

PREVENTION REVIVED:

Evaluating the Assumptions Campaign

HE'D TELL ME IF HE'S
POSITIVE.

HE'D TELL ME IF HE'S
NEGATIVE.

HOW DO YOU KNOW
WHAT YOU KNOW?

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PRODUCED IN CANADA FOR AIDS VANCOUVER AND A NATIONAL ADVISORY TEAM OF PARTNER HIV/AIDS ORGANIZATIONS
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Authors of this Report: Terry Trussler and Rick Marchand
Community Based Research Centre
Report Design: Burkhardt

Members of the National Advisory Team 2004 Campaign:

Robert Allan, AIDS Coalition of Nova Scotia, Halifax
Robert Rousseau, Action Séro-Zéro, Montréal
Ken Monteith, AIDS Community Care Montreal (ACCM), Montréal
Shaleena Theophilus & Darren Fisher, Canadian AIDS Society
John Maxwell, AIDS Committee of Toronto
Art Zoccole, 2 Spirited People of the 1st Nations, Toronto
Mike Payne & Jeremy Johnson, Nine Circles Community Health Centre, Winnipeg
Robert Smith, HIV Edmonton, Edmonton
Evan Mo, Asian Society for the Intervention of AIDS (ASIA)
Olivier Ferlatte, AIDS Vancouver

Project Manager: Phillip Banks, AIDS Vancouver

Campaign Development:

Raul Cabra, Cabra Diseno
Andy Williams
SF AIDS Foundation

Cohort Evaluation Study:

Tom Lampinen, Vanguard Cohort Study, BC Centre for Excellence in HIV/AIDS
Liviana Calzavara & Wendy Medved, Polaris Cohort Study, University of Toronto

Think-again.ca Webmaster: Rachel Thompson, AIDS Vancouver

Translation: Murielle McCabe Translations; Nestor Systems

Program Consultant: Patti Murphy, HIV/AIDS Division, Public Health Agency of Canada

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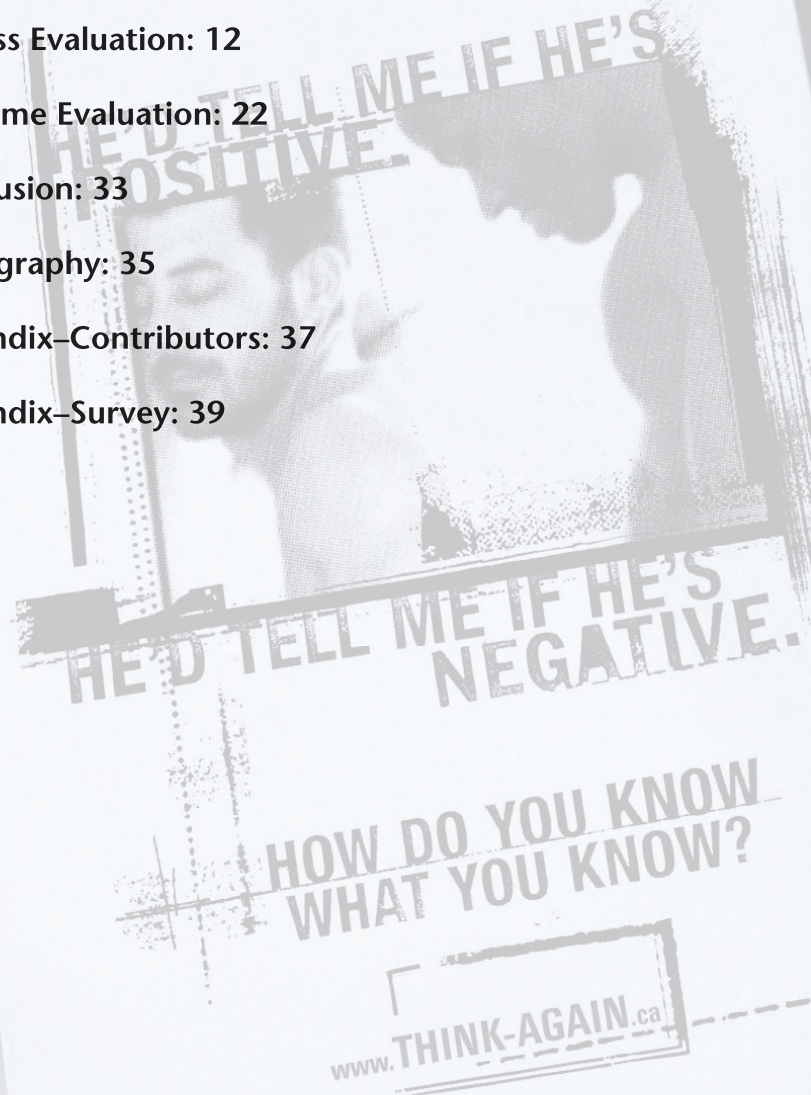
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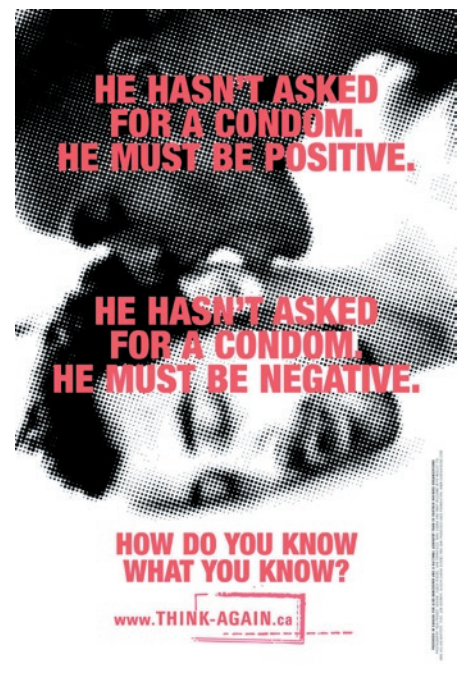
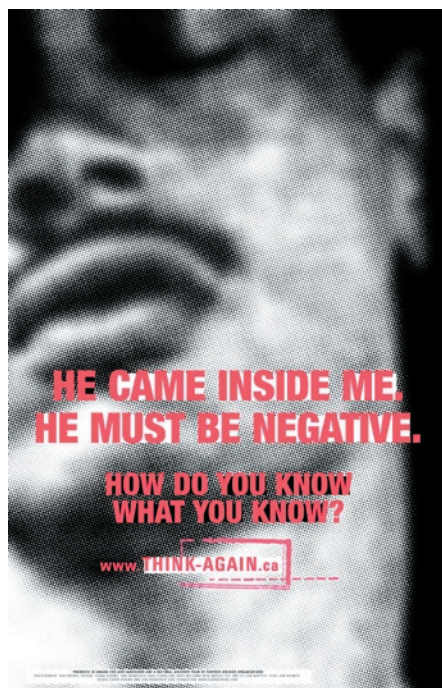
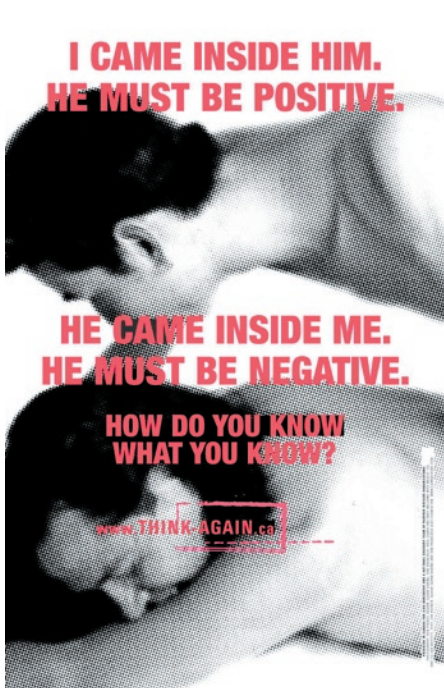
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PREVENTION REVIVED: **Evaluating the Assumptions Campaign**

By Terry Trussler and Rick Marchand
Community Based Research Centre



The Assumptions campaign



La campagne *Comment fais-tu pour savoir?*

Introduction

As the trend toward increasing HIV infections amongst gay men began to get noticed within the health system in recent years, many wondered why. Most people believed that government funded HIV/AIDS programs were promoting prevention amongst gay men. How had the policy failed? Had gay men grown tired of safe sex? What happened to all the money? Few had noticed the enveloping silence over gay men's prevention which had mounted over years of incremental loss of budgets, personnel and programs (Marchand, 2002). In any case, everyone assumed, even gay men themselves, that HIV was a diminishing issue (Stall, et al., 2000). So, everyone assumed.

Nevertheless in 2003, against this backdrop of increasing HIV infections, confusion and denial, Health Canada sponsored an initiative to reinvigorate gay men's prevention Canada-wide and AIDS Vancouver rose to the occasion with a proposal. Ironically, the proposed project was all about assumptions.

The *Assumptions* campaign was designed in San Francisco to speak directly to what gay men assume in the post AIDS world. According to an independent evaluation (Binder, 2001), the campaign had gone so well in the United States that AIDS Vancouver proposed adapting it for Canada. So began a year long experience of uncovering what we assumed about Canada.

In this evaluation report we describe what happened when AIDS Vancouver and its partners in six Canadian cities engaged the adaptation, development and deployment of the *Assumptions* campaign. The Community Based Research Centre (CBRC), under the direction of the authors, undertook a comprehensive study of the initiative including formative, process and outcome evaluations based on recent thinking about evaluation research for health programs. By all accounts the *Assumptions* campaign played out very successfully in Canada. We will demonstrate how we know through empirical evidence collected during the campaign's deployment and from gay men themselves on the streets of cities nation-wide.

The *Assumptions* campaign was first released by the San Francisco AIDS Foundation during the summer of 2001. The concept is the creation of Cabra Diseno studio and is based on extensive research of the Center for AIDS Prevention Studies at the University of California San Francisco. Those studies indicated that gay men who engage in unprotected sex often do so assuming they "know" the sero-status of their partner.

The campaign's images are grainy and intentionally designed to be read in the cultural code of contemporary gay men. The texts represent the interior monologues of men depicted in the images and make liberal use of irony to destabilize the certainty of their assertions. The campaign's slogan, "How do you know what you know?" takes a deconstructive swipe at the assumed "common knowledge" of post AIDS gay men. (see illustrations)

The task for AIDS Vancouver's gay men's prevention team was to engage a string of partners from east coast to west in adapting *Assumptions* for Canadian audiences and their values and deploying the campaign to major cities across the land. Such a feat had never been previously undertaken in Canada, even in the worst of the mid 1980–90's AIDS crisis.

"The goal of the Assumptions campaign is to reduce the incidence of unprotected anal intercourse with unknown status partners by challenging gay men to reconsider their assumptions about the sero-status of their partners, with the ultimate aim of reducing the number of new HIV infections in the Canadian gay male population."

—from the original proposal

Literature Review

In reviewing literature that would assist in evaluating the *Assumptions* campaign we encountered several contextual layers that needed to be appreciated for what the project was intending to accomplish.

- First there was the situated health context for gay men at the beginning of the campaign. CBRC's own *Sex Now* Survey of 1900 gay men in British Columbia (Trussler, et al., 2003) provided the strongest available data on sexual safety assumptions and practices.
- On a second level there was the context of community level action and its effectiveness in promoting health. The theory of change that guides action in health promotion ultimately needs to be integrated into evaluation because it sets out the framework for measuring what actually occurred against what was intended.
- A third level involves the use of social marketing media campaigns to achieve health promotion ends. The use of mass media invokes further theories about the way in which audiences receive messages and are apt to change as a result of exposure to them. Notions such as, "exposure", "message appeal" and "message importance" need to be taken into account in evaluating mass media campaigns.
- The fourth level involved evaluation theory and design. Evaluation is a form of research that demands precision thinking about what is appropriate to measure and how to measure it to describe the effectiveness of an effort.
- Stacked on all the foregoing, a fifth level concerns community based research and its practices, especially its style of research operations in the context of community action for health promotion.

Pre-Intervention State

The epidemiological context the *Assumptions* campaign was designed to address might best be described as "post AIDS" (Dowsett & McInnes, 1996): that is, a time in which HIV is still very relevant for gay men but seemingly with diminished perceived urgency. In British Columbia, HIV infections among gay men have been rising since 1999. Research conducted by the CBRC in 2000 and 2002 showed a parallel increase in numbers of men reporting unprotected anal sex (UAI) with unknown status partners during the same period (Trussler, et al., 2003). While the link between these two trends may be neither causal nor direct, the data appear to describe a context in which risk is expanding. At least one intention of the *Assumptions* campaign was to reduce risks where men may be contemplating sex without condoms.

The *Sex Now* survey provides a detailed account of men who may be at risk, and what proportion they represent of the gay male population. *Sex Now* data are also known to be similar to several recent studies elsewhere in Canada (Myers, et al., 2004), the United Kingdom (Hickson, et al., 2003) and Australia (Van de Ven, et al., 2004). Approximately 27% of a sample of 1900 gay men in the *Sex Now* Survey reported at least one occasion of UAI in the year preceding the summer 2002. Considerably more unprotected sex was reported within relationships, however, it is the context of anonymous partners with unknown HIV status where there is a chance opportunity for infection that is the focus of the *Assumptions* campaign.

The *Sex Now* survey showed that about 17% of men in the sample reported multiple occurrences of UAI with unknown status partners. It was this group that the creators of the *Assumptions* campaign most wanted to reach. *Sex Now* data showed that this group is composed of a greater proportion men who have a “high” volume of partners described analytically as “more than ten” partners in a year. There is also a disproportionately larger representation of HIV positive men in this group.

The relevance of these data beyond describing the main audience for the campaign and its message is in recognizing the relative size of the group considered to be engaged in risk. Compared to the population of gay men in general, those engaged in repeated risk sex exposures represent a relatively small portion. Thus the campaign, while speaking to all gay men with its messages, actually addresses a minority. It is an important feature for this evaluation because the strength of the effect of the campaign will only be measurable amongst those who need to change. The majority that do not need change continue on in their regular routines but register as having “no effect” in research evaluating campaign outcomes (McKinlay, 1996).

Theories of Change

Appreciating who, when and where is critically important in evaluating any community health effort let alone efforts to change sexual practices. Several well-known theories have been used to govern health promotion efforts and programs. The following are relevant but not a complete list:

- Reasoned Action (Ajzen & Fishbein, 1980) This theory proposes that intention to perform a behavior is a function of attitudes toward the behavior and perceived normative pressure for or against it. Since performance is a function of intent, the desired effect of health promotion campaigns is to elicit an intention from the target audience that moves on to the behaviour itself.
- Health Belief (Becker, 1974) This framework suggests that change occurs where people feel personally threatened by a disease consequence and a belief that adopting the protective behaviour will outweigh the perceived costs. Campaigns might address the level of perceived threat or the relative ease of adopting the protective behaviour.
- Stages of Change (Prochaska & DiClemente, 1992) This theory describes personal change in five stages from pre-contemplation to contemplation, preparation, action and maintenance. Campaigns might be designed to trigger contemplation about a specific kind of desirable action which would set off the complete process of personal change.
- Diffusion of Innovation (Rogers, 1983) This theory describes different rates of adopting new innovations (i.e., new message) amongst various types of people from innovators, to early adopters, to early majority, late majority and laggards. Campaigns are rarely created to exploit this theory but evaluation must take into account that different people adopt desirable changes at different rates. Such a process may take years to observe in a population.

- Social Marketing (Kotler & Roberto, 1989; Andreason, 1995) Social marketers use some of the same notions and practices found in product marketing to change public attitudes and behaviour. People are most apt to change when the message product, placement and price fit their needs and expectations.

Evaluation designs may use more than one theory in attempting to show the results of community programs or communication campaigns. What is important to understand about these guiding theories is that most of them anticipate a range of time in which personal practices may change. Elapsed time may vary according to several different factors including the strength of the message effort, the effectiveness of the message, the urgency of the health context, the personal importance of the message and so on.

Given observations from above about the relative size of risk audiences and numerous limiting factors concerning the dynamics of change, the ability of evaluation research to detect substantive outcomes is considerably affected. These factors do not make reliable evaluation impossible, but point toward conducting appropriate evaluations based on appropriate measures (McKinlay, 1996).

In designing the evaluation of the *Assumptions* campaign we had to take into consideration that broad population outcomes such as a general decrease in UAI (before and after) would be very difficult to measure, at least in terms of economy of effort, financial resources and timing. We recognized, for example, that future *Sex Now* surveys might indicate such a decline but that the research would be extremely expensive on a national scale and, in the end, difficult to attribute to any particular campaign.

Since the *Assumptions* campaign involved multiple messages, more complex than a single behavioural indicator, there also could be no one “acid test” of the effectiveness of the campaign. This insight later affected the way we designed the questionnaire for the intercept survey.

Mass Media Effects

Mass media campaigns involve further complications in achieving the ends of health promotion efforts due to the properties of communication media themselves and the quality of messages they attempt to convey. One of the major sources of complication for any media campaign is competition for audience attention in the vast communication market place. Thus “exposure” to a particular campaign is a primary concern and the first level of assessment in evaluating its effectiveness. The audience must first be aware of the campaign for its message to have any effect. Thus campaign creators need to manage several features of mass media in order to achieve exposure that triggers a sequence of desired effects in the audience. (Goodman, 2002; Legarde, 1998)

On the administrative level, exposure may well be a function of campaign “distribution” to various types of media such as newspaper, radio or television and the level of “saturation” in those media which may result in repeated exposures. Evaluating this level of effectiveness in a campaign is critically important in that it accounts for the level of effort amongst campaign organizers. Even so this type of evaluation, known as process evaluation, only accounts for the “output” of a campaign and not the “outcome” or what the audience did with the message.

The message itself must grab attention in the communications marketplace. The message must not only “appeal” to the particular audience segment for whom it is intended but it must also be deemed “important” enough to deserve more than a passing glance.

The message of a media campaign must also evoke a desired response in the audience. This level of evaluation assesses how well a campaign achieves a desired “outcome” from the audience.

Campaign creators need to think about what they want the audience to do long in advance of evaluating the degree to which it happens. For this reason campaign messengers may use a “logic model” or a “theory of change” document to work out in advance what the audience may be expected to do. (Coffman, 1999) The logic model then serves as a template to build an evaluation strategy to measure or describe what actually happens.

Evaluative Research

Evaluating a message campaign brings forward a number of issues in evaluation research design. Contemporary discourse about evaluation design concerns using “appropriate” methods and measures continuously, through several stages that can describe the links between the intent of a campaign, its creative development, deployment and eventual outcomes. (Coffman, 2002; McKinlay, 1996)

The evaluation field is undergoing change as several realizations have emerged from research experience. (Van de Ven & Aggleton, 1999) The inherent difficulty in measuring broad population effects like decreases in the prevalence of a specific risk behavior should be obvious from the foregoing discussion. Such changes might occur over the long run, however, evaluation designs would require years of time and unlimited financial resources to measure them.

A campaign’s impact on infection rates is even further removed from potential measurement by the same logic. Even though infection rates may decrease from sustained campaigning, it may be impossible to attribute such changes to any particular community effort. In some cases decreasing infection rates may result from dynamics of the disease itself before a campaign’s effects may be measured.

There is growing recognition in both the health intervention and evaluation fields that the process may be as important as the outcome. (Neiger, 2003) Process evaluation not only tracks community effort in conceptualizing, organizing and deploying an intervention campaign but also explains how the resulting outcomes were achieved. It seems only logical that weak efforts lead to weak outcomes but if the development process is not evaluated there would be little evidence to explain why.

In order to show the links from conceptualization to outcome we incorporated extensive process evaluation into the design of the *Assumptions* campaign evaluation. The evaluation literature acknowledges that much of process evidence is qualitative. This opens up another evaluation research issue which concerns the mix of qualitative and quantitative evidence.

Process evaluation may well involve quantitative evidence in the form of outputs like numbers of placements in newspapers, billboards and posters but this evidence is not of the same order as outcome measures. Process indicators only measure what went out and not how much of it was actually seen by the intended audience.

Outcome measures are known to be more difficult and costly to obtain because they require research into audience behaviour, usually in large enough numbers to provide a reliable indicator of population effects. (Furlan, 2003) Some evaluators believe that the only true test of an intervention’s effectiveness is a quasi-experimental evaluation design. This design would measure the effects in an audience sample before and after the campaign.

Nevertheless, there are serious problems in observing pre-post change in populations from a public media campaign, not the least of which are the issues of “exposure”, “appeal” and “importance.” Quasi experimental designs are best suited to closed populations such as those in education and training. Nevertheless, a pre-post outcome measurement strategy was devised for the *Assumptions* campaign. The two Canadian HIV cohort studies, Vanguard in Vancouver and Polaris in Toronto devised pre-post questionnaires to evaluate outcomes in their relatively closed

cohort populations of young gay men.

The CBRC opted for another approach to outcome measurement prompted by recent developments in the use of “intercept” surveys. Intercepts make use of cross-sectional survey techniques to measure the effects of an intervention in a sample of the audience. If outcomes are conceived as immediate, intermediate and long term, the intercept is designed only to measure the immediate effects of a campaign in the population. Acquiring this evidence raises further issues in quantitative research about sampling techniques and the reliability of samples to represent a larger population.

There are known problems with sampling the gay population many of which have already been encountered with CBRC’s *Sex Now* survey. The overall size of the gay population is largely unknown and can only be estimated. Thus it is difficult to estimate the size of a sample that can statistically represent the gay male population. In addition, achieving a systematically randomized sample of the gay male population is also virtually impossible. The use of random digit telephone calls to predict elections, for example, would be unfeasible as a way to sample a stigmatized male sexual minority, let alone to ask about risk behaviour.

The *Sex Now* survey uses large samples of gay men to estimate the prevalence of attitudes, beliefs and practices within the sample, albeit large but not necessarily representative of the greater gay population. While these estimates prove descriptive and useful, some scientists continue to insist on more rigorous statistical procedures. Because this level of rigour is largely unavailable to the study of gay men, the CBRC, like many research centres world-wide, has adopted sampling tactics and analytical strategies that describe rather than predict or determine the cause of population behaviour. (Ross, et al., 2004)

Community-Based Evaluation

Finally, recent literature describes participatory evaluation as a way to involve campaign designers and messengers constructively and continuously throughout the creation and deployment of a campaign. Engaging such methods is the mission of Community Based Research Centre. The usefulness of such an approach in evaluation is that it permits learning and exchanges over the life of a campaign that might otherwise be lost by independent evaluators. (Trussler & Marchand, 1997)

In evaluating the *Assumptions* campaign the use of the participatory community-based approach allowed the sharing of personnel and resources that would otherwise have been difficult and expensive to obtain. Many of the more critical evaluation procedures such as the formative (focus group) evaluation and the outcome (intercept survey) evaluation were conducted by remote in participating cities across Canada. This involved designing protocols to anticipate the needs of a wide range of voluntary community participants in evaluation research. (Trussler & Marchand, 2005)

Methodology

Based on our review of the literature we used a comprehensive three phased strategy to evaluate the campaign.

- Formative
- Process
- Outcome

Formative

The purpose of formative evaluation is to collect information that can help to shape a media campaign and its messages. Formative assessment is usually conducted early in the creative design phase of a campaign's development using focus groups sampled from the reference population. The formative phase helps disclose how audiences think and talk about an issue, what messages might work best, how message concepts should be framed creatively and what audience attitudes might help or hinder the campaign's success.

In bringing the *Assumptions* campaign to Canada, the media had already been created and deployed in several U.S. cities. The formative task was to gauge the reaction of Canadian men to those campaigns. Any cultural differences disclosed from focus groups could be used to adjust the campaign to Canadian values.

To accomplish this we first arranged a prototype focus group to be conducted in Vancouver, which would then be repeated by each of the participating partners in their own cities. Findings from Canadian focus groups would help to “tweak” the existing campaign according to what was learned. Since the U.S based campaign had already undergone “tweaking” to adjust to cultural differences amongst American cities, the project partners assumed they would need to attend to similar differences amongst partner cities across Canada.

We used the following strategy to assess how Canadian men from various cities and in French and English would react to the existing campaign materials.

Primary focus group

We arranged the first focus group to take place in Vancouver during the campaign's inaugural meeting in October 2003. That group would be lead by Dr. Andy Williams, anthropologist and co-creator of the *Assumptions* campaign.

The primary group had a dual purpose. First, the session would allow Dr. Williams a direct experience with Canadian men reacting to campaign materials. Second, Dr. Williams would model an appropriate facilitative style for the topic of “unprotected sex among gay men”, to set a standard for the way focus groups would be conducted in each of the participating cities. The discussion followed a script developed in advance and the group's talk was recorded on audio tape.

City-based focus groups

Each participating city was assigned the task of recruiting a local focus group and a facilitator. Montreal would conduct two focus groups; French and English. Each group was recruited according to a protocol established in advance and discussions followed a script refined from the primary group in Vancouver. The sessions were audio taped and the resulting recordings sent to the Community Based Research Centre for analysis.

Analytical strategy

Each tape was audited, listening for discourse related to Canadian men's reactions to the campaign. This generated a summary of each session, specific remarks and noteworthy participant quotes. A copy of each tape and notes was forwarded to Dr. Williams. This provided material for an analytical conference, which was then used to establish the basis for adjusting the campaign to the Canadian context.

Process

We established a protocol for process evaluation to assess the investment of effort during the campaign's implementation for eventual comparison with resulting outcomes. Process evaluation helps to track the deployment of a campaign, its management, material distribution and "earned" exposure. The results of process evaluation explain the links between what was intended, the effort to make it happen and the resulting outcomes.

We undertook a comprehensive strategy to track the management of the campaign over a period of several months. CBRC evaluators monitored

- inaugural meeting of campaign partners
- all email correspondence and planning conferences
- material orders and distribution plans
- news media stories related to the campaign
- campaign web site bulletin board and poll

In addition, to help summarize the process from the partners' perspectives, we developed a reflective questionnaire to be completed by all National Advisory Team (NAT) participants near the end of the first campaign cycle. Their responses were compiled, summarized and interpreted following conventional inductive procedures of qualitative research.

Outcome

Evidence from outcome evaluation is used to judge the effect of a campaign on its audience. To appreciate the effect and the extent of the effect requires precision thinking about the original intent of the campaign and then precision measurement to describe whether it actually happened. Several theories suggest that people respond to different triggers, adopt change at different rates and may be convinced to different degrees by the same message. Thus outcome measures are often tied to a theory of change described in advance.

Since a theory of change was not available from the U.S. based campaign we retrofitted one once the Canadian campaign was fully planned.

Outcomes may be thought of as short term, mid-term and long-term since people may respond at different rates. Because the purpose of the outcome phase of the evaluation was to inform the creative development of phase 2 of the Canadian campaign the CBRC adopted a strategy to measure immediate outcomes.

A second strategy was deployed by ongoing HIV cohort surveillance studies conducted in Toronto and Vancouver. These centres used a pre-campaign and post-campaign questionnaire sent to a select sample from each cohort at the beginning and end on the program.

To conduct the outcome evaluation the CBRC adopted an "intercept" survey strategy. Each city would participate in deploying a survey team to gay spaces in each city. We developed the survey instrument to measure outcomes based on a detailed interpretation of the campaign's theory of change. The survey was deployed in each city according to an established protocol. Completed questionnaires were returned to the CBRC where they were coded for data entry to SPSS statistical software.

Formative Evaluation

From the outset we recognized that formative evaluation would be an important phase in the redeployment of the *Assumptions* campaign as it would help to fine-tune the creative for its appeal to Canadian men. We could not have anticipated, however, the difference between formative evaluation conducted early in the creative phase of a campaign and that conducted after a campaign has already been created elsewhere. This proved to be a source of tension and concern as the results of focus groups emerged because Canadian men appeared to react critically to the campaign.

Recruitment

The national partners experienced varying degrees of success with focus group recruitment. This was anticipated in advance from assessments of the state of gay men's outreach made by each partner during the inaugural meeting. Recruitment in Halifax, Montreal and Toronto organized robust discussion groups of at least six members, including an additional First Nations group in Toronto and separate language groups in Montreal. Groups in Winnipeg (3) and Edmonton (2) contributed to the nation-wide analysis but proved too small for robust discussion amongst participants. Vancouver contributed the primary focus group with eight members under the direction of Dr. Williams and a second group with four participants. In all, 47 men participated in focus groups held across Canada.

Table: 1. *Composition of focus groups, n=47*

AGE Range: 18-57 Mean: 34.7 < 30: 45%	HIV TEST RECENCY Within 6 months: 47% Within the year: 16% More than a year: 30% Never: 7%
EDUCATION Secondary: 29% College/University: 71%	RISK SEX IN LAST YEAR UAI unknown status partner No: 41% Yes: 49%
INCOME < 10,000: 38% 10-29,999: 35% >30,000: 27%	ETHNICITY Aboriginal: 18% African: 3% South Asian: 3% Caucasian: 48% Latin American: 2% Middle Eastern 2% Other: (Canadienne) 24%
RELATIONSHIP STATUS Single: 76% Partnered: 24%	
HIV TEST RESULT Positive: 29% Negative: 67% Unknown: 4%	

Results

According to completed questionnaires most participants were under forty, 75% were single, 29% were HIV positive and about half had unprotected sex with an unknown status partner in the previous year. This profile seemed to match the campaign's intended audience ideally.

Each focus group entertained a general discussion of local gay experience including observations about the state of sexual safety in each city. In following the established protocol, participants were then shown a prescribed series of images from the campaign. Each group discussed their reactions to each media image from the campaign and then gave each a numerical rating (1-5).

Although there were individual variations, reactions to the campaign materials were surprisingly similar across all groups and did not seem to be tied to location in Canada, language or First Nations origin. In general, most participants found the images arresting if not shocking and obviously intended for a gay audience not the general population. Thus there was general concern for where the campaign would be placed. Some participants felt uncomfortable about having their sexuality on public display.

Participant reactions to the verbal content of the campaign also varied from person to person but were almost universal on one key point. In general, every group expressed, in one form or another, doubt about the internal dialogue messages. Many felt the juxtaposed thoughts of the two pictured male models, "He must be positive", "He must be negative", would be misunderstood by some gay men. Interestingly, focus group participants acknowledged that they got the irony in statements like "I must be immune" but feared that less savvy men might take it literally and miss the point of the "how do you know what you know?" tag-line.

These are some typical statements from the focus groups:

"These posters make me think a little more than the "in your face" approach."

"Two different sides of the coin: leaves you thinking but not necessarily in a good way."

"Some people might see these as true statements."

"I don't get the message. I just get a little 'thought'."

"It takes a lot of work to actually get to the meaning."

"Young men might not get the irony of it."

"How much thinking can you do after a few beers, eh?"

"I think they work when you see them all at once."

"There are a few I would notice but some I wouldn't notice at all."

Table 2.

Media Ratings, 0-5: B=Billboard, P=Poster, W=Washroom Ad, P=Personal Ad

	B1	B2	P1	P2	P3	P4	W1	W2	W3	W4	W5	W6	P
Halifax	2.1	3	3.3	3	0	x	3	x	3.8	4.4	x	0	1.4
Montreal Fr	2.2	3.9	1.1	3.1	1.9	2.9	1.3	1.3	3	1.3	.5	1.3	2.5
Montreal Eng	3.6	3.7	4.2	4.2	4.3	3	3.2	3.2	2.6	4.5	3.3	4.9	3.8
Toronto	3	x	4	4	4	2	3.5	4	3	3	5	2	2
Aboriginal	2	3	1	1	3	3	5	3	2	4	4	2	2
Edmonton	2	1	2	2	2	3	2	2	2	4	2	5	3
Vancouver	2	3	4	4	3	2	2	2	3	4	4	3	3

(Winnipeg data missing)

Discussion

We created a compilation of discussion summaries, quotable quotes and media image ratings. These were shared first with the creative team in San Francisco. Through a series of dialogues we developed an interpretation of the Canadian reaction that would later be useful in deciding which of the materials would work best in Canada and how to adjust images and text for Canadian values.

The most plausible interpretation of the critical reaction of Canadian men seemed to be “projection”. That is, in dealing with a difficult and stigmatized subject like unprotected gay sex in a media campaign, the men were apt to register their own discomfort by questioning the potential response of others who were absent from the discussion. Apparently, Canadian men differed little from American men on this point. In reviewing all of the material Dr. Williams felt that the campaign had successfully touched a nerve with Canadian men, and that was intentional.

These observations were brought into discussion with national partners during a telephone conference. Nevertheless, there were lingering concerns among partners about how the campaign might be received in Canada. They expressed fears that the campaign would be rejected by Canadian men and that this would further set back HIV prevention efforts in the community.

Some of this tension was actually productive in that it provoked further thinking about developing a “call to action” in the campaign’s message. What the partners could not have known at the time was how strongly the campaign would, in the end, be embraced by Canadian men when they were not in the role of armchair media critic. One result of the continuous evaluative dialogue during the formative evaluation was the recreation of a plausible “theory of change” and “logic model” for the *Assumptions* campaign in Canada.

Theory of Change

“How do you know what you know?” This message challenges commonplace *Assumptions* gay men are believed to have about the relative safety of unprotected sex in the “post AIDS” world. By raising attention to such *Assumptions*, gay men will be more conscious of their unexamined fallacies and HIV infection risks. Over the long run, gay men will be less likely to rationalize unprotected sex based on *Assumptions* about its safety with anonymous partners.

Table 3. *Logic Model*

Objectives <ol style="list-style-type: none">1. Raise attention to the faulty assumptions gay men have about the safety of unprotected sex with anonymous partners.2. Stimulate gay men to re-examine assumptions about the relative safety of unprotected sex with anonymous partners.
Outputs <p>Over a six week period, saturate gay men’s environment with images and messages exposing faulty assumptions, challenging them to examine “How they know what they know”.</p>
Immediate Outcomes <ol style="list-style-type: none">1. Raise attention to specific faulty assumptions gay men are known to have.2. Stimulate conversation about the campaign ads, messages, images and theme of faulty assumptions.3. Motivate self-reflection on one’s own assumptions and those that others may be making
Intermediate Outcomes <ol style="list-style-type: none">1. Gay men will be less likely to use faulty Assumptions to justify unsafe sex.2. Gay men’s sexual culture will be more questioning of assumed “common knowledge” about sexual safety.
Long Term Outcomes <ol style="list-style-type: none">1. Gay men will be more likely to enjoy sex as “safe as they wish it to be” without mistaking Assumptions for reality.

Process Evaluation

The purpose of process evaluation is to assess the effort that went into an initiative relative to the resulting effect in the audience. Conducting process evaluation involves documenting pre-intervention conditions, procedural monitoring activities, and output tracking. We undertook extensive documentation of the campaign’s process by monitoring planning conferences, email exchanges, distribution management and website activity. Those records provide much more detail than necessary to describe the quantity and quality of the effort. They remain intact as background documentation. The following outlines some of what was encountered and managed along the way while bringing the *Assumptions* campaign to Canada’s gay men.

This phase of the evaluation was much more dialogical than it would appear in reporting it. There were many points of convergence where process evaluation helped to provide information and observation that went directly into fine-tuning the campaign’s planning and deployment. This chapter describes the pre-intervention field of gay men’s prevention work, the campaign’s development process from the participant’s perspective, the material output of the campaign, public reaction to it and the media attention the campaign received above and beyond what was planned.

National Partnership

A National Advisory Team (NAT) for the Assumptions Campaign was made up of representatives from organizational partners in six participating cities and a national level organization. The team included representatives from:

- AIDS Coalition of Nova Scotia (Halifax),
- Action Séro-Zéro and
- AIDS Community Care Montreal (Montreal),
- AIDS Committee of Toronto and
- Two Spirit People of the First Nations (Toronto),
- Nine Circles Community Health Centre (Winnipeg),
- HIV Edmonton (Edmonton) and
- AIDS Vancouver
- ASIA, Asian Society for the Intervention of AIDS (Vancouver)
- Canadian AIDS Society, (national)

The main purpose of the NAT was to liaise between local or regional constituencies and the Project Coordination Team to maximize the reach of the campaign. Each partner was encouraged to find ways to extend the campaign regionally. The AIDS Committee of Toronto leveraged their participation to cities with gay populations throughout Ontario and AIDS Vancouver coordinated participation in several British Columbia cities including Victoria. This evaluation concerns only the efforts of the national partners. Nevertheless, the participation of regional extensions may well have contributed to the overall exposure gay men have had to the message.

Pre-Intervention Infrastructure

The NAT met in Vancouver in October 2004 to review strategy with the campaign's designers, to assess the pre-intervention health circumstances of gay men in their cities and to prepare the ground for deployment. In advance of this meeting the CBRC sent out a reporting template to help participants review local circumstances.

From presentations made during these discussions, the general state of gay men's HIV prevention appeared to be in a severe state of dissolution. Outside of Toronto, Montreal, & Vancouver there were few personnel working exclusively with gay men anywhere else in Canada. Participating partners from Halifax, Winnipeg, Edmonton and the Canadian AIDS Society carried out their roles as one of multiple portfolios. Gay men's prevention activities in those cities were described as being moribund for several years. Nine Circles Community Health Centre, for example, which had once been Winnipeg gay men's STD clinic, now had little connection with gay community.

By contrast the AIDS Committee of Toronto and Séro-Zéro had maintained relatively consistent prevention presence in their cities. AIDS Vancouver was recovering from a period of diminished presence when only one full-time employee had responsibility for the city. With some additional part-time staffing, however, a street office had been recently opened dedicated to gay men's health promotion.

In reviewing the situation, we felt that the national infrastructure for gay men's health was in a severely weakened state and that this would affect deployment. We observed these weaknesses in the form of difficulties with scheduling planning conferences and in the amount of process time required to organize the campaign's deployment. Nevertheless, it was quite clear, throughout the organizing period, that participants worked hard in their local environments to overcome weaknesses and barriers. Further, the experience of the campaign itself appears to have strengthened existing procedures, leadership, networks and programs.

From the partners' perspective

To summarize the process evaluation from the partners' perspective, we sent members of the NAT a confidential questionnaire asking them to reflect on the experience of working on the campaign. Following CBRC ethical procedures, all were assured that individuals would not be identifiable by their comments. The following narrative summarizes what was learned about the campaign's process from the questionnaire.

General Impressions

Overall, members of the National Advisory Team felt the campaign went well. Most mentioned they had received very favourable comments from local community members for bringing the *Assumptions* campaign to their city. Even though the campaign had run up against unanticipated barriers, the deployment nevertheless succeeded in generating a "buzz" among gay men. As one NAT member described it, "I was happy to hear gay men, who don't even work in the field, exclaiming that they were seeing the ads 'Everywhere!'."

Members of the National Advisory Team had expected to use a variety of ways to get the HIV prevention messages out to gay men, including billboards, bus shelters, street level posters and ads in the gay press. However, the project ran into some unanticipated obstacles with large public media like billboards and bus shelters.

Pattison Outdoor decided not to carry the campaign on its billboard and bus shelter spaces "on the basis that it may be viewed as offensive to the general public and our land owners". Since Pattison owns most of the billboard space in Canada, their ban on the campaign had a disastrous impact on most participating cities with the exception of Toronto. There Viacom Outdoor, which owns most of the billboard space in the city, approved the campaign.

The publisher of *Outlooks*, a monthly gay newsmagazine, situated in Western Canada, also decided not to run the campaign because it "contravened advertising policies". This likely had more impact in Vancouver, Edmonton, Winnipeg and other Western Canadian cities. In any case, alternative publishers were found.

These unanticipated barriers meant that the campaign had little general-public presence in most cities and thus appeared mainly in gay streets, bars and bathhouses. NAT members felt blind-sided and disappointed by these limitations, especially since the campaign had already appeared on billboards in several U.S. cities. The restriction meant that the campaign's message would be less available to gay and bisexual men who live in neighbourhoods outside of gay villages but lessons were learned about how to deal with such issues in the next campaign.

Otherwise, gay newspapers and "alternative" arts-oriented press helped to present the campaign to wider audiences beyond urban gay scenes. Ads ran for several weeks in gay news publications such as *Wayves* (Halifax), *Fugues* (Montreal), *Capital Xtra* (Ottawa), *Xtra* (Toronto), *Swerve* (Winnipeg), *Times 10* (Edmonton) and *Xtra West* (Vancouver). Alternative press publications like the *Monday Magazine* (Victoria), *Now* (Toronto), and many others also ran ads. Clearly, Toronto enjoyed full exposure to the campaign with many enthusiastic comments from community members.

Strengthening Infrastructure

Organizing the *Assumptions* campaign brought together representatives from six cities across Canada. Such a venture had not been attempted in many years and NAT members recognized that this was new territory for them. No routine coordinating and decision making systems were in place at the beginning of the campaign and these had to be worked out ad hoc.

Even though Health Canada's original Request for Proposals (RFP) called for the 're-invigoration of HIV prevention for gay men in Canada', the strengthening of the prevention

infrastructure was not among stated objectives. Most NAT participants felt this was an oversight because a well supported infrastructure was so obviously needed to make the work feasible. Organizing and deploying the Assumptions campaign showed how much a strong communicative infrastructure is necessary.

Nevertheless, the engagement itself helped to strengthen existing systems. NAT members generally felt that progress had been made in developing the infrastructure for gay men's HIV prevention in Canada, but there is still much to do. As one member stated, "I don't feel a national network really gelled the way I had hoped it might." Another expressed satisfaction with "the coalition-of-regions model" that had emerged. Still another felt, "It's not strong but it has more capacity than before – more experience required."

Some members saw the potential for expanding the work of gay men's HIV prevention by developing a data base of health promotion initiatives linked through evaluation and regional statistical data. Most felt a foundation had been laid and a few members referred to the Canadian Rainbow Health Coalition (LGBT health project) as a model to review.

Successes and challenges

NAT members identified what they saw as key successes associated with the campaign. They most valued the relationships that developed. As one NAT member put it, "This has served to better position all of the partners in future national initiatives and to create a truly national concern around HIV prevention." Many of the partners reported that they had re-connected to local gay communities and now enjoyed improved relations.

NAT members felt that their project had overcome many challenges. Successfully launching a national prevention campaign, in two languages, to a diverse gay community while addressing thorny social issues was, as one member stated, "Amazing!". Winnipeg documented an increase in gay men's attendance at HIV/STI testing and an increase in gay men's participation in volunteer training during the campaign. Halifax reported an emerging opportunity to fund a part-time gay men's health position.

Lessons Learned

NAT members also reported on lessons learned from their involvement in the campaign. Roles, they observed, were sometimes not clearly defined and some questions remain.

- What is the role of the host agency in raising more funds for the Campaign?
- When is it appropriate for partners to interact directly with the campaign design team?
- What kind of assistance should partner groups expect from the host agency?
- Are there clear systems for communicating information?
- Are there accountability mechanisms that could assist the project with meeting deadlines?

The project could benefit from a discussion on the roles and responsibilities of the host agency and partner agencies as well as the national "coalition of regions" model.

The experience also brought out some key points of difference to consider before undertaking future campaigns. Most partners have seen that each city has its own characteristics and culture. The structures of gay community and HIV prevention delivery systems have evolved differently in each city. Some regions have greater capacity and experience in delivering prevention to gay men. Some have greater funding resources but also have larger dissemination challenges. As one member stated it, "We need to respect the experiences of our partners, keeping in mind that what is common belief or practice in one city is not necessarily the norm or practice in

another, conscious of our differences of capacity in terms of financial and human resources and relationships with communities.”

Generally, members of the NAT felt they had underutilized their Local Advisory Team (LAT) and want to improve local involvement in the next campaign. Some members were still considering how best to use a LAT, although one member stated, “We were fortunate to already have a strong gay men’s HIV prevention infrastructure locally.”

On average members of the NAT reported spending 10 to 15 days work (75 hours to 120 hours) on the project from September 2003 to September 2004. Some found local resources to hire contract staff to assist them. Generally, members of the NAT felt the workload was heavy and future campaigns would benefit from hiring local assistance.

Many members of the NAT recognized that doing gay men’s HIV prevention still presents many challenges. As one member stated, “Gay and bisexual sex remains a highly sensitive and controversial topic.” As a result, team members are intending to develop a two tier approach to messaging: a public face and one for gay men only.

While primary funding for the campaign came from Health Canada, there was an expectation at the beginning of the project to leverage funds from additional sources. Several cities were able to attract more funds. Toronto had great success with funds coming from the Ontario AIDS Bureau to conduct the campaign in sixteen other municipalities. Smaller amounts of money were obtained in Montreal and Vancouver to help get the campaign to other regional cities.

All partners had the support of their own agency in participating in the project. Most integrated the campaign into their work-plans and ensured that time and resources were devoted to the task. As one participant stated, “Our agency provided significant buy-in, and we developed resources from our own gay men’s prevention funding towards the project.” With these experiences in obtaining extra funds, members of the NAT would benefit from a review of the process to ensure that funds are raised and allocated in a way that is equitable to the partners and supportive of the campaign.

Purchased Outputs

The following tables show what campaign ad material was paid for either from grant funds, extra monies raised in participating cities or contributed by donation.

Table 4. *Message Outputs*

English	Halifax	Montreal	Toronto	Winnipeg	Edmonton	Vancouver
Brochure	1,000	1,500	6,000	1,500	1,500	5,000
Billboard			3			
Elect. Billboard			1			
Banner						1
Poster 2	75	150	1,000	100	50	750
Poster 3	75	150		100	50	750
Washroom Ad 3	25	150	500	50	20	750
Washroom Ad 4	25	150	1,053	50	20	750
Washroom Ad 5	25	150	500	50	20	750
Washroom Ad 6	25	150	1,000	50	20	750

Postcard 2	200	750	2,000	500	500	1,500
Postcard 3	200	750		500	500	1,500
Postcard WAd 3	200	500	500	500	500	1,500
Postcard WAd 4	200	500	500	500	500	1,500
Condom sticker						12,500
Coasters	3,000	5,000	12,000	6,000	6,000	20,000
Condom package			30,000			
Trash-bin Ad			68			
Transit Shelter			15			5
Subway Ad			18			
Transit Ad			160			
French	<i>Halifax</i>	<i>Montreal</i>	<i>Toronto</i>	<i>Winnipeg</i>	<i>Edmonton</i>	<i>Vancouver</i>
Brochure		5,000	500			
Poster 2		500				150
Poster 3		500	100			150
Washroom Ad 3		500				150
Washroom Ad 4		500				150
Washroom Ad 5		500				150
Washroom Ad 6		500				150
Postcard 2		1,500	100			
Postcard 3		2,000				
Postcard WAd 3		1,000				
Postcard WAd 4		500				
Condom sticker						5,000
Coasters		10,000				

Table 5. *Media Ad Placements*

ATLANTIC <i>The Coast</i> <i>Halifax Pride Guide</i> , Halifax <i>Wayves</i> , Halifax	<i>Kingston Pride Guide</i> , Kingston <i>Off the Shelves</i> <i>Scene Magazine</i> <i>South Asian Observer</i>
QUEBEC <i>Fugues</i> , Montreal <i>Hour Magazine</i> , Montreal <i>Mirror Magazine</i> , Montreal <i>Positive Outlook</i> , ACCM Newsletter <i>Bolo Express</i> , Montreal <i>RG</i> , Montreal	PRAIRIE <i>Swerve</i> , Winnipeg <i>Uptown Magazine</i> , Winnipeg <i>Fresh</i> , Edmonton, Alberta <i>Times 10</i> , Edmonton <i>Vue</i> , Edmonton <i>Gaycalgary</i> , Calgary
ONTARIO <i>Capital Xtra</i> , Ottawa <i>Xtra</i> , Toronto <i>Now Magazine</i> , Toronto <i>Fab</i> , Toronto <i>Pride Guide</i> , Toronto <i>Chronicle-Journal</i> , Thunder Bay	BRITISH COLUMBIA <i>Xtra West</i> , Vancouver <i>Gayze</i> , Vancouver <i>Vancouver Pride Guide</i> , Vancouver <i>Living Positive</i> , Vancouver <i>Out On Screen Festival Guide</i> , Vancouver <i>Monday Magazine</i> , Victoria

Media Attention

The partners participated in developing a communication strategy for handling media and other responses to the campaign.

Press packages in English and French consisted of:

- Campaign Backgrounder
- Backgrounder on each participating partner organization
- National Press Release
- Local Press Release Template
- Q & A
- Campaign Contacts
- Briefing Notes for National Advisory Team

Before the launch, the Canadian HIV/AIDS Information Centre (CPHA) ran a story in their widely distributed newsletter, HIV Prevention Plus, in French and English.

Press packages were distributed to national and local media and other interested groups prior to the launch. The campaign launched June 15, 2004 with a press conference in Vancouver and various launch activities in each host city.

Table 6. *News Media Coverage* (Highlights)

<p>TV/RADIO COVERAGE <i>CBC Radio Canada</i> <i>CBC Montreal</i> <i>CBC TV Vancouver</i> <i>CBC Afternoon Show</i> <i>CBC TV Ce Soir</i> <i>CBC CBC Now</i> <i>CTV Vancouver</i> <i>CBC National</i> <i>CITY TV</i> <i>COOP Radio</i> <i>CKNW (Vancouver News Radio)</i> <i>Fairchild Radio (Chinese)</i> <i>Saskatchewan Talk Show: on campaign</i> <i>A Channel, Alberta</i></p> <p>FEEDBACK TO GOVERNMENT Letters to Minister of Health, Health Canada Telephone calls to regional Health Canada offices Complaints to the Ontario AIDS Bureau Kudos to Vancouver Coastal Health Authority Complaint to Advertising Standards Canada</p>	<p>NEWSPAPER COVERAGE <i>Edmonton Journal</i> <i>Vancouver Sun, Business Section</i> <i>Vancouver Province</i> <i>Ottawa Citizen</i> editorial July 14/04, letters <i>The Standard, St Catherine's</i> <i>Welland Tribune</i> <i>Brock Press, Brock University</i></p> <p>GAY PRESS COVERAGE <i>Xtra, Xtra West</i> (June): Pattison rejects advertisements <i>Times 10, Edmonton: the campaign, Pattison, Outlooks</i> <i>Fugues</i> (web site and magazine) <i>Capital Xtra</i> (Aug 12/04) <i>Swerve, Winnipeg</i> (gay press, local coverage)</p> <p>WEBSITES think-again.ca: comments cbcwatch.ca: comments and editorial also "Christian" website comments</p>
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News media attention focused primarily on Pattison Outdoor's decision not to run the billboard ads and secondly about the campaign itself. (A smaller company, Astral Media, also rejected the campaign.) National Advisory Team members and the Campaign Coordinator held many interviews during the opening days. The gay press followed the same line of story focusing on the Pattison Outdoor ban.

Additional highlights:

- Widespread dissemination of the campaign to 16 Ontario cities outside of Toronto provided opportunities for story developments in local media.
- There was a political ripple. Comments, both favourable and unfavourable, were recorded by the Minister of Health's office, Health Canada, Ontario AIDS Bureau, local MPs.
- An *Ottawa Citizen* editorial gave the campaign a bad review and this generated several letters to the editor.
- A billboard in St. Catherine's became the focus of negative attention after the local newspaper ran a story on the campaign.
- Christian Fundamentalist groups protested the campaign. They organized a fairly comprehensive response using many communication vehicles to talk about their objections to the campaign and to homosexuality.
- Toronto used its extensive Pride Parade to showcase the campaign and introduce it to the community. This helped with overall national coverage.
- Montreal profiled the ads that would have been on billboards printed on huge banners in its Pride Parade.

- www.think-again.ca, the campaign's website, collected many responses from the public and target audience.
- A billboard sized banner was unrolled from the second story of a storefront on the main gay street in Vancouver to launch the campaign and to protest the Pattison ban at the same time.

Website Activity

One key message strategy of the original *Assumptions* campaign was to direct audiences to a website where campaign related information could be found. As such the national partners were tasked with naming a site for the Canadian campaign. Deliberations over the site's address converged with the partners' view that the campaign needed a "call to action" in its message. Eventually a solution came forward showing how both needs could be addressed as one. Thus the campaign website came to be named www.think-again.ca.

Between the June 15 launch and mid November there were **36,851** individual visits to the site. The site offers many features:

- News and Events: media reports about the campaign
- Partners: backgrounder and contact information
- Feedback: comments from site visitors
- Forum: join an interactive discussion
- Campaign: review images, send an email card
- Resources: links to partner web sites
- Action: write a letter; send campaign information to a friend
- Media: press releases and media contacts
- Survey: on-line poll
- Recommend this page: send campaign information to a friend

Internet poll

Between June and October, 92 people completed a poll which was available on the website.

- **Visitor location:** 42% Toronto; 25% Montreal; 19% Vancouver; 5% Halifax; 5% Edmonton; 3% Winnipeg.
- **Prompted by:** 59% followed up from the site address on campaign material. 27% linked from another site. 12% had visited on the recommendation of a friend.
- **Other exposures:** 18% at bus shelters; 16% in the media; 10% billboards; 10% street posters; 9% at clubs or bars; 4% over the internet; 2% on postcards; and 2% in restrooms. 29% of the poll respondents had not seen the campaign before.
- **Saturation:** 25% of poll respondents reported having seen the campaign only once; 35% 2 to 5 times; 18% between 6 and 9 times; 22% ten or more sightings;
- **Appeal:** 82% of poll respondents found the campaign appealing or very appealing. In contrast, 14% were not sure; 2% found it unappealing.
- **Importance:** 94% of poll respondents thought the campaign was important or very important; 3% were not sure; 3% found it unimportant.
- **Importance of gay health media:** 86% important or very important. 9% not sure. 3% unimportant.
- **Follow-up topics:** 40% "how to talk about sexual safety and HIV disclosure"

- 21% “gay men’s perceptions of sex and safety”
- 16% “how to have safe sex without condoms”
- 10% “other”: depression; drugs and alcohol; condom comparison

Site Feedback

In all 45 people posted comments: 29 expressed a favourable impression or had constructive suggestions, while 16 voiced unfavourable responses.

The majority of comments were supportive. For example; “Hi, I think its great what you guys are doing.”; or “The campaign is great! So powerful and so right.”; and “Félicitations pour votre nouvelle campagne. Enfin, les vraies choses sont dites. Merci.”

Some were obviously moved. “I applaud your efforts in promoting this campaign. Seeing the ads has made a big impact on me and must have done so for others too. Keep up the good work; don’t be discouraged by the opposition.”

Not all favourable comments were from gay men. “I think that this campaign is a great idea that has been excellently executed. The ads are graphic and raw and you can’t ignore them, making for an excellent level of visibility and an even stronger message. I’m not a gay male, but I still find the message to be important...”

Nevertheless, some people used the site to find fault with the campaign...

“Why do you not also target the heterosexual community or the community at large. HIV is not limited only to men who have sex with men.”

“Your subway posters are offensive and border on pornography! AIDS is NOT a gay only disease!!!”

“I think you should tell the whole story in your ads, not just 1 special interest group. Perhaps then there would not be such a stigma surrounding it. Get your heads out of the sand.”

“True to the Planned Parenthood agenda, why don’t we just let kids do what they want to do (or adults for that matter)...”

Governments were criticized for sponsoring the campaign, “appalled that Health Canada is using this inappropriate material.”

Some commentators worried about the impact of images on the children. “The billboards are corrupting the minds of children and young adults, causing confusion and hostility.” “Their futures are being sacrificed, over this thoughtless intention of good.”

Some expressed moral unhappiness with the campaign using words like “disgusting”, “repulsive” and “offensive”. One comment stated, “This is pornography, not health.”

Finally, even though extensive efforts were made to present racially diverse images, one person objected to the use of Korean model on one of the posters. “The model in that poster was Korean. I can see the Korean flag on his chest. Do you guys have something against Korea?”

Outcome Evaluation

Outcome evaluation seeks to establish the effects of a communication effort in its audiences. We used an “intercept” survey immediately following the end of the *Assumptions* campaign to assess outcomes among Canadian gay men. Intercepts are similar to cross sectional surveys but deliberately conducted where a specific population segment is most likely to be found.

Sampling

What does the survey sample tell us about the audience the campaign reached?

We established target samples for each participating city balanced by rough estimates of the relative size of each gay population, the existing capacities of local agencies, and our need for enough statistical power to describe general outcomes. Our objective was to sample 50 men for each of Halifax, Winnipeg and Edmonton, 100 for Montreal and Vancouver and 150 for Toronto: totaling 500 men in all. We estimated that a fall-short sample of 400 would provide enough statistical power to describe the experience of 1 million men with a confidence level of 95% and a confidence interval of plus or minus 5% (*p* value .05).

There are cautions associated with every sampling method and analytical strategy. These should be understood as potential limitations that our findings may have in actually describing the whole gay male population. In all the following tables where differences are compared, a *p* value of .05 describes whether the difference is “significant”. Significance is a statistical measure of the likelihood that a difference is not just due to chance or natural variation between samples.

Participating cities were asked to sample men at random in gay spaces such as streets, clubs and bars. Such venue-based sampling may not produce a truly “representative sample” of the gay male population at large. However, using venue sampling for this evaluation has its merits in that gay spaces are customarily inhabited by the more sexually active men who are most apt to be the target audience for prevention messages.

Participants were first approached about participating in a national survey. Survey volunteers then asked whether participants had seen campaign images, displayed on post cards to identify the campaign. Participants went on to complete the survey whether they had seen the images previously or not. This procedure helped to establish the rate of exposure in a sample of men selected at random from gay spaces in each city. Upon completion of the survey a token of appreciation was offered in the form of a fridge magnet bearing an image from the campaign.

Most cities were quite successful in obtaining a usable sample: Halifax 47, Montreal 108, Toronto 116, Edmonton 54 and Vancouver 92 for a national total of 417. Winnipeg’s sample went missing in delivery to the CBRC, however, such events were taken into account in the sampling strategy. Many survey volunteers found that the fridge magnet was generally a weak item of appreciation and asked for something of greater perceived value in future surveys.

The sample we achieved may have certain inherent biases such as over-representation of the more sexually active gay men in the population. This is not necessarily contradictory to the survey or aims of the campaign. On the other hand, we may have learned little about the campaign’s uptake by more closeted or married gay men, who may be just as sexually active but less likely to participate in a survey for reasons of strict anonymity. The campaign may well have reached those men but our ability to know is limited by our sampling capabilities.

Language

The intercept survey was offered in both official languages in Montreal where 77% participated in French.

“Hot” variables

Prior research from the Community Based Research Centre (CBRC) has shown that “age”, “(reported) sero-status” and “volume of partners” are the most salient features defining differences of practice and perceptions in gay culture that would affect STI prevention (Trussler, et al., 2003). Thus these were the main demographic characteristics we collected on an otherwise short questionnaire.

Age

More than half of survey participants were in their mid-thirties to mid-forties. This age group was perceived to be the main target audience for the campaign. Samples from other CBRC studies such as pride festivals and mail-in surveys have produced similar age distributions in the “out” gay population.

Table 7.

Age	Frequency	Percent
n=417		
15-29	119	29.3%
30-44	214	52.7%
45+	73	18.0%

Volume of partners

Prior CBRC research has demonstrated that risk sex increases with volume of partners (Trussler, et al., 2003) and appears significantly more among men with more than ten partners in a year.

Table 8.

Partner vol/year	Frequency	Percent
n=379		
0-1	99	26.1%
2-9	140	36.9%
>10	140	36.9%

The intercept survey produced a distribution of men with varying numbers of partners which was very similar to several CBRC studies using several different sampling methods. This seems to suggest that the intercept sample distribution fairly describes the available gay men’s population at least according to partner volume. It also suggests that we might expect similar results to earlier studies when using partner volume as an analytical variable in the evaluation.

HIV test status

Overall, the intercept sample contained 12.2% men who had tested HIV positive. Prevalence of HIV positive men in the gay population is largely unknown although it is assumed to be somewhere between 10-20%. Several CBRC studies suggest prevalence among gay men in Vancouver may be about 14% and about 9% outside the city.

There were large differences amongst cities in the proportion of positive men. Since men were chosen at random these differences may express real differences in the distribution of sero-status. Or, they may express the theme of the campaign: that sero-status is difficult to know without asking.

Table 9.

city / sero-status	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
HIV neg	78.3%	71.2%	85.3%	88.7%	78.0%	79.8%
HIV pos	8.7%	22.1%	8.6%	1.9%	13.2%	12.2%
untested	6.5%	5.8%	6.0%	5.7%	7.7%	6.3%
not sure	6.5%	1.0%		3.8%	1.1%	1.7%

Previous CBRC research has shown that gay men differ appreciably in practice and perceptions according to sero-status.

Ethnicity

We asked about ethnicity in the intercept survey to establish whether visible minorities were reached and how they might have responded to the campaign. The distribution of minorities varied dramatically amongst the cities while Toronto and Vancouver samples were the most widely diversified.

Table 10.

city / ethnicity	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
African			3.4%		2.2%	1.5%
Asian		1.0%	11.2%		10.0%	7.1%
Caribbean		1.0%	.9%		1.1%	.7%
Caucasian	91.3%	60.2%	63.8%	78.4%	68.9%	69.0%
Latino	2.2%	2.9%	5.2%	2.0%	2.2%	3.2%
Mid eastern		1.9%	2.6%	3.9%	1.1%	2.0%
Aboriginal	4.3%		2.6%	11.8%	7.8%	4.4%
Pacific			.9%		1.1%	.5%
South Asian		1.0%	1.7%		2.2%	1.2%
Other	2.2%	32.0%	7.8%	3.9%	3.3%	11.8%

Previous CBRC research has shown little variation in the prevention beliefs and practices of gay men according to ethnicity (Trussler, et al., 2003). Similarly, we found little variation in message appreciation or impact according to ethnicity in this survey.

Reach

Did we reach the audience we intended to reach?

According to what we know about the sample, it bears very similar characteristics to other samples of gay men selected in varying ways. These data suggest the answer is yes.

How do we know what we know?

Using the best methods at the disposal of voluntary agencies the intercept survey produced a serviceable sample that describes the impact of the campaign according to what we might have expected most optimistically:

1. The campaign reached a diverse gay population according to the distribution of age, volume of partners, sero-status and ethnicity in the sample.
2. Those potentially most at risk were those most impacted by the campaign's message, "raising attention" to misassumptions between casual partners, prompting reflection or "thinking about it" and "change of practice".
3. The campaign was widely appreciated in terms of appeal and importance by most men whether potentially at risk or not.
4. The campaign established trust with gay men who indicated they consider such campaigns to be highly important.

Exposure

Overall the national average exposure in the sample of randomly selected men from gay spaces was about 79% although there was variation by city. The participating agencies obviously worked very hard to make the campaign visible. Exposure might have been even greater had there not been a nation-wide ban on the campaign by the firm holding the largest number of billboards in Canada.

Table 11.

city / exposure recall	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
Billboard	21.4%	20.2%	52.0%	13.0%	36.6%	32.2%
Bus Shelter	21.4%	3.6%	40.2%	6.5%	45.1%	25.5%
Restroom	71.4%	54.8%	46.1%	54.3%	47.9%	52.8%
Street	14.3%	23.8%	39.2%	4.3%	28.2%	25.5%
Trash bin ad	4.8%	4.8%	30.4%	2.2%	4.2%	11.9%
Post card	11.9%	23.8%	29.4%	26.1%	38.0%	27.2%
Press	23.8%	40.5%	32.4%	34.8%	23.9%	31.9%
Internet	16.7%	10.7%	7.8%	6.5%	18.3%	11.6%
Clubs	52.4%	45.2%	48.0%	76.1%	59.2%	53.9%
Condom packs	14.3%	10.7%	27.5%	15.2%	5.6%	18.6%

Data collected by the intercept survey also show the more successful ways of gaining exposure. The data indicate posters in clubs, and bars, especially in washrooms, were the most often recalled locations. While this finding may be important in designing future campaigns it should be recognized that it may well be biased by the sampling frame. An internet poll, conducted as another source of evaluation data, suggested a different array of exposure recall with “bus shelters” and “media” being the most popular.

Saturation

The intercept survey also attempted to gain an appreciation of campaign saturation by asking how often men had seen the campaign. More than half the men, 52%, who had seen the campaign, saw it more than ten times, indicating good saturation.

Table 12.

city / exposure freq.	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
1	2.4%	2.4%	0.0%	2.2%	3.2%	1.8%
2-5	17.1%	31.3%	21.0%	28.3%	9.5%	21.9%
6-9	12.8%	25.3%	28.0%	28.3%	20.6%	24.3%
10+	57.4%	41.0%	51.0%	41.3%	66.7%	52.0%

Immediate outcomes

What outcomes did the message effect?

Message received

We investigated the message men “received” by presenting an array of potential messages from the campaign. Interestingly, many men felt all the messages we proposed were involved in the campaign. From the point of view of the campaign organizers “Rethink the risks of unprotected

sex with unknown status partners” was the intended message, reinforced by the common tag line and web address “think-again”. As predicted, the most recalled message was “rethink the risks”.

The second most recalled messages were “use condoms” and “protect yourself and your partners.” The “use condoms” message may be a subtext that gay men expect to see in prevention messages whether explicitly written or not. Again this evidence seems to indicate that gay men are not as “tired” of the “use condoms” message as commonly assumed.

Table 13.

city / message received	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
<i>Use condoms</i>	51.2%	31.4%	38.2%	26.1%	31.4%	35.1%
<i>Get tested</i>	22.0%	7.0%	8.8%	13.0%	17.1%	12.2%
<i>Rethink risks</i>	36.6%	40.7%	50.0%	52.2%	52.9%	47.0%
<i>Know partner's status</i>	22.0%	12.8%	19.6%	13.0%	32.9%	20.0%
<i>Protect self & partner</i>	46.3%	39.5%	34.3%	39.1%	30.0%	36.8%
<i>other</i>	4.9%		4.9%	10.9%	7.1%	4.9%

Word of mouth

Social marketing research (Kotler & Roberto, 1989) suggests that one indicator of campaign impact may be judged by how extensively the message was repeated by word of mouth. Word of mouth is also thought to be more effective at producing change than media alone. Messages are thus sometimes designed strategically to prompt word of mouth spread through the target audience.

The intercept survey found that more than half the men who saw the campaign, 56%, discussed it with other gay men. This suggests the campaign succeeded in stimulating word of mouth, thereby extending the reach of the message beyond fixed media. Whether this level of word of mouth can be increased may well be worth exploring in future campaigns.

Table 14.

city / spoke with	Halifax	Montreal	Toronto	Edmonton	Vancouver	All
	n=47	n=106	n=116	n=54	n=91	n=414
No-one	31.0%	38.1%	37.6%	54.3%	31.4%	37.9%
Gay men	59.5%	54.8%	56.4%	37.0%	67.1%	56.0%
Family	9.5%	4.8%	6.9%	2.2%	5.7%	5.8%
Organizers	14.3%	10.7%	6.9%	2.2%	12.9%	9.3%
Work	21.4%	16.9%	11.9%	30.4%	12.9%	16.9%
Health Providers	4.8%	3.6%	3.0%		8.6%	4.1%
others	7.1%	4.8%	5.0%	2.2%	1.4%	4.1%

Message Rating

The intercept survey showed that 73% found the message appealing. This should do much to dispel fears, spawned by focus groups during the formative stage of the campaign, that Canadian men might reject both the campaign and its message. The survey showed, on the contrary, that even those very few who did not like the campaign still found the message important. Overall 94% said they found it an important message.

Thinking about it

76% of intercept participants indicated the message prompted them to think about the safety of the sex they had been having. This impact was similar across age groups.

Men with a larger volume of partners were more likely to have thought about it. This evidence indicates that the message reached those most potentially at risk and raised attention to misAssumptions.

Table 15.

partner volume / thought about it	10 plus	<10
n=315	n=116	n=199
yes	87.1%	70.4%
no	12.9%	29.6%

OR = 2.8376, 95% CI: 1.5237 - 5.2846, $p = .001$

Positive men were also more likely to have thought about the message, though the evidence is just within significant range.

Table 16.

sero status / thought about it	HIV positive	non-positive
n=343	n=43	n=300
yes	88.4%	74.7%
no	11.6%	25.3%

OR 2.5786, 95% CI: 0.9794 - 6.7889, $p = .048$ (marginal)

Change of practice

48% of intercept respondents said the message prompted them to change something about their sex practices. This impact was similar across all age groups.

Men with a larger volume of sex partners were more likely to have changed. This evidence indicates that the message motivated those most potentially at risk in the desired way.

Table 17.

partner volume / changed practice	10 plus	<10
n=313	n=115	n=198
yes	53.9%	36.4%
no	46.1%	63.6%

OR = 1.7654, 95% CI: 1.1258 - 2.7684, $p = .002$

Positive men were also more likely to have changed practices.

Table 18.

sero status / changed practice	HIV positive	non-positive
n=341	n=43	n=298
yes	60.5%	37.9%
no	39.5%	62.1%

OR 2.5039, 95% CI: 1.3012 - 4.8184, $p = .005$

Perception check

What do gay men believe now?

About condom use

We asked all survey participants (whether they had seen the campaign previously or not) if they would agree that most men used condoms in situations where the status of the partner is unknown. *Assumptions* made in such situations were the predominant theme of the campaign and we wanted to know what gay men perceived about the extent that UAI occurs with unknown status partners.

Previous data from the CBRC have shown that Vancouver men may be overestimating the amount of unprotected sex between unknown status partners by more than double the reported behaviour. Perceived norms theory (Berkowitz, 2003) suggests that such a wide gap between perception and reality may be a “tipping point” for some men, prompting them to give up on sexual safety in erroneous belief that so few men are doing it with such little consequence.

Generally, the majority of survey participants were “not sure” or “disagreed” that “most guys are using condoms”. Men appear strongly divided about what may be occurring in gay culture, a subject which remains largely absent from open discourse. Interestingly, there was little difference in such perceptions according to higher or lower volume of partners.

Table 19.

most guys use condoms	frequency	percent
	n=417	
agree	156	37.7%
not sure	126	30.4%
disagree	132	31.9%

Nevertheless there were conspicuous variations. Between cities, for one. Toronto differed significantly from both Vancouver and Montreal. Toronto men perceived significantly greater use of condoms than those of either Montreal or Vancouver. Edmonton men were in strongest agreement of all. Halifax had strong agreement but as many men disagreed with far fewer “not sure”. These views, however, did not vary appreciably between Montreal and Vancouver men. This evidence might indicate variations in urban cultures, at least in so far as perceived condom use if not actual condom use.

Table 20.

city / condom perception	Halifax	Montreal	Toronto	Edmonton	Vancouver
n=414	n=47	n=107	n=115	n=54	n=91
agree	42.6%	27.1%	47.8%	57.4%	23.1%
not sure	14.9%	40.2%	26.1%	22.2%	37.4%
disagree	42.6%	32.7%	26.1%	20.4%	39.6%

$p = .000$

Table 21.

city / condom perception	Toronto	Vancouver
n=206	n=115	n=91
agree	47.8%	23.1%
not sure	26.1%	37.4%
disagree	26.1%	39.6%

$p = .001$

This theme may also be indicative of less cynicism in some gay populations and possibly more realistic perceptions about the state of sexual safety in the community. Younger men were more likely to “agree” that “most men use condoms”.

Table 22.

age / condom perception	<30	30 plus
n=404	n=118	n=286
agree	52.5%	31.1%
not sure	25.4%	33.2%
disagree	22.0%	35.7%

$p = .001$

Positive men were more likely to “disagree” that most men use condoms.

Table 23.

sero status / condom perception	HIV positive	non-positive
n=408	n=50	n=358
agree	20.0%	39.7%
not sure	30.0%	30.4%
disagree	50.0%	29.9%

$p = .007$

This evidence confirms what is generally known about positive men's sex culture. The campaign addressed the *Assumptions* either sero-status partner may be making in circumstances where unprotected sex may be contemplated.

About HIV disclosure

We also asked whether men agreed that another man who was HIV positive would disclose his status before sex – the “silence” featured in the “how do you know what you know” message of the campaign.

Table 24.

city / disclosure perception	Halifax	Montreal	Toronto	Edmonton	Vancouver
n=414	n=47	n=106	n=116	n=54	n=91
agree	17.0%	11.3%	11.2%	11.1%	14.3%
not sure	25.5%	32.1%	35.3%	24.1%	28.6%
disagree	57.4%	56.6%	53.4%	64.8%	57.1%

$p = .820$ (no significant difference)

On average 58% disagreed while only 11% agreed. There was little variation across cities, age, volume of partners or sero-status.

This evidence might suggest the campaign may have either diminished disclosure expectations or confirmed a more realistic view that disclosure can be difficult in casual sex situations. In any case, the impression left by men’s answers to this question seems to suggest that the campaign’s message “not to expect disclosure” has been heard.

Importance of Campaigns

How important is prevention to gay men?

We asked a general question about media campaigns to establish how welcoming gay men would be to further health message work. Contradicting commonplace assumptions that gay men have either grown tired of such campaigns or that there may be growing complacency about sexual safety, we found that on average across cities 94% of men felt such work is important.

Conclusion

As strong as the *Assumptions* campaign was in appealing to Canadian gay men and in effecting desired change there is little precedence with which to compare these outcomes. The obvious question is whether what was achieved in this phase can be improved upon. Or, on the other hand, whether new messages will perform as well as the *Assumptions* campaign. It seems in all likelihood that future successes will depend on a number of factors already encountered in this evaluation.

At least one of those factors will depend on the sophistication of the creative aspects of any new campaign and its messages. The *Assumptions* campaign obviously succeeded in reaching gay men with a bold, evidence-based approach, a daring new tack on prevention messaging and an arresting visual style. Will a new message and its creative framing generate an equal or even improved response? It seems that, at least from the creative perspective, the success of a new message will depend on the talents and capabilities of the campaign's designers.

Another obvious factor will be the strength of the new campaign's deployment. The NAT was obviously caught off-guard by the unfavourable reaction of Pattison Outdoor, especially since the *Assumptions* campaign had already been displayed on billboards and bus-boards in several American cities. Times change and those campaigns appeared several years ago. The atmosphere of hostility toward gay issues that appears to be taking shape in American politics raises some doubts about what may be acceptable right now.

A well designed future campaign could succeed in gaining access to public display based on its creative framing. On the other hand we may be experiencing a new era of censorship that will be difficult to weather no matter how creatively another message is crafted. At least, now that this issue has been encountered, it can be anticipated from the outset in the design and development of a new campaign.

Extending the word of mouth diffusion of a future message could be an important avenue to explore in design, development and planning stages. More than half of the men surveyed in the *Assumptions* intercept claimed to have discussed the campaign with other gay men. A worthy goal would be to increase the extent and quality of talk about the message amongst gay men. An invitation to talk amongst friends could be featured not only as the theme of a new message but also as an orchestrated community activity.

Social marketing campaigns often include community activities "on the ground", over and above mass media outputs, to extend the word of mouth reach of their messages. A strong, creatively framed message with well designed activities to enhance it would be interesting to explore in a future campaign because talk is so central not only to sexual safety but to what brings gay culture into being. As noted in the intercept analysis, gay communities appear to be divided around perceived norms in condom use, perhaps just an indicator of silence on many issues of sexual safety among gay men. At least one observer has suggested the time has come to open up a popular discussion among gay men about sexual ethics -- "the rules of engagement".

As for future evaluations, it appears that much of the research effort accomplished during this phase of the NAT's work can be repeated and improved upon now that routines have been established within partner organizations. The Community Based Research Centre has always promoted the involvement of prevention programs in knowledge production. The *Assumptions* campaign presented an opportunity to demonstrate the importance of community-based research capacities with unparalleled results. We should anticipate that these capacities will develop even further.

At least some of the effects of future prevention work will very much depend on policies that support and strengthen community efforts. Social scientists and gay men's prevention advocates alike have long observed that, in the absence of vaccines, only sustained effort at the community

level will produce the results everyone desires (Stall, et al., 2000). Lamentably, Canada's infrastructure for gay men's health has deteriorated in recent years. At least now, through the experience of a national campaign, the reinvigoration of the field is under way. Nevertheless, both the infrastructure and its initiatives will require the sustained backing of health programs at national, provincial and regional levels to accomplish what is desired over the long run.

Another level of evaluation that this study could not undertake concerns the "impact" of sustained campaigning on indicators such as risk behaviour and new infections. As we demonstrated earlier these results lie in the realm of possibility but are much more costly and difficult to measure. What we have now in this study is a benchmark with which to conduct future work and with which to measure future gains. Much will depend on the strength of the combined efforts of government and community to actually attain the desired outcomes.

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Appendix: Contributors to the campaign

Many individuals, organizations and businesses have contributed to getting this campaign out into the community. Here are some of the many we'd like to acknowledge and appreciate:

Halifax:

Daniel MacKay

Club Vortex

Club NRG

Tool Box East

Wayves

Reflections

The Coast

Healing Our Nations

NS Rainbow Action Project

LGB Youth Project

Sea Dog's Sauna

Montreal:

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Individuals:

Robert Leclerc of MIELS-Québec, Stéphane Cadieux of Séro-Zéro and Thomas Montsenignos of ACCM all contributed to overcoming our lack of access to outdoor billboards in innovative ways.

Establishments distributing material other than paid advertising:

Le Stud, Rocky, L'Idem, Le Météor, Le Tube, Sky, Drugstore, L'Aigle noir, La Relaxe, Club Date, Stock Bar, Cabaret Mado, Campus, Restaurant St-Hubert, Presse Café.

Other local advisory team members:

CLSC Métro CLSC des Faubourgs Comité des personnes atteintes du VIH du Québec (CPAVIH) Divers/Cité Dôm-MS Academy Maison Plein Coeur MIELS-Québec Sida Vie Laval Université du Québec à Montréal

Toronto:

Additional funding from the Ontario Ministry of Health and Long-Term Care, AIDS Bureau

Ontario Coordinators:

Tanya Jewell and Nick Boyce

Ontario participation:

Access AIDS Network (Sault Ste Marie)

Access AIDS Network (Sudbury)

AIDS Committee of Durham

AIDS Committee of Guelph

AIDS Committee of London

AIDS Committee of Ottawa

AIDS Committee of Simcoe County (Barrie)
AIDS Committee of Windsor
AIDS Niagara
AIDS Thunder Bay
Alliance for South Asian AIDS Prevention (Toronto)
HIV/AIDS Regional Services (Kingston)
Ottawa Gay Men's Wellness Initiative (c/o Ottawa Public Health)
PARN - Your Community AIDS Resource Network (Peterborough)
Peel HIV/AIDS Network
Pink Triangle Services (Ottawa)
The AIDS Network (Hamilton)

Winnipeg:

Manitoba AIDS Cooperative

Edmonton:

Vue Magazine, Times.10 Magazine, Sex Positive INnovations (SPIN - comprised of HIV Edmonton, Planned Parenthood of Edmonton, Capital Health: STD Centre, Nechi Institute), Sean Alley (CHOICES Calgary), Gay Calgary Magazine.

Vancouver:

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F212/M2M
Pumpjack
Dufferin
Numbers
TBB Productions
Fountainhead
BCPWA
YouthCO
The Centre
ASIA
Rodney Little Mustache
Peter Vickers
Options for Sexual Health, BC and the national Planned Parenthood network
Martin Laba, Director, School of Communication, Simon Fraser University

Appendix: Survey

SURVEY

The Community Based Research Centre, Vancouver BC is evaluating community response to a national ad campaign. Your participation in this research is completely voluntary and anonymous. (refer to post cards)

1. Have you seen these images previously?
☐ Yes, if yes please continue...
☐ No, if no go to 10...
☐ Not sure? please continue...
 2. Where were they? (check all that apply)
☐ Billboard ☐ Post cards
☐ Bus shelter ☐ Press/media
☐ Restroom ads ☐ Internet
☐ Street ☐ Clubs/bars etc
☐ Trash can ads ☐ Condom packs
 3. How often would you estimate seeing the ads?
☐ 1 ☐ 2-5 ☐ 6-9 ☐ 10+
 4. Have you spoken about the ads with anyone?
☐ no-one ☐ people where I work
☐ gay friends ☐ health providers
☐ family ☐ other _____
☐ community organizers
 5. What do you think was the main message? (please check only one)
☐ Use condoms
☐ Get tested for HIV
☐ Rethink the risks of unprotected sex
☐ Know your partner's HIV status
☐ Protect yourself and your partner
☐ Other _____
 6. How would you rate the campaign?
☐ Very appealing
☐ Appealing
☐ Not sure
☐ Unappealing
☐ Very unappealing
 7. How important do you think this campaign is?
☐ Very important
☐ Important
☐ Not sure
☐ Unimportant
☐ Not at all important
 8. Did the campaign make you think about the sex you've been having?
☐ Not at all ☐ Somewhat ☐ Very much
 9. Did the campaign change anything about the sex you've been having?
☐ Not at all ☐ Somewhat ☐ Very much
 10. "I think most guys fuck with condoms when they don't know the other guy."
☐ Strongly agree
☐ Agree
☐ Not sure
☐ Disagree
☐ Strongly disagree
 11. "A man with HIV would tell me he is positive before we had sex."
☐ Strongly agree
☐ Agree
☐ Not sure
☐ Disagree
☐ Strongly disagree
 12. How important are media campaigns for gay men's health and STD prevention?
☐ Very important
☐ Important
☐ Not sure
☐ Unimportant
☐ Not at all important
 13. How old are you? Age _____
 14. How many guys have you had sex with in the last year? _____
 15. How do you describe yourself?
☐ African ☐ Middle Eastern
☐ Asian ☐ 1st Nation/Aboriginal
☐ Caribbean ☐ Pacific Islander
☐ Caucasian ☐ South Asian
☐ Latino/Hispanic ☐ Other: _____
 16. What was the result of your last HIV test?
☐ HIV negative
☐ HIV positive
☐ I haven't had an HIV test
☐ Not sure
- Thank you. You are contributing to an important milestone in our understanding of gay men's health and how to achieve it.**
- Community Based Research Centre 