



February 8, 2014

Steering Committee, Gay ZONE
Centretown Community Health Centre
420 Cooper Street
Ottawa ON K2P 2N6

RE: Request for Proposals: Gay ZONE's Theory of Change

Peak Evaluation Inc. is pleased to present an evaluation proposal to develop a theory of change, updated logic model and evaluation questions for Gay ZONE. Attached, please find our proposal, which includes the following:

- A brief overview of the Gay ZONE program
- A theory of change describing the assumptions, programming activities, indicators and preconditions necessary for achieving Gay ZONE's long term outcome
- A logic model illustrating the pathways outlined in the theory of change
- A compilation of evaluation questions that will assist in evaluating Gay ZONE's program according to the theory of change
- A discussion of anticipated challenges and proposed solutions
- A list of evaluation competencies that guide our work

The consultants on our team bring a diverse array of experiences in program evaluation to this project. We are confident that we will provide the highest level of expertise in the evaluation of Gay ZONE with a most feasible and accurate evaluation that addresses your needs.

Please feel free to contact us if you have any questions or clarifications. We look forward to working with you on this evaluation project.

Sincerely,

Peak Evaluation Inc.



Proposal for Evaluation for Gay ZONE

February 8, 2014

Gay ZONE: Program Overview

Gay ZONE is a strengths-based (focusing on assets rather than deficits) sexual health program for “guys into guys” (gay, bisexual and transgender males and men who have sex with men (GBT/MSM)). It was created in 2008 in response to increased HIV and syphilis identified among gay males in Ottawa, Ontario, as well as an identified need to increase access to sexual health services in the local Lesbian, Gay, Bisexual and Transgender (LGBT) community. The program is guided by a number of values including: non-judgment and respect, an affirmation of the target population’s rights to satisfying sex lives free from guilt, stigma, coercion, violence and shame, a harm reduction/capacity building approach that “meets participants where they are at” and a commitment to increasing access through free and confidential services.

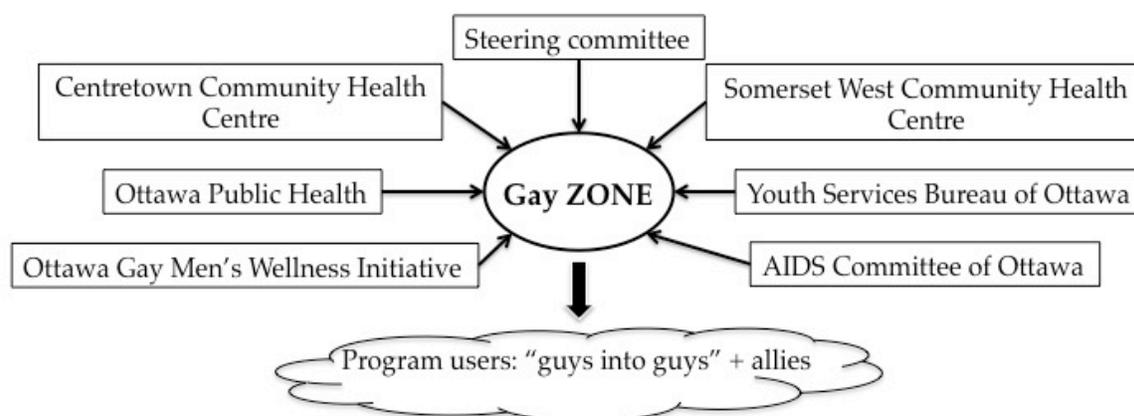
The program runs as a drop-in on Thursdays from 5 – 8 pm out of Centretown Community Health Centre. Gay ZONE offers services across primary, secondary and tertiary levels of prevention. At the primary prevention level, health promotion programming provides the target population with health information/resources (e.g. pamphlets, workshops and condoms) and support groups (e.g. yoga, Narcotics Anonymous). Hepatitis A and B vaccination, as well as counseling services, are also available. Secondary prevention services include Hepatitis B, C and HIV (anonymous, standard and point of care) testing and contact tracing / partner notification support. Post-Exposure Prophylaxis (PEP) is also provided free to men who have been exposed to HIV in the last 72 hours. At the tertiary prevention level, medical treatment for STIs is provided. Gay ZONE also engages allies who attend to support friends.

Gay ZONE aims to reduce STI transmission among GBT/MSM in Ottawa by increasing access to culturally-appropriate screening and testing, health care professionals and sexual health information. The program also works to create a safe space for operating the program and to decrease stigma and shame around sex and intimacy among program participants. These short-term outcomes will lead to increased capacity for informed decision-making about sexual health, community building, empowerment and an increase in STI testing and treatment among GBT/MSM in Ottawa. In the long-term, Gay ZONE aims to decrease the transmission of STIs among GBT/MSM and improve overall their health and wellness.

Stakeholders

Gay ZONE operates through a partnership between six organizations: Ottawa Public Health, AIDS Committee of Ottawa, Centretown Community Health Centre, Somerset West Community Health Centre, Youth Services Bureau of Ottawa and the Ottawa Gay Men's Wellness Initiative (see Figure 1). As no targeted funding is available for the program, Gay ZONE operates through in-kind contributions and resources from existing operational budgets provided by program partners. Strategic direction and oversight are provided by a Steering Committee composed of one representative from each partner organization, up to 5 community representatives (GBT/MSM) and additional representatives appointed as needed. Other stakeholders include program participants: the GBT/MSM who attend Gay ZONE and their allies.

Figure 1 Gay ZONE Stakeholder Map



Evaluation Approach

Evaluation Needs

Building upon the Gay ZONE evaluation completed in 2009, the Steering Committee has expressed an interest in further exploring ways in which the program might be improved. The goals of this work include updating the logic model (see Appendix 1) to better reflect the current state of the program, detailing a theory of change through which program outcomes are achieved, and identifying some preliminary evaluation questions (see Appendix 2).

Limitations of 2008 Gay ZONE Logic Model

A good logic model must be clear, simple, accurate, comprehensive and realistic. The logic model completed in 2008 did not adhere to some of these characteristics. The 2008 logic model is not comprehensive since it did not capture all of the elements of the Gay ZONE program. The 2008 evaluation identified some areas of activity within the program that are not represented on the original logic model. For example, it was discovered that a number of young women in their 20s visit Gay ZONE to support their male friends. This “ally” component has been captured in the revised logic model but was not included in 2008.

Another shortcoming of the 2008 logic model is the omission of program inputs and outputs. There is also no mention of assumptions between program components and no indication for the consideration of unintended and unexpected outcomes. The logic model is also not realistic as the causal linkages are not clear and are not substantiated by theory. The logic model is not accurate in that the long-term outcome did not focus on the program’s mission, which is to reduce the transmission of STIs in GBT/MSM. Lastly, it is unclear whether the logic model has been validated. It is possible that the activities, short-term outcomes and long-term outcomes are not agreed upon amongst all stakeholders.

Process for Developing the Theory of Change

Developing a theory of change for Gay ZONE is important as it describes how all of the components of the program operate together to evoke change. A theory of change contains four essential components that are connected through causal pathways: long term outcomes, preconditions, program interventions and assumptions. A number of key values will guide the development of these components and the final theory of change for Gay ZONE. First, we utilize an evidence-based decision making process to guide our work. Second, we allow for flexibility and an iterative process as our team and stakeholders engage in thoughtful discussion. Third, we encourage and support innovation from all parties, and anticipate creative contributions to the theory of change elements.

The collaborative nature with which Gay ZONE was first created will influence the methods used to develop a theory of change for the evaluation of this program. Initial development will include the drafting of program activities and stated outcomes, based on available baseline documentation of the program. In addition, formative research will provide information necessary for developing the theory of change for Gay ZONE. A comprehensive literature review of relevant program theories will assist in framing the assumptions given by the program stakeholders against existing program theories.

Gay ZONE stakeholders, including the steering committee and other program users and staff, will be integral to the further development of the theory of change. We respect and appreciate the individual and shared knowledge of stakeholders, and believe that a theory of change that is relevant and expresses the realities of Gay ZONE will require a participatory process. The theory of change will be discussed with stakeholders to gather relevant information and establish the causal mechanisms, contextual factors, and their interactions. It is critical to involve these individuals at this time to compare the opinions of these actors to our narrative, making sure to come to a consensus.

We aim to bring together stakeholders through widely distributed community surveys, focus groups, and semi-structured interviews. This will help to test the underlying assumptions of the program theory and to elicit assumptions regarding any unknown causative mechanisms. Surveys offer an efficient method for gathering data from a large sample, and will introduce our team to the many ways in which the community values the work of Gay ZONE. Focus groups allow multiple perspectives to emerge that might not otherwise surface in a non-group setting, as well as offering an opportunity to collect in-depth

qualitative information (such as feelings, attitudes and beliefs) that can further validate survey results. Focus groups will be the main point of entry for many stakeholders to contribute the development of the theory of change. Trained facilitators will explore the many ways in which stakeholders would expect the achievement of long-term outcomes. Key informant interviews will further provide detailed information on the expectations and needs of primary stakeholders. To build capacity, stakeholders and other interested parties will be invited to an educational workshop (offered by Peak Evaluation) that will introduce the concepts of theory of change and evaluation.

Preliminary narrative on the theory of change

The long term outcome of Gay ZONE is improving the health and wellness of GBT/MSM in Ottawa. Participation in the treatment and testing services is key in achieving this goal. In order for users to participate, Gay ZONE must increase the capacity of GBT/MSM to make informed decisions about sexual health, build a sense of community among allies and program users and facilitate their empowerment.

- Assumption: Empowering GBT/MSM to use services will result in a decrease in STI transmission rates in the community and improved health and wellness downstream.

Access is a necessary prerequisite for adequate participation in health services. The testing and treatment services must include components of screening, competence and respectful healthcare staff and relevant and engaging sexual health information. These services must be specific to GBT/MSM and provided in an environment that is culturally competent, non-judgmental, supportive, safe and free of physical and emotional barriers.

- Assumption: By providing access that is tailored to the diverse needs of the community, GBT/MSM will seek and participate in the services provided by Gay ZONE.

Gay ZONE provides a multitude of programs that target various facets of health and wellness. These services are appropriate across the diversity of the community as well as comprehensive within the various, evolving needs of individuals. Furthermore, these services are provided in a single location that reduces the need to navigate multiple organizations.

- Assumption: By providing a wide breadth and depth of services in a unique space, GBT/MSM will seek the services they require at any time in their life

External factors

In addition to the program components, there are factors external to Gay ZONE that affect how it operates. These include evolving needs and demographics of the community, changes in funding priorities, and low political and public support for harm reduction initiatives. Also, disease trends will likely not remain stable over time, and treatment and testing options will also have to be updated as necessary to meet health standards.

Risks

A number of risks may threaten the program's ability to translate activities into outcomes. First, the policy environment (e.g. support for harm reduction services) may restrict Gay ZONE's ability to deliver the intended activities to GBT/MSM. Second, a lack of space and time (e.g. only one night of programming per week) may prevent Gay ZONE from reaching everyone in the target population and therefore impede its ability to effect the intended changes among these people. As well, the theory of change relies on the assumption that the knowledge will be used by program participants. If participants do not translate their knowledge into practice (e.g. due to lack of perception of risk, lack of agency or environmental barriers), intermediate and long-term outcomes will not be achieved. Last, a lack of sufficient support for those receiving positive test results may impede the program's ability to achieve long-term outcomes (decreased STI transmission rates and improved health and wellness), as achieving these outcomes is contingent upon participants' receipt of proper counseling and treatment.

Competencies for Evaluation Practice

Peak Evaluation has strived to exemplify the following evaluation competencies in compiling this proposal.

Respects all stakeholders

The contributions of program stakeholders of this program are valued and respected; as such, we have aimed to empower them in the process of developing the theories of change for Gay ZONE. Evaluation questions have also been designed in accordance with this principle in order to incorporate the perspectives of the wide range of stakeholders in both evaluation design and implementation.

Frames evaluation questions

We have framed our evaluation questions such that both qualitative and quantitative methods can be used to explore them. Furthermore, we anticipate that multiple indicators will be used to measure each construct in order to triangulate the data, allowing questions to provide a more accurate and comprehensive investigation.

Shares evaluation expertise

In accordance with Gay ZONE's focus on facilitating empowerment and capacity-building, a participatory approach will guide our work. An advisory group will allow for partnership between Peak Evaluation and the program stakeholders. This will also help ensure cultural competency is considered in this process. As needed, Peak Evaluation will offer an educational workshop to stakeholders to introduce them to evaluation concepts and the theory of change, thereby enabling and empowering to participate fully in the evaluation process so they may better understand evaluation. Moreover, it is anticipated that this will foster improvement and self-determination.

Attends to issues of diversity and culture

Awareness and attention to issues of diversity and culture within this community is important since GBT/MSM represents an incredibly heterogeneous community, with individuals that may face very different barriers and facilitators in attempting to access program services. Thus, we strive to identify any physical, social, and attitudinal barriers that may impact the ability of individuals to access services. For example, we have included evaluation questions related to access in different subgroups within the GBT/MSM population to ensure that access is equitable. The participatory approach that we have adopted will also help to ensure that issues of diversity and culture specific to Gay ZONE's target population are incorporated. By including participants in

the evaluation design phase, Peak Evaluation is providing a space for them to voice their opinions. This community has historically been subjected to discrimination and oppression which has contributed to an inequitable burden of disease in this population. As such, a participatory and empowerment-based approach is appropriate as it allows for the transfer of agency and self-determination to reduce health and social inequities and recognizes that a collaborative, inclusive working style is an important part of creating positive change.

Identifies and mitigates problems / issues

We improved upon the existing logic model and grounded it in theory to ensure that the anticipated results are feasible given the program components. We have also anticipated challenges for addressing the key evaluation questions and proposed innovation tools and solutions to mitigate these issues. In doing so, we have ensured that the evaluation is feasible and that the results will be valid.

Anticipated Challenges and Solutions

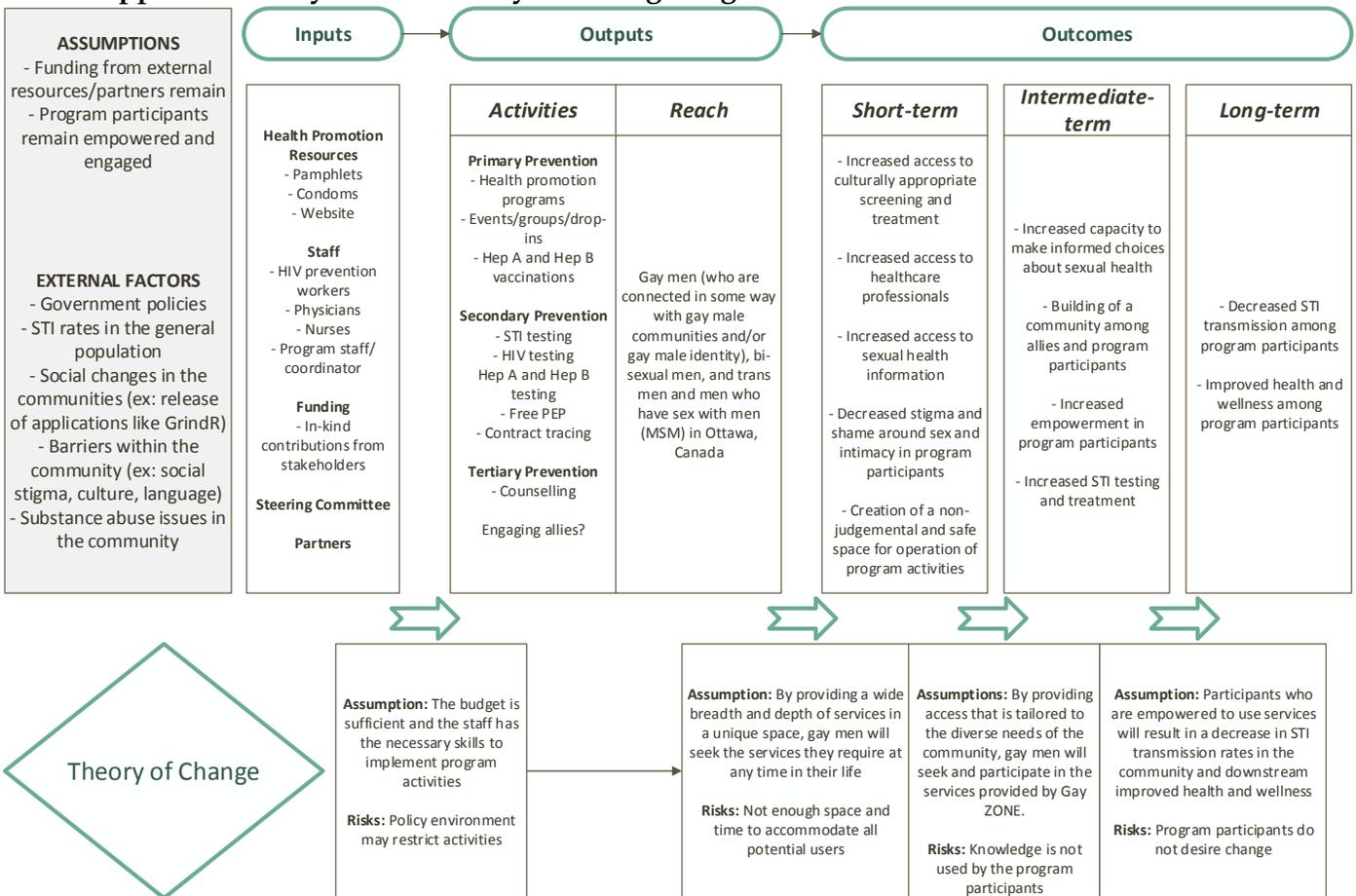
Challenge	Proposed Mitigation Strategy:
Lack of validated measures to assess certain constructs (e.g. feelings of safety and belonging in the program)	Efforts will be made to triangulate multiple sources of information in order to construct a comprehensive account of participant's experiences.
Conducting evaluation with an at-risk group (stakeholders and program participants)	<p>Be cognizant of and responsive to the needs of this group, e.g., have a counselor or a member of the GBT/MSM community conduct data collection as this may help to facilitate trust and honesty.</p> <p>To facility participant safety counselors should be available after data collection (interviews, focus groups, etc.) to discuss any personal issues that come up for participants during their participation in the evaluation.</p> <p>Ensure cultural appropriateness for diverse program target population through collaboration with Evaluation Advisory committee to identify appropriate methods of gathering feedback.</p>
Ethical challenges such as working with a vulnerable population, privacy, and consent	<p>Evaluators should act in a respectful and sensitive manner in recognition of the stigma these individuals may face.</p> <p>Ensure that participants understand their role in evaluation and informed consent is obtained from all participants.</p> <p>Participants should be assured of the confidentiality of all information disclosed to the evaluators.</p> <p>Evaluation questions should be reviewed to ensure that they are appropriate and sensitive.</p>
Bias - e.g. participants perception of stigma and shame around their sex lives may lead to social desirability bias	<p>Provision of a safe, judgment-free environment will also reduce social desirability bias leading to the collection of more accurate data.</p> <p>Triangulation of data will improve the validity of the results.</p>
Data quality - e.g. social desirability might impact responses of target population	Efforts to ensure anonymity; triangulation of data collection methods and sources; utilized trained professionals

Challenge	Proposed Mitigation Strategy:
External evaluators may have difficulty establishing rapport with community	Involve stakeholders early on in evaluation process; build trust and rapport through ongoing community participation
Potential low response rates (e.g. to surveys or interviews)	Efforts will be made to engage participants early on and build support for evaluation. As well, incentives may be offered to participants (e.g. grocery cards) for their involvement.

Conclusion

We look forward to your review of the proposed theory of change, revised logic model and suggested evaluation questions. We would welcome a meeting with the Steering Committee in order to discuss your reactions to these documents as well as any feedback you may have that we can incorporate into updated documents. Furthermore, it may be helpful to discuss whether there are stakeholders outside of the Steering Committee who need to be involved in this process and if so, how best to engage them.

Appendix 1: Gay ZONE Theory of Change Logic Model



Appendix 2: Key Evaluation Questions

<p>Evaluation Question # 1: How well is the program being implemented in the community?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • How are participants entering the program? • What sources of referral exist and are these being utilized? • What methods are in place to recruit and retain participants? • Is the target population being reached? • Are any additional communities attending the program? • Do any inequalities in accessing the program exist within subpopulations of the target group? • Are the program activities being utilized? • Do participants feel like the program is helping them? • Is the program engaging participants? • Do participants feel like they are treated fairly within the program? • Would participants recommend the program to others? • What methods are in place to connect participants with other groups in the community (e.g. referral chain) as needed?
<p>Evaluation Question # 2: Are the short-term outcomes being achieved?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • Have participants' access to culturally appropriate screening and treatment increased? • Has participants' access to healthcare professionals increased? • Has participants' access to sexual health information increased? • Have participants perceived a decrease in stigma and shame around their sex lives (from themselves and others)? • Do participants feel accepted and safe in the program?
<p>Evaluation Question # 3: Are the intermediate outcomes being achieved?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • Have participants' capacities to make informed choices about their sexual health increased? • Do participants feel like part of the Gay ZONE community? • Do participants feel more empowered? • Has STI testing increased among program participants?
<p>Evaluation Question # 4: Are the long-term outcomes being achieved?</p> <p>Sub-questions:</p> <ul style="list-style-type: none"> • Has STI transmission decreased among program users? • Have participants' health and wellness improved? • Has the program caused any unintended (positive or negative) effects?