SUMMARY REPORT:

ONTARIO'S MPOX AWARENESS CAMPAIGN EVALUATION

FINAL REPORT

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GMSH
GAY MEN'S SEXUAL HEALTH ALLIANCE

ABOUT THE GAY MEN'S SEXUAL HEALTH ALLIANCE

The Gay Men's Sexual Health Alliance (GMSH) champions the health of 2SGBTQ+ men in Ontario. We lead in developing sexual health promotion resources and collaborate with HIV service organisations and other service providers in Ontario to ensure 2SGBTQ+ men have the information, supports, and services they need to have the sex they want.

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SUMMARY REPORT:

ONTARIO'S MPOX AWARENESS CAMPAIGN EVALUATION

This report documents an externally conducted process evaluation of Ontario's MPOX Awareness Campaign. The evaluation was commissioned by the Gay Mens' Sexual Health Alliance (GMSH) on behalf of the provincial MPOX campaign partnership between the Infectious Diseases Policy and Programs (IDPP) and the Immunization Policy and Programs (IPP) units at the Office of the Chief Medical Officer of Health for Ontario (CMOH), the HIV-AIDS/ Hep-C Program (AIDS Bureau) at Ontario Ministry of Health, the GMSH provincial office and participating GMSH alliance member representatives. This document includes background to, and purpose of the evaluation, key evaluation questions guiding the overall evaluation, methodology used, and key insights synthesized across key evaluation questions under three main topics, namely: the perceived value and quality of the collaborative experience for stakeholders, access to, and quality of GMSH supports and resources, and outcomes related to system partners' work related to MPOX, and public awareness, knowledge and behaviours related to MPOX.

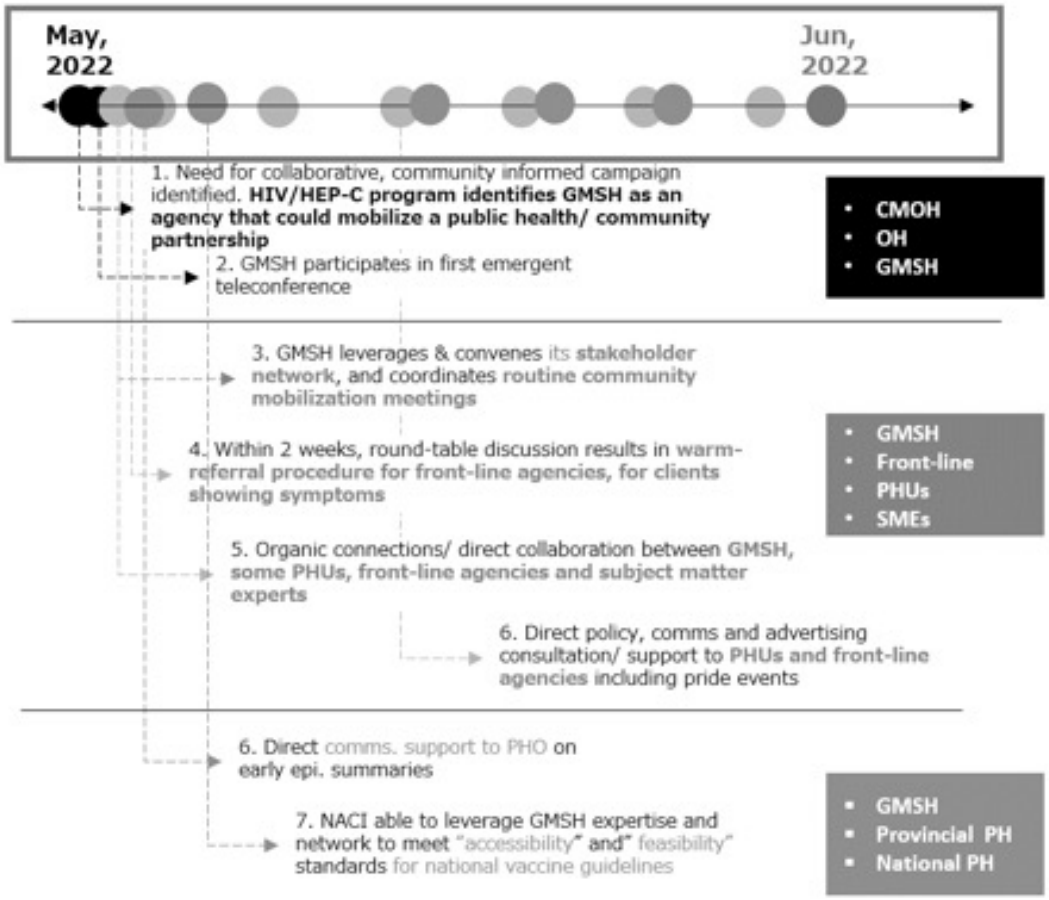
While the key insights are summarized from/ across multiple methods/data sources, Appendices A to and D include focused line-of-inquiry summaries, highlighting more detailed findings from each method/ data source, separately. First, a brief background to the evaluation is provided.

BACKGROUND

In April 2022, the first cases of an emergent global MPOX outbreak were discovered in Europe. As insights from global epidemiological data emerged, men who have sex with men (MSM) were believed to be a subpopulation at higher risk of contracting MPX. Given that historically, public health efforts targeted towards MSM subpopulations had created tensions with, and contentious results for LGBTQ+ communities across the globe, public health agencies at all levels were sensitive to the need to 1) prevent and manage the disease, including for the at-risk MSM sub-population while, 2) implementing effective public health strategies without discriminating against, stigmatizing or alienating LGBTQ+ communities.

In Canada, the first MPOX cases were discovered in Quebec in late April 2022, followed shortly with the first known cases in Ontario, in May 2022. With the first in-person PRIDE festivities since the onset of the COVID-19 pandemic scheduled to kick-off in early June, there was urgent need to carry out an effective and relevant public health campaign targeting the MSM population. Ontario's consequent MPOX response was implemented in partnership between CMOH, the AIDS Bureau, the GMSH, Infectious Disease Subject Matter Experts (SMEs), and the front-line community agencies across Ontario which form the GMSH alliance. This partnership resulted in a responsive, and community-informed public health campaign. Figure 1 visualizes highlights of the swift mobilization of key stakeholders in the partnership within 6 to 8 weeks of the first MPOX cases identified in Ontario.

Figure 1.
Highlights of the Community Mobilization Effort



PURPOSE AND SCOPE OF THE EVALUATION

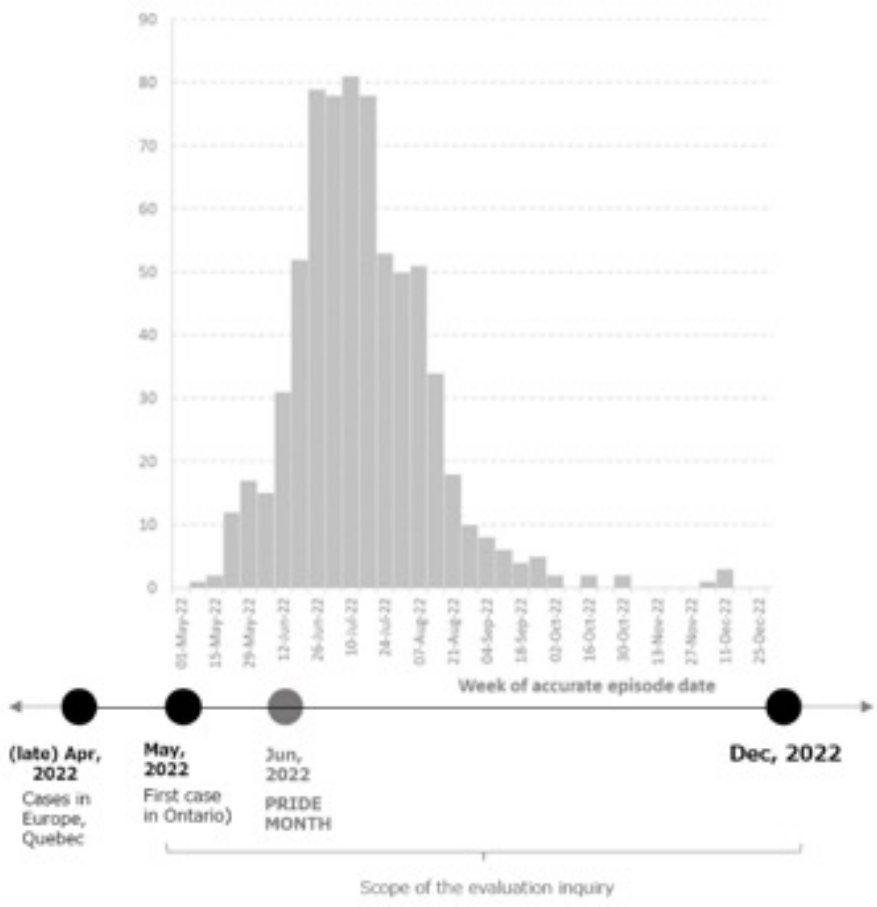
Given the diversity of partners engaged in the work and the responsive mobilization of the partnership, a retrospective program evaluation of the collaborative effort was commissioned, resulting in the insights summarized in this report. There were two main purposes of the evaluation:

1. Conduct a process evaluation of the collaborative effort between GMSH, the province and other relevant stakeholders.
2. Demonstrate potential outcomes of (i) the collaborative process for system partners; and (ii) and the co-branded MPOX awareness campaign on MSM's and the general public's awareness, knowledge and behaviours related to MPOX.

SCOPE OF THE EVALUATION

The evaluation was commissioned in December 2022, after the initial outbreak had been controlled in Ontario. The scope of the evaluation is to capture insights and lessons learned during this initial and critical phase of the MPOX response. Figure 2 depicts the timeline scope of the evaluation, mapped against emergent case numbers in Ontario.

Figure 2.
Scope of the Evaluation Inquiry



KEY EVALUATION TOPICS AND QUESTIONS

Key evaluation questions were organized under the three main evaluation topics the report's insights are organized by. These evaluation questions guided the overall evaluative inquiry and the selection of methodology and data-sources.

PERCEIVED VALUE & QUALITY OF THE COLLABORATIVE EXPERIENCE.

1. To what extent did the partnerships between the GMSH, the province and other key stakeholders facilitate an effective collaborative process?
2. What was the quality of the experience of these partnerships? What worked well? What can be improved for similar partnerships in the future?

ACCESS TO, AND QUALITY OF GMSH SUPPORTS AND RESOURCES.

3. To what extent did the partnerships create access to supports and resources for key stakeholders?
4. How complete, usable, and useful were these supports and resources for health system partners?

OUTCOMES OF THE COLLABORATIVE PROCESS AND THE RESULTING CAMPAIGN.

5. What, if anything, changed for system partners and their response to MPX as a result of engaging in this collaborative process? Did it support tailored outreach efforts to the target population?
6. What changed in terms of the public's awareness, knowledge and behaviour related to MPOX? What, if anything, did the MPOX campaign contribute to such changes?

METHODOLOGY

To answer these evaluation questions, a mixed methods approach was used. Table 1 summarizes the mix of quantitative and qualitative methods used.

Table 1
Summary of Methods & Data Sources

KEY EVALUATION QUESTION	METHODS/ DATA SOURCES
1. To what extent did the partnerships between the GMSH, the province and other key stakeholders facilitate an effective collaborative process? 2. What was the quality of the experience of these partnerships? What worked well? What can be improved for similar partnerships in the future? 3. To what extent did the partnerships create access to supports and resources for key stakeholders? 4. How complete, usable, and useful were these supports and resources for health system partners? 5. What, if anything, changed for system partners and their response to MPX as a result of engaging in this collaborative process? Did it support tailored outreach efforts to the target population?	1. *Key stakeholder interviews* 2. *Key stakeholder focus groups* 3. *Local public health unit (PHU) survey*
6. What changed in terms of the public's awareness, knowledge and behaviour related to MPOX? What, if anything, did the MPOX campaign contribute to such changes?	4. *Public Opinion Poll*

Data collected from these sources were analyzed as separate lines of inquiry. Insights from each line of inquiry were then synthesized into the three main organizing topics as presented in this summary report. A description of key evaluation stakeholders is provided next.

KEY STAKEHOLDERS AND EVALUATION PARTICIPANTS

Given the nature of the collaborative partnership, key stakeholders' feedback was a critical data source for this evaluation. Relevant key stakeholders were identified in discussions with the GMSH, the AIDS-Bureau and the CMOH at the outset of evaluation planning. The following key stakeholder groups were identified:

1. Subject Matter Experts (SMEs; e.g., Infectious Disease Specialists) involved in the campaign,
2. Provincial, national, and local public health leadership responsible for MPOX responses in their respective jurisdictions,
3. Local public health unit staff,
4. Front-line agency representatives,
5. Community/ front-line agencies,
6. The public, including members of the 2SGBTQ MSM community and the general public.

DATA COLLECTION METHODS

A mixed, multi-method design were used to engage stakeholders and collect the data needed to answer key evaluation questions. Table 2 describes the qualitative and quantitative methods used to collect data, followed by a more detailed description of each method.

Table 2

Description of Mixed Methods

QUALITATIVE METHODS		QUANTITATIVE METHODS	
1. Stakeholder Interviews	In-depth (45-60 minute) interviews were conducted with stakeholders who played a bigger role in the partnership's work, given the method's potential for gathering rich qualitative insights.	**3.** PHU Staff Survey	A short, online feedback survey was implemented to enable staff at local public health units to provide feedback on their level of engagement with the campaign—without having to commit time to participating in an interview or focus group.
2. Stakeholder Focus Groups	Focus Groups (60-75 minutes) were conducted for stakeholders who shared similar characteristics (e.g., rural ASOs) or for multiple participants from the same agency (e.g. Public Health Ontario).	**4.** Public Opinion Poll	Ontario-based public polling agency *Environics Research* was engaged to conduct a panel survey to ascertain to MSM vs. general public awareness, knowledge and behaviours related to MPOX, and the extent to which the campaign may have contributed to awareness, knowledge and behaviours.

STAKEHOLDER INTERVIEWS AND FOCUS GROUPS

Interviews and focus groups were used to gather detailed feedback about stakeholders' experience engaging with the MPOX partnership throughout various aspects of the campaign. Interviews and focus groups were conducted using a semi-structured conversation guide (*Appendix A*) tailored to the respondents' role and level of engagement with the campaign. Participants were recruited by the GMSH in collaboration with agencies that participated in the community knowledge mobilization tables that met throughout the MPX response. 30 individuals representing 19 agencies provided feedback across the five stakeholder types identified previously. For a full list of participating agencies and the number of respondents from each, see *Appendix B*.

Both interviews and focus group were held virtually over the zoom virtual platform. 1-1 interviews ranged from 35 minutes to 75 minutes depending on the level of involvement by each stakeholder, whereas focus groups, which included 2 to 6 participants lasted 45 minutes to 75 minutes depending on the number of participants and their level of engagement with the MPOX campaign. Interviews and focus groups were audio-recorded with participants' informed consent; audio-recordings were transcribed and analyzed using *NVivo Qualitative Analysis* software to identify emergent themes unique to, and shared across stakeholder types.

PUBLIC HEALTH UNIT SURVEY

Although it was originally intended that representatives from the 34 public health units (PHUs) across Ontario would participate in virtually held focus groups, only two such units were able to participate in interviews or focus groups. Feedback from PHU staff indicated the difficulty in committing to participating in a synchronous feedback method such as an interview/ focus group, given competing priorities. Additionally, many of the PHUs had not had a strong level of engagement with the GMSH or the MPOX campaign, which would have made it less meaningful for such PHUs to participate in a conversation-based method of feedback.

Keeping these factors in mind, a short online survey was implemented using the SurveyMonkey platform. The survey included close ended questions, Likert type questions, and open ended questions to gather a range of feedback on the level of respondents' engagement with the MPOX campaign and the GMSH, the extent to which they accessed supports, and found such supports to be useful/ relevant for their jurisdictions. *Appendix C* includes a full list of questions included on the survey. The survey was implemented over a two week period, achieving a 41% response rate with 14 out of the 34 PHUs completing the survey. *Appendix D* is a technical report that details survey results.

PUBLIC POLLING

To gather strong quantitative evidence about the MPOX campaign's target population's (MSM's) awareness, knowledge and behaviours related to MPOX, a public poll was conducted by *Environics Research*. The poll used a survey panel, i.e., a sample of Canadians who have provided basic demographic and behavioural profile questions, and who participate in surveys related to a multitude of topics to share their opinions regularly. Survey panels are commonly used for their effectiveness in gathering large amounts of data needed to derive quantitative insights; a statistical weighting technique is generally used to adjust responses (within reason) to reflect that of the general population when proportions are known.

For the MPOX campaign evaluation, polling was conducted over between March 17 and April 3, 2023. An online survey was conducted with 1005 Ontarians, including 301 MSM respondents (target population) and 704 general population respondents. Given that the proportion of Ontario's MSM population is not known, the response weighting technique was not used. The opinions of the 300+ MSM population provides valuable insights into respondents' views and behaviours, however, does not represent the views, opinions and behaviours of the MSM population at large, in Ontario. Poll results are one important piece of data to consider along with results from other evaluation data sources. Appendix E includes a technical report detailing the results of the poll.

KEY INSIGHTS

Synthesized across the methods discussed above, the key insights from the data are organized per the three key topics guiding the overall evaluation.

1. PERCEIVED VALUE & QUALITY OF THE COLLABORATIVE EXPERIENCE

The key sources of data that contributed to insights related to the perceived value and quality of the collaborative experience were stakeholder interviews and focus groups. Across stakeholder groups, the feedback on the value of the collaborative process was overwhelmingly positive. In particular, stakeholders emphasized the value of the GMSH as a collaborative partner in ensuring that outreach efforts to MSM were conducted in a meaningful and respectful manner. Next, key themes from stakeholders are further broken down to what worked best and reflections for future efforts, from the perspective of respective stakeholder types.

What worked best

From the perspective of Senior Public Health leaders, GMSH's existing stakeholder infrastructure and credibility with the community were invaluable partnership assets. In the words of a senior federal public health official:

"No similar body existed in any other part of the country. [GMSH] was the only reasonably organized body that emerged that had an intersection of health and GBMSM… We had very specific requests that we needed in phase one to set acceptability perspectives, feasibility perspectives, but also on language and stigmatization. It just seemed very practiced and polished the way that the organization provided feedback. It couldn't have gotten better than that."

As illustrated above, in a rapidly emerging situation where a tailored and sensitive outreach effort had to be implemented with an at-risk community, these assets provided a ready-to-go solution for meaningful community engagement and wisdom mobilization. Further, senior public health leaders also identified the AIDS-Bureau's practical knowledge of the healthcare system and its creative and nimble approach to problem solving as a key facilitator for enabling the resourcing and implementation of this partnership model.

The value of the community/public health partnership was also felt by front-line, community agencies. As illustrated in the words of a front-line community agency leader and long-time 2SGBTQ health advocate, there was immense value in the partnership model for community representatives to feel empowered and have direct influence on policy makers, ensuring that public health efforts took into account considerations regarding stigma and equitable vaccine access, as the campaign rolled out:

"I think there's always a danger with these sorts of things that affect community wide approach that if you if you don't have one voice, then they [government] hear 50 different opinions and nothing will happen. I think the GMSH effort was really useful in bringing those groups [front-line & public health] together and then also presenting us as a coordinated voice to Public Health in terms of what we were looking for as a community, right? And that's that strategic response [that was needed]."

Further to this, front-line agencies were also deeply appreciative of the regular community mobilization tables that were implemented right at the onset of the outbreak:

"I think that was crucial that GMSH brought all these partners together…so that we were all meeting on a regular basis, updating, you know, what were the trends, what was going on and then really being able to coordinate with our local public health units"

In addition to accessing expertise related to MPOX during the early days of the outbreak when information was scarce, front-line and community partners reported the value of the practical and moral support provided by the partnership, especially in instances where front-line agencies did not have close collaboration with local public health units.

Finally, both front-line community agencies and local public health units deeply appreciated the knowledge mobilization and communications support provided through the partnership, and by the GMSH specifically, at a time when both front-line agencies and local public health units were under-resourced and overworked. As stakeholders reflected on what worked best in this collaborative process, they highlighted considerations for future initiatives, as summarized next.

Reflections for the future

As evident in the above discussion, the value of this public-health community partnership was immense from the perspective of Senior Public Health leadership. Across the board, senior public health officials who participated in interviews and focus groups applauded the GMSH's approach for engaging its community and facilitating a productive community/public health relationship model. Several officials noted the GMSH's approach as "gold standard" and reflected on the potential for leveraging the GMSH's positional strengths to continue public health partnerships with the MSM community at local, provincial and national levels. Further, the insights from this collaboration could be translated in working with other communities, as stated by one senior public health official:

"Maybe this will provide some lessons learned for engaging with other communities. I think there is a partner that has emerged for public health I think highlighting the group [GMSH] as a potential ongoing relationship for other work related to MSM may not be a bad thing."

From the perspective of community / front-line agencies, the following areas of improvement were highlighted:

- **Role clarity:** Some agencies that were not as familiar with the GMSH recommended clarifying the roles of each stakeholder at the outset, for future efforts. This was highlighted as a factor that would enable trust-building with communities/ agencies who function on the margins of the system.
- **Equitable reach:** agencies highlighted the need to reflect on who was excluded from the campaign in terms of the various intersections of the MSM community. Particularly highlighted were the 'working poor' and those who did acquire MPOX, for whom stakeholders reported there were often no adequate supports, nor an interest from the partnership to advocate for such supports.
- **Advocating for geographical diversity, sooner:** Almost all agencies not within urban centers reported apathy, sometimes hostile relationships with their local public health units. Many reported their only recourse was to connect clients to resources in Toronto and Ottawa. These stakeholders reflected on the need for advocating for partnership at the local level, early in the process.

2. ACCESS TO, AND QUALITY OF PARTNERSHIP SUPPORTS AND RESOURCES

Feedback about access to and quality of partnership supports and resources are derived from the following data sources:

1. Stakeholder interviews and focus groups, and
2. Local public health unit online survey

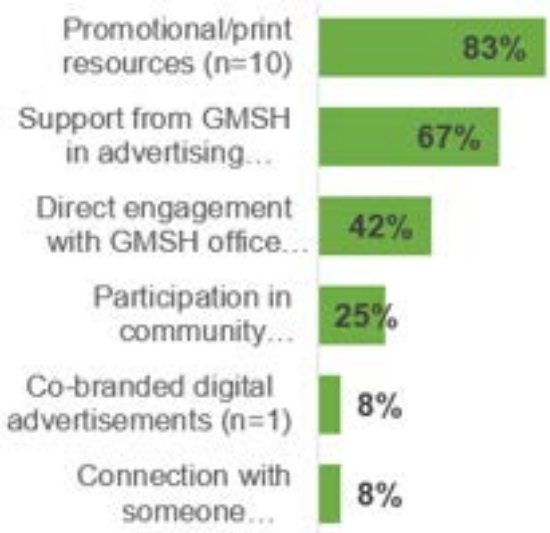
Given that stakeholders across the board found immense value in the collaborative process and the GMSH's role in facilitating the relationships between and the work of the partnership, it is unsurprising that stakeholders expressed satisfaction at the type and level of supports available to them as related to the MPOX campaign.

In particular, the local public health unit survey provides key insights about the level, type of and quality of supports provided by the GMSH for local efforts, namely:

1. 86% of PHUs that responded to the survey accessed some GMSH support,
2. Promotional resources, advertising supports and direct engagement were the most accessed supports (see Figure 3),

Figure 3.

Supports Accessd by Local Public Health Units



3. Almost all respondents reported that (i) they trusted the information accessed, (ii) that the available supports made outreach efforts more accessible to clients, and (iii) supported de-stigmatizing conversations with clients (see Figure 4).

Figure 4.

Respondents who agreed (green) vs. disagreed (red) with statements about quality of supports.

In addition to feedback from local PHUs, public health officials reported the timeliness of support from GMSH and the partnership, as well as the quality and creativity of messaging deployed by the GMSH in a manner that was resonant with the target population. As stated by one senior public health official:

"The benefit here was how, how much quicker, the message could move how liberal they could be with some of their targeting and campaigning. As you can imagine within government, we are somewhat limited from a creative perspective of the types of messaging we can put out."

Further, front-line communities found the access to supports invaluable, specifically in-terms of (i) having access to timely and updated evidence on the emerging situation and (ii) having a centralized hub for gathering and disseminating rapidly changing information. As stated by one community representative:

"I think I would have been running around asking public health for information trying to figure out where to go, what to happen, what needs to be done. Is there a clinic, where is the next clinic? I think just having to run around, create your own unique resources would have been a real challenge, especially for smaller agencies. But then you have a centralized information hub, as I like to call it, which is unique and helpful in that instance."

Outcomes of the collaborative process on stakeholders' work as related to the MPOX outbreak, as well as the public's awareness, knowledge and behaviours related to MPOX are discussed next.

3. OUTCOMES OF THE COLLABORATIVE PROCESS AND THE MPOX CAMPAIGN

Outcomes are discussed in terms of:

1. Outcomes of the collaborative process on stakeholders' efforts related to MPOX.
2. MSM versus the general public's awareness, knowledge and behaviour related to MPOX.

3.1 OUTCOMES OF THE COLLABORATIVE PROCESS ON STAKEHOLDERS' EFFORTS RELATED TO MPOX

The key data sources for this topic included stakeholder interviews and focus groups, as well as the local PHU online survey. Across stakeholder types, specific and positive outcomes were attributed to participation in the collaborative process and the GMSH's support in particular. Of note are some key outcomes on the work of public health agencies at all levels including:

- **Mitigation of lack of knowledge about the MSM community** resulted in positive outcomes at the policy level (for example, effective use of destigmatizing language in policy directives; articulating vaccine eligibility) and the operational level (for example, vaccine roll-out strategies directly informed by the community). As stated by a federal public health official:

"When it came to the GBMSM experience, GMSH's feedback by far provided the most credible and robust feedback…and it really did fit right into the recommendations that our committee was able to make."

- **Focus on the practicalities of the public health response:** the GMSH's input resulted in public health partners being able to quickly familiarize themselves with the nuances of the context (for example, recognizing that MPOX spread was an issue about 'sex on premise venues' rather than just bathhouses); guidance on crafting the message to mitigate stigma; and importantly, creative methods utilized to get the message out to the target population, effectively. As stated by a provincial public health official:

"Knowing that the [GMSH] was on board and assisting with the messaging provided a sense of relief. Public health messaging is part of what we do, but we don't always have the right vocabulary or a really good understanding of the affected population… I think it really helped in getting not just the appropriate language for the messaging, but the means of communicating that message. I think GMSH did some innovative things to communicate with the necessary folks and went a long way to targeting the right people."

Similarly, having the GMSH's support around communications also enabled public health officials to focus on other critical aspects of their work, for example, as stated by a local public health leader:

"[Having the GMSH's support around communications] really freed up our time to then focus on important things like how are we going to distribute the vaccine within complexities and limitations of our system"

- **Building trust with the community:** Finally, GMSH's reputation as a trusted source for sexual health information within the MSM community enabled public health agencies to quickly build trust with front-line agencies by virtue of the GMSH's role in facilitating and coordinating the community mobilization effort.

From the perspective of community and front-line agencies, the collaborative effort also resulted in the following outcomes:

- **Ensured confident, high-quality care:** In a situation where no care protocols, referral pathways or other infrastructure existed, front-line agency access to ID specialists and public health officials via the community mobilization meetings expedited processes for ensuring confident and high-quality care for clients reporting MPOX symptoms. As one front-line representative stated:

"The fact that I was automatically looped in on all the meetings and, I was given access to all the resources, really made a low barrier entry to engage with the information. I was able to help my community engage with that. It was also useful in terms of giving nuance in terms of where the risk points really were, etc."

- **Empowered community agencies with information:** Having timely, correct and up-to-date information resulted in agencies being able to advocate for vaccine uptake more effectively, for example, as expressed by this front-line representative:

"I was able to get a lot of information that was very high quality, very quickly. Knowledge is power, no question, and having that confidence to be able to say, you know, enough is enough, we need to fix this and need to fix it now or we're just going to end up getting behind the eight ball was very powerful."

As illustrated in these insights, the collaborative MPOX effort created numerous positive outcomes for the work of stakeholders in the partnership, which is unsurprising, given the perceived high value and quality of the collaborative effort discussed previously. Finally, insights related to the public's awareness, knowledge and behaviour related to the MPOX campaign are discussed.

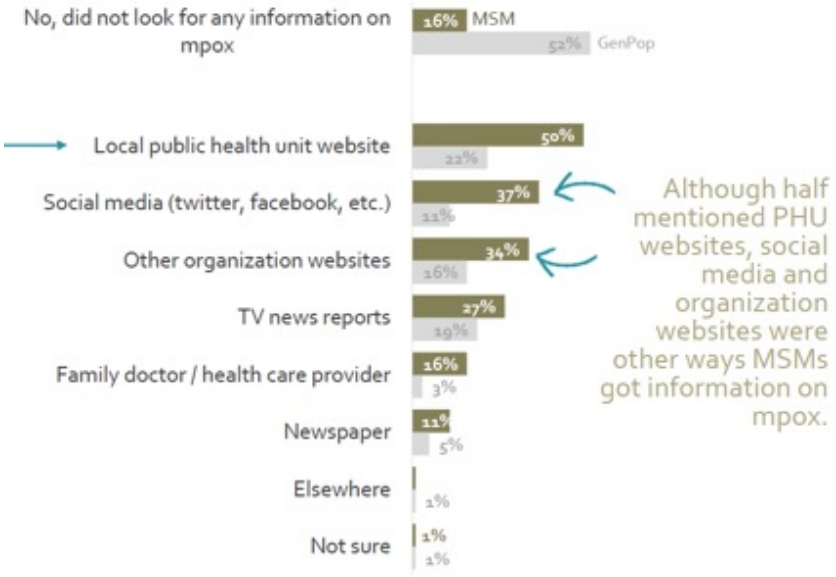
3.2 PUBLIC AWARENESS, KNOWLEDGE AND BEHAVIOUR RELATED TO MPOX

Insights related to public awareness, knowledge and behaviour related to MPOX are derived from the public poll conducted by *Environics Research*. As noted previously under the methodology section (and further detailed in the *technical report in Appendix E*) 301 MSM respondents compared to the 704 general population respondents participated in the panel survey.

While the weighting technique was not applied given that the proportion of Ontario's MSM population is unknown, it is not possible to generalize poll results to the behaviour of the MSM population in Ontario. However, the opinions of the 300+ MSM population provides valuable insights into respondents' views and behaviours as noted in the findings below:

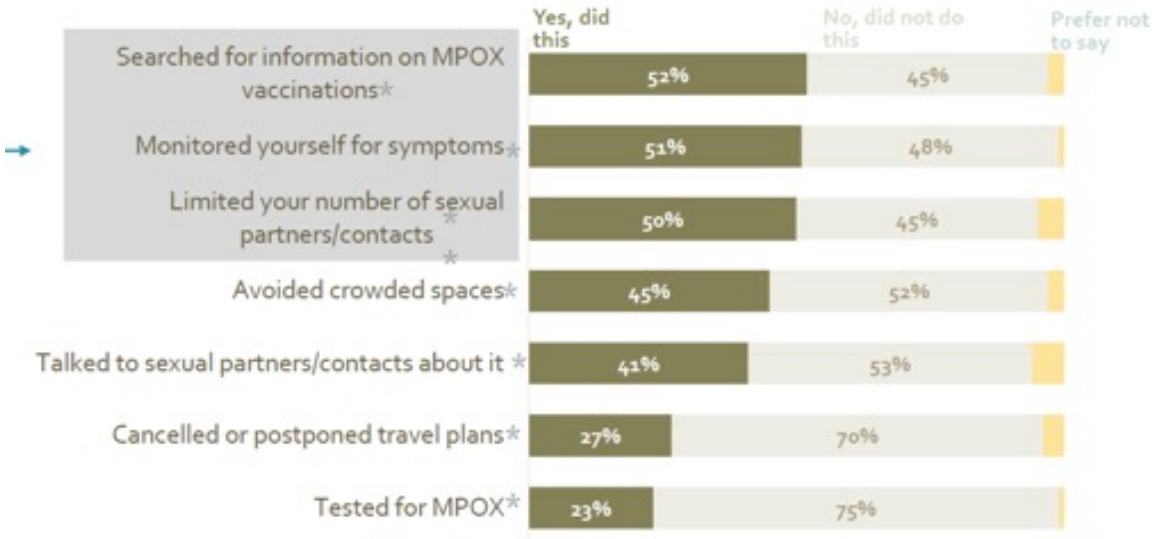
- **Awareness:** More MSMs (89%) were aware of the outbreak compared to the general population (75%).
- **Knowledge:** 50% of MSMs searched for information on MPOX on local PHU websites; a further 37% and 34% also mentioned social media and other organization websites as places they searched for MPOX-related information. (See Figure 5).

Figure 5.
Where MSM looked for information on MPOX.



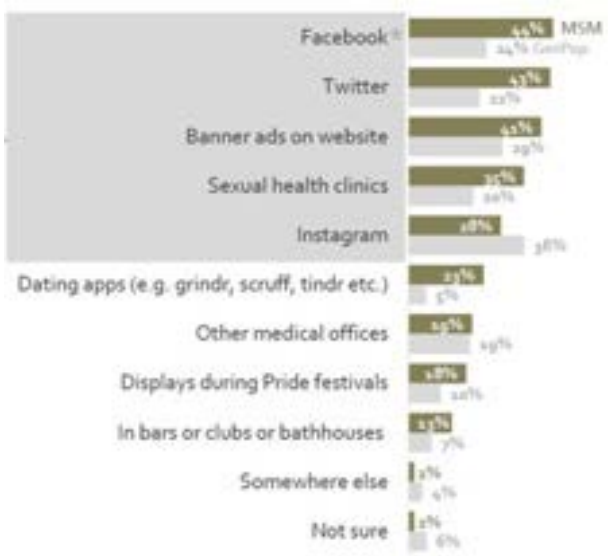
- **Behaviours related to MPOX:** Searching for information, self-monitoring, and changes to sexual behaviours were the top three activities conducted by MSMs during the outbreak. See Figure 6.

Figure 6.
Activities conducted by MSMs during the MPOX Outbreak



- **Vaccine uptake by MSM:** About 1 in 3 MSMs got vaccinated. Of those that were vaccinated almost 2 in 3 received two doses. 96% of those vaccinated found the process to be very or somewhat easy.
- **Recall of co-branded MPOX campaign:** Recall of the co-branded campaign material was notably higher among the MSM population (38%) compared to the general population (12%). Social media, banner ads and sexual health clinics dominated recall of location of advertisements (see Figure 7).

Figure 7.
Locations of ad-recall by MSM



- Additionally as seen in figures 8 and 9, the social media campaigns referred to above were deployed eaely during the outbreak and continued into second doze socialization. Notably, ad-campaigns were aligned with Ontario wide trends in vaccinations.

Figure 8.

Frequency and timeline of social media ad campaigns

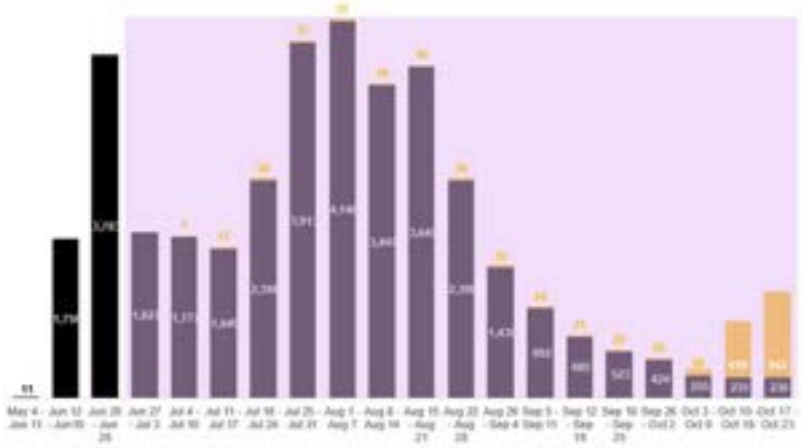
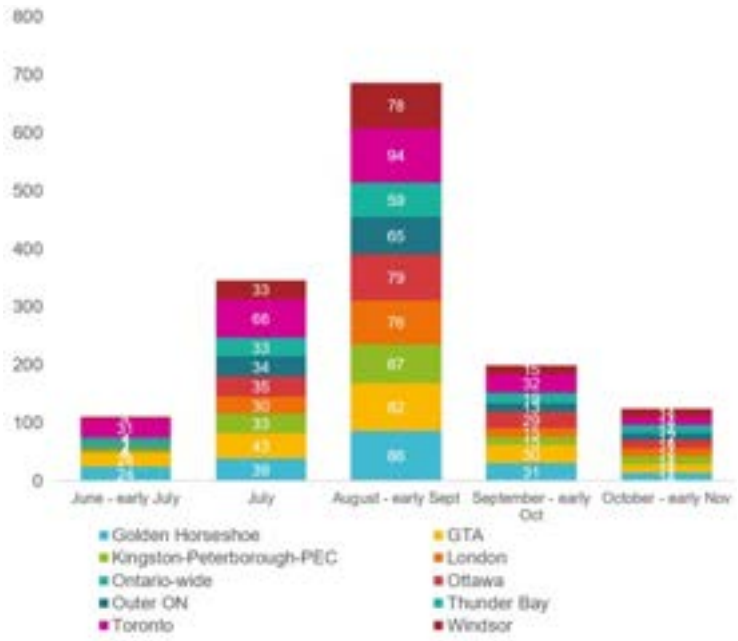


Figure 9.

Alignment of ad-campaigns with Ontario wide vaccine trends



Based on the above findings, the target population of MSMs were comparatively more aware, more concerned and took a range of mitigating actions to prevent infection during the outbreak. Notably, (i) the co-branded campaign materials were mobilized early in the campaign during the pre-vaccine peak of infections and well into second dose socialization, (ii) ad campaigns aligned strongly with vaccination trends in Ontario, and importantly, (iii) co-branded social media campaign material were recalled at a higher rate by the target population. Next, a concluding summary of insights across data sources is included.

CONCLUDING SUMMARY

Reflecting on the insights derived across the distinct qualitative and quantitative methods used, it is clear that Ontario's collaborative MPOX response was overwhelmingly positive for all stakeholders including national, provincial and local public health agencies, as well as community agencies involved in serving MSM. The partnership between the CMOH, AIDS-Bureau and the GMSH facilitated a collaborative process in which the GMSH's history and expertise with the MSM community, as well as the MOH's knowledge of the health system became strengths that were leveraged to mobilize a timely, meaningful and community-informed public health effort with a community that has historically had a contentious relationship with public health agencies. Notably, public polling revealed that in the panel that was surveyed, the target population was more aware, concerned and took mitigating actions to prevent infection. A higher proportion of MSM also recalled the co-branded campaign materials.

Reflecting on the high-quality and value of the collaborative process and supports as well as the positive outcomes for system partners in their work related to MPOX outreach efforts, and the target population's awareness, knowledge and behaviours, there is opportunity to continue building this partnership between public health and the GMSH responding to HIV and other sexually transmitted blood-borne infections, promoting access to culturally relevant care for MSM, and building trust with the community. In doing this, it will be important to reflect on feedback related to role clarity, a strong equity lens that is sensitive to the diversity of socio-economic, cultural and other intersections within the MSM community and proactive engagement of diverse geographical and an equitable mix of urban and rural stakeholders in potential future work implemented using this partnership model.

APPENDIX A:

SEMI-STRUCTURED CONVERSATION GUIDE (INTERVIEWS & FOCUS GROUPS)

1. Can you briefly tell me about your role as it relates to the MPX response?

2. From your perspective, how would you describe the GMSH's role in the provincial MPX response?

3. Were you familiar with the GMSH prior to the MPX outbreak? What did you imagine their role to be?

4. How did you/your agency work with the GMSH in the provincial MPX response?
   - **a.** What kind of collaboration occurred?
   - **b.** What supports/resources did you provide the GMSH in this process?
   - **c.** What supports/resources did you access from the GMSH?

5. How complete, useful and usable were the supports you received?

6. What, if anything, changed for your agency as a result of having the GMSH's support in the MPX response?

7. If the GMSH had not been involved in this MPX response, how might things have worked out for you/ your agency's role in the MPX response?

8. Reflecting back to May 2022, from your perspective, has the GMSH worked in a way that met the expectation of what you hoped would be their role in this work?

9. Reflecting on your role in the MPX response generally, and your collaboration with the GMSH more specifically:
   - **d.** what would you do similarly in a similar situation in the future?
   - **e.** what would you differently?

10. Anything important that I have not asked about that you want to share about this process?

APPENDIX B:

LIST OF INTERVIEW & FOCUS GROUP PARTICIPANTS

STAKEHOLDER TYPE: SUBJECT MATTER EXPERTS

Agency	*# individual participants*
Unity St. Michael's Hosptial	2
Total	***2***

STAKEHOLDER TYPE: PROVINCIAL, NATIONAL AND LOCAL PUBLIC HEALTH LEADERSHIP

Agency	*# individual participants*
MOH HIV & HEP C Program	3
CMOH	3
Public Health Ontario	4
NACI	2
Toronto Public Health	1
Ottawa Public Health	1
Total	***14***

STAKEHOLDER TYPE: FRONTLINE & COMMUNITY REPRESENTATIVES

Agency	*# individual participants*
Steamworks	1
ACT	1
HassleFree Clinic	1
HQ	2
The Gilbert Centreer	1
Max Ottawa	1
AIDS Committee of Durham Region	1
Reseau Access Network (Sudbury)	1
CBRC	1
ASAAP	1
HALCO	1
GMSH	2
Total	***14***

APPENDIX C:

PHU SURVEY

Introduction / Background

Throughout 2022 the Gay Men's Sexual Health Alliance worked with stakeholders including Public Health Units to lead communication efforts and support awareness raising and vaccine promotion during the Mpox outbreak.

This brief survey has been developed as part of our evaluation efforts and should take about 10 minutes to complete. Your responses will remain confidential.

The survey will remain open between X date and X date.

Should you have any questions about the survey or evaluation, please contact [insert contact information].

Thank you.

1. **What is the name of your public health unit?**

2. **Did your public health unit access any MPOX related supports, resources and/or promotional materials from the Gay Mens' Sexual Health Alliance (GMSH) between May 2022 and December 2022?**

   - ❑ Yes
   - ❑ No *[If No, skip to Q7]*

3. **Which of the following supports and resources related to MPOX did your public health unit access?**

   - ❑ Participation in community mobilization meetings
   - ❑ Direct engagement with GMSH office related to your communications about MPOX
   - ❑ Promotional/ print resources related to MPOX
   - ❑ Co-branded digital advertisements
   - ❑ Support from GMSH in advertising vaccine clinics
   - ❑ Other, please specify _____
   - ❑ All of the above

4. Please indicate your level of agreement/disagreement with the following statements based on your experience with the GMSH, as related to the provincial MPOX response:

	Did not access this support	Strongly agree	Somewhat agree	Neither agree/ nor disagree	Somewhat disagree	Strongly disagree	Unsure
4a. The community mobilization meetings…							
Gave me critical updates on the evolving MPOX situation, that were useful for our work							
Allowed me access to information from sources I would not have been able to easily access otherwise							
Allowed me to connect directly with other agencies who we needed to collaborate with							
4b. When it came to GMSH MPOX online resources…							
I trusted the information							
were accessible to the clients and communities my PHU serves							
supported de-stigmatizing conversations with community members							
4c. Promotional/print materials our PHU accessed…							
were relevant for the communities my PHU serves							
helped us communicate more effectively to the communities our PHU serves							
4d. Thinking about the collaboration between our PHU and GMSH…							
The opportunity to co-brand digital advertisements with the GMSH helped me reach community members that my PHU serves							
The opportunity to advertise my vaccine clinic through the GMSH's website was helpful for widening our reach to a greater number of individuals within our community							

5. **What was *most helpful* about the supports you received from and/or accessed from the GMSH?**

6. **From your perspective, what could have *been done differently*?**

IF NO, to Question 1:

7. **Were you previously aware of the GMSH and its work?**

- ❑ Yes
- ❑ No

8. **Were you aware that you could access MPOX related supports and more generally, sexual health resources for gay man from the GMSH?**

- ❑ Yes *[skip to Q8]*
- ❑ No *[skip to End/Thank you page]*

9. **Please share why you did not engage with and/or access support or resources from the GMSH as related to the provincial MPOX response.**

Thank-you

APPENDIX D – PHU SURVEY TECHNICAL REPORT

Public Health Unit Survey

Q1. What is the name of your public health unit?

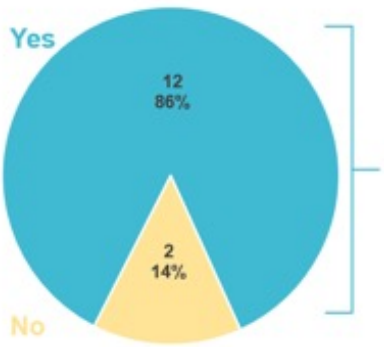
- N=14 completed responses
- Response rate = 41% (34 units were emailed a survey)
- Survey timeline= 10 working days

Public Health Unit Responses
Brant County Health Unit
City of Hamilton
Durham Region Health Department
Grey Bruce Public Health
Haliburton, Kawartha, Pine Ridge District HU
Halton Region
Huron Perth Public Health
Niagara Region Public Health
Ottawa Public Health
Simcoe Muskoka District Health Unit
Timiskaming Health Unit
Toronto Public Health
Waterloo
Windsor-Essex County Health Unit

Most health units used co-branded resources

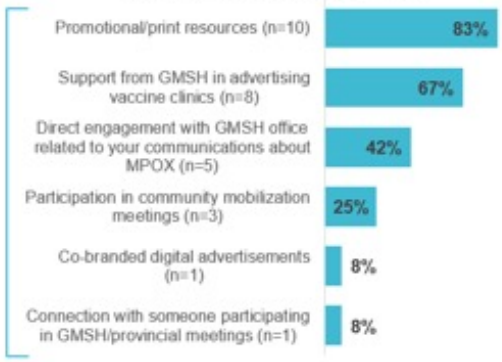
And 10 (of 12) PHUs **used more than one** resource

Majority of health units surveyed used co-branded resources



Base: Total. Q2. (n=14) Did your public health unit access any MPOX related supports, resource and/or promotional materials from the Gay Mens' Sexual Health Alliance (GMSH) between May 2022 and December 2022)? Yes, No.

Of those who did use resources, promotional/print resources and GMSH direct support in advertising vaccine clinics were most common resources used

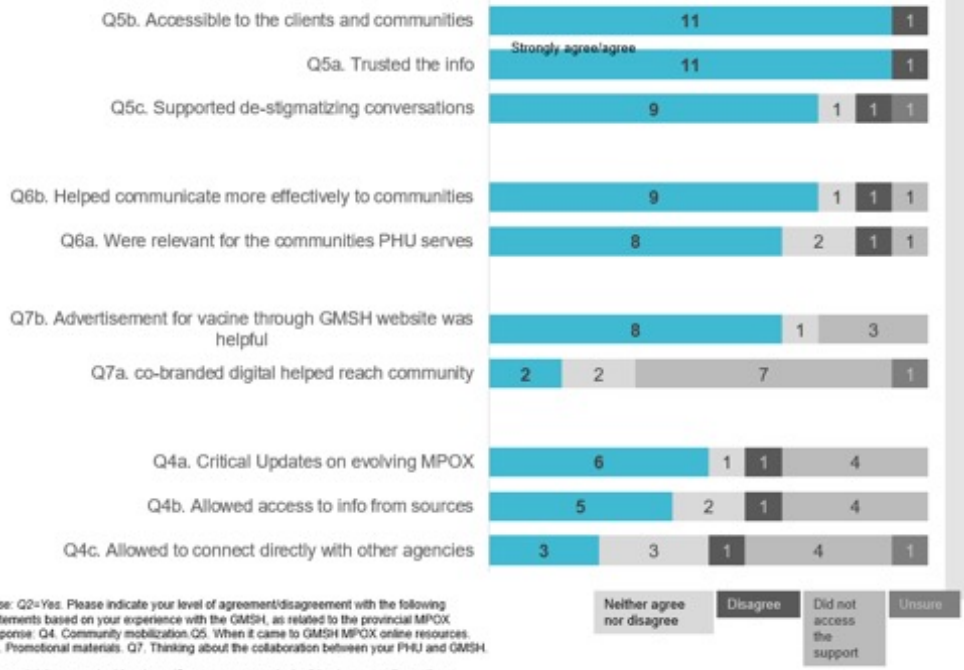


Base: Q2=Yes. Q3. (n=12) Which of the following supports and resources related to MPOX did your public health unit access? Please select all that apply.

Perspectives on co-branded resources

Public Health Units were overwhelmingly positive in their review of online MPOX resources, particularly when thinking about **accessibility**, **trustworthiness** of the information, and **support**.

Co-branded Online Resources were notably accessible and useful for PHUs



Base: Q2=Yes. Please indicate your level of agreement/disagreement with the following statements based on your experience with the GMSH, as related to the provincial MPOX response: Q4. Community mobilization.Q5. When it came to GMSH MPOX online resources. Q6. Promotional materials. Q7. Thinking about the collaboration between your PHU and GMSH.

Answer totals may not add up to n=12 as some respondents did not answer all questions.

What went well?

What opportunities were there for improvement?

What went well

- Real-time feedback on our vaccine rollout
- Learning about the GMSH and resources/supports they could offer
- Listing of our HU clinic details.
- Helpful to ensure our key messages were aligned and added to our reach in the community.
- provided support and insight into communications plan to engage community support in promoting and running digital advertising
- Referenced GMSH and resource MPX - What we Know on our health unit website. Amplified GMSH in social media
- Nice having direct access to the population that needed the information
- linking GMSH website to our MPOX page
- print out informational support
- The opportunity to advertise our vaccine clinics was incredibly useful to our organization. I truly believe that vaccine uptake in our area would have been significantly lower if we did not partner with GMSH.

Base: Q2=Yes. What was most helpful about the supports you received from and/or accessed from the GMSH?

Opportunities for improvement

- A response to emails would have been appreciated. Perhaps submitting requests via an online form could have been helpful. Every public health unit has different needs and different ways of operationalizing depending on population and resources. One size does not fit all.
- would have been helpful early on to have access to the social media toolkit
- N/A
- Possibly more awareness of de-stigmatizing work and advocacy, especially with media. Many clients that came into clinic for MPOX vaccine shared how they felt stigmatized or negatively portrayed in the media as 'the cause' of the outbreak. We didn't know about the opportunity for co-branding of promotional material until the webinar held this past spring.
- More support for northern communities/PHUs.
- Nothing - really grateful for this partnership.

Base: Q2=Yes. From your perspective, what, if anything, could have been done differently?

Reasons for not engaging with GMSH/ collaborative MPOX partnership

Did access co-branded resources/supports

We partnered with a local organization that has a strong foothold in our community.

We did access support and resources, however, corporate branding does not allow us to do some things with communications.

Various health unit teams focused on different aspects of the response. Sexual health and immunization team, focused on promotion of vaccine, and health education; with sexual health team doing some testing. Sexual Health team reached out to community partners to ensure they were aware of GMSH resources, and status of local vaccination plans. Infectious Disease focused on dissemination of info to hcp and disease investigation and lab result notification.

Did not access co-branded resources/supports

We worked with our local ASO the to establish a local response plan. ' communicated directly with the GMSH to request information be posted advertising clinics during the MPOX initiatives.

We provided our PHU information related to vaccine information to the GMSH website.

was not aware of mpox specific resources until the MOH presentation and then we did order. Did not seek resources due to competing priorities of the program including resumption of services and COVID recovery

Base: Total. Please share why you did not engage with and/or access support or resources from the GMSH as related to the provincial MPOX response.

APPENDIX E:

ENVIRONICS PUBLIC POLL TECHNICAL SUMMARY

Research and Methodology

- Between May and December 2022 GMSH ran a number of campaigns aimed at gay and bisexual men in Ontario regarding the then emerging MPOX epidemic (formerly known as monkeypox) and the availability of the Jynneos vaccine that protects against the disease.
- Online panel survey: 1,005 Ontarians (18+)
  - N=704 (general population)
  - N=301 (MSM)
- Survey timeline: March 17 – April 3, 2023
- Average completion time: 10 minutes
- Results may not add to 100% due to rounding or multiple responses

About Environics & Using Survey Panels

- **Environics Research** is a fully Canadian-owned company that provides consulting and market research services for businesses, governments and non-profit organizations. It offers an array of research, consulting and communications services.

ENVIRONICS RESEARCH Environics website

- In this project, Environics contacted members of a survey panel to gain insight into the mpox epidemic. A survey panel is made up of Canadians who have provided basic demographic and behavioural profile questions and who participate in surveys on all types of topics to share their opinions regularly.
- Using a survey panel to gather opinions from Canadians is a common tool used in many organizations including government and non-profits as it allows groups to gather a lot of data. A statistical technique called 'weighting' is used to adjust the responses (within reason) to reflect that of the general population when the proportions are known. If the population proportions are not known, as is the case for the MSM target group, responses are not weighted and remain as gathered. Focusing on gathering responses from 300+ MSMs allows some insight into their views, opinions, and behaviours but will not necessarily represent the views, opinions, and behaviours of the MSM population at large in Ontario. The results here are just one piece of data to consider along with other results of the evaluation.

Survey Respondent Profile (1/2)

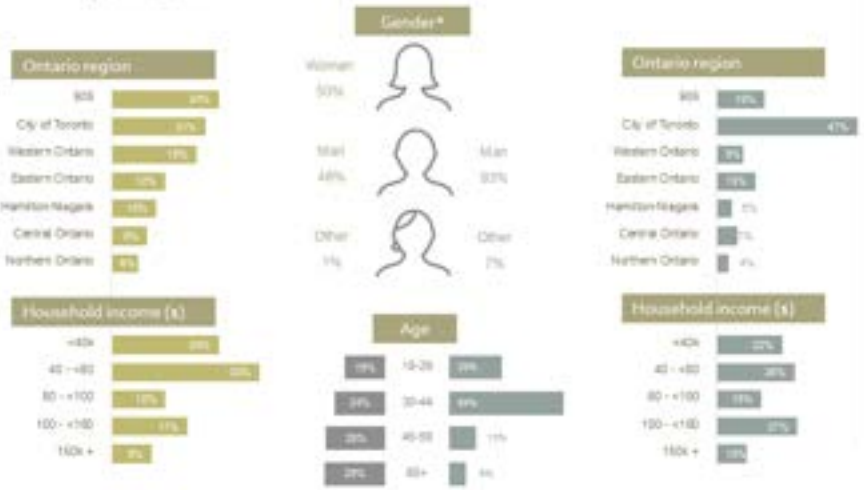
- Environics, gathered a sample of:

General population n=704

This sample was weighted to represent the Ontario general population based on region, age, and gender.

MSM n=301

Defined as those who identified as either bisexual or gay



*'Other' includes trans man, trans woman, non-binary, two-spirit, 'I prefer to use another term

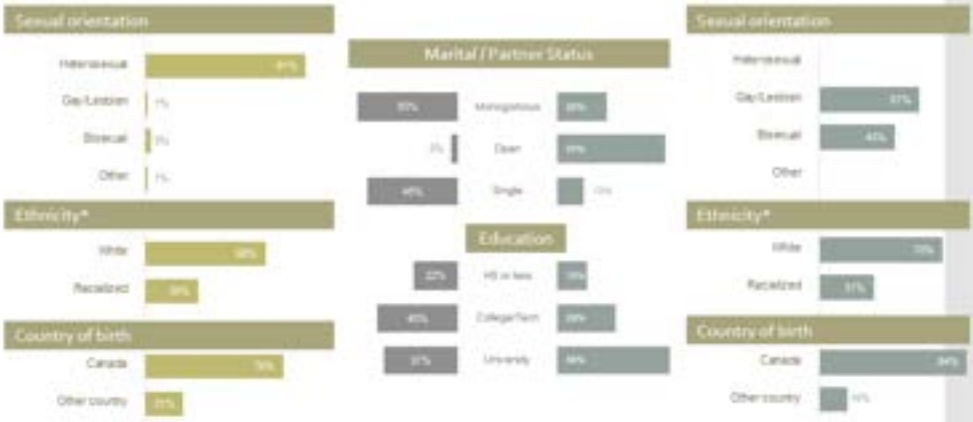
Survey Respondent Profile (2/2)

General population n=704

This sample was weighted to represent the Ontario general population based on region, age, and gender.

MSM n=301

Defined as those who identified as either bisexual or gay

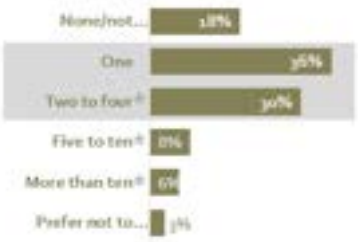


*'White' (e.g., English, French, Greek, Italian, Portuguese, Russian, Polish, etc.)
'Racialized' Arab, Middle Eastern or West Asian, Black, East Asian, First Nations, Latin American, South Asian or Indo-Caribbean, Southeast Asian, or something else

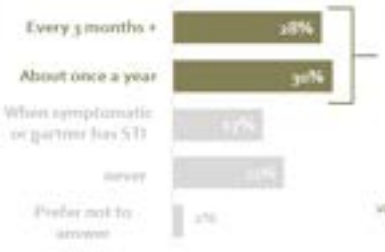
Group of Interest: **MSM**

MSM Sexual Health Behaviours (1/3)

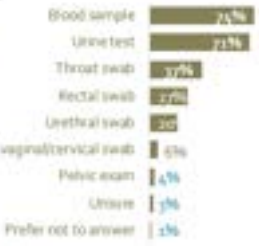
Just over a third (36%) MSMs **had one sexual partner** while almost another third (30%) identified having **two to four partners**



Over half (58%) indicated they get tested for STIs **once a year or more**



Most common tests conducted:



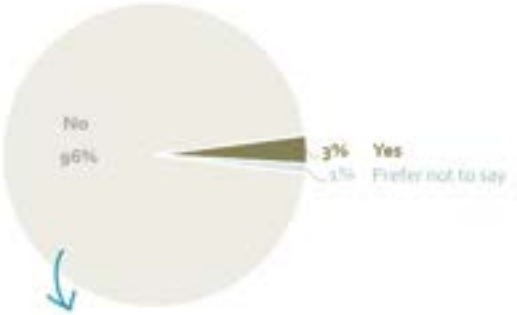
*More likely to be unscreened than rest of MSMs

Q19. About how many sexual health partners have you had in the last six months? *Base: Ontario MSM Sample (n = 301)*
Q20. About how often do you get screened or tested for sexually transmitted infections (STIs)? *Base: Ontario MSM Sample (n = 301)*
Q21. When you have been screened/tested for STIs, which of the following tests were typically done? *Base: Those who get STI screening (n = 224)*

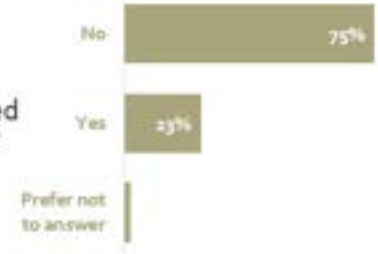
Group of Interest: **MSM**

MSM Sexual Health Behaviours (2/3)

Most MSMs (96%) **are not living with HIV.**



Amongst those who are not HIV positive, **only 23%** indicated they **use PrEP** for HIV prevention.

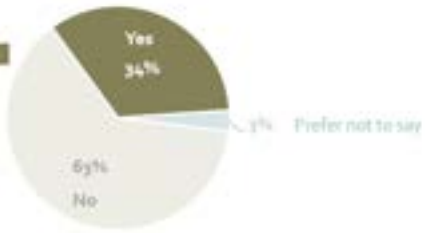


Q22. Are you a person living with HIV? *Base: Ontario MSM Sample (n = 301)*
Q23. Do you currently use "PrEP" [Pre-exposure prophylaxis] for HIV prevention? *Base: Those who are not living with HIV (n = 291)*

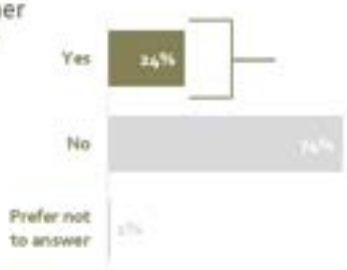
Group of Interest: **MSM**

MSM Sexual Health Behaviours (3/3)

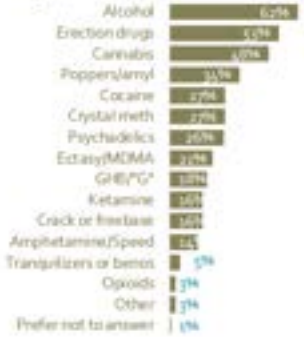
Some MSMs **have been vaccinated for HPV** Most (63%) have not.



About 1 in 4 MSMs used drugs or other substances in the last year to enhance sex.



Drugs/substances used:



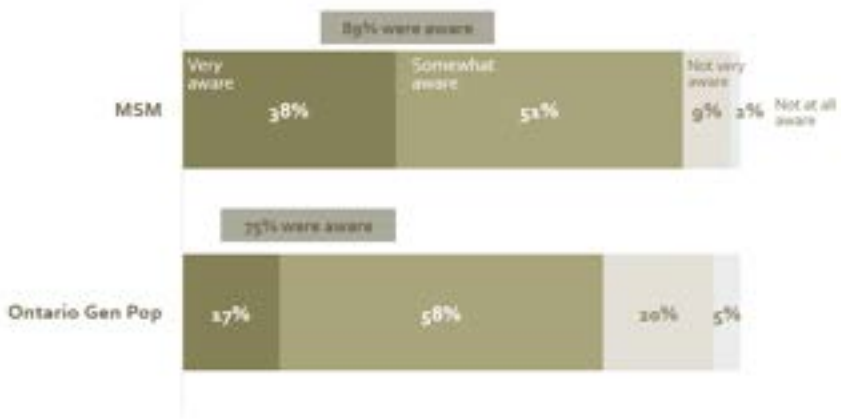
Q24. Have you ever received the HPV (human papilloma virus) vaccine series? Base: Ontario MSM Sample (n = 305)
Q25. In the last year, did you ever use any drugs or other substances to enhance sex? Base: Ontario MSM Sample (n = 305)
Q26. Which of the following substances did you use to enhance sex? *Base: Those who used drugs / substances to enhance sex (n = 73)

Results

Results of the survey

Group of Interest: **MSM + GenPop**

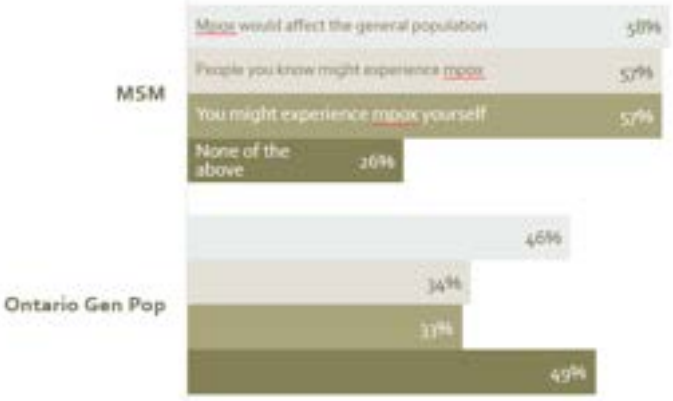
MPOX Outbreak awareness was higher for MSM than the general population



Q1. Last year there was an outbreak in Canada and in other countries of cases of a disease called MPOX (formerly known as "monkeypox"). How aware and how closely did you follow news of the MPOX outbreak? (n=1005)

Group of Interest: **MSM + GenPop**

MSMs were more likely to be worried about mpox than GenPop

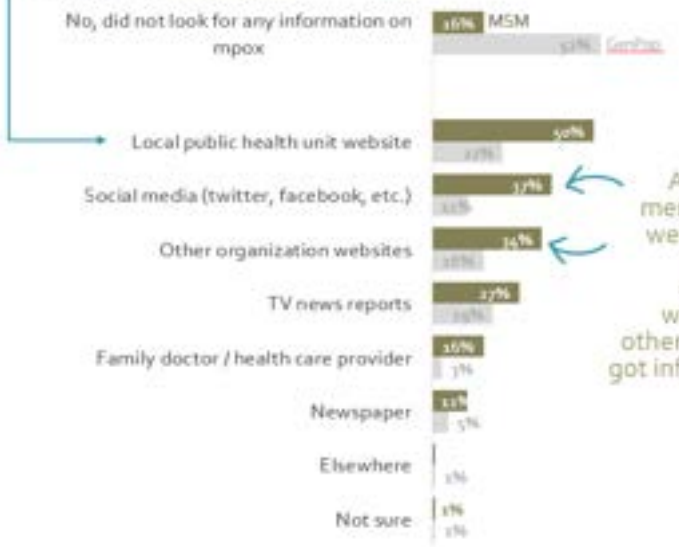


Q2. During the MPOX (Monkeypox) outbreak last year, how worried were you about the following? Very or somewhat worried. *Base: Ontario and MSM Sample (n=1005)*

Group of Interest: **MSM + GenPop**

MSMs were more likely to visit PHU websites or social media for info on mpox.

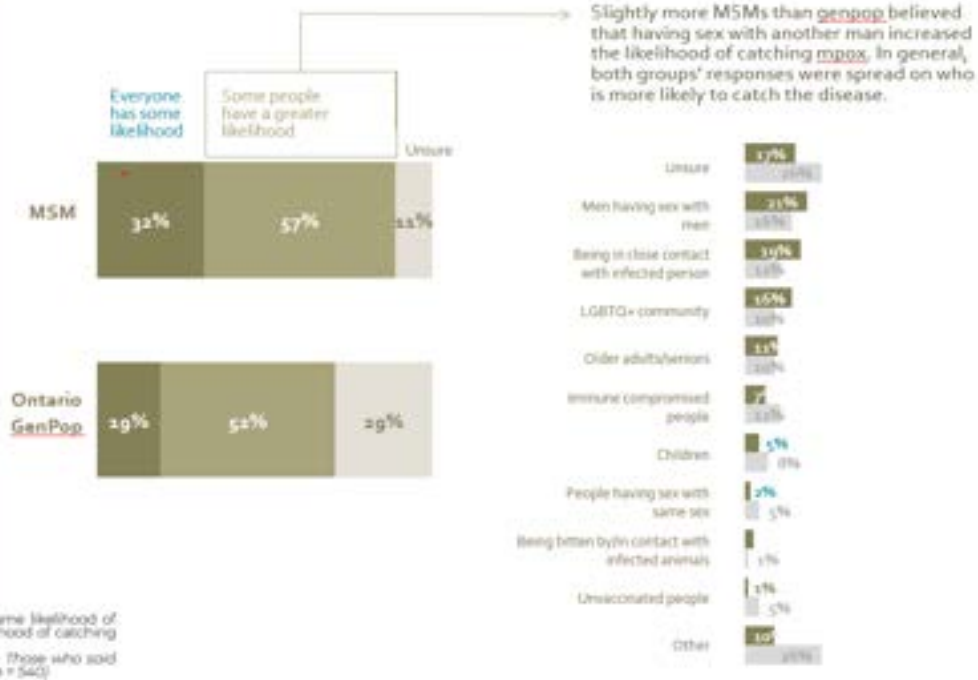
About half (50%) of MSMs searched for information on mpox on local PHU websites.



Q3. Did you ever look for any information regarding MPOX and/or MPOX vaccinations and if so, where did you look?
Base sample Total (n=1005)

Group of Interest: **MSM + GenPop**

Slightly more MSMs than genpop believe risk of catching mpox is higher for some than others

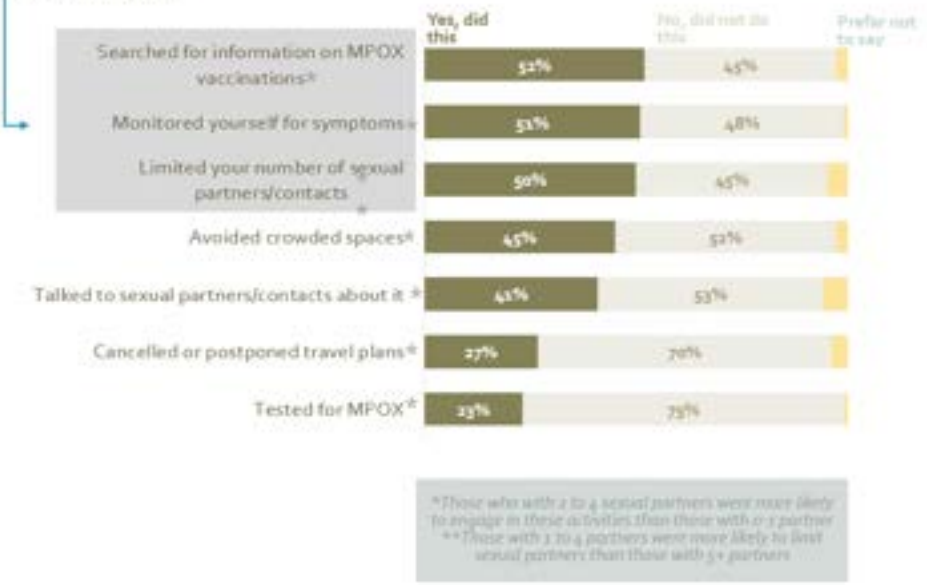


Q4. As far as you know, does everyone have about the same likelihood of catching MPOX, or are some people at much greater likelihood of catching MPOX? Base sample: Total (n=1005)
Q5. Who is at greater likelihood of catching MPOX? Base: Those who said some people have a greater likelihood of catching MPOX (n = 540)

Group of Interest: **MSMs**

Searching for vaccine information, self-monitoring, and changes to sexual behaviours were the top three activities conducted by MSMs during the outbreak.

Top three activities conducted by MSMs during the MPOX outbreak were:



*Those who with 2 to 4 sexual partners were more likely to engage in these activities than those with 0-1 partner
**Those with 3 to 4 partners were more likely to limit sexual partners than those with 5+ partners

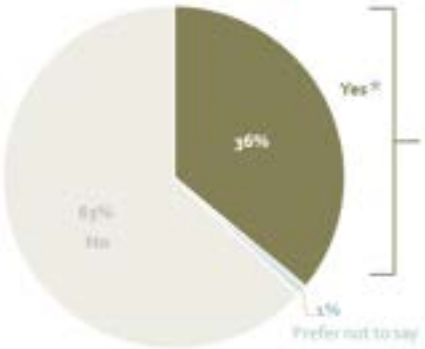
Q15. During the MPOX outbreak last year, did you do any of the following things? Base: Ontario MSM Sample (n = 301)

Group of Interest: **MSMs**

There was moderate vaccine uptake by MSMs, but of those that did get vaccinated, most received two doses.

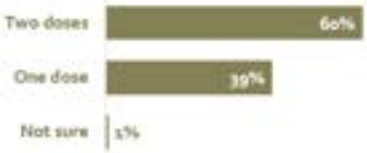
Majority found the process to be very or somewhat easy.

About 1 in 3 MSMs got vaccinated



*Those who with 2+ sexual partners were more likely to be vaccinated than those with 0-1 partner

Of those that were vaccinated, almost **2 in 3 received two doses**



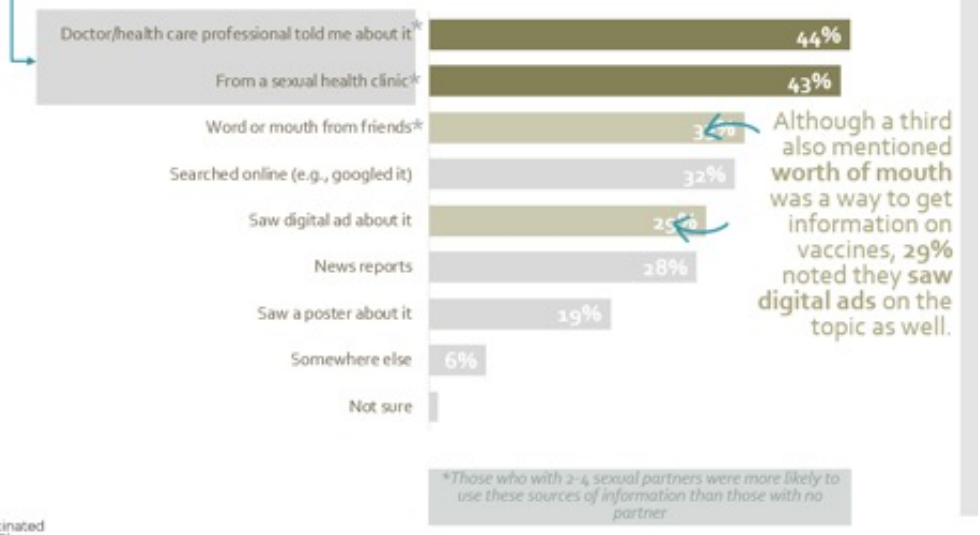
Of note, **96%** of those vaccinated, found the process to be **very or somewhat easy**

Q11. Did you ever get vaccinated against MPOX? Base: Ontario MSM Sample (n = 301)
Q12. Did you get one dose of the MPOX vaccine or two doses? *Base: Those who got vaccinated for MPOX (n = 108)
Q13. Thinking back to when you received the MPOX vaccine, to what extent was it an easy process? *Base: Those who got vaccinated for MPOX (n = 108)

Group of Interest: **vaccinated MSMs**

Health care professionals were commonly the sources of information on vaccines for MSMs.

Top two sources of information on the vaccine for vaccinated MSMs were:

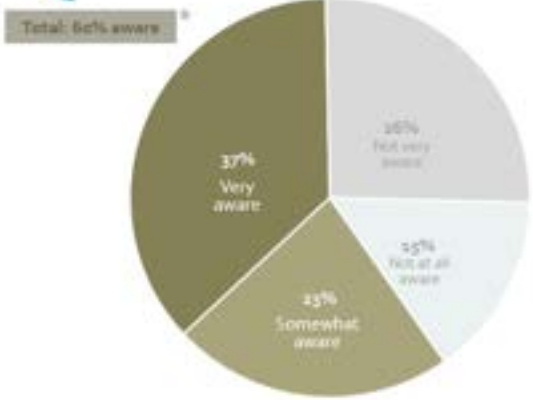


Q14. How did you find out about where and how to get vaccinated for MPOX? *Base: Those who got vaccinated for MPOX (n = 108)*

Group of Interest: **MSMs**

Almost 2 in 3 MSMs are aware of the GMSH

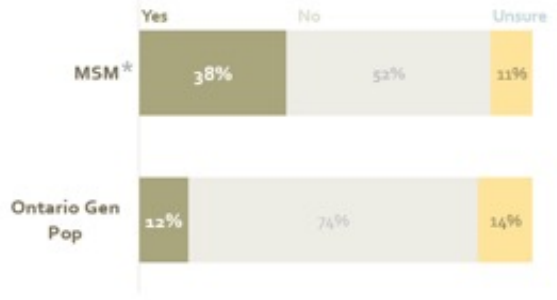
60% of MSMs are aware of the GMSH



Q16. How aware are you of the Gay Men's Sexual Health Alliance (GMSH)? (n=301)

Group of Interest: **MSM + GenPop**

Recall of GMSH campaign material was higher among the target population (MSMs)



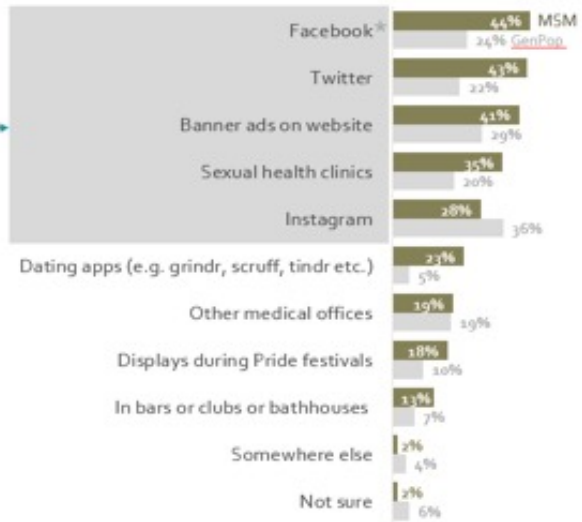
*Those who with a sexual partner were more likely to remember GMSH ads than those with no partner

Q9. Do you recall ever seeing any of these digital ads or posters about MPOX? (n=1005) (aided recall)

Group of Interest: **MSM + GenPop**

Social media, banner ads, and sexual health clinics dominated recall of location of ads.

MSMs noted these five locations for campaign material recall.



*Those who with a sexual partner were more likely to recall GMSH ads on Facebook than those with no partner

Q10. Where do you recall seeing any of these digital ads or posters about MPOX? *Base: Those who recalled seeing ads or posters (GenPop n=88,MSM n=113)*

For more information on work of GMSH
please visit **www.gmsh.ca** and follow us online

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