THE CRUISING COUNTS GUIDE

A PROGRAM GUIDE FOR ONLINE SEXUAL HEALTH OUTREACH IN ONTARIO FORMERLY REFERRED TO AS THE SEXUAL HEALTH EDUCATOR INTERNET RESOURCE (S.H.E.I.R.)
This guide is designed for workers in Ontario who provide online (sexual health) outreach services to gay, bisexual and other men who have sex with men (GBMSM). This is a revised second edition of the Sexual Health Educator Internet Resource (S.H.E.I.R.), originally developed and printed in 2009 by the Regional HIV/AIDS Connection (London, Ontario) and supported by a network of outreach workers and online innovators situated within the Gay Men’s Sexual Health Alliance of Ontario (GMSH). This updated program guide captures recommendations, best practices and processes currently being used by different online outreach programs across Ontario. In addition, this latest version now includes research evidence that is based in Ontario and evaluates the efficacy of online outreach work to local GBMSM.

This second edition has been developed through the assistance and support of the innovators in the field of providing sexual health information through online outreach. Each contributor has been generous in allowing the Gay Men’s Sexual Health Alliance to use the information, guidelines, policies, procedures and protocols they have developed while conducting online outreach to guys online.

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SECTION 1: Introduction, background and the evidence behind online HIV prevention

About this guide
This guide has been produced to help AIDS Service Organizations (ASOs) and other sexual health workers (such as public/sexual health nurses and HIV/STI testers) who provide direct, effective online sexual health outreach to gay, bisexual and other MSM (hereafter referred to as “guys online”). Over the last six years, organizations have increased their capacity to deliver important sexual health information as part of their HIV prevention programming to guys online. The S.H.E.I.R. guide (first edition) has been instrumental in this increased programmatic capacity in Ontario, throughout Canada and abroad (you will read more about this later when we review some of the local and international research evidence). The GMSH network has engaged in multiple discussions about how our online programs have and need to evolve as technology and the virtual world continues to expand. We recognize that technology and gay cultures/networks continue to change at dynamic rates—wherever possible, we have tried to capture this by referring to online outreach in a way that includes providing outreach from a computer (workstation or laptop) or a tablet (iPad) to our smartphones (mobile applications).

We also recognize that guys online do not have a simple, single identity. They will come from wide-ranging socio-economic backgrounds, have varying degrees of education and language skills, and be of various ethnicities, gender identities and differing HIV statuses—some of the latest evidence will demonstrate how and why online outreach can be effective at reaching some of these typically harder-to-reach sub-populations.

When interacting with guys online, you (as program workers) will likely observe oppressive & problematic use(s) of language and be presented with accounts of bullying, racism and discrimination. As a worker in this environment, you must be sensitive to your own actions and use of language: your calm, reasonable approach will help to promote an online culture that fosters mutual respect, and an online environment more conducive to sexual health, fulfilment and empowerment. This guide will also discuss ways to be mindful of self-care when leading this kind of work online.

About the Gay Men’s Sexual Health Alliance (GMSH™)
The GMSH is a network of front-line educators outreach workers, researchers, public health, policy makers, funders and community members working in Ontario to reduce HIV transmission and improve the sexual health of cis and trans gay, bi, queer, two-spirit and other men who have sex with men. The network consists primarily of people working with HIV/AIDS organizations, along with key partners in research, public health, healthcare and public policy, as well as trans men living with HIV. With mutual support, innovation and dialogue, we support evidence-informed practices through knowledge exchange opportunities and educational campaigns and tools.
About the Gay Men’s Sexual Health Alliance (GMSH)

The GMSH Mission Statement: We aim to foster a systematic, evidence-informed, skilled, consistent and effective response to the sexual health needs of Ontario’s diverse communities of gay, bisexual, queer, two-spirit and other men who have sex with men (MSM), in order to reduce the transmission of HIV and other sexually transmitted infections and improve our overall health and well-being. Our strategy fosters an approach to sexual health work that is gay affirming, sex-positive and integrates risk and harm reduction approaches.

For more information about the GMSH or to locate sexual health information and resources for guys online in Ontario visit www.gmsh.ca. You can also follow the GMSH on Facebook and Twitter.

Gay, bisexual and other MSM and HIV prevention in Ontario

We know that sexual health and HIV prevention work continue to be important in Ontario considering:

» Nearly half of the 71,300 people living with HIV in Canada are gay, bisexual and other MSM
» Nearly half of the new HIV infections in 2011 were among gay, bisexual and other MSM
» Nearly one in five of all HIV-positive gay, bisexual and other MSM are unaware of their HIV statuses
» Ontario accounts for the largest proportion (41 per cent) of HIV tests nationally
» In Ontario, 60 per cent of all people living with HIV are gay, bisexual and other MSM
» In Ontario, 73 per cent of all new diagnoses among males/men in 2012 were among gay, bisexual and other MSM
» Access to routine HIV and STI testing is crucial
» Pre-exposure Prophylaxis (PrEP) is continuously emerging as a highly effective new HIV-prevention technology, increasing the demand and uptake of PrEP from and by guys in Ontario
» The ability for HIV positive individuals to attain and maintain an undetectable viral load thus reducing the risk of onward HIV transmission

Sources: Public Health Agency of Canada (2012 & 2013) and Ontario HIV Treatment Network (2012).

Guys online and sex

Service providers working in HIV prevention need to continually adapt their methods to meet the changing needs and realities of the populations with whom they work. This is particularly the case when it comes to technologies such as mobile phones and the Internet. These have quickly become a primary way for MSM—younger MSM in particular—to meet other guys, find sex and seek sexual health information. In response, service providers are increasingly turning to eHealth interventions, delivered via the Internet and other technologies, to carry out HIV prevention efforts with MSM (CATIE, 2015).
The evidence behind online interventions

According to the 2011 Sex Now Survey, produced by the Community-Based Research Centre in Vancouver, British Columbia (find out more here).

1. Over 60% of Ontarian respondents reported using the Internet to seek out sexual health information in the last 12 months
2. 75% of Ontarian respondents under 30 years sought out sexual health information online
3. 65% of guys in urban Ontario looked for sexual health information online compared with 60% of rural guys
4. 87% of men under 30 years and 93% of men over 30 years reported using the internet to seek out sex partners in Ontario
5. 92% of guys in urban Ontario and 93% of guys in rural Ontario used the Internet to seek out sex partners

We know that online outreach services appeal to many guys who perhaps feel marginalized from traditional (urban-centred) outreach venues such as bars, bathhouses, Pride events (CATIE, 2010). The following sub-communities of guys can and have been effectively reached through your online outreach (more discussed on this in the review of the Cruising Counts findings):

1. Guys who live in suburban, smaller cities, towns, rural and remote regions of Ontario
2. Trans guys
3. Guys who identify as straight, bisexual, bi-curious, married or on the "down low"
4. Younger guys
5. Guys involved in sex work
6. HIV-positive guys
7. Racialized guys
8. Guys engaged in PnP (party and play)/substance using networks that might benefit from online, in-the-moment harm reduction information
9. Guys feeling lonely and/or isolated regardless of address/residence

Have you heard of Meet Grindr—How One App Changed How We Connect (Jaime Woo, 2013)? This work showcases the impact that mobile applications have had on the way that gay, bisexual and other MSM interact and connect. Visit http://www.jaimewoo.com/

The evidence behind online interventions

According to the Ontario HIV Treatment Network (Rapid Responses, 2010 & 2012, Appendices I & II), the Internet (online) is seen as an effective tool to reach populations that are geographically and socially isolated. Most guys have access to online platforms and already use the Internet (and these tools) to connect, socialize, meet sex partners and seek out sexual health information. Internet-based interventions show promising results at increasing HIV knowledge and decreasing risk behaviours. In addition, an evidence-based approach to online (prevention) outreach should be considered necessary.
In the fall of 2015, CATIE released an online article entitled *Cyberspace and Cellphones: New Frontiers for HIV Prevention with Gay, Bisexual and Other Men who Have Sex with Men*. This article describes and summarizes a systematic literature review of research on eHealth prevention interventions with guys online. We suggest that you review this article and incorporate its findings into any case you might be making for implementing and/or updating your online (sexual health) outreach to gay, bisexual and other MSM. The article is located [here](#).

**The Cruising Counts Study**

This community-based research project sought to identify strategies to enhance effective outreach services for gay, bisexual and MSM in Ontario, to promote the integration of current evidence into existing and emerging policies and programs, and to provide rationale and support for the expansion of effective online outreach with MSM in Ontario by identifying approaches to address current barriers and challenges. The GMSH was a key partner in this research along with several other Ontario-based agencies. A Community Advisory Board was also established to help guide the research. This research supports the delivery of broadly available, accessible, culturally competent and comprehensive online outreach to MSM that enhances their sexual well-being and decreases the risk of HIV transmission.

More information about the research project and its team can be found [here](#).

In December 2015, a paper was published entitled *Online Outreach Services Among Men Who Use the Internet to Seek Sex With Other Men (MISM) in Ontario, Canada: An Online Survey* (Brennan, Lachowsky, Georgievski, Rosser, MacLachlan & Murray, 2015). The objective of this work was to investigate guys’ experiences and self-perceived impacts of online outreach in Ontario. According to the Cruising Counts study:

- Although online outreach services occur throughout Ontario, 70% of this outreach is provided in Toronto.
- There was no difference in online outreach uptake between guys in Northern Ontario and Toronto.
- Online outreach can easily reach guys who lack physical venues for outreach.
- Agency-developed apps are infrequently downloaded and poorly rated; therefore, efforts and costs might be better applied to pre-existing platforms for outreach (e.g., Grindr, Scruff, Jack’d, etc.).
- Just over 8% of the sample surveyed (N = 1,830) reported experiences with online outreach in Ontario.
- Compared with HIV-negative men, HIV-positive men are more likely to have experienced online outreach.
- Also, Aboriginal or Indigenous two-spirit men were more likely than white/Caucasian men to have accessed online outreach.
- It appears as though guys on social assistance (disability, unemployment insurance) are more inclined to access online outreach than those not on assistance.
- A vast majority of the sample who reported experiences with online outreach in Ontario rated the exchanges positively.
Over half of those who experienced online outreach reported a better understanding and more comfort about their levels of sexual risk.

Guys were connected to/referred to HIV and STI tests, mental health counselling, HIV-related care and STI treatment.

Guys also reported feeling more confidence around HIV pairing—sero-sorting, disclosure, making choices based on viral loads; nearly 90% of guys who reported a connection with online outreach reported some behavioural change as a result of the interaction.

Online outreach also seemed to benefit guys’ social, mental, and emotional well-being (less anxious, more connection, more empowered and more sexually satisfied).

Convenience, reliability, and anonymity were commonly cited reasons for future outreach use.

Reasons for discontinued use included negative experiences or perceptions of these services, long wait times for response and a preference to connect face-to-face with a provider.

A lack of privacy was identified as a concern for guys using these services.

Online outreach proves to be a promising tool for guys accessing HIV/STI prevention information.

You can access a FREE copy of this paper online.

How does online outreach align with Ontario’s new HIV Strategy to 2020 (Changing the Course of the HIV Prevention, Engagement and Care Cascade in Ontario)?

The mission of this new strategy is to reduce the harm caused by HIV for individuals and communities and its impact on the healthcare system by ensuring timely access to an integrated system of compassionate, effective, evidence-based sexual health and HIV prevention, care and support services. Online outreach is one way to provide compassionate, effective, evidence-based sexual health prevention information to guys online in the (sexual) moment. Online (sexual health) outreach work supports the Ontario HIV Strategy through the following goals:

- Promotes sexual health and the prevention of new HIV, STI and Hepatitis C infections
- Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services

More specifically, there are two stages of the Prevention, Engagement and Care Cascade that online outreach work will interact with, including:

1. Access to HIV prevention services (through your agency or referrals made to local sexual health services and testing facilities)
2. Information/awareness of risks of HIV transmission
In these ways, it is clear that our efforts and work in online outreach must continue to adapt to meet the needs of guys online in communities across the province. As we’ve seen in the work completed by Brennan et al. (2015), online outreach has already proven to be effective in a number of ways, and there are additional opportunities for our work to continue to grow and expand through 2020.
SECTION 2:
BUILDING YOUR ONLINE OUTREACH PROGRAM
SECTION 2: Building your online outreach program

This next section of the guide will provide structural and program-related information and recommendations to agencies/workers who have never engaged in online outreach, those who used to provide online outreach and are looking to reinstate this work and those who feel their online outreach program is out-dated and might need an overhaul.

To begin, it is best to start with a vision about how you can build and/or adapt our online outreach programming in Ontario to effectively meet the needs of guys online. If you are starting an online outreach program from scratch, we recommend you ask yourself/your agency the who, what, why, where and how(s). It is also highly recommended that you do some work around surveying the needs, as well as the apps or websites that guys in your community are using, as this differs from time to time and region to region.

The goal(s)

Framing your online outreach with goals and objectives allow you to measure outcomes and what you hope to achieve. This is helpful for shaping a program that speaks to your agency’s mission. It also allows you to shape something that compliments and fits into your program plans and funded deliverables.

Goals can help us focus and allocate time and resources efficiently. They can also help keep us motivated when we feel like giving up, or that our online outreach isn’t making enough impact. Our network knows that guys’ engagement online can “ebb and flow”—some days or shifts are busy and some are not. This is a reality in our work, but does not necessarily mean that your program is not generating impact or providing important information to guys online.

Some experts suggest that the easiest ways to generate effective goals are to follow the S.M.A.R.T. principles. The acronym S.M.A.R.T. has a number of slightly different variations, which can be used to provide a more comprehensive definition for goal setting. There are many resources online that show you how to refine a goal based on S.M.A.R.T.—just Google it!

S – Specific, significant, stretching
M – Measurable, meaningful, motivational
A – Agreed upon, attainable, achievable, acceptable, action-oriented
R – Realistic, relevant, reasonable, rewarding, results-oriented
T – Time-based, timely, tangible, traceable
Below is a revised version of the goal originally proposed in the first edition of S.H.E.I.R. This revision has taken into account how our online outreach programming has adapted and shifted to meet the needs of guys online in Ontario. This is only a recommendation—your agency may or may not choose to use (or amend) this goal in your prevention/sexual health programming.

**The goal of online outreach is to use popular technology (websites, smartphones, tablets, mobile applications, etc.) as a platform and a tool to deliver sex-affirming, holistic, evidence-informed sexual health information to guys online, so that they can make informed decisions, choices and receive referrals that relate to their sexual health needs online.**

**Proposed objectives**

Objectives are specific result(s) that a person or system aims to achieve within a time frame and with available resources. In general, objectives are more specific and easier to measure than goals. Objectives are basic tools that underlie all planning and strategic activities; they can also be a way to monitor your own successes, achievements and performance. They serve as the basis for creating policy and evaluating performance. Again, here are some recommendations that your agency might find helpful to consider:

1. To increase knowledge and awareness about the signs and symptom of HIV and STIs
2. To increase awareness of local resources for HIV and STI prevention, screening, testing and treatment
3. To explore and discuss (sexual) risk assessment and risk reduction
4. To engage guys online in discussions about new (HIV) prevention technologies (eg., PEP, PrEP, undetectable viral load and HIV/STI testing)
5. To refer guys online to other online or location-based resources and services that are regionally specific
6. To promote sex-positive, harm-reducing, health-seeking behaviours among guys online
7. To increase the capacity of local guys online to understand how their ASO, public/sexual health clinics and HIV-testing facilities may act as a resource
8. To promote agency- and GMSH-related campaigns and materials
9. To reduce HIV-related stigma through online resources
10. To encourage and support sexual consent and sexual respect through online outreach

**Recommended principles**

The Gay Men’s Sexual Health Alliance envisions for gay, bisexual and other MSM in Ontario an environment free of new HIV transmissions, supportive of those infected and affected by HIV, and affirming of full sexual and emotional lives free of violence, stigma, discrimination and hate. By doing so, the following principles have been defined (in our Strategic Plans) to guide all of the work of the GMSH. For those of you engaged in this work within the GMSH network, we recommend that these principles are also inherent in your online outreach programming. For other providers, such as public health and testing facilities, alternative sets of goals and principles might be advised.
Common purpose (for those of us doing online outreach)
Health and sexuality (mindful of other social determinants of health)
Inclusion and diversity (recognition of multiple backgrounds, lived experiences and needs)
Anti-oppression frameworks (identify and eliminate discrimination and barriers)
Respect (inherent to our work with/among community)
Address social and systemic impacts (social determinants of health)

In addition to the principles that have been outlined in the GMSH’s Strategic Plans 2012-2016, the GMSH network of outreach workers engaged in online sexual health promotion agree that there are other key principles that are integral to the work we do and need to do online with guys. These include:

1. **Sex positivity** – We value the right of each individual to choose the sex that they feel is right for them. We believe that all individuals, including those living with HIV, are entitled to make sexual choices that subscribe to their own personal values. We celebrate the multitude of ways that individuals may express themselves sexually, should they choose to be sexually active (Poz Prevention Working Group, GMSH).

2. **Client-centered service** – Focus on the needs of guys online by providing information and referrals in a respectful, empathic, supportive and non-judgmental way. Guys online might also have critical information to share with us providers and agencies—thus, engagement can be reciprocal!

3. **Skills and capacity** – Online outreach workers, peers and volunteers must feel skilled and competent to deliver online outreach. It is important to engage in ongoing professional development opportunities such as this guide, conferences and workshops, webinars and other related professional development that might be available to your agencies.

4. **Harm reduction** – We utilize this method when providing information, education and programming. We recognize individuals where they are at in their lives and encourage them to make choices that promote healthier living. We do not judge people for the choices they make and do not expect that abstinence is for everyone. We acknowledge that social stigma around substance use contributes to risk.

5. **Greater Involvement (or Meaningful Engagement) of People living with HIV/AIDS (GIPA/MEPA)** – We value, and commit to the promotion of, the meaningful involvement of people living with HIV/AIDS (PHAs) at all levels within an organization. They are necessary for effective decision making and capacity building within outreach programs for gay/bi/MSM. In outreach activities, meaningful engagement means bringing the unique sexual health needs of PHAs to the forefront in ways in which we may not have previously succeeded (Ontario AIDS Network).
6. Incorporating HIV prevention for those living with HIV ("Poz Prevention") into our work – We seek to incorporate Poz Prevention principles as a value of our work. Poz Prevention for HIV-positive gay men aims to empower individuals, promote healthy interactions with sexual partners and improve conditions, to strengthen the sexual health and well-being of HIV-positive gay men and reduce the possibility of new HIV infections and other sexually transmitted infections (Poz Prevention Working Group, GMSH).

The roles and responsibilities of online outreach work
For the most part, your roles and responsibilities online should be the same or similar as they are offline. As workers, roles and responsibilities help shape what and how we should be engaging in online sexual health promotion and outreach activities. Our primary role reflects our goal: To provide evidence-informed sexual health information to guys online so that they can make informed decisions and choices about their sexual health and well-being. We suggest these should:

1. Promote a range of sexual health options within a risk-reduction paradigm (eg., regular HIV/STI testing, screening and treatment, informed access to PEP and PrEP, condom distribution, counselling supports, etc.)
2. Encourage harm-reduction techniques for substance use (eg., mutually agreed upon strategies/language for using drugs or alcohol safely)
3. Provide online educational supports and referrals for guys

If online outreach is new for you, we suggest reaching out to peers and colleagues who have experience professionally and personally. You are likely to come across or access this lived experience within your own agencies, or within the broader GMSH network. The GMSH is made up of a network of people engaged in gay men’s sexual health and HIV/STIs. Many of these people are representatives at ASOs like yours. You can connect with these people and information during the GMSH annual Skills Building Symposium, workshops, through working group meetings, teleconferences, webinars, etc. Another tool to consider is “Making Outreach Matter” (www.makingoutreachmatter.ca), developed in 2011.

Promoting cultural safety and competence in your online outreach
Online outreach workers should strive to conduct outreach in a culturally competent and safe manner. It is important to recognize that there is a diversity of guys cruising online. Cultural competence and safety can refer to an understanding of the sexual culture in which guys cruise. Cultural competence and safety can also refer to an understanding of how racial and ethnic differences can impact on a guy’s ability to connect, feel respected and experience desire and pleasure.
We suggest you check out some of the blogs that have been written by guys with lived experience through the Our Agenda campaign.

There are many determinants of health, and while information provision and service access are a high priority for outreach, other factors such as a guy’s sexual or gender identity, race, mental health, social support network, socio-economic status, HIV status and other factors can all impact on his ability to play safe. Outreach workers can play a role in fostering an online environment that is empathic and supportive of the diversity of guys who cruise for sex and friendship online. We suggest you consider this when recruiting volunteers for your program, when you are advertising your services and when you are collating a database of local services and referrals.

We encourage you, your volunteers and respective agencies/organizations to complete the Our Agenda mental health workshop for service providers. This is a three-part workshop to be delivered to local mental health providers. It seeks to increase their capacity to more effectively respond to the unique mental health stressors that gay and bisexual men experience. Through the use of interactive activities, this engaging workshop covers topics including gay social determinants of health, intersectionality, syndemics and resilience, while providing very practical tips and tools for the participants to use in their work with gay and bi men. For more details, contact the GMSH offices or visit the website.

Because online outreach typically allows for written communication only, it is vital that outreach workers build their competence in the language that a diversity of guys use when they cruise for sex online. Trans men may use different language to describe their bodies than non-trans men (tip: we recommend you check out Primed 2: A Sex Guide for Trans Men into Men, 2015, and www.queertransmen.org). There may be shorthand terms used more commonly by men from particular racial or ethnic backgrounds or who participate in particular sexual scenes within the gay and bi communities. A key element of any successful sexual health program is an understanding of the communities within which your prevention activities take place. And this includes knowledge of and comfort with the language of guys in your communities.


**Key tips to consider**

As you begin to develop a plan and program to support your online outreach programming, here are a few key steps for you to consider for effective implementation (CATIE, 2010):

1. **Deciding what you will offer** – Take the time (at the beginning) to carefully plan out what you’re going to deliver and where. For example, many agencies offer HIV prevention and sexual health information online to guys via predetermined websites and apps (eg., Squirt, Grindr, Jack’d) at specific times (eg., Thursday to Saturday; 7p.m. to 11p.m.). As well, many agencies have also begun using social media as a communication/marketing tool. It is best to differentiate the function and purpose between social media
(Facebook/Twitter) and sexual networking sites (examples listed above); more information below.

2. **Choose your websites/apps** – It is best that you survey your community to investigate what guys seem to be using more often in your area. It's also quite likely that the guys employed/volunteering through your agency are very familiar with the popular sites in your region; tap into this local expertise. Although the Cruising Counts research (cited at the beginning of this guide) describes the most commonly accessed sites across Ontario; Windsor will differ from Kingston, just as Toronto will differ from Thunder Bay. Selecting the top five websites and mobile apps will allow you to refine, focus and cater your online outreach to the guys in your area. You might choose to do a mix of web- and app-based outreach or not. This will also alleviate any anxiety you and your agency might have about taking on all sites. It’s most common for many ASOs to be engaged only with two or three sites at a time!

3. **Multi-tasking is possible** – Some folks believe that once you begin or log into online outreach that is your sole focus and requires your undivided attention! This is not necessarily the case. As we mentioned before, some days can be very quiet and slow online, giving you the chance to work on other areas of your HIV prevention or sexual health work. It might be beneficial to set up a notification system that signals when you get a message, question, request, wink, woof, etc., so you know where/when to focus your attention.

4. **Register account** – It is a good idea to investigate, survey and contact any of the sites or apps that you are interested in using. Each site/app has a tendency to have different guidelines or rules about who can use their services and how. Some apps are known to provide barriers to sexual health promotion or online outreach work. This is another good opportunity to check in with your colleagues across Ontario for experience and suggestions.

5. **Design your profile** – It is best for most guys online that you brand your profile clearly. Most agencies feel that it is best and most professional to brand their profile as their agency, providing clear information about who they are and what they do. In this case, use a branded agency profile pic if the site itself doesn’t force you to use a common service-provider logo.

6. **Schedule and timing** – Personal boundaries, scope and self-care are best served by generating a schedule for when you will provide services. We also recommend this be advertised and/or available to your community even when you’re not online (e.g., agency website/app profiles). As we learned from the work of Brennan et al. (2015), one of respondent’s most common pieces of feedback was the delay in response or feedback to requests for information. Guys suggested that live, in-the-moment, as needed was most important for them wanting to continue to engage with services.
7. Be prepared – Make it easier on everyone by compiling a database or Excel spreadsheet of common replies to general HIV/STI and sexual health information, including testing referrals. This will ensure your time is used efficiently. Remember to maintain some element of personal touch, empathy, support and humour so that your guys online know whom they can trust. Some agencies like AIDS Committee of York Region and AIDS Committee of Toronto already have these tools developed; it might be a good idea to check in with them about these useful pieces of information.

Communication tools for conducting your online outreach

As long as you or your agency has a laptop, computer, smartphone and/or tablet with Wi-Fi connection (see below) you’re all set! Next, you’ll need to select two or three sites/apps that you’re planning to build your outreach on. Again, these should be predetermined and based on community needs. You can review the work of the CruisingCounts team to see what was most popular at the time of the study, but we do caution that these are ever changing and might not be the same today!

Agency devices (and accounts) over personal

With the advent of smartphones, tablets and other mobile devices, most people have access to many mobile applications right at their fingertips. This raises the question: if you have one, should you use yours, or if your organization has one, should you use theirs?

The GMSH strongly recommends that agencies and workers conducting online sexual health/HIV prevention outreach use agency-specific devices and equipment to do the work. In addition, this means using agency or professionbranded profiles to conduct the outreach. Workers and volunteers should avoid using personal accounts for this work as it poses many threats, challenges and liabilities to the individual and the agency. This is an example of how and when we need to be mindful of self-care when doing this work (referenced later). Boundaries are critical here and we must ensure privacy, trust, accountability and confidentiality are adhered to on behalf of guys using outreach services online.

Outreach can be successfully completed using any number of products and technological platforms: laptops, iPods, iPads or other tablets, and agency smartphones (Android or Apple). There is no need to feel as though your agency should purchase top-of-the-line products to do the work effectively.

Mobile app-based outreach is effective when you move around to different places, as the faces you see on the application window will change as your location changes. Use this to your advantage when you have a data plan that’s more than 1GB, as the applications use about 75MB a month, which is not that significant. Wi-Fi works just as well, so long as you’re using free Wi-Fi from a trusted source (a coffee shop, bar, restaurant, library or your agency). Be mindful that some public Wi-Fi connections may ban the viewing of explicit content and could potentially block certain websites. Keep your GPS/Location Settings on, as you will want to be seen in different
places and moving around; it's a mobile app for a reason. Keep in mind that some Wi-Fi connections in locations like Tim Hortons (for example) will not let you view websites with explicit content.

For quick tips and steps on how to actually set up your (eg., Grindr) account, check it out here.

**Creating a profile**

It is a good idea to keep your profiles as consistent and professional as possible. As discovered in the research completed by Brennan et al. (2015), guys online can struggle sometimes trying to decipher whether or not outreach services are trustworthy and/or what they have to provide. The clearer you are, the easier they will connect. You may choose to include more personalized information (age, ethnicity, body type, height, weight, etc.) as a way to humanize and increase connection, but there should always be sufficient and clear information about your agency and service (full name, website, hours of operation, address, contact information, etc.). Restrictions or limitations on these profiles will likely vary from site to site or app to app.

A brief sentence goes a long way: “We are (agency), here to provide you with the sexual health information you need to make your life healthier and sexier. Talk to me about relationships, sexual health, community resources, testing or referrals!”

The picture for your profile can portray the same message. Use event pictures from your agency, social nights, events or campaigns you’re engaged with. Catch their attention with a fun picture that the organization has used for a poster, or just ask for a simple photo with basic text. Another effective picture would simply be the logo for your agency; it can draw interest from users. Remember, though, your picture should follow the rules and regulations of the application: no nudity, no pictures just in underwear, etc. Be respectful of the Terms and Conditions.

Some apps have profile filters, which allow you to reach out to your target populations, particularly if you share service areas with other agencies, services and ASOs. You can account for vicinity, ethnicity, languages, ages, etc.

**TIP:** Apps can also be tools to advertise upcoming agency events you’re planning! Some apps like Scruff offer FREE advertising for not-for-profits—yes, we said FREE. It’s called Benevolads and can be sourced here.

**Membership costs**

Most applications will give you free access to essential/basic functions, though some will lock extended features behind a pay wall. Speak to your colleagues, peers, managers or coordinators about the pros and cons of unlocking these features and how it would impact your outreach capabilities (also consider budgets). You don’t need to be able to see all 1,000 profiles in your vicinity if you can change your location by moving around. Or if you’re lucky, the application will let you search different sections of the world with a touch of a button; see your GPS settings!
Each application is different, and you need to explore and test them to see what works and doesn’t work for you and your organization and your local community of guys.

**Shifts, schedules and timing**

Knowing when to run or operate your online outreach should really depend upon your local community and target population. Similar to seeking out the most popular sites or apps to use, there are ways to gauge what might work best in your catchment area. For example, it might be beneficial to capitalize on online sexual environments following regular events (eg., a bar or bathhouse night event).

We know from Brennan et al. (2015) that online outreach in Ontario is conducted at varying times of the day including weekends, weekdays and weeknights depending (also) upon provider capacity and availability.

When scheduling your hours, you should see how effective it would be to use your time. Through tried methods, our fellow collaborators have seen that even a one-hour shift is a perfect amount of time to do some outreach. You do not need to chat up 10 different people to be effective and impactful. You can speak to one person that entire hour and be able to build up a confident and healthy connection. You want to create a comfortable and open space for people to speak to you, and ask you information when they want/need.

Not all shifts will result in a good outcome. Sometimes there may be no contact for an entire shift, and that is okay. Online outreach is difficult because the people who use it may not always be there for the kind of information you provide, so that is why it is important to use that time to build trust with a person. It can take months before a contact becomes a significant one.

**Confidentiality and Boundaries**

Remember, you are providing services on behalf of your agency/organization, and are not there for personal reasons. If a potential contact is asking to meet up in person to talk to you, discuss this with your coordinator/supervisor. There is nothing wrong with meeting a contact, but you should tell your supervisor in the event that this situation arises. The supervisor will be able to help you assess the situation and be able to advise you on what to do during the meeting, and things that you can and cannot do. Remember, as a worker, you should be practising your organization’s mandate in your outreach, and not allowing yourself to be influenced otherwise.

If you have doubts about how to handle yourself during outreach, speak to your coordinator/supervisor and discuss with them any boundaries you should be aware of.

**Sexual networking (online outreach) versus social media: What’s the difference?**

Our sexual health and HIV work has evolved to the point of being distributed simultaneously through multiple channels using many platforms. In this case, technology has allowed us to be dynamic in how we connect with guys online and provide important HIV-related and other sexual health information.
Social media (and other networking) sites like Facebook, Twitter, Instagram, Google +, Pinterest, Vimeo, YouTube and Tumblr allow agencies to share HIV-related information about events, services and programs, as well as news (such as emerging HIV research about new prevention technologies). However, social media does not allow us to connect one-on-one in the same way sexual networking sites do. More importantly, considering popular social media channels are open to the public domain, personal, confidential and sexually explicit information should not be shared using these mediums. We must ensure that our services uphold all confidentiality policies as outlined by our agencies.

Some agencies such as the AIDS Committee of Toronto have developed communications policies and procedures (January 2015) that relate to social media. For more information, contact ACT.

Sexual networking has expanded significantly over the last five years and will likely continue this way. These sites are designed with the intention of connecting men for social and sexual purposes. In addition, these sites are often built to attract and host advertisers to generate sales, as well as offering mixed memberships, many for free, some with payment options for additional features. Many of the sexual networking sites cater to specific interests, desires and subcultures within the broader gay, bisexual and other MSM community. Examples include leather, BDSM, condomless sex and ethnically or racially specific interests. In cases of the latter, you might encounter varying levels of sexual racism playing out among guys online. Again, we recommend you work towards promoting sexual and cultural safety online. We will uncover more later in this guide. For now, please refer to www.ouragenda.ca

Check out these three articles by CATIE that demonstrate the advantages and differences of health promotion work through various platforms:

1. Using Facebook to help trace and control the spread of an outbreak of syphilis (January 21, 2014)
2. Can social media help prevent the spread of HIV? (September 24, 2013)
3. Reaching out in cyberspace (Spring 2010)
SECTION 3: SUPPORTING AND STRENGTHENING YOUR ONLINE OUTREACH PROGRAM
SECTION 3: Supporting and strengthening your online outreach program

Policies and Procedures
This section will explore the need to consider how our online outreach practices are related to and aligned with our (overall) organizational policies and procedures. Therefore, online outreach does not necessarily require its own set of policies. Rather, consider how and where your organizational policies interact with the specifics of online outreach. Your online outreach program should be driven by the same policies and procedures that govern your organization.

If nurses or public health workers are providing online outreach, they can consult the following standards and guidelines from the College of Nurses of Ontario for additional information. The appropriate sections include:
1. Confidentiality
2. Ethics
3. Telepractice
4. Documentation
5. Therapeutic Nurse-Client Relationship
6. Professional standards and the Consent standards

This information can be located here.

Confidentiality and Privacy
Protecting individual privacy relates to the way we collect, use and disclose the personal information of individuals. In general HIV work, outreach workers do not need to collect a guy's personal information in order to provide outreach services. In today's online outreach, workers will likely engage with or encounter guys' profiles that contain differing levels of personal and/or identifying information, such as a picture, GPS location/neighbourhood, physical descriptors, etc. “Identifying information” is information that can be used either alone or in combination with other known information to identify a particular individual.

Like most outreach activities, what is said in a session should stay in a session, including profile names, HIV status or any personal or sexual information that guys may divulge online. Under no circumstances should we share any information about a guy with another guy online. If guys ask you about confidentiality and privacy, feel free to share with them your agency’s protocols.

Sometimes organizations request their online outreach activities be recorded. This can be easier to do on a computer than it is using mobile apps accessed through tablets and phones. In this circumstance, you might want to consider using screen captures (refer to mobile app section). Typically, the rationale behind keeping these records might be the following:
1. **Quality assurance** – A review process ensures you and your volunteers are conveying up-to-date sexual health information and referrals.

2. **Evaluation** – This process might be helpful in the context of a program manager and an outreach worker or an outreach worker and their volunteer(s).

3. **Training** – It might be helpful in the context of training new staff/volunteers to share past examples—good and bad—of ways to effectively engage in online outreach.

4. **Program statistical reporting** – This allows departments to keep track of their outreach for tracking tools like OCASE and OCHART.

If your organization does keep record of such activities, here are some ways to protect the confidentiality of guys online, using various platforms:

1. Clearly state somewhere in your online outreach programming that some dialogues, exchanges or transactions may be recorded for certain purposes. It is best to be clear about those purposes (see above). Make sure to include that you will respect your client’s right to remain anonymous, and that any guys online can avoid providing you with identifying information.

2. **TIP: Space (to state the extent of your policies) is very limited on mobile app profiles. As a result, it might be a good idea to host a section on your organization’s website that provides more detail and context about your online outreach services. Details could include information about confidentiality and privacy, hours of online operation, the different tools, sites or apps that you are active on, samples of FAQs, etc.…**

3. If you do come across or otherwise obtain identifying information in your outreach conversation, make sure that it is deleted or removed when being saved or recorded for internal purposes.

**Limits of Confidentiality**

Confidentiality should be handled the same way it is in all other aspects of your agency’s HIV work. According to many professional associations in Ontario (such as social work, public health, psychology, psychotherapy and psychiatry), information will be disclosed with or without a client’s (guy online) consent and knowledge in the following situations:

1. When there is clear and imminent danger that the client (guy online) will cause serious harm to themselves or someone else
2. When there is knowledge or suspicion that a child who is presently under the age of 16 has been previously abused or is currently being abused, neglected or witnessing abuse
3. When a judge has ordered counsellor testimony and/or client (guy online) records be made available for court
Here are some best practices for maintaining confidentiality and privacy online:

1. Employees, volunteers and students should sign confidentiality agreements prior to engaging with online and other outreach programming.
2. Online outreach should be conducted in areas that allow for some element of privacy so that conversations are not open or exposed to public environments.
3. Any (hard copy) records should be kept, filed and maintained in a locked and secured location. For online records, limitations to access, password protection or encryption might be ideal.

**Conflicts of Interest**

Conflict of interest should be handled the same way it is in all other aspects of your agency's HIV work. A conflict of interest occurs when the personal interests of a worker conflict with the worker's responsibilities as a representative of their agency. Conflict of interest policies specifically prohibit workers from asking for or accepting offers of a sexual or romantic nature from guys while on the agency’s property, or while acting as an agency representative. Because of these policies, online outreach workers must know how to deal with a situation where they are being “hit on” by a guy online (see tips and tricks). During online outreach, workers are entering an environment where it is normal for guys to cruise each other for sex, use explicit language and to sexualize one another. However, our reframing should never shame a guy for taking a sexual interest—it’s the norm online!

Sexual health and online outreach workers should also be aware of other specific conflicts of interest:

1. Workers cannot knowingly engage in romantic or sexual activity with a guy to whom they are providing services.
2. Workers cannot solicit special consideration for friends or partners from other agency affiliates.
3. Workers should not seek information on “clients” unless that information is relevant to the worker’s job duties. Workers should not flirt or engage in inappropriate conversation or contact with a guy while the worker is acting as a representative of the agency. Encourage your outreach workers to have very distinct personal and professional profiles if they personally cruise online after hours; see the section on professional supports and self-care.

When conducting online outreach, it is imperative to separate work from play. It's not a good idea to use a personal online profile or chat name to conduct outreach, even on your own time. Also, do not use a personal “persona” or “identity” that you would use on personal time while performing outreach activities. Engaging in any form of exchange of professional services with guys by workers is a potential conflict of interest. Employees must exercise caution and judgment when interacting with guys. It is not possible to anticipate all potential conflicts of interest that can arise, so workers must adhere to the highest standards of ethical conduct.
Criminalization of HIV non-disclosure

Criminalization of HIV non-disclosure should be handled the same way it is in all other aspects of your agency’s HIV work. Issues that are related to HIV disclosure may emerge online in a variety of contexts; for example, you might have an engage with a guy online who feels that someone has not disclosed their status and has a lot of anxiety, fear or anger. You might also hear from an HIV-positive guy who is concerned about someone else disclosing his status and/or threatening to report. In any case, it is essential that you act on behalf of your agency’s policies and procedures. When these issues emerge online, it is important that you, your peers or volunteers have clear guidelines about the appropriate steps to take. It is also recommended that your response is supported by your supervisor or manager at that moment, whenever possible.

**TIP:** it might be a good idea to generate a simple script or key points to address/note when the issue of HIV non-disclosure and criminalization emerges online. This will ensure your agency has a consistent response or protocol in place.

According to the Canadian HIV/AIDS Legal Network, people living with HIV (PHAs) regularly continue to be criminally prosecuted and convicted for not disclosing their HIV-positive status to sexual partners. As of April 2012, more than 130 people in Canada had been charged for not disclosing their status. Until the law is changed, criminalization is a reality that the community must live with and respond to. As a result, the network created a resource kit intended to provide both PHAs and service providers with useful information and tools to make informed and empowered choices about how to respond to criminalization. You can access this resource [here](#).

**HIV Disclosure: A Legal Guide for Gay Men in Canada** was originally developed in 2009 and then revised in 2013 as a result of a 2012 Supreme Court of Canada ruling. HALCO has led the re-development of this guide, which is designed to answer some of your questions about HIV disclosure and the law in Canada. Most of it is about criminal law. It also has information about disclosure and other areas of law, for example, public health, privacy, employment, travel and immigration. You can access this resource [here](#).

If you are looking for more information about how to understand, unpack and collect key messages about HIV-related stigma within Ontario gay communities, we strongly encourage you to review the HIV Stigma campaign, originally launched in 2009, which can be found here: [www.hivstigma.com](http://www.hivstigma.com)
Troubleshooting—Tips and tricks

1. **What to do when you’re getting hit on** – Reframe the conversation towards the purpose of your online outreach (goals and purpose). You can also provide an example to reiterate the kinds/ranges of questions typically asked. Also, it doesn’t hurt to be appreciative of any compliments, etc. We don’t want to shame anyone online considering it is a highly sexualized environment.

2. **How to explain your role** – Feel free to state your position, role or title and your workplace. This might help to provide trust and confidence in what you’re online to offer. It might also be good to be clear about what you are not able to offer, such as legal counsel, medical advice, crisis management, therapy, etc. Ensure that your outreach workers have a step-by-step back-up plan if these needs emerge. Can you connect with an internal support or counselling team member? Your supervisor? A community partner referral?

3. **How to deflect sexualized comments** – Feel free to use/respond with humour whenever appropriate. This can take some getting used to. Make sure to be clear about your role online. Again, try not to shame any guy for reaching out with sexualized language; it’s the norm online.

4. **Ways to end “circular conversations”** – In this case, it might be a good idea to return to the original, leading question. If the guy online has several questions, order these and try to respond based on priority. You can also ask the guy online “if there’s anything else you can do” and/or suggest some websites, local programs, videos, etc. that align with interest.

5. **How to manage the boundaries of time** – It’s easy with mobile applications to be attached to your work 24/7, but this is not a healthy option for any of us. Be sure that you and your outreach team have scheduled and predetermined shifts and times for outreach. Have your outreach team sign out of outreach accounts when the shift is over so that no one is tempted to engage off hours. It can also be helpful as an agency or program to post/advertise on your agency website or apps when your online outreach shifts occur.

6. **Work collaboratively** – Connect with your colleagues and peers across the GMSH network to continue to build expertise, knowledge and support.

**Professional supports and self-care**

Doing HIV and sexual health work is not always easy. We work in environments that can create challenges to maintaining a healthy balance between work and personal life. You are likely understaffed, overworked and lacking the budget to do all the things that are needed in your community. You also work in, and may be a part
of, a community that is characterized both historically and currently by (HIV) stigma, homophobia/biphobia/transphobia and the trauma of multiple losses. It is possible to experience burn out. **When we experience burn out we may be feeling physical and emotional exhaustion due to stress from working with people under difficult or demanding conditions.**

You engage in tough conversations. It is important that you recognize the complexity of your work and allow yourself to have the emotional response that fits with each situation. Online outreach conversations can be triggering, draining or even perplexing. Acknowledging the impact of your work on your own life is both healthy and necessary.

**Working and living in the same community**

One of the most common issues for gay and bi men working in an outreach role is that it is difficult to distinguish between the “outreach you” and the “normal you.” In smaller Ontario cities, there might only be one gay space if you are lucky, and hanging out there after you have been handing out condoms and lube all night might not be the most comfortable option. In larger urban areas, this can also be an issue. You may find yourself being labelled as your organization rather than as an individual. And you will not always be able to shed that label in your off time.

**TIP:** Use a manager, counsellor, therapist, social worker or clinical supervisor to debrief. You cannot deal with your feelings unless you identify them. It is not always possible to do this on your own, especially if your work is bringing up emotional issues from the past. Many employee benefits packages offer Employee Assistance Programs. See if your agency has such a plan.

**Your sex life is important too!**

It is important for us to have a satisfying sex life, but outreach workers sometimes experience challenges in this area. In smaller communities, workers and often volunteers are often labelled, making it difficult to find sexual partners or people to date. Even workers with partners have said that their sex lives and relationships are deeply affected by the work that they do. One could assume that talking about sex all day would make for a fantastic sex life. That could be wrong. Many HIV/AIDS educators perform so many condom demonstrations that dildos become the norm! In a way, the job can desensitize you to sex.

**TIP:** If you like spaces like bars and bathhouses- consider visiting one in a different community for an afternoon or evening. It is an easy way to have sex and or socialize without feeling scrutinized or fearful that your clientele will find out the details.

Know the limits of your work. It is not uncommon for an outreach worker to be stressed. For example, you might find yourself at an agency where you are the only person who works with gay/bi/MSM. You might even have to pair that work with another role, like harm reduction or youth outreach. There can be a feeling of expectation
(external or internalized) that you can do everything—or should do everything—and it is important that you are realistic about the amount of time that you have to accomplish tasks and goals.

TIP: View your job as a series of smaller tasks versus one larger one. Not every guy you encounter will practice safer sex after hearing what you have to say, and some won’t even listen to what you have to say. Set smaller goals for yourself, like handing out a certain number of condom packs or aiming for a specific number of online chats. It isn’t only about quantity; the quality of your outreach is important too. We impact those we serve one person at a time. Be realistic.

Ways to practice good self-care in the work

- Build a support network of people doing similar work. Initiate conversations about the challenges and successes
- Develop mentors in this work so you can learn from them
- Develop trust and openness with your supervisor/manager, so that you can talk candidly about workload
- Be realistic about what you can accomplish
- Set up work-related boundaries that are achievable for you. Conducting online outreach from your smartphone at 3a.m. on a Saturday is NOT a good idea!
- Strive to work smarter and more efficiently. Planning ahead reduces stress
- Build volunteer capacity/support where appropriate to assist you
- Learn to say no (when you need to)
- Take all of your allotted vacation and use any workplace benefits you may have. You are entitled to them
- Know when to resign and/or move into a new role
- Monitor your stress levels and learn better ways of managing stress
- Keep or build relationships, hobbies, and passions outside of work
- Be aware of the frequency of your substance use and the amount consumed. Ask yourself if this is directly related to stresses at work. Develop an awareness of your triggers and reach out to others
- Use humour whenever possible and within limits
- Be proactive with your health, regardless of status

Volunteer support for your online outreach

A volunteer program can significantly expand your online outreach program, meaning that you could be online in more places and for longer periods of time, hopefully reaching more guys. There are a number of things to consider when it comes to having volunteers do online outreach, such as maintaining a standard quality of outreach, keeping volunteers engaged at a distance and collecting data.
There are several helpful, informative resources that have been created by some agencies and GMSH network members that might help you build upon your volunteer program to augment your online outreach to guys. These resources include:

- Online Outreach Guide (version 1.0) by the Asian Community AIDS Services (fall 2015)
- Online Outreach Training Document by the AIDS Committee of Windsor (fall 2015/winter 2016)
- Online outreach for gay/bi/queer guys by the AIDS Committee of Toronto can be found here.

**Recruitment**

Volunteers in an online outreach program need to be knowledgeable about your agency and the sexual health messaging that you deliver, and they need to have the skills to deliver sexual health information in a fast-paced, text-based environment. Think about what other basic skills you’d like your volunteers to have: Do you want them to be familiar with the sites and apps you’re using? Are you willing to train them in basic computer skills, or should they already have those? Do you want your volunteers to be familiar with the slang used by each online community, or would you prefer them to write in a more professional tone? Mobile app outreach may require volunteers to have a solid understanding of the content they’ll be delivering, whereas volunteers using a computer will have easier access to resources and websites to research from. Coming up with a job description can help you figure out which skills you want from your volunteers, and which ones you’re willing to train them in. For an example of a volunteer job description, see Appendix III & IV.

Sometimes guys may message you through your online outreach program, saying that they love that you’re online; this is a great opportunity to get them on board! Recruiting through the sites and apps you use is one way to make sure that your team is familiar with online cruising culture and the atmosphere of these venues. Also think about recruitment through the local events you plan and host: bathhouse night, discussion circles, movie/book groups, testing campaigns, Pride, AIDS awareness week, etc...

**Training**

Online outreach volunteers not only deliver sexual health information online, they also act as the face of your agency in sexualized online spaces. They will share information about your agency’s programs and positions, answer questions about HIV and STIs, and make referrals to testing and online resources. Depending on their base level of knowledge, volunteer training may need to include an introduction to the sites and apps you use for outreach, in addition to your agency’s standard volunteer training. They will also need to become familiar with any online resources that support your work, and local resources that are relevant (eg. public health unit, testing locations, needle exchange, PrEP-knowledgeable doctors, etc.).
If you’re already doing outreach, collecting your most frequently asked questions can help inform your volunteer training. Risk levels associated with specific sex acts, venues for testing, access to PEP and PrEP, and opportunities for community building are all commonly asked questions.

Guys online have access to unlimited information at their fingertips, but they contact us because they want specific, tailored information from a reputable and current source. Online outreach volunteers should be familiar with which websites offer high quality information that your agency trusts, so they can quickly access them to find the answers to guys’ questions. Create a document, an internal webpage or a USB key filled with relevant resources and links that you can share with your volunteers, and provide them with these tools to use from home or wherever they do their outreach. Giving them homework involving answering FAQs using the sites that you have shared with them, is one way that they can get familiar with the resources.

Setting boundaries can be challenging for volunteers. Incorporating training around your policies and preferred practices for setting and maintaining appropriate boundaries can set volunteers up for success. Consider whether you want your volunteers to give out their real names when asked, whether they can take a conversation to a new venue (such as the phone, or in-person if the guy is nearby) or if there are situations where you would want them to be a bit flirtatious to keep conversations going, rather than being strictly professional.

Volunteers often express apprehension about “going live” on outreach, especially if they aren’t very computer savvy, or if they don’t use sexual networking sites in their personal lives. Simulating chat conversations by using two profiles (one agency and one training) and two computers/devices can give your volunteers an opportunity to practice in a low pressure environment, plus it gives you the chance to see them in action. Once they are armed with knowledge and resources, this piece of training offers the opportunity to build comfort and confidence on the sites and apps, and get the volunteers familiar with online etiquette and the pacing of virtual conversation.

A sample outline of online outreach training curriculum (as developed by the AIDS Committee of Toronto):

Agency training – the basics:

» Health promotion basics
» Confidentiality and boundaries
» Anti-oppression practices
» Social determinants of health
» Risk and harm reduction
» Communication
» Criminalization of HIV non-disclosure
» Agency programs, etc.
Online outreach specific training:

1. Getting to know the outreach venues, online resources and protocols
2. Log in and chat simulation using a training account (not live) and observing supervisor online
3. Log in and chat using agency account, responding to real time chats with active support and supervision
4. Completing shifts remotely with online support from supervisor (simultaneous)

Have you considered also having your volunteers trained in the Our Agenda mental health workshop? This might be an additional component to their online outreach training needs that will enhance the scope of their practice and ensure that you have a team approaching the work from a holistic, syndemic-informed perspective.

Contact the GMSH offices for more details.

For another sample of online outreach volunteer training, see Appendix VI (AIDS Committee of Windsor).

**Data Collection**

Data collection for online outreach is unique, because unlike other forms of outreach, online outreach leaves a digital paper trail. Depending on the type of data that you intend to collect, how closely you want to monitor and provide feedback to your volunteers, and your agency’s general data collection policies, there are several options for collecting information about the outreach conversations that your volunteers have.

Many outreach programs already have data collection forms or spreadsheets. These can be shared with online volunteers, to complete at the end of each shift. Whether you’re currently using a standard data collection form or not, you’ll need to consider whether your volunteers will have access to demographic information about their outreach contacts, such as age, ethnicity or sexual orientation. If your program’s protocols or the websites you’re using prohibit looking at other users’ profiles, you likely won’t be able to consistently collect this type of data. You will, however, be able to collect the content of the conversations. Volunteers may share with you the content of the conversations they have during their online outreach shift, including the links they sent and referrals they made.

Another option is to have your volunteers submit copies of their conversations to you, either by saving them into a Word document, or by letting you know which site or app the conversation happened on, so that you can review it. This method requires more review time on the part of the supervisor, but allows you to provide more specific feedback, which can help keep your volunteers engaged, and can be used to inform future trainings.
**Ongoing Support**

One of the things that can be most appealing to volunteers interested in online outreach is the ability to do their outreach from anywhere, including the comfort of their own home. What that can sometimes mean, though, is a feeling of working in isolation. This can be disappointing for volunteers who get involved with the intention of feeling like they are part of something!

Providing online outreach volunteers with ongoing feedback about their conversations is one way to help them feel connected. Volunteers may also appreciate getting together with other online outreach volunteers, to share ideas, talk through challenging conversations and hear about how their experiences are similar to others also doing outreach online. This can be done in-person or could be accomplished through an online forum or networking site. Asking your volunteers to provide feedback to you about their experiences with your program and their work can also help them feel that they are part of a program bigger than themselves, and can give you some valuable information that can help you improve your online outreach program (Appendix V – Volunteer Supervision Form).
SECTION 4: Program Evaluation

Although this section falls at the end of the guide, it is very important to consider the evaluation of your programming before you begin. This means knowing what data you want to collect and how you intend to use it. In this case, and for the purposes of many AIDS Service Organizations who are funded by provincial and federal programs, you should consult with your OCASE and OCHART reporting mechanisms. With regards to OCASE and OCHART, you will be required to track “volume measures” (explained below), which contain items such as number of contacts and number of referrals.

In general, there are two major kinds of evaluation: process and outcome. Outcome evaluation could be used to determine whether or not the online outreach was effective at decreasing risk and lowering HIV/STI infection incidence rates within your community. However, this is extremely difficult to do in this circumstance. It is rare to be able to isolate the results of the outreach intervention from other simultaneous factors at play, for example, campaigns, other educational sources, sexual health services, etc. Process evaluation and indicators assume that outreach activities will positively influence the outcomes previously described. Process indicators that apply to your online outreach might include:

Volume:
- Number of contacts exposed to your outreach/prevention messages
- Number of contacts engaged in an exchange/conversation (one-on-one)
- Number of emails/messages sent or received
- Number of referrals offered

Reach:
- Proportion of contacts in specific demographic categories—age, ethnicity, status, etc.
- Proportion of guys in different groups—urban versus rural, substance use communities, queer youth etc.

Quality:
- Duration of each one-on-one session (measured in length of time or level of information given)
- The range and/or scope of information given
- The confirmation or follow up of issues/concerns raised in each session
- Referrals offered
In addition to these forms of evaluation, you may wish to collect feedback and input from your service users online. This information can be helpful in a number of ways. For example, it can provide insight about the usefulness of the sexual health information your agency is giving to guys online. It can provide you with important insight about the services and resources that you are referring guys to, especially if these services/reerrals have changed, closed, moved, etc. Feedback from your community (guys online) can also act as quality assurance. Remember the even negative or critical feedback can be useful and shouldn’t be taken personally. More often than not, over the years, we have heard and reviewed feedback from online service users that they are appreciative and grateful for the online programs AIDS Service Organizations and public health programs across Ontario can offer, particularly in climates that do not often provide gay men’s sexual health information in mainstream markets (see Brennan et al., 2015).

We know there have been recent amendments to how this kind of outreach might be captured in OCHART/OCASE. Make sure you are aware of these changes and update your tracking sheets accordingly. In addition to this form of evaluation or statistical tracking, some agencies have been known to use an (internal) Internet chat outreach log to evaluate their work and use this to capture or document the need for programmatic changes. For example, the Asian Community AIDS Services (ACAS) logs this information and tracks any new themes that emerge in content from guys in their community. If a particular topic or issue (e.g., PrEP, testing in relationships, syphilis, etc.) surfaces as popular or highly discussed, ACAS will incorporate this information/content into their upcoming monthly events. See Appendix VI.

**TIP:** If guys online have given you their permission and contact information, it might be helpful to follow up after the initial outreach contact or intervention. This is a good way to investigate if your session was helpful. It also helps to build rapport and trust with guys online in your communities.
SECTION 5: APPENDICES
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I. OHTN Rapid Response (2010)

II. OHTN Rapid Response (2012)

III. Volunteer Job Description – ARCH (2014)

IV. Volunteer Job Description – ACT (2014)

V. Volunteer Supervision Form – ACT

VI. Internet Chat Outreach Log – ACAS

VII. OHTN Rapid Response (2015)