

TOTALLY OUTRIGHT EVALUATION REPORT

Final Report

MARCH, 2014



RAINBOW RESOURCE CENTRE

SERVING MANITOBA'S GAY, LESBIAN, BISEXUAL, TRANSGENDER AND TWO SPIRIT COMMUNITIES

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EXECUTIVE SUMMARY

Over two weekends in October and November of 2013, Totally Outright (TO) hosted 12 young gay men to participate in interactive discussions on topics related to gay men's health including: coming out, sex, drug related harm reduction, and relationships. As part of a group project, participants created sexual health campaigns for gay men, with one campaign being chosen by participants to be further developed by Rainbow Resource Centre (RRC). Each participant also received *Totally Outright: A Guide for Sexual Health Leaders*, a manual written, vetted and illustrated by a team of young gay men supported by the Community Based Research Centre in Vancouver. The manual provided participants with supplemental reading material and information on topics covered in the workshops.

Participant outreach and recruitment strategies included social media, contacting GBTTQ* groups at schools and universities, word of mouth and posters/handbills. The goal of outreach was to target a wide range of young GBTTQ* men who were representative of the community's diversity with respect to sexuality, gender identity, and experience. Twenty-four people representing a range of ages, genders and sexual identities applied for Totally Outright (TO). Following an interview process, 12 people were selected based on their availability and continued interest. All participants were male; almost all identified as gay, one as bisexual and another identified as homosexual. Participants' ages ranged from 17 to 23. One participant was an international student.

Participants offered feedback and suggestions to improve the TO manual, which includes information on topics related to research on gay men's health, diversity in gay relationships, engaging positive men and exploring gay men's mental health. Participants liked the breadth of information (3) and the organization of the content (1). Suggestions for improving the manual included: distributing the manual ahead of time (1), including questions for reflection after each section (1) and having broader representations of gay men among images used in the manual (2).

As part of the program, participants divided themselves into three groups based on their interest in the topic (Shamelessness, Sexual Health and Body Image) and were tasked with building a campaign. At the end of TO, the campaigns were presented to the larger group, which voted to work together to create the Shamelessness campaign. TO has secured an additional \$17,000 to launch the campaign. Eleven participants completed a survey that had questions about the group project. The group project was rated as good or excellent by 91% of respondents. Respondents indicated they learned about marketing campaigns (4), body image (2) and different experiences of sexuality (2). Respondents also indicated that they found that collaboration worked well (2), scheduling was difficult (1) and it is difficult to communicate specific information through campaigns (1). Two participants shared that they found the presentation difficult, however, many reported that working or presenting on the group project was a high point of the program for them.

The program was launched with an orientation session and social event on the Friday of the first weekend. Following the orientation, workshops were held over two weekends in October and November at a different location on each day of the weekend. Most sessions were held from 9:30 am to

5:30 pm and included 4 or 5 presentations of 45 to 60 minutes. The program was free for participants, and food and bus tickets were provided. Feedback on the logistics and structure of the program identified challenges with the orientation session. Some participants found this evening difficult socially. The participants also felt that the timing and length of day sessions could be improved upon. All participants liked the number of different facilitators and the quality of facilitation and almost all (91%) liked the size of the group. Most (89%) liked the scheduling of the course, however, several participants reported that timing of the workshops was not ideal (interfered with work and exams). The main goal of the program is to support young gay men to be sexual health leaders in their communities. All participants who completed the written evaluation were somewhat likely or extremely likely to remain active in gay men's health related issues. Examples of ways in which they hoped to stay involved included leading their Gay Straight Alliance (GSA) and using the information they learned to help others. Increased community involvement was also mentioned as an important outcome among half of the focus group participants.

Totally Outright sought to impact participants' knowledge about issues impacting gay men's sexual health while increasing comfort discussing sexual health with others. Change in comfort and knowledge around gay men's health was measured using a pre- and post-test design. Average comfort on the pre-test was 5.7 (on a scale from 1 to 7) – ranging from 4.6 (comfort with their bodies) as least comfortable and 6.1 (challenging fears and stigma about sex) as most comfortable. On the post-test, average comfort increased to 6.6. The greatest change was related to personal comfort with their bodies, followed by talking about their own mental health and challenging misconceptions about sexual health and behavior of GBTQ* men. Average knowledge score on the pre-test was 4.3 (on a scale from 1 to 7) – ranging from a low score of 2.4 (the HIV movement and the Manitoba GBTQ community) to a high score of 6.2 (reducing risk of contracting STIs). On the post-test, average knowledge increased to 6.3 with the greatest increase being on the history of two-spirited people, the impacts of colonization on GBTQ* people, and the history of the HIV movement in the Manitoba context.

Focus group participants also spoke about the program's impact. A number of participants reported increased confidence and a sense of direction and motivation propelling them towards greater community engagement. All 11 participants who completed the evaluation said they would recommend the program to others.

BACKGROUND

Totally Outright (TO) is a community intervention designed to address the broad health and social development needs of young gay men. The program uses workshops, presentations, and interactive learning activities to build the knowledge and skills necessary to provide leadership for action on gay men's health. Beginning in Vancouver, and then implemented in Toronto, the program was piloted in Winnipeg by the Rainbow Resource Centre (RRC), funded by the Winnipeg Regional Health Authority (WRHA), with the aim of empowering young gay men to be leaders within their sexual and social networks.

PROGRAM DESCRIPTION

Starting with an orientation event, then continuing over two weekends in October and November of 2013, 12 young gay men participated in interactive, discussions on topics related to gay men's health including: coming out, sex, drug related harm reduction, and relationships. As part of a group project, participants created sexual health campaigns for gay men, with one campaign chosen by participants to be further developed by RRC. Each participant also received a Totally Outright Manual, produced in Vancouver, with supplemental reading material and information on topics covered in the workshops.

EVALUATION SCOPE AND PURPOSE

The purpose of the project evaluation was to:

- determine the strengths and weaknesses of program implementation
- determine the strengths and weaknesses of program content
- assess the level of community engagement among participants following the program

EVALUATION QUESTIONS

1. Did the program outreach effectively target the desired community?
2. Was the participant manual an important part of the program?
3. Was the group project an important part of the program?¹
4. Did the program content meet the needs of the participants?
5. Did the program logistics suit the needs of the participants?
6. In what ways, if any, have the participants continued with community engagement after the program?
7. What impact has the program had on the lives of the participants?

See *Evaluation Framework* (Appendix A) for summary of evaluation questions, indicators and methods.

¹ This question was added by TO program staff after data collection was completed.

FINDINGS

DID THE PROGRAM OUTREACH EFFECTIVELY TARGET THE DESIRED COMMUNITY?

Outreach strategies included social media, contacting GBTTQ* groups at schools and universities, word of mouth and posters/handbills. The goal of outreach was to target a wide range of young GBTTQ* men who were representative of the community's diversity with respect to sexuality, gender identity, and experience.

Twenty-four people representing a range of ages, genders and sexual identities applied for Totally Outright (TO). Applicants identified their gender as either male (22) or transgender (2) and sexual identity as gay (16), bisexual (2), straight/bi-curious (2), homosexual (1), pansexual (1), queer (1) and two-spirited (1). The application did not ask questions related to race and socio-economic status.

Following an interview process, 12 of the 24 applicants were selected to participate based on their availability and continued interest, and an interview with the coordinator. All participants in the program were male; almost all identified as gay, one as bisexual and another identified as homosexual. Participants' ages ranged from 17 to 23. One participant was an international student.

The initial group included a transgender male who later dropped out. Feedback from Totally Outright participants indicated that his involvement was beneficial in bringing an additional perspective to the group. It is not known whether the person dropped out for personal reasons or because of the program itself. To provide a safe and supportive environment, TO staff choose workshop leaders considered to be trans competent and provided training to ensure workshop content would be applicable for transmen who have sex with men.

WAS THE PARTICIPANT MANUAL AN IMPORTANT PART OF THE PROGRAM?

Totally Outright, a guide for sexual health leaders, was written, vetted and illustrated by a team of young gay men supported by the Community Based Research Centre in Vancouver. For the Winnipeg program, the guide was given to participants as supplementary reading. The manual included

Chart 1 - Age of Totally Outright Applicants

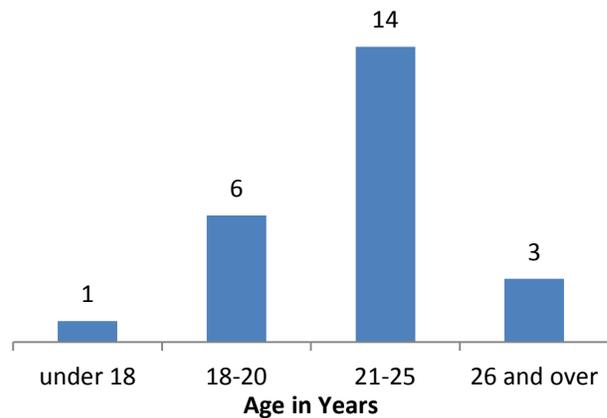


Chart 2 - Applicants Reached

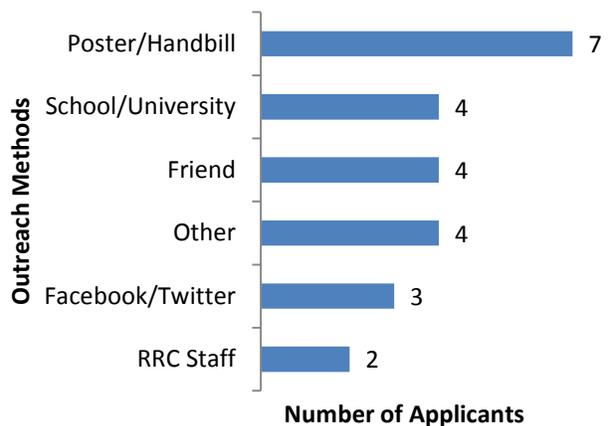
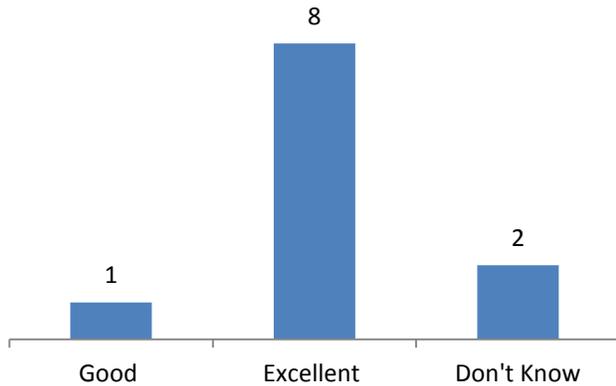


Chart 3 - Ratings of Participant Manual



information on topics related to research on gay men's health, diversity in gay relationships, engaging positive men and exploring gay men's mental health.

Eleven participants completed a final survey that included questions about the manual. Two participants did not know what they thought about the participant manual or had not read it. Other respondents reported learning:

As a sexual health leader, I should pay attention in my reactions when I am asked for some

information, avoid any judgement and provide as much valid information as possible

I learned that I don't need to have sex yet! Because I'm still a virgin...

Sex positivity (1), methods of prevention (1) and how to lower risk (1) were additional learnings identified. Participants liked the breadth of information (3) and the organization of the content (1).

"Its spread [of] target topics, which provided me with a holistic knowledge about sexual health. Sexual health is not just making safe sex, but also our feeling, mental health..."

Suggestions for improvement included: distributing the manual ahead of time (1), including questions for reflection after each section (1) and having broader representations of gay men among images used in the manual (2).

TO focus group participants also provided positive feedback about the manual and suggested integrating material from the manual into some of the workshop presentations.

WAS THE GROUP PROJECT AN IMPORTANT PART OF THE PROGRAM?

As part of the program, participants divided themselves into three groups based on their interest in the topic (Shamelessness, Sexual Health and Body Image) and were tasked with developing a public awareness campaign. Participants met on their own time and worked with an expert. At the end of TO, the campaigns (Appendix B) were presented to the entire group where they voted to work together on creating the Shamelessness campaign. Subsequently, TO has secured an additional \$17,000 from the WRHA to launch the campaign.

Chart 4 - Overall Rating of the Group Project

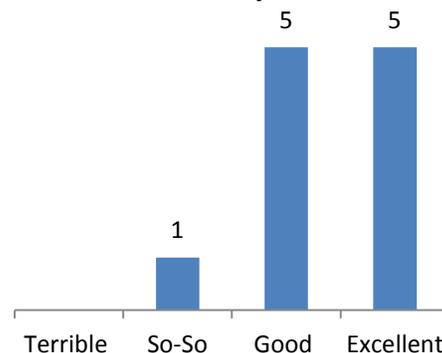
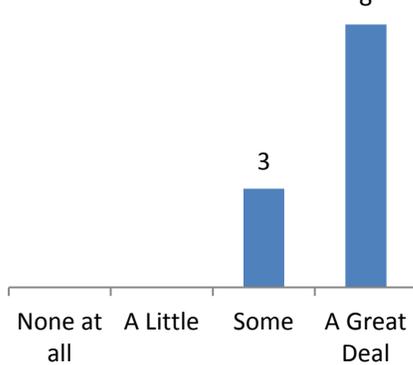


Chart 5 - Amount Learned from the Group Project



In a survey ten out of eleven participants rated the group project as good or excellent. Respondents also said they learned about marketing campaigns (4), body image (2) and different experiences of sexuality (2). Respondents felt that collaboration worked well (2), scheduling was difficult (1) and it is difficult to communicate specific information through campaigns (1).

Two participants found the presentation difficult saying: *“The low point for me was presenting because I dread presenting so*

much.” and *“I was shaking when we did the presentations. Like literally shaking. That wasn’t necessarily a low point, but it definitely was not a high point.”*

However, many focus group participants indicated that the group project was a high point of the program or a positive experience.

I would probably say the high point of the program for me would probably be the presentation day. I really enjoyed presenting our project to the rest of the group. I feel like we put a lot, like each group, put a lot of work into all those projects and it was really nice to be able to show everyone what we had done.

My high of the program...was probably like working on the presentation with everyone. I don’t know. It made me happy when I would go upstairs and [the coordinator] was like “We were able to hear you guys laughing from like all the way over here and you just wouldn’t stop. You guys are so loud.” That was cool.

Then the other low point, which may come as a surprise to my group members, was our second group meeting...the posters that we had talked about the first weekend...weren’t exactly what I thought they would be, so I was like freaking out and certainly that was a low point, but that also goes into my turning point because when he brought the final posters on the actual day of the presentation they were way better and for me that was like the turning point because it was more of what I had envisioned. And then the high point would be the presentation.

My high point was probably working in the group. All the group exercises we did, they were really fun actually, so I would say that that was my high point.

The high point was the campaign because we were developing our strength we got together.

I really enjoyed the presentation as well. I thought that was really good. I sort of brushed up on my presentation skills that I really need for my future.

Overall, the group project and campaign was considered by participants to be a very important part of the program and continues to involve participants in gay men’s health now that the workshops are over.

DID THE PROGRAM CONTENT MEET THE NEEDS OF THE PARTICIPANTS?

Program content included 14 presenters delivering 17 workshops on topics including: Current Trends in Gay Men’s Sexual Health; Gay Health Promotion; Gay Sex!; Drug Related Harm Reduction and Safer Sexual Health as well as workshops on culture, leadership, communication and social marketing.

Workshop evaluations consistently rated the relevance of material covered and the amount of new information provided as very high (Charts 6 and 7).

Focus group participants reported learning new things and felt that overall, their experience surpassed their expectations of the program.

It was a good experience. It was educational and I learned more than I actually thought that I would.

At first when [I was} approached...I was actually quite hesitant to join. I thought that I knew most things already...so I just thought that I wasn’t the right candidate. But when I did join it I’m so glad that I did... I did learn things that I did not know. There’s always tons of information out there and even if you think you know all of it there is probably something you can learn. I’m so grateful for this opportunity.

It surpassed my expectations because...we [had] some workshops that really got me thinking.

I would say that overall it has impacted the way that I view men’s sexual health quite a lot. To begin it was a lot of information for four days. I would like to say that for the most part it all stuck.

Chart 6 - Average ranking - Relevance of Materials Presented (n = 11)

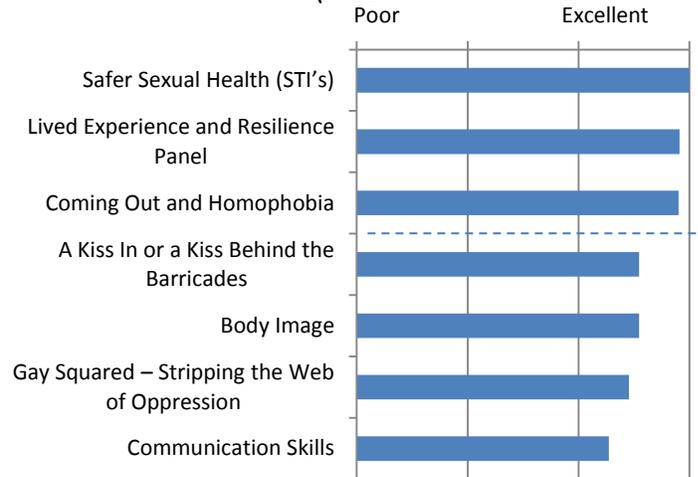
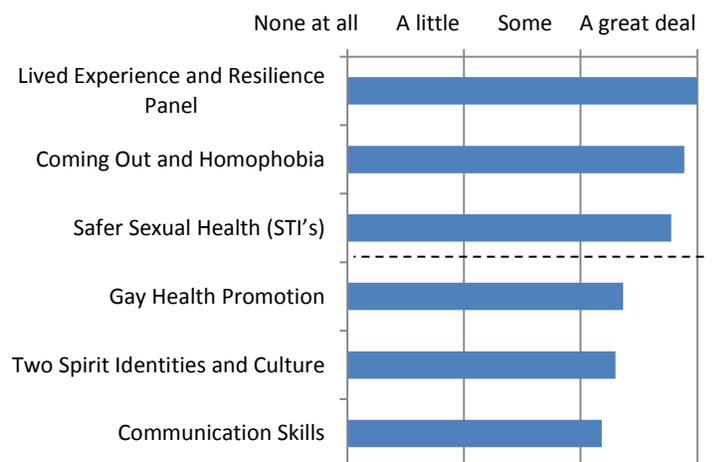


Chart 7 - Average ranking - Information Presented (n = 11)



My turning point was the AIDS lecture. The one, AIDS history because it brought forth, because It encompassed so much, but he had things that we still had to do. And it was like "Yeah, we have a lot to do. There's something to do." So I think for me that was the turning point.

Although the content of the workshop was highly rated, participants reflected on the need to have more interactive sessions and the need to be clear about the learning objectives of each workshop.

...I felt like maybe some [presentations] should start incorporating things like iClicker or like group activities or getting ...for different stuff. I don't know, that was just my one big pet peeve.

...Sometimes I was tired and it was like boring and at a point where I was in need of sleep and I had to fight to stay awake. So probably more just interactive presentations.

In terms of the actual lecturers I found most of it interesting, Sometimes I did get distracted and talked, but there was always something from every presentation that I...took away, so I wouldn't have changed that.

When asked for additional workshop topics they would like to see offered, participants suggested feminism, survey methods, knowing how to engage with people in a discussion about sexual health, more in depth information about body image, and STIs. One focus group participant commented that it was nice to have both sexual health related content and other skill development opportunities, but that it might have worked better to have at least one full day on gay men's health alone.

DID THE PROGRAM LOGISTICS SUIT THE NEEDS OF THE PARTICIPANTS?

The program was launched with an orientation session and social event on the Friday of the first weekend. Following the orientation, workshops were held over two weekends in October and November at a different location on each day of the weekend. Most sessions were held from 9:30am to 5:30pm and included 4 or 5 presentations of 45 to 60 minutes. The program was free for participants and food and bus tickets were provided.

Feedback on the logistics and structure of the program identified challenges with the orientation session. Some participants found this evening difficult socially.

I was really nervous the first night, but after that everything got better.

My low point was the first night actually because I'm really shy, so coming here and a couple of people knew each other already so I was like, who am I going to talk to, so for me that was a low point.

The first night there was the mixer and it is possible that there was a bit too much to drink that people had access to. I think they may change that for the next time.

They had lots of bus tickets which was nice, but for the first night if you're going to be providing alcohol or it is a late night event I think there should be some type of taxi set up.

The participants also felt that the day sessions, timing and length, could be improved upon.

...There were some days where it was really, really hard to get through because...how long was each day, like 6 hours? And there was only 45 minutes break total...It would be better if there were like some cool down periods where you would have a chance to think about what you just learned...

I definitely agree with the breaks. Because they kept going over the time and then like the break would get shortened instead of like 15 minutes it would be like 5.

I think they acknowledged ... how there was scheduling issues with the breaks.

One participant noted that the timing of the workshops coincided with the university exam period making scheduling difficult. Another noted that having two different venues each weekend was somewhat inconvenient.

I'm not sure about the switching of the venue. Because on the first week it was at one place and then the next day it was at their place and then for the ending it was back at the first place, so just having that kind of switching was a little inconvenient, but not a huge thing.

All participants liked the number of different facilitators and the quality of facilitation and almost all (91%) liked the size of the group. Most (89%) liked the scheduling of the course, however, several participants reported that timing of the workshops was not ideal (interfered with work and exams).

Overall, participants felt the logistics were excellent or good. Suggestions for improving program structure included: adjusting workshop schedules to incorporate more breaks; include more interactive sessions; and scheduling the program to a different time of year, different times of the week and later in the day. The orientation event could be improved by incorporating more icebreaking and 'get to know you' activities. Offering taxis or rides home from late evening events that involve alcohol was also recommended.

IN WHAT WAYS, IF ANY, HAVE THE PARTICIPANTS CONTINUED WITH COMMUNITY ENGAGEMENT AFTER THE PROGRAM?

The main goal of the program is to support young gay men to be sexual health leaders in their communities. All participants who completed the written evaluation were somewhat likely or extremely likely to remain active in gay men's health related issues. Examples of ways in which they hoped to stay involved included leading their GSA and using the information they learned to help others.

To participate [in] this event sparked my interest in help[ing] gay people (and also no[n] gay people) who need information and assistance

I really want to be more involved with RRC actually :)

[through my work]I am pretty much forced to stay involved to promote gay health

Enjoyed being part of the community and would like to stay involved somehow

There's a lot that needs to be done

Increased community involvement was also mentioned as an important outcome among half of the focus group participants.

I also had some [ideas of] what I could bring to my community to help them to give them ideas for workshops....I think my response is people, because I am new here. I don't see all of them frequently, but I really enjoy when we are together and I felt more integrated into the community too because I have arrived here one month or two months before the workshop.

I thought it was inspiring because it made me feel like joy doing more things for the gay community. It made me feel like one of the reasons that I wanted to move to downtown to Osborne was because of Totally Outright because I wanted to be closer to here because I would hope that I will be more connected to this community.

I really enjoyed having the opportunity to continue working using the skills I learned there... Volunteer work. Lots of opportunities. Like we get e-mails pretty frequently with like updates on volunteer opportunities...

Overall this is really beneficial for my perception of healthy sex in the gay community. And like the opportunities that opened up, that was really good. Like now that I'm a graduate of TO there's a lot more doors opening for me to be more involved in community and I think that's great because I need a job.

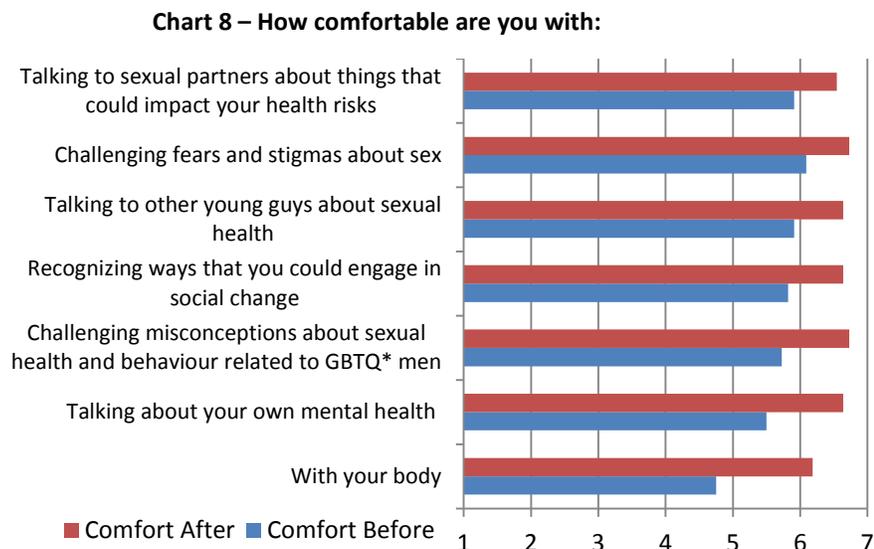
Having completed the TO program, participants are interested in working as leaders in the gay sexual health community and continue to be involved with the RRC.

WHAT IMPACTS HAS THE PROGRAM HAD ON THE LIVES OF THE PARTICIPANTS?

Totally Outright sought to impact participants' knowledge about issues impacting gay men's sexual health while increasing comfort discussing sexual health with others.

Change in comfort and knowledge around gay men's health was measured using a pre- and post-test design. Eleven

participants completed both a pre and post test with seven providing an identifier allowing pre and post tests to be linked. To compare pre and post scores between all eleven respondents, averages were calculated and compared for the

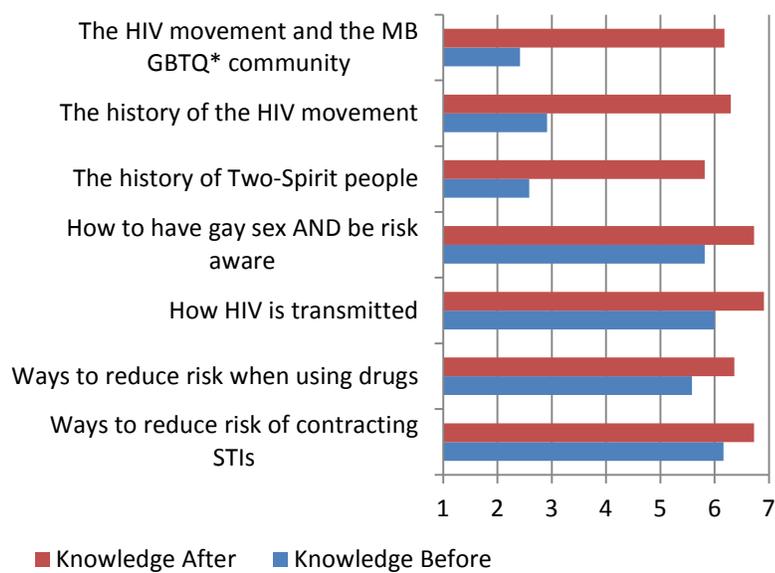


group rather than on individual scores.

Comfort discussing sexual health was measured by having participants rate their level of comfort in various situations on a scale of 1 (not at all comfortable) to 7 (very comfortable). Average comfort on the pre-test was 5.7 – ranging from 4.6 (comfort with their bodies) as least comfortable and 6.1 (challenging fears and stigma about sex) as most comfortable. On the post-test, average comfort increased to 6.6. The greatest change was related to personal comfort with their bodies, followed by talking about their own mental health and challenging misconceptions about sexual health and behavior ofGBTQ* men.

Similarly, knowledge about issues impacting gay men’s sexual health was measured by having participants rate their knowledge on related topics from 1 (I know almost nothing on the topic) to 7 (I know a lot about the topic). Average knowledge score on the pre-test was 4.3, ranging from a low score of 2.4 (the HIV movement and the Manitoba LGBTQ community) to a high score of 6.2 (reducing risk of contracting STIs). On the post-test, average knowledge increased to 6.3 with the greatest increase being on the history of two-spirited people, the impacts of colonization onGBTQ* people, and the history of the HIV movement in the Manitoba context.

Chart 9 – How much do you know about:



Focus group participants also spoke about the program’s impact. A number of participants reported increased confidence and a sense of direction and motivation propelling them towards greater community engagement.

I think I’m more open like about just stuff...

I am more relaxed with this foreign concept with anonymous communities. Now it’s emotionally attached information. A stronger sense of what I can be a part of if I so choose.

I learned a whole lot about me, others and the history of gay health.

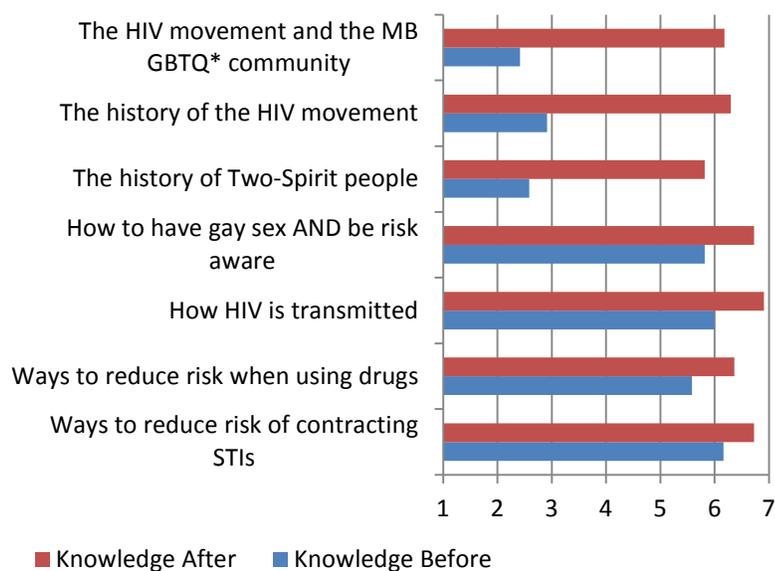
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group rather than on individual scores.

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Chart 12 – How much do you know about:



Focus group participants also spoke about the program’s impact. A number of participants reported increased confidence and a sense of direction and motivation propelling them towards greater community engagement.

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I am more relaxed with this foreign concept with anonymous communities. Now it’s emotionally attached information. A stronger sense of what I can be a part of if I so choose.

I learned a whole lot about me, others and the history of gay health.

It made me more confident. I’m already pretty confident. I speak my mind, but usually I only speak my mind when I know what I’m talking about. So now that I have some more

knowledge base about...and the second thing that I took from this experience is it actually made me more passionate...I want to do everything I can and I'm so committed. It's made me have passion for something and I haven't been really passionate about anything in a long time, so it's good to feel that again.

...It's made me definitely more confident as a person ...it made me feel like there was something to look forward to which is fantastic. So those two things, inspiration and confidence.

I had started to question myself about some stuff, some actions I had had and I changed some things. I didn't like that sometimes I was being a little bit of a hypocrite. And after the workshop I questioned myself and changed my ideas and...I started to really work on my ideologies...

...[a] lot of the material kind of hit me, like I've never experienced any of these things and it was like, I'm kind of jealous of these guys because they've sort of experienced it for themselves

Finally, an unintended outcome was a strengthened social network among participants. Almost every focus group participant mentioned meeting new people and making new friends as an important part of TO. One participant also identified finding a new roommate as a particularly positive aspect of the program. Having shared the TO experience, participants have formed a positive network of peers that validates and supports them as community leaders.

...I met all these awesome guys. They're all great and we're all close knit and I'm so happy...[W]hat a great experience.

...Everyone is really awesome and I feel comfortable so that was good.

...I got to meet a whole community of guys. It was good... It was nice. It was a very relaxed environment...

And sort of, after coming out of here from TO I was able to increase my sort of connection to the gay community. I gained a bunch of gay friends now and it's amazing.

The biggest thing that I took out of it was probably the new friendships I made and...

...It's brought me a circle of friends. Before I would have to drag a girlfriend to Fame and that's impossible half that time, so now I know that I had my circle of homos I can invite or people I can talk to about anything that I can't talk to other people about. So that's part of this experience.

I think my response is people, because I am new here. I don't see all of them frequently, but I really enjoy when we are together.

All 11 participants who completed the evaluation said they would recommend the program to others. When asked about the most important outcome of the program responses included: *"the challenge and*

change of my thoughts”; “gaining info and making a campaign to help others in the community”; “my positive outlook about the GBTTQ community”; “relationships I formed through the program”; “[a] deeper understanding of material”; “more awareness/knowledge that I can apply/share with others”; “a greater sense of comfort with myself”; and “knowledge on gay sex and safety”.*

CONCLUSIONS

PROGRAM SUCCESSES

Outreach successfully attracted 24 applicants representing a diverse group ofGBTQ* men. Participants reported that the program manual provided a lot of good information on gay men’s sexual health. The campaign was an important part of the program and has provided an opportunity for participants to continue working together to promote gay men’s sexual health. Program and workshop content provided new, relevant information. Participants appreciated bus tickets and the coordinator’s ability to quickly deal with any issues. All were interested in the opportunity to be involved in theGBTQ* community as part of TO and mentioned specific ways that they would get involved. Participants made personal changes as a result of TO. Making friends and being part of a community were important outcomes.

I really did learn a lot and I met amazing people who I am friends with, so I made awesome friends so it was good.

LESSONS LEARNED

Program participants weren’t as diverse as the applicants in terms of gender. Transgender and two-spirited men who have sex with men applied and future outreach and programming may need to specifically support and welcome these audiences and encourage participation. Although, content was well received, participants felt that more interactive activities would have kept them engaged longer. The participant manual would benefit from fewer stereotypical pictures and being distributed along with a package of handouts before the program starts. Scheduling was difficult as TO was during midterms for some. Early mornings, long days and a lack of breaks and opportunities to reflect led to people being tired and unfocused.

RECOMMENDATIONS

- Make an increased effort to attract and support the participation of transgender and two-spirited men who have sex with men.
- Make an increased effort to attract and support the participation of people from diverse ethno-cultural and socio-economic communities
- Work with volunteer facilitators to incorporate interactive activities, examples related to theGBTQ* community and learning objectives as part of their presentations
- Integrate the participant manual into the content of the program
- Consider offering the program at different times of year, during different times of the week and later in the morning

- Provide taxi's or rides home for late night events that involve alcohol
- Create a welcoming and supportive first event with less alcohol and more icebreaking and 'get to know you' activities.
- Include content on: feminism; working with the rest of the LGBTQ* community; survey development; reading body language/whether or not people are interested; and more in-depth information about body image and STIs
- In future evaluation, include a question asking: "Is TO facilitating the involvement of a diverse group of young men?"

METHODOLOGY

Document Review

Totally Outright applications were counted and analyzed to see if they represented a diversity of the community.

Application Survey

As part of the Totally Outright application participants answered questions on the effectiveness of outreach (Appendix C).

Participant Survey

A questionnaire was distributed after each session on its content and logistics (Appendix D).

Pre and Post Test

A questionnaire (Appendix F) was administered before and after the program to determine if peoples' beliefs, attitudes and behaviours were different before and after the program.

Participant Focus Group

Participants were invited for a reunion a few months after the last program session to talk about what impact the program has had on community involvement. Topics were guided by a focus group discussion guide (Appendix G).

RECRUITMENT AND CONSENT PROCEDURES

A consent form would be signed before completing the questionnaire or participating in focus groups. Participation in all aspects of data collection was voluntary and participants were free to exclude themselves at any time (Appendix G)

DATA STORAGE AND OWNERSHIP

All data was stored electronically on a password protected computer at Health in Common's office (200-141 Bannatyne), on Health in Common's password protected Google Drive and the physical information was kept in a locked file cabinet at Health in Common's office at (200-141 Bannatyne). All data gathered is the property of the Rainbow Resource Centre. Upon completion of the final evaluation report, all data was securely transferred to the Rainbow Resource Centre and stored for up to five years at which time it will be destroyed.

LIMITATIONS

Some participants misunderstood or misread a question on the evaluation questionnaire about the participant manual, so there was less feedback about that particular aspect of the program. There was a transgender participant, but he stopped being involved with Totally Outright; it is not possible to know his experience of the program. The pre and post-test information was not linked, because there were a number of participants who wrote only the pre-test or the post-test. For the post-test, some participants listed all sevens (highest on the comfort and knowledge scales) for the entire post-test. This

can indicate that participants felt that they had learned and increased their comfort a lot. It could also indicate that participants did not have the time or energy to consider each question individually.

APPENDIX A – EVALUATION FRAMEWORK

Evaluation question	Indicator	Data sources	Data collection methods	Schedule
Did the program outreach effectively target the desired community?	# of applications received	Program Coordinator	Document review	September 2013
	Description of the representativeness of the applicants	Program Coordinator	Application form survey	September 2013
	Feedback on the kinds of outreach	Applicants	Application form survey	September 2013
What benefits, if any, did the participant manual add to the program?	Description of the strengths of the participant manual	Participants	Survey	September/October 2013
			Focus Group	January 2013
	Description of the weaknesses of the participant manual	Participants	Survey	September/October 2013
Did the program content suit the needs of the participants?	Description of the strengths of the content	Participants	Survey	September/October 2013
			Focus Group	January 2013
	Description of the weaknesses of the content	Participants	Survey	September/October 2013
Did the program logistics suit the needs of the participants?	Description of the strengths of the program logistics	Participants	Survey	September/October 2013
			Focus Group	January 2013
	Description of the weaknesses of the program logistics	Participants	Survey	September/October 2013
Have the participants continued with community engagement after the program?	Description of changes in participants' sexual health knowledge, attitudes and /or behaviour	Participants	Focus Group	January 2013
			Pre and Post Test	September/October 2013
	Description of changes in the personal relationships of participants	Participants	Focus Group	January 2013

APPENDIX B – TOTALLY OUTRIGHT CAMPAIGNS

Concept primary messaging



Concept fonts and colours



Primary font - Lobster

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Secondary font - Aller

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz



Concept secondary messaging



Tupperware®

Contents: EAT ME

Date: _____

There's
nothin'
like
leftovers

Coming out is hard enough – even worse if you feel like you're not a first-pick prime piece of meat.

So rather than let it hold you back, get out there, have fun and smile yourself sexy. Show us how delicious you really are at [facebook.com/nothinlikeleftovers](https://www.facebook.com/nothinlikeleftovers)

Concept primary messaging



Concept fonts and colours



Primary font – American Typewriter Condensed

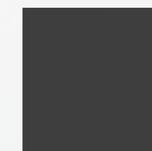
ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz

Secondary font – Aller

ABCDEFGHIJKLMNOPQRSTUVWXYZ

abcdefghijklmnopqrstuvwxyz





Puberty sucks. You're awkward, inexperienced and afraid to look stupid. Getting into the world of gay sex is pretty much the same.

Thing is, everyone's got to go through it. But rather than figuring it out on the dance floor, get sex-educated from a safer source – secondpuberty.ca.



Guerrilla marketing



Giveaway



Concept primary messaging



Don't let
shame *decide.*

Concept fonts and colours



Primary font - Good Foot

ABCDEFGHIJKLMN OPQRSTUVWXYZ
abcdefghijklmno pqrstuvwxyz

Secondary font - Aller

ABCDEFGHIJKLMN OPQRSTUVWXYZ
abcdefghijklmno pqrstuvwxyz



Dance with him.
Don't dance with him.
Don't let shame decide.



*Hold his hand.
Don't hold his hand.
Don't let shame **decide**.*

T-shirt



Guerrilla marketing (coaster)



DLSD Wristband



APPENDIX C – TOTALLY OUTRIGHT ONLINE APPLICATION

DID WE MENTION THIS PROGRAM IS FREE?? THERE ISN'T A GOOD REASON NOT TO APPLY. PLUS WE MAKE IT SO EASY FOR YOU. JUST FILL OUT THE FORM BELOW AND YOUR APPLICATION WILL BE READY.

APPLICATIONS FOR THE MAY 2014 RUN OF THE PROGRAM ARE BEING ACCEPTED BUT WILL NOT BE REVIEWED UNTIL MARCH 2014.

APPLICANTS MAY BE CALLED FOR AN IN-PERSON OR PHONE/SKYPE INTERVIEW TO HELP DETERMINE SUITABILITY.

NAME *FIRST NAME

LAST NAME

ADDRESS *

PHONE *

DATE OF BIRTH *

E-MAIL ADDRESS*

MAY WE LEAVE A MESSAGE? *

YES

NO

HOW DID YOU HEAR ABOUT TOTALLY OUTRIGHT WPG? *

WHAT ARE YOUR PREFERRED PRONOUNS? *

WHAT SEXUAL ORIENTATION DO YOU IDENTIFY WITH? *

WHAT GENDER DO YOU IDENTIFY WITH? *

WHAT WORK EXPERIENCE DO YOU HAVE? *

WHAT COMMUNITY EXPERIENCE DO YOU HAVE? *

WHAT ARE YOUR INTERESTS? *

HOW WOULD YOU DESCRIBE YOUR IDEAL RELATIONSHIP? *

WHAT PART OF THE TOTALLY OUTRIGHT PROGRAM MOST INTERESTS YOU? *

TOTALLY OUTRIGHT WPG IS HELD FROM 10:00AM-6:30PM THE WEEKENDS OF OCTOBER 19/20 AND NOVEMBER 2/3. ARE YOU AVAILABLE TO ATTEND BOTH WEEKENDS? *

YES

NO

NOT SURE YET

WILL YOU REQUIRE BUS TICKETS OR OTHER TRAVEL ACCOMMODATIONS TO HELP YOU WITH TRANSPORTATION TO AND FROM THE PROGRAM? (WE WILL DO OUR BEST BUT CANNOT GUARANTEE DUE TO BUDGETARY CONSTRAINTS) *

YES

NO

IF YOU ANSWERED YES TO THE QUESTION ABOVE, WHAT TRAVEL ACCOMMODATIONS WILL YOU NEED?

ARE THERE ANY DIETARY ACCOMMODATIONS WE SHOULD BE AWARE OF? *

ARE THERE SPECIAL NEEDS THAT YOU MAY NEED US TO BE AWARE OF IN ORDER TO ELIMINATE BARRIERS TO PARTICIPATION? *

YES

NO

IF YOU ANSWERED YES TO THE QUESTION ABOVE PLEASE DESCRIBE THE BARRIERS FOR YOUR PARTICIPATION SO WE MAY HELP OVERCOME THEM.

DO YOU HAVE ANY LIMITATIONS REGARDING THIS PROGRAM BEING DELIVERED IN ENGLISH? *

YES

NO

IF YOU ANSWERED YES TO THE QUESTION ABOVE PLEASE DESCRIBE THE LANGUAGE LIMITATIONS. WHAT SIZE SHIRT DO YOU PREFER? *

IS THERE ANYTHING YOU'D LIKE TO ADD?

APPENDIX D – DAILY EVALUATION FORMS TOTALLY OUTRIGHT FALL 2013 – DAY ONE

EVALUATION FORM

These voluntary daily evaluation forms will help us evaluate Totally Outright. If you have any questions about them, feel free to ask Jared or talk to Anna Weier at Health in Common (annaweier@healthincommon.ca, 204-946-1888).

History of HIV and Gay Health in MB: Horst Backe		Poor				Excellent		Don't Know/Not Applicable
		1	2	3	4	1	2	
1.	Clarity of presentation	1	2	3	4			
2.	Relevance of material presented	1	2	3	4			
3.	Overall satisfaction with session	1	2	3	4			
4.	Overall satisfaction with facilitator	1	2	3	4			
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal			

What did you like best about this session?

What could be improved about this session?

Current Gay Trends in Gay Men's Health: Bryan Magwood		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Communication Skills: Len Tooley		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

A Kiss In or a Kiss Behind the Barricades: Mike Tuthill		Poor		Excellent		Don't Know/NA
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Gay Health Promotion: Len Tooley		Poor		Excellent		Don't Know/NA
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Today's Logistical Details		Poor		Excellent		Don't Know/NA
1.	The session room	1	2	3	4	
2.	The space overall	1	2	3	4	
3.	Food	1	2	3	4	
4.	Timing of the breaks	1	2	3	4	
5.	Pacing of the day overall	1	2	3	4	

What did you like best about the organization of today?

What could be improved for next year about the organization of this day?

TOTALLY OUTRIGHT FALL 2013 – DAY TWO

EVALUATION FORM

These voluntary daily evaluation forms will help us evaluate Totally Outright. If you have any questions about them, feel free to ask Jared or talk to Anna Weier at Health in Common

(annaweier@healthincommon.ca, 204-946-1888).

GAY SEX! And Risk Awareness: Reece Malone		Poor				Excellent		Don't Know/Not Applicable
		1	2	3	4	1	2	
1.	Clarity of presentation	1	2	3	4			
2.	Relevance of material presented	1	2	3	4			
3.	Overall satisfaction with session	1	2	3	4			
4.	Overall satisfaction with facilitator	1	2	3	4			
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal			

What did you like best about this session?

What could be improved about this session?

Body Image: Len Tooley		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Mental Health Issues Facing Gay Men: Chad Smith		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Social Marketing: Alex Varicchio		Poor		Excellent		Don't Know/NA
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Today's Logistical Details		Poor		Excellent		Don't Know/NA
1.	The session room	1	2	3	4	
2.	The space overall	1	2	3	4	
3.	Food	1	2	3	4	
4.	Timing of the breaks	1	2	3	4	
5.	Pacing of the day overall	1	2	3	4	

What did you like best about the organization of today?

What could be improved for next year about the organization of this day?

TOTALLY OUTRIGHT FALL 2013 – DAY THREE

EVALUATION FORM

These voluntary daily evaluation forms will help us evaluate Totally Outright. If you have any questions about them, feel free to ask Jared or talk to Anna Weier at Health in Common

(annaweier@healthincommon.ca, 204-946-1888).

Coming Out and Homophobia: Harrison Oakes		Poor		Excellent		Don't Know/Not Applicable
		1	2	3	4	
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Drug Related Harm Reduction: Rob Marriott		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Gay Squared – Stripping the Web of Oppression: Darnel Forro		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Two Spirit Identities and Culture: Albert McLeod		Poor		Excellent		Don't Know/NA
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Gay Relationships: Jared Star		Poor		Excellent		Don't Know/NA
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Today's Logistical Details		Poor		Excellent		Don't Know/NA
1.	The session room	1	2	3	4	
2.	The space overall	1	2	3	4	
3.	Food	1	2	3	4	
4.	Timing of the breaks	1	2	3	4	
5.	Pacing of the day overall	1	2	3	4	

What did you like best about the organization of today?

What could be improved for next year about the organization of this day?

TOTALLY OUTRIGHT FALL 2013 – DAY FOUR

EVALUATION FORM

These voluntary daily evaluation forms will help us evaluate Totally Outright. If you have any questions about them, feel free to ask Jared or talk to Anna Weier at Health in Common

(annaweier@healthincommon.ca, 204-946-1888).

Accessing Health Care – Barriers for LGBTQ Men: Dick Smith and Bryan Magwood		Poor		Excellent		Don't Know/Not Applicable
		1	2	3	4	
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Safer Sexual Health (STI's): Blain Butyniec		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Lived Experience and Resilience Panel: Harrison Oakes		Poor		Excellent		Don't Know/Not Applicable
1.	Clarity of presentation	1	2	3	4	
2.	Relevance of material presented	1	2	3	4	
3.	Overall satisfaction with session	1	2	3	4	
4.	Overall satisfaction with facilitator	1	2	3	4	
5.	Did the presentation provide you with new information on the topic?	None at all	A little	Some	A great deal	

What did you like best about this session?

What could be improved about this session?

Today's Logistical Details		Poor		Excellent		Don't Know/NA
1.	The session room	1	2	3	4	
2.	The space overall	1	2	3	4	
3.	Food	1	2	3	4	
4.	Timing of the breaks	1	2	3	4	
5.	Pacing of the day overall	1	2	3	4	

What did you like best about the organization of today?

What could be improved for next year about the organization of this day?

APPENDIX E –TOTALLY OUTRIGHT FINAL EVALUATION QUESTIONNAIRE

TOTALLY OUTRIGHT FINAL EVALUATION

We really want to know how you felt about this group. Please take a moment to complete this form. We will use this information to help evaluate the Totally Outright program and report to funders. These surveys will be given to our evaluation partner Health in Common. The individual results of this survey will not be shared with anyone. Only the trends in the overall responses will be reported on.

If you have any questions, please feel free to contact Anna Weier (annaweier@healthincommon.ca, 204-946-1888).

Please rate the following:	Terrible	So-So	Good	Excellent	Don't know
Your Totally Outright experience	1	2	3	4	
The Totally Outright guide for sexual health leaders	1	2	3	4	
Your experience with the group project	1	2	3	4	

How much did the Totally Outright Guide help you gain new understanding of gay men's health?	None at all	A little	Some	A Great Deal	Don't know
--	-------------	----------	------	--------------	------------

What is one important thing that you learned from the Totally Outright Guide for Sexual Health Leaders?

What is one thing you liked about the Totally Outright Guide for Sexual Health Leaders?

What is one thing you would change about the Totally Outright Guide for Sexual Health Leaders?

How much did you learn by working on the group project?	None at all	A little	Some	A Great Deal	Don't know
---	-------------	----------	------	--------------	------------

What is one important thing that you learned from working on the group project?

What is one thing you liked about working on the group project?

What is one thing you would change about the group project?

How likely are you to stay involved in gay health in some way in the future?	Not at all Likely	A little Likely	Somewhat Likely	Extremely Likely	Don't know
Comments:					

Would you recommend the course to friends? Why or why not?

Is there any content that was not covered that you think should be included in the course?

Did you like...	Yes	No	Comments:
The timing of the course? (Time of year)			
The scheduling of the course? (days of the week, time of day)			
The group size?			
The facilitators?			
The number of different facilitators?			

What was the most important thing that resulted from Totally Outright?

Is there any other feedback you'd like to provide to us?

APPENDIX F – PRE/POST EVALUATION FORMS

DATE OF BIRTH: ____ - ____ - ____

Year month day

TOTALLY OUTRIGHT FALL 2013 – KNOWLEDGE AND BELIEFS

This survey is voluntary and is to get an idea of how much you know and what are some of your personal beliefs aboutGBTQ* sexual health before we start our sessions. We will use this information to help evaluate the Totally Outright program and report to funders. These surveys will be given to our evaluation partner Health in Common and will only be identified by code. The individual results of this survey will not be shared with anyone. Only the trends in the overall responses will be reported on.

If you have any questions, please feel free to ask Jared or contact Anna Weier at Health in Common (annaweier@healthincommon.ca, 204-946-1888).

How much do you know about:

	Almost Nothing		A Lot					Unsure
	1	2	3	4	5	6	7	
Sexually transmitted infections	1	2	3	4	5	6	7	
The history of the HIV movement	1	2	3	4	5	6	7	
The HIV movement and the ManitobaGBTQ* community	1	2	3	4	5	6	7	
How to have gay sex AND be risk aware	1	2	3	4	5	6	7	
How activism creates and promotes social change	1	2	3	4	5	6	7	
Gay health promotion on a national scale	1	2	3	4	5	6	7	
The impact of gay health promotion on youngGBTQ* men	1	2	3	4	5	6	7	
The potential fears and stigmas related to gay sex	1	2	3	4	5	6	7	
Body image messages directed at youngGBTQ* men and their impact	1	2	3	4	5	6	7	
How social marketing campaigns are effective	1	2	3	4	5	6	7	

The connection between community based needs and health promotion campaigns	1	2	3	4	5	6	7	
Mental Health Issues that affect GBTQ* men	1	2	3	4	5	6	7	
How HIV is transmitted	1	2	3	4	5	6	7	
Ways to reduce risk of contracting sexually transmitted infections	1	2	3	4	5	6	7	
Ways to reduce risk when using drugs	1	2	3	4	5	6	7	
The history of Two-Spirit people	1	2	3	4	5	6	7	
The impacts of colonization on GBTQ* people	1	2	3	4	5	6	7	
Different relationship structures that young GBTQ men engage in (open, poly, closed, intergenerational, fetish, BDSM)	1	2	3	4	5	6	7	
How marginalization and oppression affect the well-being of young GBTQ* men	1	2	3	4	5	6	7	
Barriers to accessing health care specific to young GBTQ* men	1	2	3	4	5	6	7	
The impact on GBTQ* men of not being engaged in adequate health care	1	2	3	4	5	6	7	
How homophobia and heterosexism interact with aspects of GBTQ* lives	1	2	3	4	5	6	7	
The various impacts of coming out on diverse young GBTQ* men	1	2	3	4	5	6	7	
What is trending among young GBTQ* men related to hooking up, sexual behaviour and relationships.	1	2	3	4	5	6	7	
Resiliency as a character trait and the effect it has on lives	1	2	3	4	5	6	7	

How comfortable are you...

	Not at all comfortable						Very comfortable	Unsure
Challenging misconceptions about sexual health and behaviour related to LGBTQ* men	1	2	3	4	5	6	7	
Talking to sexual partners about things that could impact your health risks	1	2	3	4	5	6	7	
Recognizing ways that you could engage in social change	1	2	3	4	5	6	7	
Talking to other young guys about sexual health	1	2	3	4	5	6	7	
Challenging fears and stigmas about sex	1	2	3	4	5	6	7	
With your body	1	2	3	4	5	6	7	
Talking about your own mental health	1	2	3	4	5	6	7	

APPENDIX G – FOCUS GROUP DISCUSSION GUIDE AND INFORMED CONSENT

Focus Group Discussion Guide: **Totally Outright**

Purpose of meeting: Welcome and thank you for coming today.

My name is Anna and I am from Health in Common. We are working with the Rainbow Resource Centre to learn how they can make the Totally Outright Program better. Your ideas and feedback about the group are very important to help us know how we are doing.

How the focus group will work:

The discussion will last about one-and-a-half hours. I will ask you some questions about your experience with the group. Sometimes I will ask for everyone in the room to answer to a question. For most questions feel free to talk about it as a group. What you say will be kept confidential. In other words, no one will know that you specifically said it. Please also keep what others say in this group confidential. What you tell us will be put together into report and shared with the Rainbow Resource Centre and the people who fund the program.

There *are no* right or wrong answers.

What you say and what happens in this meeting will be typed up. The meeting will also be audio recorded so that my notes can be checked. The recording and notes will be destroyed after we are done writing the report.

Participant Introductions

To start, let's go around and tell me your first name and one thing about this group that has stood out for you.

Discussion Questions:

1. Describe your overall experience of being in this group?
Probes: Was it difficult or easy for you? Was it enjoyable? Did it turn out to be the same or different from what you expected when you first signed up?

2. What would have made this experience better for you?
Probes: Was anything missing? Was there enough information or too much? Were the facilitators effective?

3. What's different for you now that you've been part of this group? Has anything changed?
Probes: Can you give me an example of:
 - *something that you learned*
 - *something you think about differently*
 - *something you do differently*

4. What was the most important thing you learned in Totally Outright?
Probes: Was it a specific piece of information or something about yourself or your community?

5. What was the biggest challenge for you in taking the course?
Were there any logistical issues that were difficult? Did you feel personally challenged in some way?

6. Did the participant manual play an important role in the course?
If yes, how? If no, why not?

Go around: (If needed to pull the group back to focus or engage broader number of people in the discussion)

7. *Write on 3 pieces of flipchart paper – High point, Low point, Turning point.*
Let's do a quick go around. Please tell me:

What been one high point of the group for you personally?

What has been one low point of the group for you personally?

What has been one turning point of the group for you personally?

Summarize responses on corresponding flipchart. After everybody has had a turn, ask for general comments on the lists: any surprises, gaps?

Closing:

8. If there is one thing you would want people to know about this program, what would it be?

Thank participants and remind them how the information will be used. If participants want a summary of the final report be sure to consider how you will provide this to them.

Focus Group and Questionnaire Informed Consent:

Rainbow Resource Centre Totally Outright

We are doing an evaluation of Totally Outright. The Focus Group is to learn how you felt about the Totally Outright program. Information shared in the group session or on the questionnaire will be used to guide the future of the Rainbow Resource Centre.

Thank you for agreeing to take part. As a participant you should know:

- The group will be run by a facilitator who will ask questions and facilitate discussion;
- Your participation is voluntary and you are free to leave at any time;
- You are free to not answer any question;
- These sessions are confidential. Please do not share other people’s personal information;
- What is said and what happens in the group will be written down and recorded for later evaluation. For this:
 - The discussion will be audio recorded.
 - The facilitator may take notes.

- All notes and recordings will be collected by Health in Common.
- All the information taken will be stored safely at Health in Common as per PHIA requirements.
- No names or identifying information will be included in any reports or documents resulting from this evaluation. It will all be kept confidential.

Questions about the project may be directed at any time to Mike Tutthill, Executive Director of The Rainbow Resource Centre or Reece Malone by phone at (204) 474-0212.

*I am fully aware of the nature of this **focus group** and have agreed to participate in it. I have read (or had it interpreted to me), understood and been given a copy of this consent form.*

Participant’s Signature

Date

Facilitator’s Signature

Date