



Canada's source for
HIV and hepatitis C
information

La source canadienne
de renseignements sur
le VIH et l'hépatite C

www.catie.ca
www.hepcinfo.ca
www.infohepatitec.ca

555 rue Richmond Street West/Ouest
Suite/bureau 505
Toronto, Ontario M5V 3B1
Phone/tél: 1-800-263-1638 or/ou
(416) 203-7122
Fax/télé: (416) 203-8284

Programming Connection Case Study Package / Trousse d'étude de cas diffusée dans Connectons nos programmes

Materials from: Operation Hairspray

A program of:
Ottawa Public Health,
179 Clarence Street,
Ottawa ON K1N 5P7
www.ottawa.ca/health

This document was assembled and uploaded to the Programming Connection in October, 2010.

For more information on Operation Hairspray, read the Case Study in CATIE's Programming Connection at www2.catie.ca/en/pc.

The Programming Connection is designed to encourage the revitalization of existing programs and the creation of new programs. Should you use any part of these materials, please credit the author/organization as named on this cover sheet.

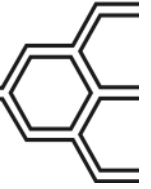
Documents sur : Opération SprayNet

Un programme de :
Santé Publique Ottawa
179, rue Clarence
Ottawa ON K1N 5P7
www.ottawa.ca/health

La présente documentation a été assemblée et téléchargée dans Connectons nos programmes en octobre, 2010.

Pour plus de renseignements sur Opération SprayNet, veuillez lire l'étude de cas dans Connectons nos programmes de CATIE à : www2.catie.ca/fr/cnp.

L'outil Connectons nos programmes a été conçu pour encourager la revitalisation de programmes existants et la création de nouveaux programmes. Si vous utilisez ces documents en totalité ou en partie, veuillez citer en référence l'auteur ou l'organisme tel qu'il figure dans cette page couverture.



Operation Hairspray – Evaluation Form Peer Volunteers - 6 Month

Introduction:

We (City of Ottawa Multicultural Health Team and Healthy Sexuality and Risk Reduction Team) are interested in knowing your reaction after being a Peer Volunteer for 6 months. As a Peer Volunteer, your opinion and feedback is very important. We invite you to complete this questionnaire. You are welcomed and encouraged to comment on any point below. Please comment on anything that you think may be missing.

Note about confidentiality:

So that you may feel free to make any comments you wish, all completed questionnaires will be treated in confidence. When feedback is given (verbal or written) we will not attribute specific responses to any individual. However, if you wish to identify yourself so that we can follow-up with any of your concerns, please feel free to sign your name.

Instructions:

Please check (√) whether you agree or disagree with the following statements. Please choose only one response for each question.

Questionnaire

1. My level of HIV knowledge has increased as a result of being involved in 'Operation Hairspray' for the last 6 months.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

If you agree, please provide an example:

If you disagree, please explain.

2. After 6 months as a Peer Volunteer, has your comfort level, about the subject matter, increased enough for you to deliver the information to other people?

Yes (please describe)

No (please describe)

3. Do you find the resources provided to you over the last 6 months have helped you engage clients in discussions about HIV/AIDS prevention?

1. _____ Strongly agree
2. _____ Somewhat agree
3. _____ Neither agree nor disagree
4. _____ Somewhat disagree
5. _____ Strongly disagree

If you agree, please provide an example:

If you disagree, please explain.

4. Having been involved in the project for 6 months, are there any other types of resources that you may feel would assist you better with communicating HIV/AIDS prevention messages.

Yes (please describe)

No (please describe)

5. Which aspects of being a Peer Volunteer for 'Operation Hairspray' do you feel, are going well? Please describe.

6. Do you have any suggestions for the project staff, to work more effectively? Please describe.

7. Do you have any questions you would like addressed at future trainings? Please describe?

8. Any other comments or suggestions? Please describe.

Thank you for completing this questionnaire!



Operation Hairspray - Log Sheet for Peer Volunteers

Activity details for the week of _____
 Name and address of Salon: _____

of Peer Volunteers _____
 Phone #: _____

Type of Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Basic AIDS 101								
HIV/AIDS, HIV/AIDS and stigma, HIV/Hepatitis Prevention								
Condoms- male and female, safer sex, mother to child transmission, harm reduction								
Testing								
Types of testing available, pre/post test counselling/where to go								
Referrals								
To agencies/organisations in Ottawa								
To websites								
Type of Activity/ Audience								
One on One Discussion – Female								
One on One Discussion – Male								
Group Discussion –mainly females								
Group Discussion –mainly males								
Group Discussion –mixed								
Others- e.g. Family								
Friends								
Outside salon contacts, please describe								
Language								
Mainly English								
Mainly French								
Other- Please Specify								
Resources Requested								
Please tell us:								

Personal information on this form is collected under the authority of section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7. The information from this will be used in the context of the Healthy Sexuality and Risk Reduction Program and the Multicultural Health Program, Ottawa Public Health, in the planning and delivery of services to clients and their families. Only staff from this program will have access to, and use of, this information. Questions concerning the collection and use of this information should be directed to the Program Manager, City of Ottawa, Sexual Health Centre, 179 Clarence Street, Ottawa, ON K1N 5P7, Telephone 580-2424 ext 22520.

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Additional Notes (Actions, calls made, support requested etc.)

Support requested for the following issues:

General comments/feedback

Questions for Ottawa Public Health staff that clients have raised.

For Office Use only:

List of Inventory Items:

Name	Quantity
Training Manuals (English and French)	
Condoms (gross)	
Bags of Candies	
Pens	
HSSR Pamphlets	
STI booklets	
Other:	

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