As a leading evaluation consultation firm, we wish to assure you that the enclosed plan addresses the needs of your request while maintaining a comprehensive and feasible solution. Our proposal provides:

- An overview of the Gay ZONE program and key stakeholders
- A Theory of Change development plan
- Our preliminary Theory of Change narrative
- A revised Gay ZONE logic model
- Emerging evaluation questions for a process and outcome evaluation
- Possible mitigation strategies for anticipated challenges

We, at *Global Evaluation Solutions*, strive to support organizations like your own with informed decision-making by providing program theory information and by sharing our evaluation expertise. With our focus on systematic and rigorous methods and extensive experience with program evaluation, our team conforms to the standards of practice and competencies as presented by the Canadian Evaluation Society. We are confident that the attached proposal will surpass your expectations.

We would like to thank you for the opportunity to prepare this proposal and we look forward to providing you with evaluation support. To best meet your needs, we recommend a meeting to discuss the proposed plan and evaluation needs in further detail. Should you have any questions or concerns regarding the proposal, please do not hesitate to contact us.

Sincerely,

Global Evaluation Solutions

Global Evaluation Solutions
Evaluation Consultants

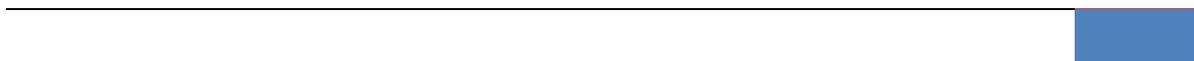# Evaluation Proposal For Gay ZONE's
Theory of Change

Prepared For:

Gay ZONE

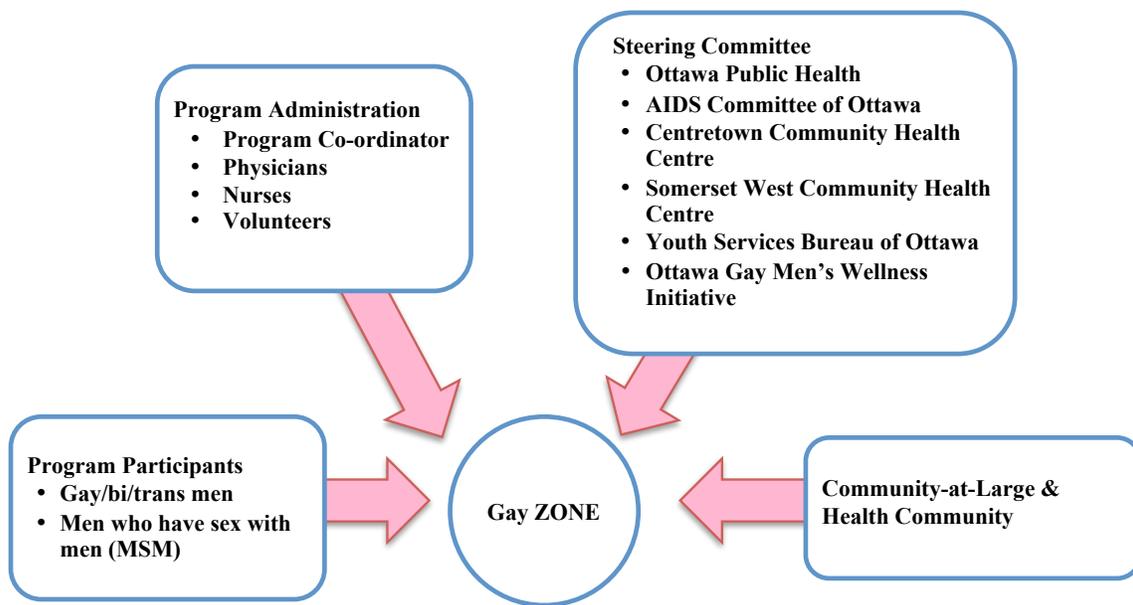**February 8, 2014**

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Introduction

Gay ZONE is a health promotion program conceptualized in 2007 that targets services towards Ottawa men who identify as gay, bisexual, transsexual (gay/bi/trans) or men who have sex with men (MSM). Its main aim is to reduce the transmission of sexually transmitted infections (STIs) including HIV by providing a space with access to sexual health programs and services, including screening and treatment of STIs, HIV testing, Hepatitis A and B vaccinations, partner notification and counselling, and post exposure prophylaxis (PEP). By applying harm reduction principles, a core value to Gay ZONE is that gay men (including those with HIV) have the right to satisfying sex lives free from guilt, stigma, coercion, violence and shame.

In addition to these core health services, Gay ZONE also supports a number of health promotion events that are featured in a monthly calendar on their website, including Queer Cooking Club, Gay Men's Discussion Group and Young Gay Men's Program, among many others. Gay ZONE programming runs every Thursday night from 5 to 8 pm at the Centretown Community Health Centre located in downtown Ottawa. All health services are provided on a walk-in basis and are free and confidential. Anonymous HIV testing is also available.

In addition to gay/bi/trans men and MSM utilizing Gay ZONE services, a previous evaluation of the first 6 months of the program revealed that a small number of young women in their 20's were also seeking services in an attempt to provide support to their male friends or family.

Program Stakeholders

As shown in **Figure 1,** a variety of stakeholders are involved in Gay ZONE, including partner organization representatives and community representatives. Through stakeholder involvement, Gay ZONE serves as a platform for individuals to engage with other organizations involved in LGBTQ sexual health and activism within the Ottawa region. Furthermore, stakeholder involvement is critical to the programs overall success, as each partner organization provides in-kind contributions or funds directly from their operating budgets to support Gay ZONE. While many of the costs associated with the health services are recuperated through Ontario Health Insurance Plan, the remaining funding is provided by the Sexual Health Centre of Ottawa Public Health to support the physicians, nurses, and program coordinator. These identified stakeholders have a vested interest in the Gay ZONE program and have important insight and views to provide for evaluation activities. We recommend that members from the steering committee and all stakeholder groups be involved by forming an **Evaluation Advisory Committee** (EAC). This is important in the development and assessment of theory of change and any future evaluation activities.

Program Administration
- **Program Co-ordinator**
- **Physicians**
- **Nurses**
- **Volunteers**

Steering Committee
- **Ottawa Public Health**
- **AIDS Committee of Ottawa**
- **Centretown Community Health Centre**
- **Somerset West Community Health Centre**
- **Youth Services Bureau of Ottawa**
- **Ottawa Gay Men's Wellness Initiative**

Program Participants
- **Gay/bi/trans men**
- **Men who have sex with men (MSM)**

Gay ZONE

Community-at-Large & Health Community

Figure 1. Map of Key Stakeholders of the Gay ZONE

Limitations of Current Logic Model

Program logic models are evaluation tools that are used to illustrate the main components and activities of the program, the indicators, and to identify short and long-term goals and the linkages between all aspects of the program. Gay ZONE has developed a logic model that was used to support the previous evaluation. Based on the information provided in the RFP, *Global Evaluation Solutions* believes that the current logic model can be revised to better reflect all program components.

Context: The present logic model did not take into consideration the context/conditions in which the program is operating within. We propose adding this section to the logic model to aid in articulating the climate in which the intended outcomes will occur including the social and political climate such as stigma and addiction.

Inputs: The existing logic model does not identify resources and infrastructure that is being inputted into Gay ZONE. Identification of program inputs (such as funding, staffing and other resources) will allow for a clear overview of what resources are available to support the program and may assist in identifying constraints of the program.

Components: We believe that the current logic model adequately captures the important aspects of the Gay ZONE program. However, we do propose changing Community Development to Program & Community Development in order to address that a main stakeholder is missing: the program administration.

Activities: After examining the program activities identified in the current logic model, we feel that there are a number of initiatives within Gay ZONE that are not adequately captured in the activities provided. A more specific overview of program activities can be

captured and elaborated upon to adequately display overall program services. For example, while the current logic model includes STI testing as a program activity, breaking this down to STI and Hepatitis B and C services provides a more through understanding of the specific activities in the program

Outputs: Gay ZONE's current logic model does not specify program outputs. This critical component of the logic model identifies what is produced through the various program activities (i.e., the direct products of the program). Outputs are intended to be observable and measurable aspects to the program. To guide any future evaluations of Gay ZONE, a logic model must identify indicators that can be used as evidence to determine if the activities are being performed as planned. Examples may include the number of HIV tests administered.

Short-Term Outcomes: After examination of the short-term outcomes provided in the current logic model, we believe that the outcomes identified more accurately reflect longer-range benefits of Gay ZONE and fail to capture the more immediate benefits that may occur as a result of participating in the program such as increased knowledge of sexual health and harm reduction practices.

Long-Term Outcomes: After a review of the current logic model, many of the short-term outcomes identified are more appropriately captured as long-term outcomes. Furthermore, in reflection of Gay ZONE's mission and values to support gay/bi/trans men and MSM to make informed choices to fit their personal values and help manage health risks, additional long-term outcomes need to be articulated related to capacity and improving social networks.

Developing Theory of Change

Theories of change represent beliefs about what the target population needs and what strategies will enable them to meet those needs. Accordingly, *Global Evaluation Solutions* suggests proceeding with data collection to develop a theory of change that fits the goals of the Gay ZONE program. We suggest that data gathered be reported back to the EAC to discuss the relationship between program components and the theory of change underpinning Gay ZONE's services.

Global Evaluation Solutions has proposed a **mixed-methods** approach for the collection of evaluation data involving both qualitative and quantitative methods. **Triangulation** approaches will be applied to develop a more comprehensive understanding of the evaluation findings. Triangulation will aid GES in assessing the validity, reliability and trustworthiness of the data. It should also account for limitations of methods and will provide valuable information on the relationships within the program. Analysis and interpretation of the report will be conducted with the EAC to make sure the report findings are specific to Gay ZONE.

Global Evaluation Solutions believes that to adequately create a theory of change, a variety of sources of information should be consulted: (1) key intervention documents; (2) relevant literature; (3) intervention managers; (4) program beneficiaries; (5) experts; (6) program logic model. In order to gather information from these sources, *Global Evaluation Solutions* has identified 4 methods that will aid in collecting the required data.

Method #1: Literature and Document Review

A comprehensive literature and document review will be conducted to assess (1) prior conducted evaluations as well as (2) social science academic research. Further **evidence-based research** into the social science literature will enhance the understanding of similar programs and the underlying principles that contribute to the theory of change. This literature search may reveal results of previous evaluations of related programs that may be used to inform the program. Research data bases such as PubMed, Scopus and Google scholar will be searched with keywords such as "theory of change", "HIV", "community-based programs" and "harm reduction theory".

Method #2: Interview with the Staff Coordinator

Global Evaluation Solutions will conduct an interview with the sole staff coordinator at Gay ZONE. This interview will allow for probing on the topic of volunteers, the relationship of Gay ZONE with the 6 partner organizations, participant use of the program and usage patterns. This method will also enable us to understand impressions and experiences of the staff coordinator in more detail including views on adjustments s/he thinks the program needs. The interview be approximately 60 minutes in length and will also provide us with an opportunity to begin building relationships with the program to help us further understand program culture.

Method #3: Surveys

The program focuses on the **privacy, anonymity** of the participants and may have limited records available for our review. In order to adjust for this and employ triangulation of the data collected from participants through other methods (see **method 4**), we believe the use of a survey to be paramount in capturing participants who might be reluctant to attend focus groups or who may use Gay ZONE services infrequently. We aim to provide a **1 page survey** that includes both open and closed ended questions, such as "How often do you use this facility", "Have you recommended this facility to other people, if so how many?", "What additional services would you like to see available" and "Have these services improved your sexual health and in what ways". The survey will be available at Centretown Community Health Centre and various staff and program workers will be aware of the survey to assist in completion. The survey will be developed at a reading level appropriate for the population, with readability being assessed using SMOG and FRY techniques.

Method #4: Focus Groups

In efforts to engage more directly with individuals using services at Gay ZONE, we propose conducting **4 separate focus groups** with different populations; men who use Gay ZONE programs and service, support network (women or other family/friends) of program users, partner organizations and community members. Focus groups will allow us to collect in-depth qualitative information from the identified groups about their experiences and perceptions regarding the program and services offered by Gay ZONE.

Focus groups that are conducted with the 6 partner organizations will include a representative from each organization. All other focus groups will have at least 5

participants to reduce the overall pressure on each participant to engage in the discussion. Questions to lead each discussion will be adapted to reflect the specific groups, however the questions will focus on discussing what aspects of the program are beneficial, what barriers people face when accessing services, if the services provided meet the needs of bi/gay/trans men and MSM, and if they reflect the overall goals of Gay ZONE and what other community services are being accessed.

Two evaluators from *Global Evaluation Solutions* will conduct the focus groups, and the groups will be held at Gay ZONE facility at a time that suits the participants (possibly Thursdays since that is their meeting day).

Proposed Theory of Change

Theories of change represent beliefs of the target populations' needs and establish a connection between the programs goals and outcomes, the target population, and the activities being implemented. *Global Evaluation Solutions* has developed a preliminary theory of change that underlies Gay ZONE (see Table 1, Appendix B).

Problem: STIs have been increasing among gay and bisexual men across the country. Men who have unprotected sex with men are estimated to have 18 times greater risk of HIV transmission. Syphilis, which increases transmission of HIV, has also been increasing. In 2008, MSM in the United States accounted or 63% of syphilis cases. Common risk behaviours of heterosexual men with the greatest risk of contracting HIV includes multiple sexual partners, failure to practice safer sex, and failure to get tested. In Canada, over 363,000 individuals over 18 years old identify as part of the LGBTQ community, and Ottawa has one of the largest LGBTQ communities in the country. Ottawa Public Health reported 2,926 cases of STIs in 2010. Young gay men were more affected by HIV and 40+ year-old gay men were more affected by syphilis than any other groups, respectively. Therefore, services to enhance the capacities and risk of gay men to make informed choices to help manage sexual health risks are important in the community.

Gay ZONE provides a congenial environment for sexual health testing and promotion for gay/bi/trans and MSM. By partnering with multiple community health organizations (see Figure 1), Gay ZONE provides a comprehensive list of services focused on the testing, treatment and management of STIs and HIV in Ottawa.

Critical Input: In 2010, the National Alliance of State and Territorial AIDS Directors (NASTAD) and the National Coalition of STD directors released a policy statement addressing the health needs of gay men/MSM to achieve health equity. The policy statement led to the creation of a Gay Men's Health Equity (GMHE) Work Group composed of qualified HIV and STD staff. The work group outlined recommendations for health departments and agencies to best address the health needs of gay and MSM men. These recommendations include:
- Build the capacity of health departments to address HIV and STI concern among gay and bisexual men and other MSM

- Create an integrated and coordinated response across disease areas
- Develop comprehensive strategies to better address the rising rates of HIV and STIs among gay and bisexual men

By creating a collaborative and comprehensive approach, a sexual health prevention and treatment program can meet the recommended practices and enhance desired outcomes by reaching the whole gay/bi/trans and MSM community at large.

Mediating Processes: Psychological theories can be used to explain the nature of change in social conditions brought about by program action. *Global Evaluation Solutions* has identified two theories consistent with Gay ZONE's health program.

The first theoretical framework to help guide practical program applications for Gay ZONE is the **harm-reduction approach** to enhance the capacities and rights of gay men to make informed decisions to help manage health risks. The harm reduction approach influences strategies to reduce negative health risk behaviours by engaging participants and encouraging them to connect with treatment providers. It takes a preventative focus to reduce the health and social harms through education, prevention and treatment. This approach requires judgment-free services, and avoidance of moralistic statements and stigmatization. Gay ZONE reflects this theory by providing a free, anonymous and safe environment to attain knowledge, develop peer support, interact with a variety of qualified professionals and obtain community resources. Gay ZONE resources are readily available on the Internet and through weekly walk-in sessions.

The second theoretical framework parallel with Gay ZONE is **social cognitive theory**. Social cognitive theory is a commonly used model in sexual transmission risk behaviours. It encourages participants to weigh the costs and benefits of safe sex practices. This increases individual self-efficacy, which is critical to ensure individuals will practice safer sex in difficult situations. Self-efficacy models have been successful in many high-risk groups, including heterosexual adults. Gay ZONE encompasses social cognitive theory by enhancing the capacities and rights of gay men to make informed decisions that fit their personal values and help manage health risks. Self-efficacy can be influenced by social support availability and outcome expectation of treatment and promotion services.

Expected Outcomes: The long-term goals include increasing the health, wellness and wellbeing of gay/bi/trans and MSM community. We propose setting intermediate and short-term goals to achieve this overarching goal. In the short term, it is realistic to focus on increasing gay/bi/trans and MSM community service access to the center. Another short-term goal is to increase the organization's reach in terms of screening, treatment and dissemination of knowledge. We see these as mediating to and in line with the intermediate goals, which include decreasing sexual risky behaviours, decreasing prevalence of STI's and HIV in the gay/bi/trans and MSM community as well as increasing individual disease management.

Extraneous Factors: Program effectiveness needs to be evaluated in the context of extraneous factors that affect participant outcomes either directly or indirectly by moderating intervention effects. This category includes environmental and situational factors as well as participant characteristics. Considering the vulnerable population from a

variety of backgrounds we are dealing with, some individuals will likely respond to the program better than others and may consequently have more frequent visits and benefit from the wide array of services being offered. The setting of Gay ZONE might be an extraneous factor if it is not easily accessible or near public transport. As for the service provider, an extraneous factor is if Gay ZONE's staff and volunteers are accepting and providing an enabling and non-judgmental atmosphere.

Sources of social support include peers, health professionals, family, friends or personal networks and may have a positive or negative effect on a person. It is expected that peers at Gay ZONE are providing positive experience to participants. In addition, the health professionals at Gay ZONE might be contributing to a positive or negative outcome. Both of these issues will be further investigated in the focus groups and surveys.

Finally, resources and funding are a large factor to investigate their effect on the program and the view of the stakeholders on this topic. Another crucial aspect to this program is to make sure the resources available (space and staff) are suited to the program's need.

Implementation Issues: Implementation issues for Gay ZONE include follow-up and tracking of individual participants due to the sensitive and anonymous nature of the program. The awareness of the Gay ZONE within the gay/bi/trans and MSM community may also impact the use of the program.

Revised Logic Model

Based on these limitations described earlier, we have proposed a revised logic model to demonstrate how the program activities relate to program objectives (see **Appendix A**). This logic model attempts to outline the theory of change for Gay ZONE and is used to identify evaluation questions for further evaluation. We recommend that the revised logic model be reviewed with the EAC to ensure it's utility and to assess that the activities reflect the theory of change.

Evaluation Questions

After proposing a revised logic model for Gay ZONE to reflect the theory of change, we propose utilizing a **collaborative approach** to conduct a **two-stage** evaluation. In the first stage, *Global Evaluation Solutions* suggests **a process evaluation** to assess the strengths and limitations of program usage, delivery and operation. In the second stage we propose an **outcome evaluation** to determine the overall effectiveness of the program at promoting sexual health of gay/bi/trans men and MSM. The following evaluation questions have been proposed:

1. Does program delivery conform with program theory?
2. Is the program reaching its target audience?
3. Do program activities contribute to the attainment of program long term and ultimate goals?

In consultation with the EAC, the above evaluation questions will be appropriately refined to ensure that we are meeting the evaluation needs of Gay ZONE. GES suggests that such an evaluation may be conducted using, but not limited to, the following methodologies;

- o Google Analytics: Applying Google analytic software to Gay ZONE's webpage would provide information regarding frequency of website access, website reach, and assessment of the links between Gay ZONE and partner organization webpages.
- o Focus Groups with program staff and clients: focus groups would provide rich qualitative data regarding the delivery of services as well as insight into if/how program activities are contributing to the attainment of long term and ultimate goals.

Anticipated Challenges and Mitigation Strategies

While we have made a strong effort to propose an evaluation that is practical and informative while still meeting the unique needs of Gay Zone, we understand that there are a number of challenges that may arise. As shown in **Table 1,** we have anticipated a variety of challenges that may occur and have suggested possible mitigation strategies.

Table 1: Anticipated Challenges and Mitigation Strategies

Anticipated Challenge	Mitigation Strategies
Cultural Appropriateness of Data Collection Methods	- All evaluators will undergo cultural sensitivity training prior to the beginning the evaluation. - All questions in questionnaires, focus groups and interviews will be reviewed for cultural appropriateness by engaging program staff and the program steering committee. - Due to the bilingual nature of the Ottawa region Translation services will be available for all data collection methods, including focus group facilitation, questionnaires, and interviews.
Confidentiality and Ethics Considerations	- All members of GES are familiar with the ethics and standards of Canadian Evaluation Society and the evaluation will be conducted within these standards. - GES Members will be given "Positive Space" training prior to beginning evaluation activities - Active informed consent will be obtained prior to conducting focus groups and interviews. - GES will ensure all participants are aware that they can discontinue or stop participating in the evaluation at any time. - GES will de-identify all participants in evaluation

	results.
	- Evaluation results stored in a secure database.
	- Strive for integrity and honesty (core competencies)
Education Level	- Readability statistics will be determined for all written materials (surveys) and will be assessed according to procedures outlined by FRY and SMOG. - Cloze Procedures will be used to determine comprehension of materials. - We will employ data collection methods that eliminate literacy barriers to participation (focus groups, interviews, GIS).
Different Clients attending each session (recruitment problems)	- GES recognizes it may be difficult to contact previous Gay ZONE participants. - Snowball sampling methods to contact previous users through word of mouth. - Website/ Social media recruitment will be used to contact transient users.
Social/Political Issues	- GES recognizes the LGBTQ and MSM communities are often marginalized. - Engaging with program staff and promoting a positive space will be undertaken to mitigate issues associated with the social and political climate.

Core Evaluation Competencies Demonstrated

Global Evaluation Solutions has worked to reflect the core competencies of Credentialed Evaluators throughout our proposal in five domains: 1. Reflective Practice, 2. Technical Practice, 3. Situational Practice, 4. Management Practice, and 5. Interpersonal practice.

Reflective practice competencies were demonstrated by GES through our commitment to respecting all stakeholders. Although we have unilaterally developed a preliminary program theory for the current proposals, GES has proposed making revisions to our program theory through collaboration with an EAC including the Gay ZONE steering committee and subject matter experts (including professionals and participants). The proposed use of interviews and focus groups to garner feedback exemplifies our commitment to stakeholders input. Furthermore our reflective practice has considered human rights and public welfare while conducting an evaluation within the vulnerable LGBTQ and MSM community, as addressed by our cultural considerations and mitigation strategies laid out in our Challenges & Mitigation Strategies.

Our understanding of evaluation theories, techniques and methodologies are identifiable through our development of a preliminary theory of change and program theory as well as our systematic plan of evaluation methods for developing the theory of change models in collaboration with program stakeholders.

Global Evaluation Solutions situational practice competence is evidenced by addressing the uniqueness of this site, both due to the program's complex inputs as well as the unique cultural and political context within which the program operates. The identified challenges and associated mitigation strategies show explicit consideration of the program's political climate and complex target population. Furthermore our situational practice competency is upheld by our commitment to identifying the interests of all stakeholders as evaluation activities progress.

The management competency of *Global Evaluation Solutions* can be found throughout our evaluation plan as we have addressed work parameters and plans by laying out specific distribution collection plans for each of our proposed methodologies and have provided a timeline to address issues of feasibility within Gay ZONE's 15-20 day timeline (see Table 2, Appendix B).
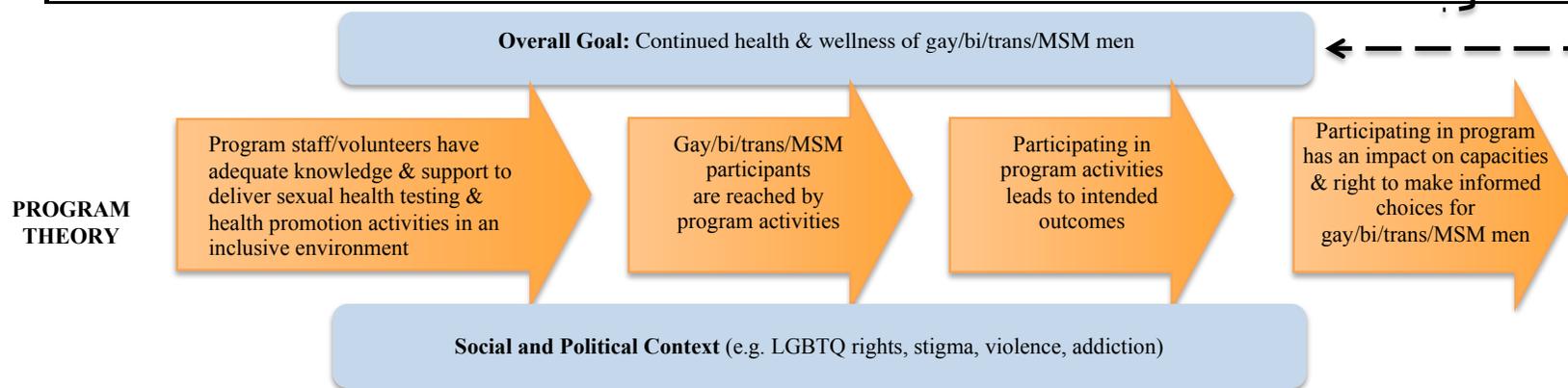
Finally, GES has been dedicated to interpersonal practice competencies throughout the proposed evaluation. Due to the often-vulnerable clients at Gay ZONE, GES has proposed positive space training for evaluators to promote a safe and comfortable evaluation climate for participants. This important step will result in the application of listening skills while consulting with program users and stakeholders. Furthermore, the development of the EAC is a critical step in GES's collaborative approach with program staff and users and allows the evaluators to attend to issues of diversity and culture.

Conclusion

Global Evaluation Solutions has reviewed Gay ZONE's existing logic model and has proposed a number of recommendations to enhance the comprehensiveness and to ensure it accurately reflects the true components of the services being provided. This proposal has outlined a process for developing the theory of change underpinning Gay ZONE's programs and services and has provided a preliminary theory of change narrative. A revised logic model has been created, which has been applied to identify 3 evaluation questions that can be applied to guide future evaluation initiatives. We look forward to meeting with you and the EAC to review this proposed evaluation plan and to ensure it meet the needs of your organization and your stakeholders.

Appendix A: Draft Logic Model for Gay ZONE

INPUTS	COMPONENTS	ACTIVITIES	OUTPUTS	OUTCOMES	
				SHORT-TERM	LONG-TERM
Program staff Volunteers Equipment & space Community partners Funding Medical professionals Preventative resources (Vaccines, PEP, condoms, materials) Findings from previous evaluation (e.g. female users)	Sexual Health Screening and Treatment	- Free & confidential services - Screening services (STIs, Hep B & C) - HIV testing & anonymous HIV testing - Treatment services (Hep A & B, STI's, PEP) - Monitor & provide follow-up & case management - Support/carry out contact tracing - Walk-in services	# Screened # Treated # HIV tests # STI tests # PEP provided	↑ # of at-risk individuals screened & treated ↑ Testing of STI's ↑ HIV testing	• Improved access to culturally-appropriate & comprehensive services • Improved social support network • Building capacity of gay/bi/trans/MSM men
	Health Promotion and Wellness Programming	*Prevention Activities* - Free condoms & vaccinations - Education on priority topics (group & individual) e.g. pamptlets *Support* - Support group services - Yoga - Gay Narcotics Anonymous in Recovery group - Calendar	# Condoms # Vaccinations # Group & individual education sessions # Pamphlets given # Support groups & # attending # Yoga sessions & # attending # Events in calendar	↑ Prevention resources provided ↑ Knowledge & access to harm reduction principles ↑Individuals engaging in safe-sex practices	
	System Navigation	- Refer clients to necessary services & supports - Assist with access to services & supports - Provide information on related services	# Participants referred # Participants assisted # Links accessed	↑ Knowledge & use community resources	
	Program & Community Development	*Program* - Engage & provide support to staff & volunteers *Community* - Reach & identify individuals seeking connection with peers - Establish linkages with commun ity partners - Identify common needs & interests with intent to respond	# Staff/volunteers trained & supported # Individuals reached # Connections fosters # Needs & interested responded to	↑ Capacity to respond & meet needs of participants ↑ Engagement of community members ↑ Connection with peers ↑ Community inclusivity ↓ Stigma	

Overall Goal: Continued health & wellness of gay/bi/trans/MSM men

PROGRAM THEORY

Program staff/volunteers have adequate knowledge & support to deliver sexual health testing & health promotion activities in an inclusive environment → Gay/bi/trans/MSM participants are reached by program activities → Participating in program activities leads to intended outcomes → Participating in program has an impact on capacities & right to make informed choices for gay/bi/trans/MSM men

Social and Political Context (e.g. LGBTQ rights, stigma, violence, addiction)

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APPENDIX B: Theory of Change for Gay ZONE & Timeline for Theory of Change Development

Table 1. Critical Elements of Theory of Change for Gay ZONE

Problem	Critical Inputs	Mediating Processes	Expected Outcomes	Extraneous Factors	Implementation Issues

- HIV and STI rates in Gay men are on the rise
- Over 363,000 Canadians over 18 years old identify as part of the LGBTQ community
- Ottawa has one of the largest LGBTQ communities in Canada
	- Referrals
	- Screening
	- Treatment
	- Community Partners
	- Social Support Groups
	- Anonymous Services
	- Free Services
	- Health and Wellness Promotion
		- Harm Reduction Theory
		- Social Cognitive Theory
		  - social support
		  - self efficacy
		  - outcome expectations
			<u>Short Term:</u>
			é Screening
			é Treatment
			é Knowledge and awareness
			<u>Intermediate:</u>
			- Individual disease management
			ê prevalence of STI and HIV in community
			ê prevalence of at-risk sexual behaviors
			<u>Long Term:</u>
			é Health & Wellness of gay/bi/trans men and MSM
			é capacity of gay/bi/trans men and MSM to manage health risks
				<u>Characteristics:</u>
				- Users
				- Settings
				- Service provider
				
				<u>Social Support:</u>
				- Peers
				- Family & friends
				- Professional supports
				
				<u>Resources</u>
				- Funding
				- Space
				- Staffing & volunteers
					- Participant follow-up
					- Participant tracking
					- Awareness and use of services

Table 2: Timeline for Development of Theory of Change

Evaluation Activity	Timeline (Days)																			
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
EAC Meetings	X	X	X	-	-	-	-	-	X	X	X	-	-	-	-	-	-	X	X	X
GES Meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lit/Doc Review	C	C	C	D	D	-	-	-	-	-	-	-	-	-	-	-	-	KT	KT	KT
Interview	R		C	D		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Surveys	N	N	N	N	M	M	M	M	M	M	M	M	M	M	A	A	A	KT	KT	KT
Focus Groups	R	R	R	R	R	C	C	C	C	C	-	A	A	A	A	-	-	KT	KT	KT

R – Recruitment; C – Data Collection; A – Data Analysis; KT – Knowledge Dissemination / Transfer ; N-Simultaneous Recruitment & Collection ; M-Simultaneous Recruitment, Collection & Analysis