

# Form and focus

## *Evaluation of CHAPS national interventions, 2003 to 2006*

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**Evaluation Report**

# Preface

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This evaluation report serves multiple audiences and has many purposes. It reports on a body of research and development (R&D) supporting CHAPS national HIV prevention interventions targeted at Gay men and other homosexually active men. The overall purpose of these R&D activities was to improve the CHAPS interventions delivered to Gay men and other homosexually active men in England and Wales.

Our first target audience for this report are the organisations whose interventions we have studied: Terrence Higgins Trust and their partners in CHAPS. Our key aim is to provide information about previous health promotion interventions which is useful for planning future interventions. This audience can be extended to include all health promoters working with written interventions in the UK and elsewhere.

The second audience for the report are the funders of CHAPS, the Department of Health and the National Assembly for Wales. Our aim here has been to provide information that is useful to those making funding decisions. These include decisions about HIV prevention generally, Gay men's targeted interventions in particular, and national media interventions specifically. Again, we can extend this audience to include other funders of HIV prevention interventions. Our objective is to describe the utility of adverts and leaflets as targeted interventions to meet particular aims.

A third audience are researchers and evaluators, with the objective of describing our research designs and findings to assist people engaged in similar activities. We also hope to convey how we adapted our research processes to ensure the data generated met the needs of the health promoters we were working with, rather than our own information needs. This third group can include ourselves, since this report provides an opportunity to consolidate the learning we have done over the past ten years about the meanings of success in HIV prevention.

**Peter Weatherburn**  
Director



[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)

This report is available to download at:  
[www.sigmaresearch.org.uk/downloads/report07a.pdf](http://www.sigmaresearch.org.uk/downloads/report07a.pdf)

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[www.tht.org.uk](http://www.tht.org.uk)

# Acknowledgments

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The largest resource in the last ten years of CHAPS evaluation has been the collective experience of the partner agencies. All stages of the R&D programme described here drew on this experience and it is better research for that. Many thanks to all those people in the following CHAPS agencies who have contributed to our evaluation activities over the last ten years.

The Armistead Project; The Eddystone Trust; GMFA; The Lesbian & Gay Foundation; Sheffield Centre for HIV & Sexual Health; Terrence Higgins Trust in London, Cymru (Swansea and Cardiff), Midlands (Birmingham), South (Brighton & Hove), and West (Bristol); TRADE in Leicester; and Yorkshire Mesmac.

We would also particularly like to thank Will Nutland at Terrence Higgins Trust (London) for feedback and encouragement throughout these studies and for providing the text boxes at the end of most chapters.

## ***Pre-testing focus group interviews (Chapter 2)***

Focus groups were designed, run and written by Pat Branigan and organised with substantial assistance from the CHAPS partners. Thanks to all the men who took part in the thirty groups and the CHAPS agencies who hosted them.

## ***Coverage surveys (Chapter 3)***

Designed, run and written-up by David Reid, Peter Weatherburn and Ford Hickson of Sigma Research. The surveys formed part of the *Gay Men's Sex Survey* in 2003, 2004 and 2005. The success of the *Gay Men's Sex Survey* rests on a huge number of people who are acknowledged in those survey's reports. Thanks to the 30,000 Gay men and other homosexually active men who participated in the three surveys.

## ***End-user interviews (Chapter 4)***

Designed, carried out, analysed and written by Catherine Dodds, Laurie Henderson, David Reid and Peter Keogh (all of Sigma Research). Thanks to the 37 men who participated in the seven focus group interviews.

## ***Evaluating CHAPS facilitation interventions (Chapter 5)***

The wide variety of smaller evaluation activities were designed, carried out, analysed and written by Catherine Dodds, Laurie Henderson, Ford Hickson, David Reid and Peter Weatherburn (all of Sigma Research). Thanks to all those people who self-completed various evaluation forms.

Peter Weatherburn  
January 2007

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# 1 Evaluating CHAPS national interventions

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## 1.1 THE CHAPS PROJECT

CHAPS is a programme of HIV health promotion led by the Terrence Higgins Trust (THT) and funded by England's Department of Health and the National Assembly for Wales. The initiative was launched in November 1996, to develop and coordinate a multi-agency, collaborative HIV health promotion programme for Gay men and other homosexually active men resident in England (and subsequently Wales). In order to achieve this aim, THT convenes and coordinates the CHAPS partnership.

Voluntary sector agencies, engaging in HIV prevention work with Gay men and other homosexually active men in the six English towns and cities with the largest numbers of homosexually acquired HIV diagnoses, were originally invited to participate in CHAPS. The six towns and cities were Birmingham, Brighton, Bristol, Leeds, London and Manchester. A CHAPS partner in Leicester was subsequently added, as were associate partners in Liverpool, Plymouth and Sheffield. CHAPS was extended into Wales with the launch of CHAPS Cymru with additional funds from the Welsh Assembly.

CHAPS partners develop and deliver a series of national mass media advertisements and leaflets, as well as local interventions. These include interventions delivered both directly to Gay men and other homosexually active men, and health promotion facilitation interventions such as training events, Expert Think Tank seminars, a newsletter and an annual conference.

In addition, the CHAPS partnership includes Sigma Research (Faculty of Humanities and Social Sciences, University of Portsmouth) who provide a rolling programme of research and development to inform the health promoters' work. This includes basic research for strategic planning and evaluation. Originally, a second research team, the Sexual Health Programme within the Health Promotion Research Unit at the London School of Hygiene and Tropical Medicine, University of London provided a complementary programme of process evaluation and pre-testing of national interventions both with target and non-target groups. These tasks are now undertaken by a freelance researcher, formerly employed by the London School of Hygiene and Tropical Medicine.

The whole CHAPS R&D programme is substantially described in our previous final evaluation of CHAPS reports (Weatherburn *et al.* 2001, 2003) and that description is not repeated here. It is worth re-iterating however that the CHAPS R&D programme does not take a contract cycle approach where results are only fed back and used between contracts. Since project implementation is ongoing in CHAPS, the R&D programme is reflexive and feeds back results during the programme implementation to facilitate improvements. Hence the evaluation activities are continuous, tracing the progress of initiatives over time and feeding back information that helps ongoing decision-making. As a consequence, none of the data summarised here is new to the CHAPS partners and all has previously been reported in greater detail to key staff within the partnership.

## 1.2 DESCRIBING THE NATIONAL INTERVENTIONS

The first core output of CHAPS are national mass media advertisements, of which there were five during the three years from April 2003 to April 2006 (and twelve more in the six years before that). They always appear in the national and regional Gay press and, when appropriate, the national HIV positive press. Historically some of these interventions were placed in outdoor sites though this no longer occurs. More recently they have been placed on specific and dedicated micro-websites and advertised on Gay commercial websites. Posters are also placed in Gay bars, clubs and saunas and some related materials are usually distributed in various other formats such as postcards (A6), cruise-cards (A8), small packets of sweets, fridge magnets, t-shirts etc. These promotional materials are used to start conversations in detached outreach work and are known as knik-knaks or ambient media.

The second core outputs of CHAPS are small media interventions, that are usually described as leaflets, booklets or magazines. Small media vary in size, length and purpose and some are paired with mass media interventions while others are independent. All are distributed through the direct contact work of collaborators in health promotion agencies. Most are placed in leaflet racks in Gay bars and clubs and in other Gay social spaces. Others may have been distributed direct to men during face-to-face contact or distributed as inserts in the commercial Gay press. Most small media are also downloadable online.

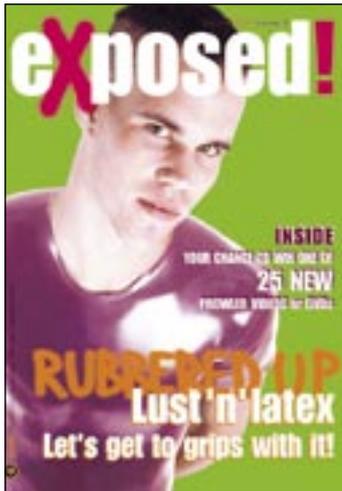
The key difference between leaflets and adverts is their setting or the way in which men come into contact with them. A single agency such as the Terrence Higgins Trust cannot control press placement of its newspapers and magazines, and the next stage of distribution is carried out by the press and its outlets. Leaflets can be inserted in the press, in which case their distribution profile might look like that for press advertisements. More usually however, leaflets are distributed via a wide variety of (Gay) settings. After the leaflets have been printed centrally by THT, their distribution is the outcome of many agencies acting locally, and the local circumstances that shape this. For this reason alone, we should expect the performance of leaflets to differ from that of adverts.

We recognise that mass media adverts in particular can have outcomes on groups other than Gay men and other homosexually active men. These might include triggering and legitimising interventions at other levels and prompting coverage of the topics addressed in other media (Wellings & MacDowall 2000). However, the current evaluation looks at the performance of the interventions only in terms of their impact on the target group themselves.

The following table describes some of the core characteristics of the CHAPS interventions evaluated in the remainder of this report. Each chapter considers a different set of interventions depending on when the research was conducted. Further details of some of the characteristics of the interventions is revealed in Chapters 3 and 4. Full colour images of the finished interventions are displayed on pages 4-6. These are intended to aid the reader through the remainder of the report. For mass media interventions with more than three different executions, some typical executions are displayed.

Name of intervention	Brief description / aims	Launch date	Pre-testing	Coverage	end user
<b>eXposed! 3: Rubber up</b> MAGAZINE (16 pages)	Focused on condom-use tips. Includes photo-stories, product comparisons and trouble-shooting lists.	Mar 2002	~	~	✓
<b>Come fly with me</b> LEAFLET	Leaflet for the long-haul Gay traveler with sections on Bangkok, Cape Town, Sydney and New York, San Francisco and Miami in the USA.	June 2002 (June 2005)		✓	
<b>Up, up and away</b> LEAFLET	Leaflet for the short-haul Gay traveler with sections on Amsterdam, Berlin, Paris, Mykonos and Barcelona, Sitges, Ibiza and Gran Canaria in Spain.	June 2002 (June 2005)		✓	
<b>Biology of transmission</b> ADVERTS (3 images)	Adverts using everyday objects (sponges, eggs and a peach) to represent the absorbent and fragile properties of the rectum and anus.	Oct 2002	~	✓	~
<b>eXposed! 4: Bottoms up</b> MAGAZINE (20 pages)	Focused on the role of anal care and 'safer anal play' in sexual health. Includes photo-stories, 'Carry On' style problem pages and a reference list of STIs.	Nov 2002	~	✓	✓
<b>Facts For Life</b> ADVERTS (9 images) No knik-knaks.	Strong-coloured, text-dominant series giving information on HIV risk including modality; partner numbers and the fallibility of condoms. Re-coloured for re-release in 2003.	Jan 2003 (Original Sept 2000)	#	~	✓
<b>The Bottom Line</b> LEAFLET	Detailed leaflet using action figures to illustrate "all you ever need to know about your arse" including infections and other problems.	Jan 2003 (Jan 2005)		✓	✓
<b>Below the Belt</b> LEAFLET	Detailed leaflet using action figures to illustrate "all you ever need to know about your cock and balls" including infections and other problems.	Sept 2003 (May 2005)		✓	✓
<b>Think again</b> ADVERTS (6 images)	Adverts using intimate head-shots of couples to show divergent thoughts and concerns about HIV exposure and transmission.	Nov 2003	✓	✓	
<b>eXposed! 5: Everything's rosy!</b> MAGAZINE (16 pages)	Focused on expectations and assumptions concerning sex and risk. Includes photo-stories, quiz, and 'real' stories.	Nov 2003		✓	✓
<b>Infection situations</b> ADVERTS (5 images)	Adverts illustrating the possible adverse outcomes of sexual risks that Gay men might take in a range of contexts.	April 2004	✓	✓	
<b>eXposed! 6: Tales of the unexpected</b> MAGAZINE (20 pages)	Magazine focused on the possible adverse outcomes of naive sexual risk taking. Includes three photo-stories with follow-up debate and true stories.	April 2004		✓	
<b>PEP</b> ADVERT (1 image)	Single advert uses red fire extinguisher to promote knowledge of the existence of PEP and its availability after potential sexual exposure to HIV.	July 2004 June 2005	✓	✓	
<b>PEP</b> LEAFLET	Short leaflet explaining PEP, its uses and drawbacks, and considering its availability after potential sexual exposure to HIV.	July 2004 June 2005		✓	
<b>Be confident, be covered (Condoms)</b> ADVERTS (3 images)	Adverts promoting and reinforcing the use of condoms using striking viral imagery.	Feb 2005	✓	✓	
<b>eXposed! 7: Cover boys!</b> MAGAZINE (20 pages)	Magazine with a sports-theme focusing on the importance of condoms and lubricant in protecting your sexual health. Includes photo-stories.	Feb 2005		✓	
<b>STIs</b> ADVERTS (4 images)	Adverts prompting early diagnosis and treatment of STIs, using attractive torsos to subtly depict common STI symptoms (rashes, sores, discharge).	Oct 2005	✓		
<b>Closer (proximity)</b> ADVERTS (6 images)	Adverts using multiple pictures of bottoms or penises to illustrate local or national HIV prevalence and prompt men to consider their proximity to HIV.	June 2006	✓		

~ see Weatherburn *et al.* 2003 # see Weatherburn *et al.* 2001



MAGAZINE: eXposed! (3)  
Rubber up



LEAFLET: Come fly with me



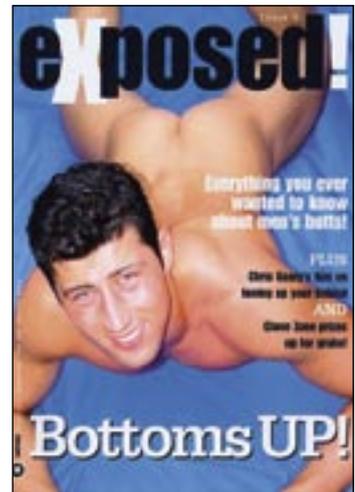
LEAFLET: Up, up and away



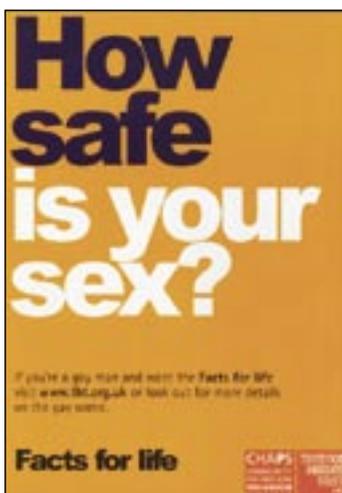
ADVERT: Biology of transmission (1 of 3)



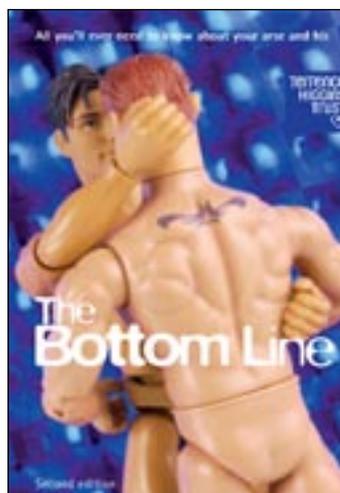
ADVERT: Biology of transmission (2 of 3)



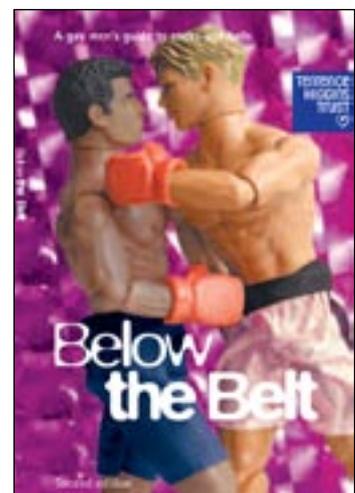
MAGAZINE: eXposed! (4)  
Bottoms up



ADVERT: Facts For Life (1 of 9)



LEAFLET: The Bottom Line

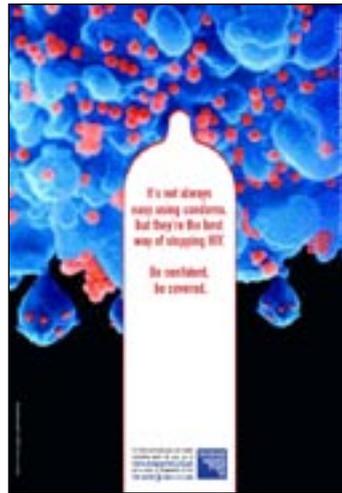


LEAFLET: Below the Belt

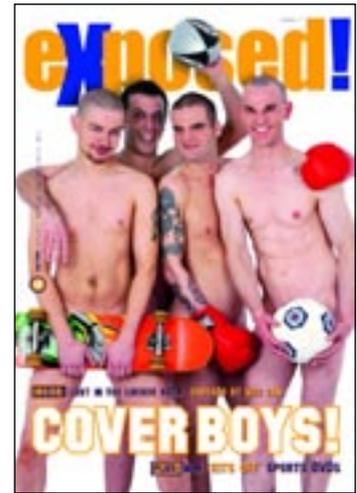




ADVERT: Be confident, be covered (1 of 4)



Be confident, be covered (2 of 4)



MAGAZINE: eXposed! (7) Cover boys!



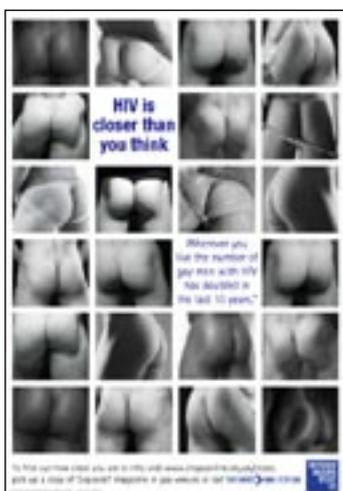
ADVERT: STIs (1 of 4)



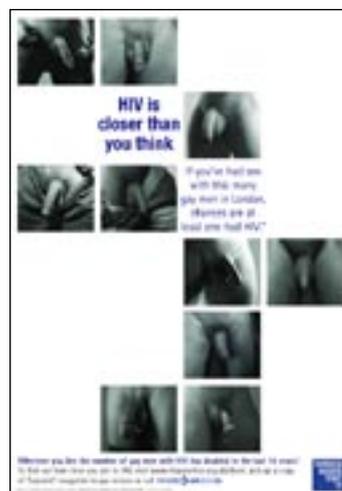
STIs (2 of 4)



STIs (3 of 4)



ADVERT: Closer (1 of 6)



Closer (2 of 6)



Closer (3 of 6)

### 1.3 STRUCTURE OF THIS REPORT

Between April 2003 and April 2006, a wide range of specific evaluative activities were carried out as part of the CHAPS R&D programme. Each is described in the subsequent chapters of this report. Most chapters end with a response from Terrence Higgins Trust on behalf of CHAPS, which outlines the impact of these findings on the CHAPS programme.

**Chapter 2** describes the pre-testing programme and its role in the development of the national interventions. Thirty focus groups were undertaken to increase the probability of the interventions being acceptable to and effective for the target audience. They also aimed to decrease the likelihood of unintended negative effects among the non-target audience.

**Chapter 3** describes the extent to which the national CHAPS interventions were recognised and recalled by their intended audience. It is based on three specific annual 'coverage' surveys, completed by 9,482 Gay and other homosexually active men in 2003; 11,909 men in 2004; and 12,322 men in 2005. The chapter explores variation in recall of CHAPS interventions by key demographic characteristics including area of residence, gender of sexual partners, age, ethnicity, educational achievement, HIV testing history and volume of male sexual partners in the last year. Our website provides access to all three annual interim reports of these evaluation activities. These include additional interventions from other health promotion agencies.

**Chapter 4** presents evidence about the acceptability and effectiveness of the CHAPS interventions as gathered from seven focus groups with men who were the target or 'end-users' of the materials.

**Chapter 5** presents short summaries of some of our evaluation of CHAPS facilitation interventions. Included are descriptions of the before and after evaluations of CHAPS conferences in 2004, 2005 and 2006; the evaluation of four Expert Think Tank Seminars and *Lifting the Lid*, a CHAPS training intervention. Our website provides access to the original full reports of these evaluation activities.

Finally, **Chapter 6** draws together the learning contained in the report and makes recommendations for the future of CHAPS.

# 2 CHAPS pre-testing and formative evaluation

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## 2.1 BACKGROUND

Formative evaluation involves exploratory work to guide the design and implementation of interventions. In the CHAPS national programme this has included process evaluation, surveys of need and the pre-testing of interventions during their development. This chapter concerns the last of these, pre-testing interventions, using focus group methods.

Using focus groups for pre-testing has always been an integral component of the development of CHAPS national interventions. Our previous CHAPS final evaluation reports described 121 pre-test focus groups undertaken between January 1997 and December 2000 (Weatherburn *et al.* 2001) and 42 groups undertaken between January 2001 and March 2003 (Weatherburn *et al.* 2003). This chapter describes the process and results of pre-testing using 31 focus groups between April 2003 and April 2006.

Themes for national CHAPS interventions arise from an annual 2-day partnership prioritisation and planning meeting which utilises the health promotion framework *Making it Count* (Hickson *et al.* 2003). Priority work themes for national interventions are identified and developed during these meetings using the ASTOR framework (Hickson *et al.* 2005).

At the beginning of the process of developing a new intervention a *CHAPS Programme Development Group* meets to review the ASTOR that emerged from the 2-day partnership meeting. This group consists of interested CHAPS partners, THT Health promotion staff and Sigma Research. The group examines the original ASTOR, and discusses pertinent research prior to agreeing the final ASTOR and other key components of the design brief such as key target populations and the need for other materials such as leaflets, magazines, ambient media (knik-knaks) and online materials. This version of the ASTOR is then circulated for comment both within and outside the CHAPS partnership, and once signed off becomes the reference document that guides the development of CHAPS interventions. At this stage, peer consultation and review occurs through a wide consultation network and is facilitated by an online intranet channel for viewing materials and submitting feedback.

The ASTOR is then reviewed and signed off prior to the development of the design brief which goes to a design agency. The potential advertising routes that emerge from the agency are amended and prioritised by THT Health Promotion staff prior to another round of peer consultation and the first round of pre-test focus groups with the target audience. The pre-test groups are written up in the form of a research report and a presentation is made to the *CHAPS Campaign Consultation Group* (3CG) which meets to review peer and focus group responses to the materials being tested. The 3CG includes all members of the *CHAPS Programme Development Group*, other interested CHAPS partners, members of the external design team, the researcher undertaking the pre-testing and THT marketing staff. Depending on the response of peers and the target audience and the extent of amendments to the intervention necessary, the materials can undergo further pre-testing and peer review.

The use of focus groups for pre-testing emerging materials has been an integral component of the development of all national interventions since the inception of the CHAPS programme. The purpose of pre-testing is to increase both the acceptability of interventions to the target audience and their likely effectiveness (the likelihood that they achieve their intended aims).

Valid pre-testing is ensured by linking the emerging materials to the original aims and objectives and by a strict adherence to developmental deadlines and milestones by all. The process requires a strong, transparent and productive relationship between researchers, CHAPS partners, programme development workers at the THT and the design agency at all stages. This collaboration has been described elsewhere (Weatherburn *et al.* 2001, 2003, Branigan, Stewart & Wellings 2002).

Focus group participants are usually recruited through the CHAPS partner agencies using existing e-mail networks, poster recruitment or snowballing and word of mouth. Although CHAPS partner agencies value their involvement in the research process, they sometimes experience difficulty recruiting participants in the time available. A minimum four-week lead-in is needed between alerting partners to start recruiting and moderating a group.

Until 2004 the pre-testing occurred in three rounds: concept or story-board testing, first draft and final draft. Since then it has been reduced to one or two rounds of 3 pre-testing groups per development cycle which occur in the middle (and sometimes the end) of the campaign development cycle and offer target audience feedback in the form of research reports and presentations to the *CHAPS Campaign Consultation Group (3CG)*. The reduction in the number of rounds of pre-testing was partly a response to the development of the *CHAPS Programme Development Group* (which replaced round 1 pre testing) and partly due to the difficulty in scheduling three rounds of groups into the campaign development process. Campaigns now receive one round of 3 pre-testing groups where the development is unproblematic and the materials are well received (such as STIs) or two rounds of 3 groups when initial materials are less well received or other feedback raises substantial problems (as with the condoms campaign, *Be confident, be covered*).

## 2.2 PRE-TESTING CHAPS MASS MEDIA ADVERTS

Here, we describe the process and results of intervention development via pre-testing for each of the six CHAPS national mass media interventions developed between 2003 and 2006. The table below documents the interventions undertaken and the number of focus groups involved.

Name of intervention	Type	Year	Target group	Focus groups: target
<b>Think again</b> (naive risk)	Adverts	2003-4	Gay men	9
<b>Infections situations</b> (naive risk)	Adverts	2003-4	Gay men	7 (1 HIV positive)
<b>PEP</b> (Post-exposure prophylaxis)	Adverts	2004-5	Gay men	6
<b>Be confident, be covered</b> (Condoms)	Adverts	2004-5	Gay men	6 (2 HIV positive)
<b>Sexually transmitted infections</b> (STIs)	Adverts	2005-6	Gay men	3
<b>Closer</b> (proximity to HIV)	Adverts	2005-6	Gay men	3 (1 HIV positive)

The remainder of this chapter describes the process of intervention development via pre-testing and examines each of the six interventions outlined above. Pre-testing usually aims to assess each potential advertising route in relation to concerns raised by both the CHAPS partners and designers. Specifically these usually include:

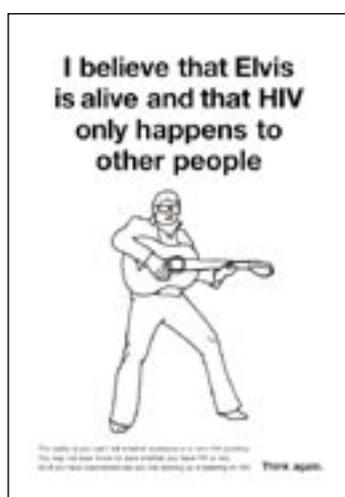
- Whether potential routes address key intervention aims.
- The acceptability and tone of the messages.
- Testing the immediate impact of each execution or route / concept.
- Testing what was felt to be good and bad about each route / concept.
- Noting any potential unintended outcomes.

These six summaries of individual intervention development processes demonstrate the importance of pre-testing in reinforcing knowledge learnt and establishing message acceptability and appropriateness.

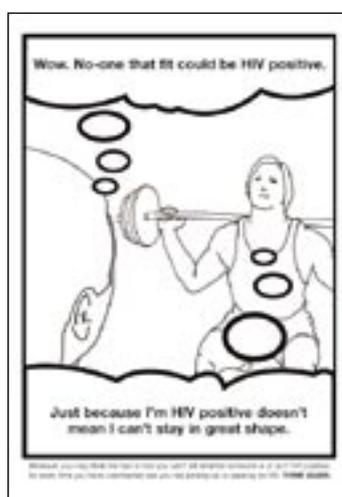
### 2.2.1 Think again: naive risk taking

The CHAPS *Think again* intervention focused on the idea that men should be more aware of the risk of HIV exposure and transmission in a variety of sexual contexts. Closely linked sub-aims included addressing inaccurate assumptions of partners' and one's own HIV status.

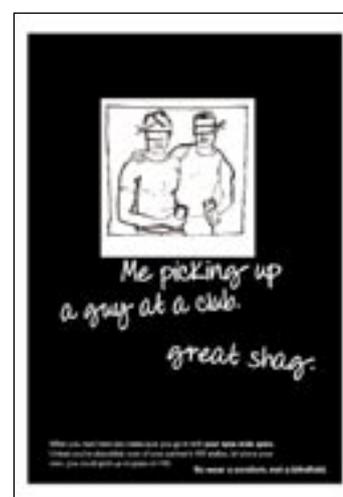
Round one pre-testing looked at three different potential routes for the mass media adverts. Route 1 included two executions featuring 'unbelievable people' (Father Christmas and Elvis). Route 2 consisted of two executions featuring different settings and interactions between two individuals (in the gym and a sex club). Route 3 consisted of two executions looking like postcards or holiday photographs taken in different social settings (a club and a sauna).



Route 1: Elvis



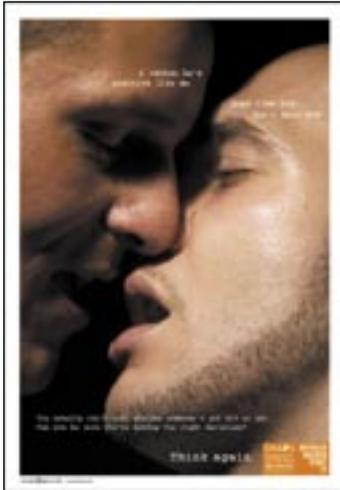
Route 2: gym



Route 3: drinking blindfold

None of these potential routes tested particularly well. The main problems concerned lack of clarity about the ultimate message and the intended target audience. Moreover, there was some confusion about whether the message was about incorrect assumptions or more entrenched delusions. The message was also perceived to be inconsistent across the three routes. Optimistic bias, unfounded assumptions and known risk-taking (knowing the risks are there but still going ahead) were all seen as potential key themes. Only the strap line, '*Think again*' received any validation at this stage of development.

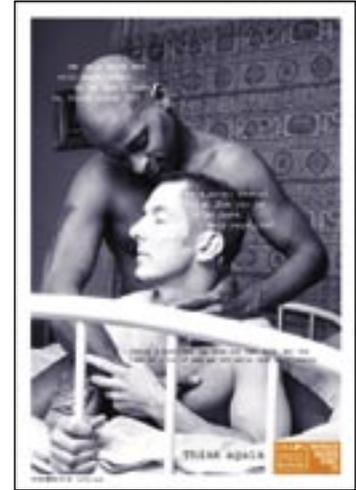
Round two consisted of two routes ('men kissing' and 'exposed') with four executions in each. Both these concepts were well received and the messages had currency with the target audience. Overall, younger men preferred route 1 (kissing) whereas the diagnosed HIV positive group found the more graphic sexual imagery of route 2 (exposed) more engaging.



Route 1: Kissing



Route 2: exposed



Route 2: exposed

Some participants felt the 'kissing' execution failed to emphasise the consequences of naïve risk taking. However the constraints of the medium were acknowledged and respondents pointed out that any message about consequences was hard to convey using static imagery.

The final round of pre-testing consisted of four executions of the "men kissing" route, that were used to examine the perceived messages. These closely resembled the final images (see page 5). Specific data from a written questionnaire (which explored the perceived message) was also collated. Unsafe trust, responsibility for your own protection and unclear communications featured strongly, as well as more intended messages concerning 'naïve risk taking'. In the groups the imagery was considered engaging and felt to credibly represent a range of Gay male identities and life circumstances. The limited amount of advertising copy was felt to be an incentive to read the text that was present. There was widespread support for an intervention targeting unsafe beliefs and assumptions about HIV.

In November 2003, six executions of the *Think again* mass media advert were released using the 'men kissing' route (see page 5). They were accompanied by *eXposed! 5: Everything's rosy*, a 16 page magazine, and a dedicated micro-website at [www.naiverisks.chapsonline.org.uk/main\\_content.html](http://www.naiverisks.chapsonline.org.uk/main_content.html)

### **2.2.2 Infection situations: naive risk taking**

*Infection situations* was a CHAPS intervention aimed at helping men consider (or recall) the possible negative outcomes of their sexual behaviour. Other subsidiary aims included men being able to identify sexual behaviour where there was risk of HIV being passed and challenge assumptions which were used to justify sexual risk-taking. The target audience for the campaign was all Gay men, especially those in relationships.

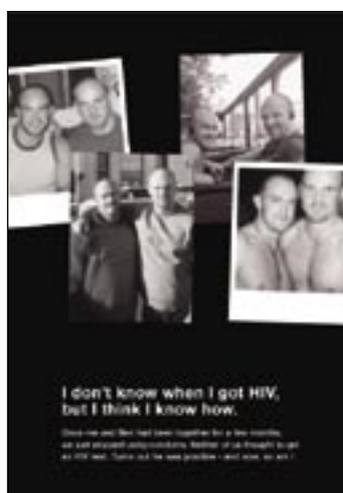
The first round of pre-testing looked at two potential routes for the mass media intervention, with two possible executions in each.



Route 1: Clock



Route 1: Calendar



Route 2: Couple photo



Route 2: Group photo

Route 2 (using photographs) had more of an impact with respondents, but both routes seemed capable of conveying the intended messages. In general the tone and language was considered appropriate, but participants felt more work was needed to tailor the text to avoid conveying unintended 'blame' messages to men in relationships.

The second round materials incorporated the perceived benefits of engaging the audience in 'the telling of a story' but used six different inanimate objects to portray the passage of time. The images used closely resembled those used in the final execution (see page 5). Without exception, the objects and text used were seen as portraying stories of the passage of time in individual lives. The infection situation, anomaly (or glitch) on the image was intended to symbolise a changing point in life. Importantly the *Infection situations* described were all accessible to the target audience.

Given the raft of sub-aims linked to this intervention, it was not surprising that confusion lay in the range of messages that occurred throughout the six proposed executions. The group participants perceived two clear messages. The first concerned assumptions about someone's status based on inaccurate or incomplete information. The second highlighted the dangers caused by poor communication between sexual partners. For men in relationships, three basic messages were perceived: the need to use condoms; testing for HIV and the need for honesty and clear communication within relationships. The fall back message for all participants was 'use a condom -

even in relationships'. Groups did not take offence to any of the language, situations or messages. In fact positive Gay men found that some of the imagery (especially the 'rose' see page 5) carried quite affirmative messages for 'living life' after HIV diagnosis.

In April 2004, 5 executions of the *Infection situations* adverts were released featuring a range of common situations where HIV exposure occurs. These were illustrated using a rose stem, zip, hose-pipe, telephone cord and a chain (see page 5). Mass media adverts were accompanied by *eXposed! 6: Tales of the unexpected*, a 20 page small media in a magazine format, posters of the adverts, condom packs and inserts and a dedicated micro-website at [www.naiverisks.chapsonline.org.uk](http://www.naiverisks.chapsonline.org.uk)

### 2.2.3 Post-exposure prophylaxis (PEP)

This CHAPS campaign aimed to provide basic information concerning the existence and availability of post-exposure prophylaxis (PEP) for men that might have been exposed to HIV during sex.

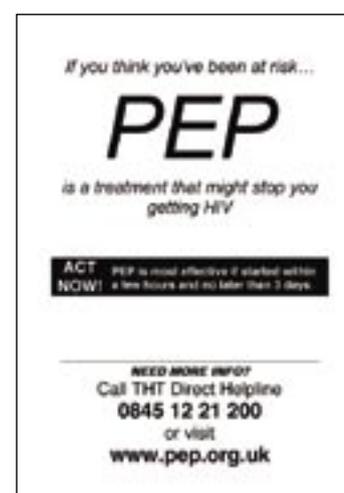
The first round of groups presented four potential PEP advertisements originally developed in Australia, to explore target audience reactions. Materials consisted of a series of four two-tone executions. Particular attention was paid to the function and impact of the 'signpost message' and any unintended interpretations and responses that arose.



Route 1: PEP



Route 1: PEP



Route 1: PEP

The key question about unintended outcomes was 'are the benefits of telling people about PEP outweighed by the risks of people becoming more complacent about safe sex?'. The findings confirmed the need to attend to issues of presentation, especially that any adverts should be more information-based. The information pre-tested in phase 1 was considered too subtle and the function of the posters needed to be refined. It was pointed out that the 'Act now' should be more closely linked to the idea of prevention rather than cure and the posters needed to encourage men to learn about PEP rather than seek and receive it.

Round 1 participants also felt that PEP had potentially major implications at an individual level both physically and socially. Some felt that demand and consequent uptake of PEP would be high. There was also a widely held concern that Gay men might perhaps take risks that otherwise they would not because they knew about PEP. However, the idea of failing to properly inform Gay men about PEP (i.e. too little knowledge or the provision of vague or inaccurate facts) was also considered dangerous. While most participants felt a liberal approach to prescribing PEP would lead to difficulties, others pointed out inherent discrimination in withholding information about the existence of PEP.

Materials for the second round of pre-testing consisted of a single execution of a A4 poster showing a fire hydrant and a range of knik knaks (ambient media) including; condom packaging, match-boxes and breath mints. The aim of the groups was to explore target audience reactions to the advert and the ambient media. Of interest were opinions about added value of these interventions and their role in reinforcing and clarifying the main message.



PEP: Poster / press ad



PEP: mints



PEP: wallet card

The imagery had a strong initial impact. The graphic was clearly and easily identified as a 'fire extinguisher' and in the context of Gay press and commercial scene environments was felt to be unusual and engaging. The image was also interpreted as one of prevention. All respondents indicated that they would be keen to know more about PEP and the implications of the treatment. PEP was something that was perceived as relevant and important to understand. However, most participants felt the knowledge and information imparted was insufficient. The concept of knik knaks accompanying the adverts / posters was well received. Participants also strongly supported the need for a web-based information to support the campaign.

In July 2004, a single PEP advert was released featuring a fire extinguisher (see page 5). The advert was accompanied by an A6 leaflet and a variety of knik-knaks (fridge magnet, sticks of rock, t-shirts for bar staff and detached outreach workers) and a dedicated micro website at [www.pep.chapsonline.org.uk](http://www.pep.chapsonline.org.uk). Media placement concentrated on Gay press in London and Brighton & Hove in the first implementation, but the campaign was subsequently released nationally in June 2005.

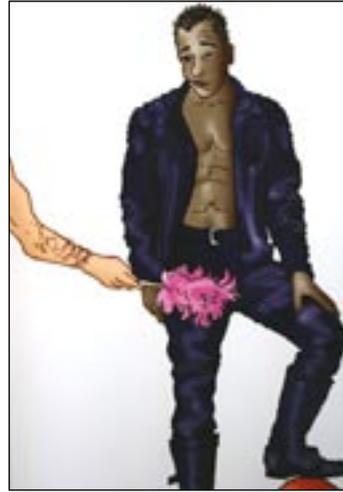
#### **2.2.4 Be confident, be covered: condoms**

This CHAPS "back to basics" campaign aimed to reassert and reinforce condom use among Gay and Bisexual men.

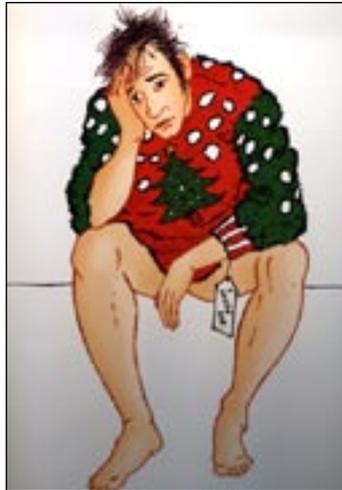
The first round of pre-testing was intended to explore specific target audience reactions to the range of messages developed to promote condom use. The key messages were explored using four similar executions. These included: using a condom which is the right size for you; using regular condoms if extra strength condoms reduce sensitivity; accessing the condoms which are right for you; and overcoming anxiety which may cause impotence.



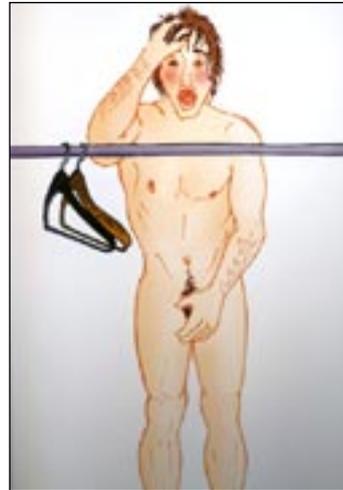
Route 1: come in comfort



Route 1: do it with feeling



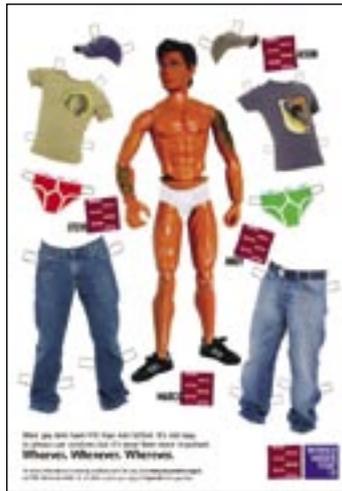
Route 1: don't let the moment



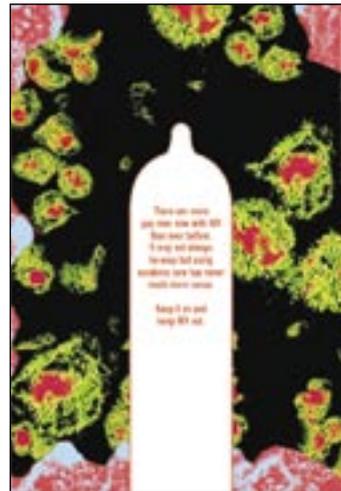
Route 1: keep them handy

While none of these specific executions tested well, there was support for the underlying messages. In particular, participants felt the attempt to address barriers to condom use was valid. Some participants felt that the adverts could achieve greater impact by being more direct about the epidemiological rationale for wearing condoms. Others disagreed, and felt it was refreshing not to hear statistics about HIV infections and trends. The main barriers seemed to be the lack of practical advice linked to the message. While the limitations of these executions were recognised, some participants felt the need for simple didactic messaging about condom use.

The second round of pre-testing looked at two new potential routes ("the doll" and "the virus"). Two clearer key messages were also explored: the need to understand how increasing HIV prevalence means increasing risk and the need to be a consistent condom user.



Route 2: Doll



Route 2: Virus

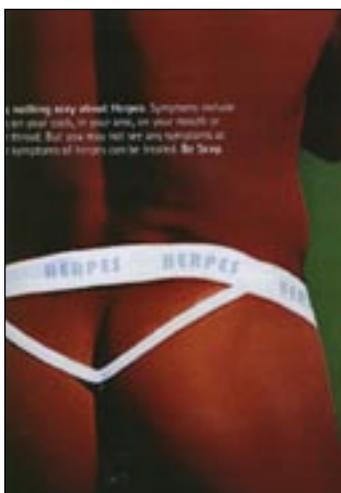
Overall the younger respondents favoured the doll route, which was also felt to be more accessible to men with lower literacy levels. Older and diagnosed positive men, however, preferred the virus route. The message was perceived as clear and well framed within the condom shape and the tone, which acknowledged the difficulty of condom use, was appreciated. Positive men were more concerned about contracting Hepatitis C than re-infection with HIV and as a consequence, the Hepatitis C execution (of the virus route) had high impact with this group.

In February 2005, three executions of the *Be confident, be covered* adverts were released using “the virus” route (see page 6). Each was intended to reinforce condom use while having slightly different core messages. The adverts were accompanied by *eXposed! 7: Cover boys!*, a 20 page magazine, A4 posters, condom packs, scratch cards for use by detached outreach workers and a dedicated micro website at [www.condoms.chapsonline.org.uk](http://www.condoms.chapsonline.org.uk)

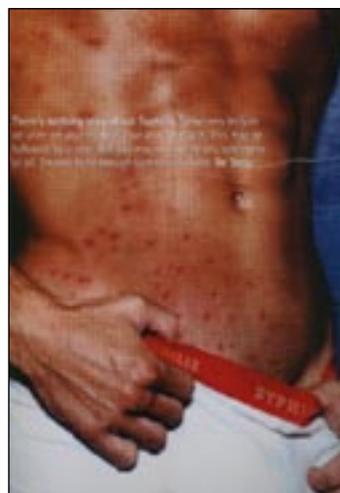
### 2.2.5 Sexually transmitted infections (STIs)

This CHAPS campaign originally aimed to reduce the length of time between infection and diagnosis of five common sexually transmitted infections (STIs): gonorrhoea, chlamydia, NSU, syphilis and herpes.

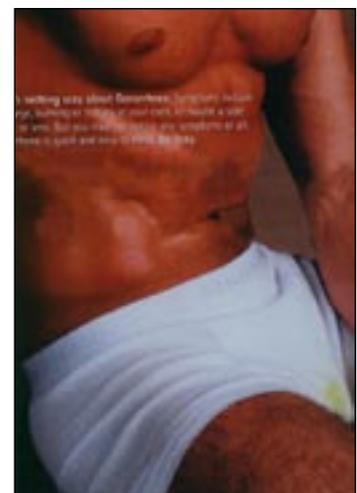
There was only one round of pre-testing with three focus groups for the development of these adverts. The adverts featured visible symptoms of STI infection that were meant to encourage the target audience to read a message promoting sexual health check-ups.



Route 1: Herpes



Route 1: Syphilis



Route 1: Gonorrhoea

The subtle depiction of the STI symptoms on attractive torsos engaged the participants in the imagery, text and referral information. The visual imagery of STIs was felt to be unusual and interesting. Overall the adverts were positively received and the majority of the participants supported both the message and the approach. The herpes mock-up differed from the other executions in that it made no attempt to depict symptoms. The idea that herpes may be asymptomatic seemed to filter through from the copy rather than the imagery alone. Suggestions for improvement centred around bringing the herpes execution more into line with the gonorrhoea and syphilis executions (which were symptom-based). It was also felt to be important to promote the fact that the symptoms of herpes could be treated. Participants suggested making the copy more directive to clarify the differences between treatment of symptoms and curability of infection.

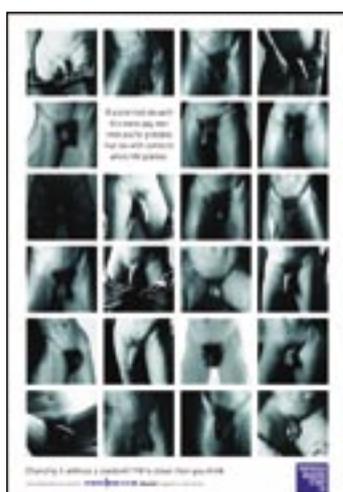
The adverts were not viewed as being anti-sex. In fact, several participants were surprised that the copy did not make any reference to HIV or the need to use condoms to prevent STIs. The HIV positive men's groups also raised the concern that HIV might be used as one of the executions in the final intervention. They cautioned against this and HIV did not receive an execution in the final set of adverts.

In November 2005 four executions of the adverts were released, three which addressed a common symptom of STIs (ulcers/ sores, rashes and discharge) and a more general execution about all STIs (see page 6). The adverts were accompanied by *eXposed! 8: Brief encounters!*, a 20 page magazine, posters, condom packs, and small boxes of mints bearing the campaign images. There was also a specific micro website at <http://infections.chapsonline.org.uk>

### 2.2.6 Closer: proximity to HIV

The CHAPS proximity campaign aimed to raise men's awareness of the national and local (Brighton & Hove, London and Manchester) prevalence of HIV in order to remind men that they probably socialise and have sex with men who have HIV, whether they are aware of this or not.

There was only one round of pre-testing with three focus groups for the development of these adverts. The pre-test materials consisted of nine full-size executions for national and local routes as well as an additional fake 'fear-based' route. Attention was paid to the impact of the 'message' and any unintended effects that arose, particularly in the HIV positive group.



Route 1: large mosaic



Route 1: small mosaic (local)



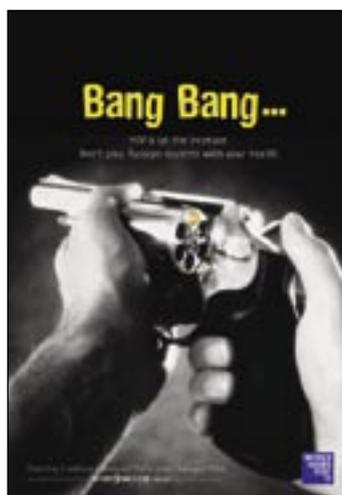
Route 1: single image

Knowledge of HIV prevalence was consistently low in all focus groups. Participants felt that HIV prevalence was increasing, but they could not accurately describe it. All thought that actual HIV prevalence figures were lower than those presented in the draft advertisements. Some men did not believe the data in the adverts.

Participants felt the imagery was eye-catching and the prevalence message was imparted through a synergy between the text and images. The 'cocks and arses' provided a clear visual link to a sexual subject and set an appropriate context. However, the groups felt the audience was being asked to do too much and many did not make the link between the numbers of cocks and arses and the prevalence data being presented.

In pre-testing one of the main issues was the limited copy. The copy in the proposed national adverts did not mention that the data was national prevalence or was based on research evidence and made no distinction between protected and unprotected anal intercourse when it mentioned having "sex with this many men". Consequently the message was felt to be aimed at "promiscuous" men. Local executions tested better and were found to be more hard-hitting. The lower number of sexual partners made the concept more meaningful and links to a local Gay population placed the concept in the local context. There were also some strong unintended outcomes. Firstly, the message was seen as anti-sex and specifically anti-promiscuity. Second, it was seen to have potential to create a false sense of security (if you lived in a lower prevalence area).

In addition, a 'fear-based' execution was pre-tested. In recent years, Gay men and HIV prevention commentators around the world have called for the greater use of 'fear-based' tactics in HIV health promotion. The 'gun' execution was pre-tested to further debate in this area and was not intended to be used as a CHAPS intervention.



Route 2: Gun

Within the groups there was much debate about the merits of a fear-based approach. The inter-group consensus favoured the "cocks and arses" routes for the purpose of conveying the HIV prevalence message. While this might appear to validate previous beliefs about the limited impact of fear-based approaches, the main reasons why the groups preferred the prevalence routes were not based on the tone of the message or the social marketing 'health exchange'. Both routes had impact and were perceived as 'sexy'. Although the "cocks and arses" were felt to be more overtly sexual, the gun was seen as a stylised and well-worn metaphor for a penis.

The groups felt that, of the two routes presented, "cocks and arses" had the higher currency, resonance and impact. The actual message received from each route was perceived to be different and ultimately the target audience for the adverts was also not consistently interpreted. In the context of raising awareness about HIV prevalence and proximity to HIV, the groups preferred the "cocks and arses" route.

Negative men were concerned that diagnosed HIV positive men might be offended or stigmatised by the “gun” and for that reason the route was not successful. Some of the positive men were offended by the fear-based route, but others defended the approach feeling that it was necessary to overcome perceived complacency surrounding safer sex. Interestingly, the men perceived the “cocks and arses” route to ultimately raise more fear than the gun route due to the ‘nature of the message’.

In June 2006 three executions of the adverts were released. One was national and used an image of penises, stating that the number of Gay men in the UK with HIV has doubled in the last ten years. The second execution ran in London only, stating one in eight Gay men in London had HIV. It featured eight pictures of penises with the text: ‘If you’ve had sex with this many men in London, chances are one of them had HIV.’ The final advert appeared in local publications throughout England and Wales and featured a single image and asked men to consider whether they will know the HIV status of their next sexual partner (see page 6). The adverts were accompanied by *eXposed! 9: How close do you get?* a 20 page magazine, posters, condom packs and (fridge) magnets. There was also a dedicated micro website at <http://closer.chapsonline.org.uk>

## 2.3 SUMMARY

The beneficial role of pre-testing for the development of CHAPS national mass media interventions is clear.

- **Pre-testing of potential mass media text and imagery increases the acceptability and likely effectiveness of mass media adverts.**

There are several key areas of the CHAPS pre-testing programme that contribute to its success. Perhaps the most important is the integrated nature of the research and intervention development processes. The involvement of researchers in the intervention development process increases the utility of pre-test findings to the final intervention.

- **It is essential that multi-disciplinary mechanisms exist to locate and utilise the outcome of the pre-testing in the intervention development processes.**
- **It is necessary to identify milestones and to monitor their passing to successfully collaborate on interventions across agencies. Collaboration is neither straightforward nor cost-neutral: it needs time and other resources.**

The ability to stay in touch with the target group is important throughout the intervention development process. For health promotion programmes to be effective, commitment to on-going formative research is vital.

The benefits of formative evaluation have been made clear in this and previous evaluations of CHAPS. Between 2003 and 2006, further work was undertaken to refine development processes, including the introduction of on-line message boards, enabling a greater number of gay men’s HIV health promotion organisations to participate in CHAPS consultation processes.

The introduction of the Programme Development Group sought to ensure greater collaborative clarity in the aims and objectives of CHAPS programmes in their earliest development stages. It has facilitated a reduction in the number of rounds of pre-test groups by ensuring interventions are now more refined before going to formative evaluation with the target group. The process allows for greater flexibility in the number of rounds of pre-testing, with three to nine groups used as necessary.

As with previous reports, pre-testing with groups of gay men with diagnosed HIV remains an essential plank of the CHAPS formative evaluation process. Ensuring that CHAPS programmes are appropriate to and do not stigmatise gay men with HIV is essential, particularly as men with diagnosed HIV are most likely to encounter CHAPS mass and small media interventions.

# 3 Coverage of CHAPS national interventions

## 3.1 INTRODUCTION

This chapter presents feedback on coverage data collected as part of the internet version of the *Gay Men's Sex Survey* (GMSS) in 2003, 2004 and 2005. A full description of the collaborators, methods and other results of these surveys is available elsewhere (Reid *et al.* 2004, Weatherburn *et al.* 2005). Interim reports for each of the three years of data collection are available at our website. These interim reports contain additional detail on the more complex statistical analysis referred to below and they contain coverage measures for other non-CHAPS mass and small media interventions originating from THT, GMFA and Camden and Islington's Good Sexual Health Team.

Measures of intervention recognition and recall among Gay men and other homosexually active men is usually called coverage. The coverage achieved by fourteen national CHAPS interventions are reported here. These include five press-based mass media adverts, five small media leaflets (one of which was asked about in 2003 and again after its re-launch in 2005) and four issues of the CHAPS magazine *eXposed!*.

THT CHAPS	GMSS 2003	GMSS 2004	GMSS 2005
<i>Gay-press mass media adverts</i>	<ul style="list-style-type: none"> <li>• Biology of transmission</li> </ul>	<ul style="list-style-type: none"> <li>• Think again</li> <li>• Infection situations</li> </ul>	<ul style="list-style-type: none"> <li>• Be confident, be covered (condoms)</li> <li>• PEP</li> </ul>
<i>Multi-site distributed leaflets</i>	<ul style="list-style-type: none"> <li>• The Bottom line</li> <li>• Come fly with me</li> <li>• Up, up and away</li> </ul>	<ul style="list-style-type: none"> <li>• Below the belt</li> </ul>	<ul style="list-style-type: none"> <li>• The Bottom line</li> <li>• PEP</li> </ul>
<i>Multi-site distributed magazines</i>	<ul style="list-style-type: none"> <li>• eXposed! (4): Bottoms up</li> </ul>	<ul style="list-style-type: none"> <li>• eXposed! (5): Everything's rosy</li> <li>• eXposed! (6): Tales of the unexpected</li> </ul>	<ul style="list-style-type: none"> <li>• eXposed! (7): Cover boys!</li> </ul>

The coverage measures were taken in the web versions of GMSS only. All respondents were: male; aged 14 years or older; and had sex with a man in the last year and / or expected to have sex with a man in the future. Recognition of all interventions were asked of all men living in England and Wales in 2003, but all those living across the UK in 2004 and 2005. On average 1.0% of the annual samples declined to answer the coverage questions.

## 3.2 RECOGNITION AND ENGAGEMENT WITH INTERVENTIONS

### 3.2.1 Recognition of CHAPS mass media adverts

Four of the five CHAPS advertisements consisted of a number of executions on the same theme (see images on pages 4-6). The exception was the PEP advert which had one execution only. In most cases men were shown two executions from each series of adverts and asked if they recalled having seen any of the series of adverts. Allowable responses were:

- No, I have not seen any of these adverts.*
- I recognise them but have never looked closely at or read them.*
- I've seen copies of the adverts / posters and have read most or all of them.*
- I've visited the website.*

The PEP campaign consisted of both adverts and leaflets. Men were shown two executions (advert and booklet) and were initially asked whether they remembered seeing any images from the campaign and were offered these responses:

- No, I have not seen any of this campaign*
- Yes*

Those saying yes were then asked if they had seen the mass media images and offered these responses:

- No, I have not seen any of these adverts*
- I recognise them but have never looked closely at or read them*
- I've seen copies of the adverts and have read most or all of them*

A separate question ascertained whether they had visited the website:

- No I've not visited the website*
- Yes, I've looked at the website but not read it in detail*
- I've read most or all of the website.*

Responses for all adverts were organised into two variables, the first with three values (not recognised / recognised but not read / read), the second indicating whether or not men had been to the website. The small number of men who indicated having been to the website only were judged to have read the intervention.

The following table shows the proportion of men who indicated having recognised or not recognised the intervention; then how those recognising were split between readers and non-readers; the proportion of recognisers who were also readers (in italics); and finally, the overall proportion who had visited the website.

Mass media ADVERTS GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents		GMSS 2003 (n= 9,482)	GMSS 2004 (n= 11,909)		GMSS 2005 (n= 12,322)	
		Biology of transmission	Think again	Infection situations	Condoms	PEP
Do NOT recognise it		73.9	70.9	81.4	68.0	83.9
Recognise it		26.1	29.1	18.6	32.0	16.1
Those who recognise it	Recognise but have not looked at closely	13.0	13.4	9.0	15.2	7.0
	Have read most or all of it	13.1	15.7	9.6	16.8	9.1
<i>% of those who recognised who had read</i>		<i>50.3</i>	<i>54.0</i>	<i>51.6</i>	<i>52.4</i>	<i>56.6</i>
Have visited the website		n/a	1.7	1.6	1.5	3.3

In coverage surveys in 2001 and 2002 (see Weatherburn *et al.* 2003) CHAPS adverts were recognised by between 25% and 39% of web recruited respondents. Between 2003 and 2005 three mass media adverts fell within this range and two were lower, at 18.6% recognition for *Infection situations* and 16.1% for PEP, though the PEP adverts were still running through the period of data collection for GMSS 2005.

In previous coverage surveys between 41% and 65% of men who recognised an advert said they had read the text. All these CHAPS adverts fall in the middle of this range, with variation between 50-57%. For all five adverts the proportion visiting a website was much lower than the proportion recognising the adverts. However, the website associated with the PEP intervention was visited by more than twice as many men as the next most popular website. While PEP adverts had relatively

low recognition rates (16.1%) they also had the highest readership rates among those that recognised them, suggesting the campaign was needed and provided new information.

### 3.2.2 Recognition of CHAPS small media leaflets

For the CHAPS small media leaflets (except PEP, see above), men were shown the front cover and asked to indicate as many as applied of the following options:

- No, I've never seen it
- I recognise it but have never looked at it or read it
- I've looked at it but not read it in detail
- I've read most or all of it
- I've kept a copy of it

A small proportion of respondents (around 2%) gave more than one answer. Responses were organised into one of four answers plus whether or not men kept a copy. Men who indicated having kept a copy only were judged to have read it. The following table shows national coverage for five CHAPS leaflets.

Small media LEAFLETS		GMSS 2003 (n= 9,482)			GMSS 2004 (n= 11,909)	GMSS 2005 (n= 12,322)	
		The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
Do NOT recognise it		75.3	77.9	83.7	79.8	64.0	89.3
Recognise it		24.7	22.1	16.3	20.2	36.0	10.7
Those who recognise it	Recognise but have not looked at closely	10.4	11.5	8.3	9.7	13.7	3.5
	Looked at but not read in detail	6.3	5.0	3.8	5.2	10.1	2.6
	Read most of it	5.4	3.9	2.8	5.4	9.3	3.8
<i>I've kept a copy</i>		3.5	2.3	1.9	3.7	4.7	1.3
% of those who recognised who had read most or all of it		32.2	25.8	26.6	26.7	25.8	35.4
% of those who recognised who had kept a copy of it		14.3	10.4	11.9	18.3	13.0	12.1

Between one in ten (10%) and a third (36%) of men could recall the various CHAPS leaflets. This compares with 10-19% of web-recruited men recalling CHAPS leaflets in previous coverage surveys (see Weatherburn *et al.* 2003). On first release in 2003, The Bottom line was recognised by a quarter of men (24.7%) rising to over a third (36.0%) after its re-issue in 2005. This was the highest recognition of any CHAPS small media since coverage surveys began. A relatively small proportion of men (10.7%) recognised the PEP campaign booklet, but distribution was ongoing at the time of data collection in GMSS 2005.

Between a quarter (25.8%) and a third (35.4%) of those who recognised leaflets had read them, with between 10% and 19% having kept a copy.

### 3.2.3 Recognition of CHAPS small media magazines (eXposed!)

For the four CHAPS *eXposed!* magazines, men were shown the front cover and asked to indicate as many as applied of the following options:

- No, I've never seen it
- I recognise it but have never looked at it or read it
- I've looked at it but not read it in detail
- I've read most or all of it
- I've kept a copy of it

A small proportion of respondents (around 2%) gave more than one answer. Responses have been organised into one of four answers plus whether or not men kept a copy. Men who only indicated having kept a copy were judged to have read it. The following table shows national coverage for four issues of *eXposed!* magazine.

Small media MAGAZINES		GMSS 2003 (n= 9,501)	GMSS 2004 (n= 11,909)		GMSS 2005 (n= 12,322)
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents		eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy!	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
Do NOT recognise it		70.6	78.3	78.8	77.9
Recognise it		29.4	21.7	21.2	22.1
Those who recognise it	Recognise but have not looked at closely	10.4	9.5	8.8	9.8
	Looked at but not read in detail	6.3	6.7	5.8	6.2
	Read most of it	5.4	5.5	6.7	4.6
I've kept a copy		3.5	1.9	2.1	1.8
% of those who recognised who had read most or all of it		32.3	25.3	31.6	21.9
% of those who recognised who had kept a copy of it		14.3	8.8	9.9	8.1

*eXposed!* uses a magazine-type format and style to appeal to men that might not otherwise access health promotion materials. Between 21% to 30% of men in the UK could recall the fourth to seventh issues of the *eXposed!* magazines. This compares to 14-22% of web recruited men recognising issues 1 - 3 in previous coverage surveys (see Weatherburn *et al.* 2003). The fourth issue of *eXposed!* (*Bottoms up*) had the highest recognition rate at 29.4% across the UK, and it had the highest readership rate (among those that recognised it) and the highest retention rate.

Between a fifth (21.9%) and a third (32.3%) of those men who recognised any issue of *eXposed!* had read most or all of that issue and between 8% to 15% had kept copies.

### 3.3 CHANGES IN RECOGNITION OF CHAPS INTERVENTIONS

#### 3.3.1 CHAPS mass media adverts

Changes from 2003 - 2005 in the recognition of CHAPS adverts among web-recruited men is shown in the following table. The table also shows how the advertising interventions were executed and what supporting materials (knik-knaks, ambient media) were utilised.

Name of mass media advert	Display sites	Display period	Display spend (£)	YEAR of survey	% of UK men recall
<b>Facts for life</b> (9 images)	National Gay press HIV positive press A4 & A3 Posters London phone boxes Mini-stickers on a roll A8 referral cards (regional) Banners on www.uk.gay.com	Sept. 2000 to Feb. 2001	£39,808	2001	24.8
<b>In two minds?</b> (10 images)	National Gay press HIV positive press A4 & A3 Posters Life-size poster A6 Postcards A8 Cruise-cards Mini-stickers on a roll Bubble sticker pairs Bubble board pairs Posters London underground Banners on www.uk.gay.com	Nov. 2000 to Feb. 2001	£31,114	2001	39.3
<b>Just as unbelievable</b> (3 images)	National Gay press HIV positive press A2 & A4 Posters A6 Postcards A8 Cruise-cards Sweets THT website Banners on www.uk.gay.com	Oct. 2001 to Jan. 2002	£20,252	2002	26.5
<b>Clever dick</b> (5 images)	National Gay press A2 & A4 Posters A6 Postcards A8 Cruise-cards Button badges THT website Banners on www.uk.gay.com	March 2002 to May 2002	£22,046	2002	26.7
<b>Biology of transmission</b> (3 images)	National Gay press A4 posters A8 cruise cards Bum-shaped sponges A6 questionnaire (English) A6 questionnaire (Welsh) '12 things you can do' booklet Banners on www.uk.gay.com	Oct. 2002 to Jan. 2003	£20,661	2003	26.1
<b>Think again</b> (6 images)	National Gay press A2 & A4 posters A6 postcards Condom packs Condom pack inserts Banners on www.gaydar.co.uk	24/11/03 to 16/02/04	£20,326	2004	29.1

<b>Infection situations</b> (5 images)	National Gay press Condom packs Condom pack inserts A6 questionnaire Tabletop cylinders Novelty straws Banners on www.gaydar.co.uk Email to subscribers at www.uk.gay.com	12/04/04 to 12/07/04	£24,191	2004	18.6
<b>Be confident, be covered</b> (3 images)	National Gay press A4 posters Condom packs Scratch quiz cards D4 banner Banners on www.gaydar.co.uk Email to subscribers at www.uk.gay.com	23/02/05 to 31/05/05	£16,923	2005	32.0
<b>PILOT PEP: Post-exposure prophylaxis</b> (1 image)	London & Brighton Gay press A6 leaflet Sticks of rock A6 questionnaire Fridge magnet Wallet cards T-shirts (for bar staff) Banners on www.gaydar.co.uk	23/06/04 to 26/08/04	£9,428	2005	16.0
<b>PEP: Post-exposure prophylaxis</b> (1 image)	National Gay press A6 leaflet Sticks of rock A6 questionnaire Fridge magnet Wallet cards T-shirts (for bar staff) Banners on www.gaydar.co.uk Email to subscribers at www.uk.gay.com	23/06/05 to 31/08/05	£15,670		

Across five years of online coverage data collection, CHAPS adverts were recognised by between 16% and 40% of web-recruited respondents. During that time expenditure on media placement has fallen from about £40,000 per intervention in 2001 to about £20-24,000 during 2002, 2003 and 2004, and £17-25,000 in 2005. However, coverage is not simply a function of media spend. While the highest coverage was achieved by the advert with the largest media spend (*In two minds?* at £40,252) the next highest was achieved by the condoms campaign - *Be confident, be covered* - which had the lowest overall spend at £16,923. Excepting PEP which was still present in the media when the coverage survey was underway in 2005, the lowest coverage was achieved by *Infection situations* which had a non-standard format, in that it spanned two half pages horizontally.

### 3.3.2 CHAPS small media leaflets and magazines

Changes from 2001 - 2005 in the recognition of CHAPS small media leaflets and magazines among web-recruited men is shown in the following table. Also shown are the launch dates and volumes distributed. Where two dates a given a revised edition was published.

CHAPS leaflets	Launch date	Volume distributed	YEAR of survey	% of men recognising
<b>The Manual</b>	Oct. 1998	35000	2001	9.9
<b>All the f***ing facts</b>	Sept. 2000	43000	2001	18.9
<b>Come fly with me</b>	June 2002	30000	2003	22.1
<b>Up, up and away</b>	June 2002	30000	2003	16.3
<b>The Bottom line</b>	Jan. 2003	29000	2003	24.7
	Jan. 2005	29000	2005	36.0
<b>Below the belt</b>	Sept. 2003	35482	2004	20.2
<b>PEP</b>	July 2004	58212	2005	10.7
	June 2005			

Between one in ten (10%) and a quarter of men across the UK could recall the various CHAPS leaflets after their first release. Once *The Bottom line* had been updated and re-released, recognition rose to over a third (36.0%) of men across the UK. There was no obvious relationship between recognition and the volume distributed.

eXposed! MAGAZINES	Launch date	Volume distributed	YEAR of survey	% of men recognising
eXposed!	Nov. 2000	72,500 and online version	2001 2002	21.2 21.8
eXposed! (2): How much would you reveal	Oct. 2001	92,000 (inc. 43,000 in Boyz) and online version	2002	14.2
eXposed! (3): Rubber up	March 2002	69,000 (inc. 40,000 in Boyz) and online version	2002	17.1
eXposed! (4): Bottoms up	Nov. 2002	90,000 (inc. 30,000 in Boyz and North of Watford) and online version	2003	29.4
eXposed! (5): Everything's rosy!	Nov 2003	90,000 (inc. 30,000 in Boyz and North of Watford) and online version	2004	21.7
eXposed! (6): Tales of the unexpected	April 2004	90,000 (inc. 30,000 in Bent) and online version	2004	21.2
eXposed! (7): Cover boys!	Feb. 2005	80,000 (inc. 30,000 in Boyz) and online version	2005	22.1

Across five years of online coverage data collection, CHAPS *eXposed!* magazines were recognised by between 14% and 30% of web-recruited men across the UK. Between 69,000 and 92,000 copies of each edition had ever been distributed, though coverage was not a simple function of volume distributed or means of distribution. The fourth issue (Bottoms up) had by far the highest recognition rate at 29.4% but issues 2, 5 and 6 all had similar volumes distributed.

### 3.4 DEMOGRAPHIC DIFFERENCES IN PROMPTED RECOGNITION

This section considers differences in recognition of CHAPS national interventions across the following seven characteristics: the area of the UK lived in; sex with women in the last year; age group; ethnic group; level of formal education; HIV testing history; and numbers of male sex partners in the last year. For each characteristic the table shows the proportion of men in each group who recognised the interventions. The group most likely to recognise the intervention is in bold and / or the group least likely to recognise it are underlined.

For each characteristic a multi-factor analysis was also undertaken with variation in all the other characteristics accounted for. Odds Ratios use a baseline for the comparisons (usually the priority group within the characteristic, such as men under 20) and shows where recognition significantly varies between this group and each of the other groups within the category. The multi-factor analysis described in the text are shown more fully in the interim reports available at our website.

#### 3.4.1 Area of residence and recognition

The largest part of each sample was resident in England which we split into its four Directorates of Health and Social Care. Any man living in England who gave insufficient information to be allocated to one of these four directorates was excluded. CHAPS national interventions are targeted at men living in England and Wales but not Scotland or Northern Ireland. Within England and Wales, they are intended to be seen equally by men living in different areas.

% of men recognising mass media ADVERTS by area of residence	GMSS 2003 (n= 8,612)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents					
<b>London</b>	<b>33</b>	<b>38.4</b>	<b>23.5</b>	<b>40.1</b>	<b>30.5</b>
<b>South England</b>	<b>26.1</b>	27.5	<b>20</b>	<b>33.7</b>	16.1
<b>Mid &amp; East England</b>	23.5	28.7	18	29.9	11.1
<b>North England</b>	19.8	25.2	15.3	30.5	10
<b>Wales</b>	20.8	<b>28.4</b>	<b>22.6</b>	<b>34</b>	10.7
<b>Scotland</b>	--	19.5	11.8	18.7	5.3
<b>Northern Ireland</b>	--	29.7	10.9	21.6	8.9

Recognition of all CHAPS mass media adverts varied by where men lived. London-resident men showed the highest levels of recognition for all the CHAPS adverts. Controlling for sex with women, age, ethnic group, formal education, HIV testing history and volume of male partners, the Odds Ratio for men recognising the adverts in Midlands and Eastern and North England were significantly lower than London for all adverts. Compared to London, recognition was significantly lower in South England for *Think again* and PEP but not the other three adverts. Men in Wales were significantly less likely to have seen *Biology of transmission* and PEP but not the other three adverts.

A similar pattern emerged for all small media leaflets and the *eXposed!* magazines. London-resident men showed the highest levels of recognition for all the CHAPS leaflets. Controlling for variation in other demographic characteristics recognition varied consistently by where men lived, independent of differences in other characteristics.

% of men recognising small media LEAFLETS by area of residence	GMSS 2003 (n= 8,609)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
<b>London</b>	<b>36.3</b>	<b>36.2</b>	<b>28</b>	<b>29.8</b>	<b>46.3</b>	<b>22</b>
<b>South England</b>	21.7	19.3	12.4	19.7	35.1	10.9
<b>Mid &amp; East England</b>	18.7	15.4	11.6	21.5	33.3	6.3
<b>North England</b>	19.2	14.2	9.7	18.5	30.6	5.7
<b>Wales</b>	<b>22.4</b>	<b>20.2</b>	<b>15.2</b>	<b>26.5</b>	<b>41.8</b>	8.4
<b>Scotland</b>	--	--	--	12.6	27.6	2.3
<b>Northern Ireland</b>	--	--	--	13.2	35.6	3.1

Both CHAPS leaflets asked about in 2005 were significantly more likely to be recognised by London-residents than men resident elsewhere in England (but not Wales for *The Bottom line*). *Below the belt* (asked about in 2004) was also significantly more likely to be recognised by London-residents than men resident elsewhere in England, but not in Wales. Finally, the same pattern was evident for all three leaflets asked about in 2003 including *The Bottom line*. Hence, men resident in Wales were as likely as London residents to recall all the leaflets listed except PEP. However, the PEP leaflet had received considerable London and Brighton specific promotion in the original pilot implementation of the campaign.

Again, London-resident men showed the highest recognition for all the *eXposed!* magazine-style small media interventions. Controlling for other differences confirmed that recognition varied by where men lived independent of differences in other demographic characteristics.

% of men recognising small media MAGAZINES by area of residence GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 8,630)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
London	34.3	30.9	33.1	28.8
South England	27.8	19.9	21	22
Mid & East England	27.3	21.5	18.6	19.3
North England	26.9	18.8	17.6	20.1
Wales	29.6	24.7	23.5	24.3
Scotland	--	16.9	13.4	14.1
Northern Ireland	--	18.4	15.5	13.1

*eXposed!* 5, 6 and 7 were all significantly more likely to be recognised by London-residents than men resident elsewhere in England (but not Wales). However, recognition of *eXposed!* 4 showed no regional variation. Hence, men resident in Wales were as likely as London residents to recall all the *eXposed!* magazines. However, compared to other English-resident men, those living in London were most likely to recall *eXposed!* 5, 6 and 7.

### 3.4.2 Sex with women and recognition

Across all homosexually active men, CHAPS interventions prioritise those who have sex with men only, over men who have sex with both men and women, or Gay rather than Bisexual men, Gay men being more likely to be involved in HIV transmission related behaviours.

The following tables shows simple recognition of CHAPS interventions by whether or not men had female sexual partners in the last year. Men who did not have sex with women (as well as men) were more likely to recognise all of the CHAPS national interventions than those who did. Controlling for variation in other demographic characteristics all these differences were significant using Odds Ratios. The relationship between gender of sexual partners and recognition of CHAPS materials is strong and consistent across all interventions.

% of men recognising mass media ADVERTS by area of residence GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 9,482)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP
No sex with women	27	30.6	19.2	33	17.4
Sex with women	19.3	17.4	14.6	25.7	7.6

% of men recognising small media LEAFLETS by area of residence GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 9,482)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
No sex with women	26.1	23.5	17.3	23	38	12
Sex with women	13.8	11.7	8.9	13.5	23.8	5.3

% of men recognising small media MAGAZINES by area of residence GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 9,501)		GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!	
No sex with women	30.8	23.9	23.3	22.9	
Sex with women	18.6	13.1	13.5	17.4	

### 3.4.3 Age groups and recognition

A general recommendation for HIV prevention interventions is that they disproportionately benefit younger rather than older men. The following tables show simple recognition of the CHAPS national interventions across five age groups.

Men in their 30s were usually most likely to recognise CHAPS national interventions, although differences in recognition between men in their 20s, 30s and 40s were relatively small. However, after controlling for variation in other demographic characteristics, recognition only sometimes varied by age, independent of differences in other demographic characteristics.

% of men recognising mass media ADVERTS by age groups GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 7,549)		GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP	
under 20	21.8	23.2	15.8	31.5	6.9	
20s	25.8	29.1	18.4	33.8	15	
30s	28.8	31.2	20.5	32.3	21.6	
40s	26.2	29	18	30.2	17.6	
50+	27.1	28.2	17.5	28.9	10.9	

For adverts asked about in 2003 and 2004 (*Biology of transmission, Think again and Infection situations*) there were no age effects on recognition, once other variance had been accounted for. However, for both PEP and the condoms campaign *Be confident, be covered* there were different age effects. Men under 20 were least likely to recognise PEP. Conversely men under 20 were most likely to recognise the condoms campaign and men under 30 were significantly more likely to do so than men over 30.

% of men recognising small media LEAFLETS by age groups GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents	GMSS 2003 (n= 7,549)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
under 20	16.7	11.2	8.1	18.7	23.7	4.3
20s	27.1	21.8	16.2	24.6	38.1	9.5
30s	28.3	26.7	20.1	23.8	41	14
40s	23.1	22.8	16.2	20.1	36.1	13
50s	14.7	19.7	12.8	18.4	26.6	7.6

Men under 20 were usually less likely to recognise leaflets than men in the 20s and 30s (and sometimes 40s). However, the pattern of recognition by age varied across the leaflets when other demographic characteristics were taken into account. For *The Bottom line* and the *PEP* leaflet asked about in 2005, men in their 20s, 30s and 40s were significantly more likely to recognise them than men under 20. For *Below the belt*, asked about in 2004, men under 30 were more likely to recognise it than men in the 30s, 40s or over 50. When *The Bottom line* was asked about in 2003, men in their 20s were more likely to recognise it than men under 20, but men over 50 were less likely to recognise it than men under 20. The two travel leaflets (*Come fly with me* and *Up, up and away*) followed a more common pattern, being more likely to be recognised by men in their 20s and 30s, compared to men under 20.

% of men recognising small media MAGAZINES by age groups	GMSS 2003 (n= 7,569)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents				
<b>Under 20</b>	23.8	17.3	14	17.3
<b>20s</b>	31.3	23.3	20.9	20.9
<b>30s</b>	31.6	24.5	24.5	24.4
<b>40s</b>	28.1	23.1	24.5	24.3
<b>50s</b>	24.7	18.4	23.6	21

For the magazines in the *eXposed!* series, men under 20 were usually less likely to recognise them compared to men in the 20s and 30s. However, the pattern varied when other demographic characteristics were taken into account. Neither *eXposed!* 4 or 5 showed any age effects when other demographic variation was taken into account. However, *eXposed!* 6 was more commonly recognised by all age groups compared to men under 20. *eXposed!* 7 was more commonly recognised by men in their 30s compared to men under 20.

### 3.4.4 Ethnic group and recognition

CHAPS interventions are intended to disproportionately benefit Black men rather than other ethnic groups, as Black men appear to be more likely to sero-convert to HIV (Hickson *et al.* 2004). The following tables show simple recognition of each of the interventions by three ethnic sub-samples: all white, all Black and all Asian men. Black men were usually most likely to recognise CHAPS interventions, and differences in recognition between White men and Asian men were usually relatively small. However, after controlling for other variation in demographic characteristics, recognition only sometimes varied by ethnicity independent of differences in other characteristics.

% of men recognising mass media ADVERTS by age groups	GMSS 2003 (n= 9,155)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents					
<b>White</b>	25.9	28.8	18.7	31.7	16
<b>Black</b>	33.3	47.8	19.8	42.4	23
<b>Asian</b>	25.8	30.2	15.5	28.8	9.2

For adverts, *Think again* was more commonly recognised by Black men than either White men or Asian men, but none of the other positive differences towards Black men were sustained in multivariate analyses. For PEP adverts Asian men were significantly less likely to recognise the intervention than either White men or Black men.

% of men recognising small media LEAFLETS by ethnic groups	GMSS 2003 (n= 9,160)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
White	24.1	22	16.2	21.6	35.9	10.6
Black	<b>52.2</b>	26.7	23.9	<b>40.2</b>	42.6	17
Asian	25.7	21.5	14.8	19.8	30.5	6.7

For leaflets, *The Bottom line* (asked about in 2003) and *Below the belt* were more commonly recognised by Black men than either White men or Asian men, but none of the other positive differences towards Black men were sustained, when differences in other demographic characteristics were accounted for.

% of men recognising small media MAGAZINES by ethnic groups	GMSS 2003 (n= 9,175)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents				
White	29.2	22.1	22.1	22.2
Black	<b>51.7</b>	<b>48.2</b>	31.9	22
Asian	25.8	21	18.2	20.6

For the *eXposed!* magazine series Black men were significantly more likely to recognise editions 4 and 5 than either Asian men or White men, but there were no differences by ethnicity in recognition of version 6 or 7.

### 3.4.5 Formal education and recognition

As men with lower levels of formal education are more likely to sero-convert to HIV, all CHAPS interventions are intended to disproportionately benefit men with lower levels of formal education rather than those with higher levels of education. The following tables show simple recognition of interventions across education groups.

% of men recognising mass media ADVERTS by education groups	GMSS 2003 (n= 9,472)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents					
Low	23.2	<u>26.4</u>	17.2	29.9	<u>11.8</u>
Medium	24.9	<b>28.9</b>	19.3	31.9	13.2
High	28.5	<b>30.6</b>	18.9	32.6	<b>18.2</b>

Where there was any variation in recognition better educated men were usually most likely to recognise CHAPS interventions. However, recognition of only two of the five CHAPS adverts varied by education when other demographic difference was controlled for. Men with medium (but not high) education were more likely to recognise *Think again* (asked about in 2004) compared to men with low formal education. Men with high (but not medium) education were more likely than men with low education to recognise the PEP adverts in 2005.

% of men recognising small media LEAFLETS by education groups	GMSS 2003 (n= 9,465)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
Low	19.6	18.3	13.4	18.9	28.2	7.9
Medium	23.8	20.4	14.4	21	32.7	8.8
High	28	25.4	19.2	24.2	39.1	12

Formal education had a more substantial effect on recognition of the CHAPS leaflets with five of the six being significantly more likely to be recognised by men with high formal education compared to those with low. The only exception was the travel booklet *Up, up and away* which had not education effect when variation in other demographic characteristics was controlled for.

% of men recognising small media MAGAZINES by education groups	GMSS 2003 (n= 9,485)		GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents				
Low	28.6	22.8	21.7	20
Medium	28.1	21.4	20.8	23
High	30.7	23.3	23.3	22.3

Formal education had a less predictable effect on recognition of the CHAPS *eXposed!* magazine series. *eXposed! 4* and *6* showed no education effects when variation in other demographic characteristics were controlled for. *eXposed! 5* was less likely to be recalled by men with high education compared with those with low education. *eXposed! 7* was more likely to be recalled by men with medium education than men with low education, but there was no significant difference between men with low and high education.

### 3.4.6 HIV testing history and recognition

There is a general recommendation that HIV prevention programmes should disproportionately benefit men with HIV infection. However, not all interventions are targeted equally at all three testing history groups. The following tables show recognition of each of the interventions across testing history groups. There was a strong and consistent relationship between HIV testing history and recognition. Men with diagnosed HIV infection were most likely to recognise all the national interventions, and men who had never tested were least likely to recognise them. When we controlled for volume of male partners, directorate of residence, sex with women, age, ethnic group and education, these differences remained strong and consistent.

% of men recognising mass media ADVERTS by HIV testing history	GMSS 2003 (n= 9,452)		GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP	
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
<b>Tested positive</b>	<b>35.9</b>	<b>44.5</b>	<b>27</b>	<b>47.6</b>	<b>43.4</b>	
<b>Last test negative</b>	<b>31.6</b>	34.1	20.8	37.2	21.3	
<b>Never tested</b>	<b>19.2</b>	<b>22</b>	<b>15.3</b>	<b>25.1</b>	<b>7.8</b>	

% of men recognising small media LEAFLETS by HIV testing history	GMSS 2003 (n= 9,452)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
<b>Tested positive</b>	<b>39.6</b>	<b>42.8</b>	<b>33</b>	<b>33.8</b>	<b>53.4</b>	<b>32</b>
<b>Last test negative</b>	29.6	26.3	19.6	26.3	43.3	14.5
<b>Never tested</b>	<b>17.7</b>	<b>15.2</b>	<b>10.8</b>	<b>16</b>	<b>26.8</b>	<b>4.4</b>

% of men recognising small media M AGAZINES by HIV testing history	GMSS 2003 (n= 9,472)		GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!	
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents					
<b>Tested positive</b>	<b>37.7</b>	<b>35.6</b>	<b>36.1</b>	<b>33.1</b>	
<b>Last test negative</b>	<b>34.6</b>	26.2	26.4	26.3	
<b>Never tested</b>	<b>23</b>	<b>17.2</b>	<b>16.1</b>	<b>16.6</b>	

Men who had tested positive were more likely to recognise all the interventions compared to men that had never tested. Also men who had tested negative were less likely to recognise all the interventions than men who had tested positive, apart from the *Biology of transmission* adverts and *eXposed! 4*. Men who had never tested were less likely to recognise all of interventions compared men who had tested.

### 3.4.7 Volume of male sexual partners and recognition

A general recommendation for HIV prevention programmes is they disproportionately benefit men with higher numbers of male sexual partners, because men with more sexual partners are more likely to be involved in HIV transmission related behaviours. The following tables show simple recognition of all the CHAPS interventions in five male sexual partner numbers groups for the last year.

% of men recognising mass media ADVERTS by area of residence	GMSS 2003 (n= 9,430)		GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)	
	Biology of transmission	Think again	Infection situations	Condoms	PEP	
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
30 +	37.2	38.9	25.4	43.3	32	
13 - 29	31.7	37	22.5	41.6	26.2	
5 -12	27.9	32.5	19.8	36.4	18.9	
2, 3 or 4	23.9	26.2	17.3	29.7	11.5	
1	22.7	22.9	15.2	25.3	10.1	
None	11	13.8	10.6	16.3	4.9	

All the CHAPS interventions were more likely to be recognised by men with the highest number (30+) of male partners in the last year. Generally the likelihood of recognising interventions decreased as partner numbers decreased. When we controlled for other demographic characteristics, overall differences remained with slight variations between adverts. Men with 5+ male partners in the last year were more likely to recognise all the CHAPS adverts compared to men with 4 or less male partners in the last year. With the exception of *Think again* men with 13+ male partners were more likely to recognise the adverts than men with 5-12 partners. However, men with 30+ male partners were not more likely to recognise the adverts than men with 13-29 partners.

All the CHAPS leaflets and magazines were more likely to be recognised by men with the highest number (30+) of male partners. Generally the likelihood of recognising interventions decreased as partner numbers decreased. When we controlled for other variation the overall differences were consistent and strong. Men with 13+ male partners in the last year were more likely to recognise all the CHAPS leaflets and magazines compared to men with 5-12 partners; 2, 3 or 4; 1 or none. However, men with 30+ male partners were not always more likely to recognise all the leaflets and magazines compared with men with 13-29 partners. The small media where men with 30+ partners were more likely to recognise interventions than men with 13-29 partners were *The Bottom line* (in 2003 and 2005); *Up, up and away*; *PEP*; and *eXposed! 7: cover boys*.

% of men recognising small media LEAFLETS by volume of male sex partners in the last year	GMSS 2003 (n= 9,431)			GMSS 2004 (n= 11,012)	GMSS 2005 (n= 11,459)	
	The Bottom line	Come fly with me	Up, up and away	Below the belt	The Bottom line	PEP
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents						
30 +	38.3	34.5	27.7	29.8	51.5	24
13 - 29	31.3	30	21.9	28.5	42.7	17.7
5 -12	26.1	24.6	18.3	23.8	39.1	12
2, 3 or 4	21	17.6	12.8	19.9	33.6	7
1	21.6	18.5	12.8	17.1	32	6.9
None	10.2	8.7	5.4	11	16.8	3.1

% of men recognising small media MAGAZINES by volume of male sex partners in the last year	GMSS 2003 (n= 9,450)	GMSS 2004 (n= 11,012)		GMSS 2005 (n= 11,459)
	eXposed! 4: Bottoms up	eXposed! 5: Everything's rosy	eXposed! 6: Tales of the unexpected	eXposed! 7: Cover boys!
GMSS 2003, Eng & Wales residents GMSS 2004, all UK residents GMSS 2005, all UK residents				
30 +	38.5	32.4	35.6	32.7
13 - 29	35.5	29.6	29.5	27.8
5 -12	30.3	23.9	23.4	23.4
2, 3 or 4	27.9	19.3	19.1	20.1
1	26.9	19.1	16.5	18.7
None	13.7	11.6	10.2	12.8

### 3.5 SUMMARY

- In 2003-2006, CHAPS adverts were recognised by between 16% and 32% of web-recruited men across the UK, compared to between 25% and 39% in previous coverage surveys (Weatherburn *et al.* 2001, 2003).

CHAPS mass media advertising spend per intervention has been reduced from £53,000- £75,000 in 1997-2000 to £31-£40,000 in 2000-2001 and to £17-£25,000 in 2002-2006. Since November 2000 CHAPS mass media adverts have not used 'outdoor' advertising placements such as phone boxes, bus shelters *etc.* Cutting the advertising spend does not appear to have substantially reduced the level of recognition CHAPS adverts achieve.

- CHAPS leaflets were recognised by between 10% and 36% of web-recruited men across the UK, compared with 10-19% of men recalling CHAPS leaflets in previous coverage surveys (see Weatherburn *et al.* 2003).
- Between 21% to 30% of web-recruited men could recall the fourth to seventh issues of the eXposed! magazines. This compares to 14-22% of web recruited men recognising issues 1-3 in previous coverage surveys (see Weatherburn *et al.* 2003).

The current set of CHAPS small media interventions (2003 to 2006) show higher coverage than earlier interventions (1997 to 2002). This is probably due to continued emphasis on the infrastructure for distribution and more efficient distribution to health promoters across England and Wales. The *eXposed!* series shows high recognition though relatively low retention rates. This probably reflects the increased volume printed compared to leaflets; the distribution strategy which includes inserts in the Gay press as well as distribution in racks in Gay venues and the magazine-style format.

Far greater detail on demographic differences in coverage has been achieved through the larger sample size, achieved through our shift towards web-recruitment methods. Knowledge of biases in access to interventions should be used to inform future planning.

- National interventions all over-serve men in London compared to the rest of England and they over-serve men in Wales. Many men living in Scotland and Northern Ireland recognise CHAPS interventions and CHAPS provides considerable benefit to these countries.
- In terms of desirable biases, CHAPS interventions were disproportionately recognised by some groups more likely to be involved in HIV-related exposure behaviours. As is desirable, almost all interventions are more likely to be seen by exclusively homosexually active (Gay) rather than behaviourally bisexual (Bisexual) men, those with more rather than fewer male sexual partners and by men who have tested HIV positive rather than those who have not.

- There was no consistent or over-arching effect of ethnicity on recognition of CHAPS interventions. One set of adverts (*Think again*) was more commonly recognised by Black men than either White men or Asian men, as were two of the leaflets (*The Bottom line* and *Below the belt*), and two editions of the *eXposed!* magazine series (editions 4 and 5). One CHAPS advert (PEP) was significantly less likely to have been seen by Asian men compared to White men or Black men.
- Less encouraging were biases across age and education. Only one intervention (Condoms: *Be confident, be covered*) was more commonly recognised by men under 20 and only one (*eXposed!* 5) was more commonly recognised by men with low rather than high education.

In response to formative evaluation of the PEP programme, a fundamental shift in the use of websites to support CHAPS programmes has occurred. Pre-testing indicated that men felt the information in the PEP adverts was not sufficient and, as such, greater investment was placed in the development of an interactive website containing detailed information about PEP. There was also a shift in advertising spend towards banners on commercial websites promoting the PEP website. This approach has been continued in the campaigns following PEP (especially condoms and STIs).

Investment in web 'micro-sites' for each CHAPS programme has further enabled the development of 'banked' interventions – programmes of work that remain 'live' after their gay press advertising run and that can be easily and more cost-effectively 'resurrected' at a later time. To date, the PEP programme has been re-run three times, with each round refined and benefiting from on-going evaluation and feed back.

Between 2003 and 2006 there has been continued development of processes to facilitate distribution of CHAPS small media and these have probably given rise to increases in recognition. Especially important has been the recognition of existing health promotion agencies as CHAPS 'satellite' partners. There are now 23 of these across England. They are offered input at the formative stage of intervention development in return for actively supporting CHAPS campaigns including disseminating small media resources.

# 4 End user – intervention satisfaction

## 4.1 INTRODUCTION

This chapter considers the acceptability and appropriateness of health promotion adverts, magazines and leaflets targeted at Gay men and other homosexually active men. The majority of the materials were produced through the CHAPS partnership, but some produced by other agencies were included for comparison. The materials were: *Facts for life*; *eXposed!* issues 3,4 & 5; *Below the belt*; *The Bottom line* (all CHAPS); *Relationships*; *Express yourself*; *Just As safe* (all GMFA); and *Gay London* (Camden Primary Care Trust).

Evaluation of CHAPS materials after their release (often termed 'end user' evaluation) has always been included in our CHAPS R&D programme. Comparable prior research was conducted using focus groups in February 2003 and December 2001 (see Weatherburn *et al.* 2003) and using face-to-face structured interviews in 2000, 1998 and 1997 (Weatherburn *et al.* 2001). In this CHAPS contract period (2003-2006) end user evaluation occurred once, using focus groups.

## 4.2 METHODS

Between June and September 2004, 33 men resident in Greater London were recruited through a Gay internet site and the *Gay Men's Sex Survey* to take part in seven focus groups. Groups lasted 90 minutes on average and were audio tape-recorded. The tapes were subsequently annotated and a thematic content analysis was conducted. Participants were paid £20 expenses.

Earlier findings for the CHAPS R&D Programme have identified eight demographic groups who benefited least from CHAPS interventions. Our original aim was to recruit men in these specific demographic groups. Recruitment proved extremely difficult and in only four of these groups was the response sufficient to convene focus groups. These were: men with 4 or less male sexual partners in the last year; men who have never tested for HIV; HIV positive men and migrants.

## 4.3 DEMOGRAPHIC DESCRIPTION

The median age was 31 with an age range of 20 to 48. There were 6 men in their twenties, 16 in their thirties and 10 in their 40s. The groups outlined below are not mutually exclusive.

	Overall	* Migrants	Never tested	4 or less partners	diagnosed HIV+
Mean age	33	28	33	31	40
Median age	31	30	32	30	42
Age range	20-48	20-36	26-40	23-48	30-48
'O' levels / GCSEs	1 (3%)	0	1	0	0
A Levels	8 (21%)	1	2	2	3
Degree +	23 (70%)	6	2	7	8
Total	32 (100%)	7	5	9	11

\* 1 man did not complete a screening form and is not included in this section.

Twenty nine respondents were White, one man each was Black, mixed race and White Hispanic. Nineteen respondents were born in the UK. The remaining were from a variety of countries, principally European (two each from Italy and France, and one each from Croatia, Cuba, Ireland, Sweden and Switzerland).

Twenty eight men identified as Gay. Of the remaining men, two identified as homosexual and three identified as Bisexual. In the year prior to interview one man had sex with both men and women, and the remainder had sex with only men only. Thirteen men were involved in a current sexual relationship with a man. The length of time together ranged from two months to 11 years with a median of 3 years.

Twenty-six men reported ever having had a HIV test (14 had tested negative and 12 had tested positive). The remaining seven men had never tested for HIV.

Men were asked if, over the last month, they had used a variety of Gay community and health settings. Overall, 28 men reported they had read or looked at the Gay press and had gone to a pub or club, 6 had attended a social group, 8 had been to a cottage and / or cruising ground, 8 had used a sauna and one man had used a telephone helpline. In addition, seven reported having worked in HIV prevention in a voluntary or paid capacity.

## **4.4 TARGET GROUP RESPONSES**

In this section, we examine the responses of the men in our four target groups. We look first at the issues they feel are relevant when targeting them and move on to deal with their responses to the various campaign materials.

### **4.4.1 Gay migrants**

There were eight migrants in the sample who made up two groups. As the majority of men in the groups had come to London to live openly as Gay, they tended to characterise the differences between London and their home country in terms of sexual and social freedom.

**You come from a small place with a non-existent Gay scene, and here it is just: 'wow'. Everything is in the open...**

The most important initial concern as regards health was knowing how to access sexual health services.

**You come and get overloaded with sex and parties. Some friends have trouble with learning about sexual health clinics and how to use them.**

This need was exacerbated by a lack of English-language skills.

**I have met loads of Italians, whose standard of English is very bad and they still come here. I met this guy who asked me about information to get a test, because he didn't know where to ask about this information.**

HIV health promotion advertising in the UK was compared favourably with that available at home. Significantly UK advertising was seen to target Gay men rather than the general population. In addition, it was seen to be more explicit and permissive.

**The type of advertising here is different, more graphic. I am disgusted to find the HIV charities in Italy are advertising faithfulness, abstinence and condoms. I am really disgusted with that. [...] I felt the harm reduction done here with GMFA was a bit too much, but now I feel it is right. It makes more sense.**

The migrant groups were shown three sets of interventions: *Facts for life* adverts, the *eXposed!* magazine series and a leaflet called *Gay London*.

They appreciated the directness of *Facts for life* both in terms of design and the language.

**I was struck by the word 'fuck' [...] It has to be straightforward and prefer it that way.**

However, they perceived the messages to be either too general or too specialised. For some, the message was that they should be cautious or aware, but they could not articulate how or why. For others, the messages were too specialised or geared towards certain groups. Only one man understood that the interventions was about reducing risk.

**It seems to go beyond the usual information that you get, about always using a condom. But it is not always clear cut about other issues like more partners and not using a condom. So it is acknowledging those other things, as a part of harm reduction. So it goes beyond that.**

Likewise, in the case of the *eXposed!* magazines, some saw them as too simplistic.

**There is a big effort to make *eXposed!* friendly [...] My flatmate reacted to the magazines - there were 3 stories about transmitting HIV if you don't use a condom. So he read all three and then said 'oh now I can get HIV through kissing'. He is an intelligent guy.**

Others considered *eXposed!* to be new Gay press titles and were generally disinterested in the Gay press.

**I get so many papers and magazines, and half the time you can't be bothered with picking one up.**

Others appreciated that *eXposed!* was a "campaign" disguised as a Gay scene magazine.

**When I first saw one I thought it was a magazine. I thought the first thing was just an ad, and then as I went through, I slowly realised. I like it, it is very different from other things. Where I wouldn't read the others, I remember reading a whole lot of this one.**

However, none of the men could identify the specific themes of each magazine or that this theme tied up with a range of other CHAPS interventions in other formats.

***You like the advert on the back, with the sponges. The campaigns that go with each one are linked to the same theme. Was that apparent to you?***

**No, I think the problem is, because it looks so much like a magazine, the ads have nothing to do with the content. So you don't think of them together [...] It might be a good idea, because there is so much information coming at you, if you have one simple message in a period of time, and it is repeated, it might get across.**

Finally, the leaflet, *Gay London* was appreciated in terms of style and format. The idea of a leaflet that gave general information about living as a Gay men in London in a range of languages was seen as being possibly the most valuable resource to migrants. However, many would have preferred it to be about more than just sexual health services. That is, it contained no information about areas such as welfare benefits, housing or employment information. In addition, it was seen as a leaflet for visitors to London rather than migrants.

#### **4.4.2 Gay men who have never tested for HIV**

Five men attended one group for men who have never tested for HIV. For the most part, men felt that there was little new they needed to know about HIV prevention.

**Having been brought up in the 80's, it's been brainwashed into me through education and awareness by my school and university. I don't attend to things as I know that I'm not putting myself in risky situations. So I'm not sure there's anything more I need to know other than the location of a clinic or something.**

They talked in general terms about choosing not to test for HIV. They distinguished between those who may incorrectly assume they are not infected and others who do not engage in sexual risk and therefore do not need to test. All felt they were in the latter category.

Men discussed whether health promotion interventions should be persuading them to test or undermining any assumptions they might have that they are not infected. Overall, men would be suspicious of campaigns which implicitly encouraged them to test for HIV

**I would find it offensive, but I would tend to ignore it and it would undermine my confidence in relation to anything that THT says.**

**If I read something in the press that very explicitly tells me one thing, my immediate question is 'what's going on behind that'?**

The men were shown *Facts for life* and *Just as safe*. Like the men in the migrant groups, men who had never tested saw *Facts for life* as either too simplistic or very complex.

**There's a bit of a mix between the messages. Stuff that's bleedin' obvious and other stuff that's very complicated and specialist. I think 'why is this wasting my time in a page of a mag to tell me something I know'. I find it patronising.**

Men recognised that what mattered was the cumulative affect of the CHAPS interventions.

**On it's own, they won't do anything, but together, they will have an impact.**

*Facts for life* was seen to have limited relevance for men who assumed themselves to be HIV negative.

**I don't connect with the message because I don't know about viral load. My assumption is that I am negative. I would have read the headline and thoughts 'this is not for me'. The only way I would go to the website is if I was having a crisis of confidence, then I would go.**

In the case of *Just as safe*, the group agreed that the message was to always use a condom and that men can use any of the range of condoms available. Overall, this message was appreciated as new and useful. However, others misinterpreted the campaign as simply promoting the use of a condom every time.

**It seems to be saying 'remember condoms', you should always have them to hand.**

#### **4.4.3 Men with four (or less) male sexual partners in the last year**

Nine men with four or less sexual partners made up two focus groups. The topic that emerged strongly in both groups was how to continue protecting yourself and your partner in a relationship.

**There is a lack of campaigns that promote partners to test together repeatedly, so it becomes a routine thing to do. So if you have a one night stand and it carried on and then 5 years down the line, problems start showing up.**

In addition, managing serial monogamy emerged as an important theme.

**I was in a relationship for a while and we had sex with a condom but we had unsafe oral sex. He then got a message from his ex telling him to go get checked for STIs. He had to go to the clinic and get checked. This was his parting gift. So then I had to call the new man to tell him he needed to get checked which he was not happy about and it had a negative impact on my current boyfriend as we both had to get tested. This made me feel more wary of sexual partners and less trusting of them. Being in a relationship does not mean you can trust your partner.**

Harm reduction messages were also mentioned.

**You need to know how you can reduce risks if you have unsafe sex - here are some suggestions for having the safest sex. Harm minimisation. It is not all or nothing and they don't need to feel guilty about it.**

The men in this group were shown the *Facts for life* adverts, the *eXposed!* issues 3,4 & 5 and the leaflet *The Bottom line*.

*Facts for life* was universally popular in terms of design and text. However, like the men in the other groups, seen all together the adverts were seen to be either simplistic or complex and specialised.

**I find them quite individual - as this one is about fucking long and hard and not everyone does that. Higher viral load [is] targeted at HIV positive people. I would look at this and think 'what is a viral load'.**

Responses to *eXposed!* magazines was mixed. For those who read the Gay press (the majority), the fact that it was designed to look like (and was distributed in the same way as) a Gay magazine was positive. The design was seen as striking and the interactive nature was appreciated as was the humour.

**I find myself reading it and find myself getting pulled in. There is always a funny comment or queeny thing that makes you laugh.**

Others saw these characteristics as indications that the magazines were oriented to young Gay men or were in some ways infantile.

Responses to the leaflet, *The Bottom line* were more positive. Men were concerned that because of the nature of the subject, any leaflet might be too explicit or refer to embarrassing subjects. Most felt that the use of "action men" was an excellent way of making the leaflets explicit whilst avoiding them being pornographic.

**The problem is when you are in a situation where you don't know much about this kind of thing you are embarrassed about it so having something with sex on the front it can be intimidating to pick up, much less read it. So it can be nice to have a leaflet with all the facts you need with nothing sexual on the cover.**

The leaflet was appreciated for the comprehensive information it contained and was perceived to be a long-term resource. However, this impression was undermined by the fact that the pages fell out easily as the binding was weak.

#### **4.4.4 Men with diagnosed HIV**

Eleven men with diagnosed HIV made up two groups. The majority spoke about how most health promotion adverts and leaflets were targeted at untested and negative men. They found some health promotion campaigns to be offensive to HIV positive men.

**Most of the stuff being promoted is targeted to negative Gay men and so if you are positive it can come across as patronising to positive men. It makes me feel like even more of a leper than I think I am and it can make you feel guilty.**

The question of disproportionate responsibility for infection was raised. They would like to see resources which engage with the notion that both partners are equally responsible.

**I would like campaigns looking at both sides of the sexual equation - both men have responsibility for the sex they have, not just one.**

A theme that ran through the groups was the lack of the use of fear in advertising to men who believed themselves to be HIV negative.

The men in these groups were shown *Facts for life*, the *eXposed!* issues 3,4 & 5, *Express yourself*, *Below the belt* and *The Bottom line*

Like men in other groups, the responses to *Facts for life* were mixed. Those that were critical felt that the adverts were giving out misleading or irresponsible messages.

**I mean I think some people will remember the headline and not the actual facts. And to me the headlines are wrong and could actually convey the wrong message. It will do more damage. People will think "When I fuck I won't use a condom, when I get fucked I will make sure the other person uses one."**

Some also felt that the adverts might be seen to be punitive towards positive men, especially the poster about viral load.

**It's being targeted at a positive person isn't it - saying 'You watch yourself you, spreading your diseases around, you dirty bugger.'**

Although positive participants generally felt that many campaigns were not aimed at men with HIV, this advert was seen as not being explicit enough that it was aimed at men with HIV.

**If it's aimed at men with HIV, then fair enough but I think a lot of the adverts that are out at the moment it is a grey area who its actually aimed at. Its not very specific.**

Those who liked the *Facts for life* adverts mentioned the 'no nonsense' design and that simple statements of 'fact' were made.

**It is [...] very blunt and less pigeon holed. I prefer a truth statement. It simply says the more men, the more risks. I appreciate scientific facts over pictures. Infections rates are increasing across the board.**

However, the majority felt that the adverts were not relevant to them because they had already been infected with HIV and diagnosed. That is, they perceived it as primarily aimed at men who believed they are negative.

Like the other groups, the *exposed!* series was seen to be targeted at younger men, mainly because of its format and style.

**To be on just one particular theme that is probably a good thing. I guess what I find is that I am a bit too old for it... If I was negative I would still be too old for it.**

In spite of this, many appreciated the 'fun' aspects. That is, elements like the picture stories were seen to be interesting, informative and easy to read.

**I actually like the fact that it looks like other magazines. You can have it lying around and it's not one of those that says "Information on HIV". You can pretend you have got it because it comes with Boyz and keep it lying around because there are pictures in there ... and so I kept it.**

Responses from positive men to *The Bottom line* leaflet were, on the whole, positive. It was seen to be informative and comprehensive.

**It's like a little guide, like an A to Z. It's explaining things [...] I mean explaining about what the arse is like.**

The majority of men agreed that it would be a resource they would pick up when they attended their HIV clinic and keep at home as a reference.

**Because it explains a lot of the terms that doctors use and just throw around, it's like I should know what that means but I actually don't so its actually nice to have these terms explained.**

Likewise, the men appreciated *Below the belt*. Like men in other groups, the use of 'action man' models was seen as a clever way of presenting material which might otherwise be pornographic or distracting. With both *The Bottom line* and *Below the belt*, the size and format were appreciated most.

**I like the use of colour and it attracts attention and [is] easy to read.**

However, with both of these resources, men felt that specific sections should target men with HIV.

## 4.5 SUMMARY

As in previous CHAPS final evaluation reports (Weatherburn *et al.* 2001, 2003) participants offered a broad range of feedback on the acceptability and usefulness of the different CHAPS interventions. While contrasting opinions were common within and across the focus groups, the meta-issues that emerged from previous end user evaluation activity remain valid.

- **The use of imagery and the way that it is related to the aim of the intervention is a crucial component of success.**

Men were much more likely to miss or misunderstand the health promotion function of an intervention when the images were complex or when they were only tenuously linked to the basic message and when there was a wide array of competing messages. However, when the text and imagery were connected in a direct and non-sensational manner, as in *Facts for life*, there was an increased likelihood that men recognised the health promotion function of the materials and reflected on their behaviours as a result.

- **Men recognised and appreciated new information when it was presented to them directly, concisely and professionally.**

### 4.5.1 Target Groups

The difficulties with recruitment to these focus groups make drawing conclusions about the response of specific target groups of Gay men and other homosexually active men hazardous. However, we can discuss why men in these groups might attend less to current HIV health promotion.

Overwhelmingly, the issue of importance to the migrants were that materials be clear and concise. Language and cultural difficulties acted as a barrier to complete understanding of the materials currently available. Having said this, the migrants appreciated and felt they could relate to the materials presented to them. Printed materials that give more generalist information about life in London and where to access benefits, housing and employment information were mentioned as important.

It appears that some men who have never tested for HIV do not attend to health promotion materials because they simply do not see themselves as at risk. Generally they were mistrustful of interventions which tried to undermine their belief in their negativity (or lack of risk) or that encouraged them to test for HIV. They also seemed to interpret straightforward messages as merely reinforcing the risk avoidance or risk reduction strategies they already have.

Conversely men with diagnosed HIV felt that interventions were not targeted specifically at them, although they should be, and that campaigns for men who believed they were negative did not stress sufficiently, mutual responsibility for HIV risk and exposure.

Unlike men who have not been tested, men with lower numbers of male partners were clear that there were specific areas in which they had to actively manage risk. These included safety within relationships and managing trust within serially monogamous relationships. Overall, many men in relationships felt that they were not being targeted sufficiently by HIV prevention and that there was an assumption that HIV prevention was usually targeted at men with higher numbers of male partners.

We can conclude that the barriers to attending to health promotion are manifold. For one group it may be the perception that they are not targeted sufficiently, while for another it may be that they do not perceive themselves to be at risk.

### 4.5.2 Materials

We purposely tested a wide range of health promotion materials both in terms of content and format. All groups considered the CHAPS *Facts for life* adverts and *eXposed!* magazine series and all had equivocal responses. Both were appreciated for being simple among other reasons. *Facts for life* because it was simple and clear in design and considered straightforward and 'factual'. *eXposed!* was appreciated for being fun, interactive and simple. The negative responses to both were for different reasons. In *Facts for life*, the range of messages was seen to be too broad, the series aspect was missed and the levels at which the messages were pitched was too variable. In the case of *eXposed!*, negative reactions centred around the notion that the materials were too simplistic or juvenile. The themed aspects of *eXposed!* were generally missed by men in all groups.

What is most striking about the materials is that in all groups, the format that met with most consistent overall approval was the leaflet. They were usually perceived to contain useful and relevant information in a format that was durable and of some intrinsic value (that is, high production values and sufficient length and detail). It may be the case that men who do not attend to health promotion materials generally may attend to those which they perceive as providing useful longer-term information.

We remain cautious about tailoring national interventions to the specific needs of particular target groups, particularly where there is a danger that potential changes would make the interventions less acceptable or relevant to other groups of men.

While the evaluation points to the popularity and longevity of more detailed written resources with high-production values (such as the leaflets *Below the belt* and *The Bottom line*) including a range of interventions in CHAPS programmes, and tailoring the imagery, style and content remains an on-going consideration. For example, while many men find the *eXposed!* format to be over-sexualised, or patronising, others appreciate the format and its content. As demonstrated in previous evaluations of CHAPS interventions, whilst some men find overt sexual imagery or language problematic, others appreciate the directness, frankness and straightforwardness of the same approaches.

Providing a diverse range of written interventions has continued to be the approach used throughout the CHAPS programmes, with further thinking underway in how particular interventions might be better tailored to key target groups in the future. As has been reflected in previous CHAPS evaluation reports, no single intervention can meet the needs of every man, and a diversity of interventions is necessary.

# 5 Evaluating CHAPS facilitation interventions

## 5.1 INTRODUCTION AND BACKGROUND

This chapter considers our evaluation of CHAPS health promotion facilitation interventions conducted by the Gay Men's Sector Development Team at Terrence Higgins Trust (THT) on behalf of CHAPS. Facilitation interventions target health promotion workers (or volunteers) rather than Gay men and other homosexually active men directly. They usually promote skills and knowledge acquisition via written or talking interventions.

During the period April 2003 to March 2006, THT have both expanded the proportion of CHAPS interventions that could be considered facilitation or sector development and taken back control over those that were previously administered by other partners on behalf of CHAPS.

CHAPS facilitation interventions undertaken during the 2003 - 2006 contract period included:

- three annual conferences (the 7th, 8th and 9th CHAPS conferences);
- a one day training programme, executed 9 times across England and Wales;
- seven Expert Think Tank Seminars;
- thirteen Sector Summary Reports; and
- ten editions of the Newsletter Issue.

Sigma Research were involved in the evaluation of all three CHAPS conferences, the training intervention (*Lifting the lid*) and the first four Expert Think Tank Seminars (ETTS). The written facilitation interventions including the Sector Summary Reports and the Issue newsletter, received no evaluation activity.

The following sections summarise the methods, results and recommendations of these evaluation activities. Copies of the full data reports and the questionnaires used in each evaluation summarised below are available from [www.sigmaresearch.org.uk/evaluation.html](http://www.sigmaresearch.org.uk/evaluation.html)

## 5.2 EVALUATION OF EXPERT THINK TANK SEMINARS

Over the last three years seven CHAPS Expert Think Tank Seminars (ETTS) have occurred, of which the first four were evaluated by Sigma Research. In this section we offer a brief overview of the findings of these evaluations. The topic areas covered in the evaluated seminars are outlined in the table below.

Topic area for ETTS	Venue	Date
Post-exposure prophylaxis (PEP)	London	December 2003
Condom access and condom failure	Manchester	July 2004
Deconstructing mental health relating to Gay and Bisexual men	London	November 2004
Supporting Lesbian, Gay and Bisexual (LGB) victims of crime	London	March 2005

All evaluations used simple self-completion questionnaires. The first side of the questionnaires were intended for completion on arrival at the event and the second side was designed to be completed after the event. Completed questionnaires were handed in after the event or posted back to Sigma Research via freepost. No follow-up was attempted for those attendees not completing the questionnaire.

All attendees were specifically invited by the Terrence Higgins Trust Gay Men's Sector Development Team. The seminar with the lowest level of attendance (n=18) concerned condom access and failure when a number of those registered to attend did not do so. The most popular (n=34) was the ETTS on Supporting Lesbian, Gay and Bisexual (LGB) victims of crime. The evaluation response rates varied across the four seminars from 61% - 94% (Mental health 61%; Victims of crime 71%; PEP 80% and Condoms 94%). The low rate of return from those participating in the mental health seminar should be taken into account when interpreting these findings.

Almost all of those participating in the condom and mental health seminars were involved in delivering, funding or researching HIV health promotion. However, more than half of those completing the evaluation of the victims of crime seminar reported job roles in the criminal justice system, or supporting victims of crime. It seems likely that this mixed range of job roles among attendees contributed positively to the high degree of satisfaction with this ETTS.

When asked before the start of the seminar about their degree of expertise on the subject, few respondents reported knowing little or nothing, yet few felt that they were experts on the topic (with the exception of those taking part in the victims of crime ETTS). Respondents generally indicated an aspiration to debate, exchange and share innovative ideas and practices with others working in the field, and some desired to improve their knowledge or understanding of the particular topic.

When asked at the end of the seminars if they now knew more about best practice in the area than at the start of the day, those in the PEP event were most likely to respond affirmatively, followed by those at the victims of crime event. In the main, answers to questions asked before and after the seminar, about respondents' opinions of barriers to successful interventions remained fairly constant.

When asked directly about the extent to which their aspirations for the day had been met, those attending the victims of crime and PEP events emerged as the most satisfied. Comments from these respondents suggested that the events were well organised, with a good mix of participants and effective networking opportunities and sharing of best practice. In contrast, comments from those attending the other seminars related to a need for more input from experts working directly in the field and concerns about a lack of preparation (especially from those at the mental health event). Some participants at the condom event raised concerns about unresolved and unresolvable conflict that emerged throughout the course of the day. And finally, there were some who stated that overly-simplistic aims made them feel that it was more of a training event than an ETTS.

### **5.3 EVALUATION OF LIFTING THE LID TRAINING**

*Lifting the Lid - think outside the "gay box"* was a one-day training event facilitated by team members of Terrence Higgins Trust's, Sector Development Team. The training occurred nine times between 21st September 2005 and 10th February 2006. It was undertaken in London (twice), Manchester, Bristol, Birmingham, Liverpool, Cardiff, Plymouth and Newcastle. Three other implementations of the intervention were cancelled (in Brighton, Leeds and Sheffield).

In total, 89 people attended these 9 *Lifting the Lid* training days and 74 (83%) completed the evaluation form. All attendees were asked to complete questions 1-11 before the training commenced and then questions 12-21 after the event. They could then return the form to the trainer in a sealed envelope or return it direct to Sigma Research via freepost.

The *Lifting the lid* training intervention had two core aims. The first concerned understanding the breadth of *Making it Count* (Hickson *et al.* 2003) as a planning framework, focussing on the role of communities, services and policy makers in addressing the HIV prevention needs of Gay men, Bisexual men and MSM. The second was that participants improved their understanding of what it meant to think outside the "Gay box", that is the extent to which Gay men's health promoters think

beyond the individuals they aim to serve and consider the wider structural factors that can impact upon an individual's health.

Of those who completed the evaluation, just over a third worked in the voluntary sector, and another third worked for a Primary Care Trust. More than half of respondents worked in specialist LGBT or Gay men's health promotion roles. Other specialisms included: sexual health, drugs and alcohol and mental health.

Before taking part in the training, 57% of respondents had read some or all of *Making it Count* (MiC), and 14% had heard about it but not read it. Of the 42 respondents who had heard or read any of the planning document, only 4 (10%) had never used MiC in planning their work. In addition to this, 8 (19%) felt that they completely understood the bio-psycho-social model of HIV incidence at the heart of MiC, while 24 (57%) said that they understood it somewhat and 10 (24%) said they understood it a little or not at all.

Given the diverse range of experience in using and understanding MiC expressed by participants at the start of the training, meeting the broad range of needs among them within a structured training intervention was never particularly feasible. This was evident in the range of responses given when participants were asked what they hoped to get out of the day. 60% said they wanted to understand MiC better, get a grounding in the document, or to be refreshed on its ideas. The remainder 40% commented that they hoped the day would give them new ideas about interventions with Gay men, to network with other organisations and to collaborate.

Following the training, all respondents were asked how well they understood the bio-psycho-social model of HIV incidence. Those who had not heard of, or read any of, MiC prior to the training reported substantial gains, with 80% reporting a better understanding, and 13% reporting 'completely' understanding it as a result of the training. Among those who were familiar with the document prior to the training, those who reported not having understood the model 'at all' at the start of the day were most likely to have improved. Those who reported understanding the model 'a little' or 'somewhat' at the outset tended not to have changed much as a result of their participation in the training event. Half of those who reported that they 'completely' understood the model at the start of the day, said that following the training they only understood it 'somewhat'. When asked directly if they felt that they knew more about MiC than when they arrived, half of all respondents said they knew 'a little more', and a third said they knew 'much more'.

Of the 46 (62%) participants who said that they had learned something new, most identified ASTORs as the most important aspect, while others mentioned PEP and its availability and some highlighted heterosexism and homophobia. Considering the aims of the intervention, it would appear there is some degree of mismatch between the desired outcomes of those designing the intervention and the actual results identified by participants. Having said this, however, when the key aim of the training was summarised and respondents were asked if it had been achieved for them, 48% said 'yes, a lot' and 42% said 'yes, a little'. Those who felt the aim had not been met commented that there was too much generalisation, both in the notion of a 'Gay box' and in the discussions of social contexts. More than half of all respondents said they had got what they were looking for from the training (57%) and a similar proportion had increased their ability to think critically about their own work (56%). Almost half (44%) said they were inspired to try new work practices.

When considering the organisation and delivery of the training, two thirds of participants agreed that they would have liked more advance information about the day. When asked about the degree to which they agreed with the statement: What happened wasn't at all what I expected, a third of participants either agreed (24%) or strongly agreed (7%). These findings reinforce the earlier suggestion that there was not a particularly good match between the intended target audience and the actual audience, something which might have been improved with clearer and more detailed promotion of the event and its aims.

The majority of participants felt they had been listened to, and almost all felt they had been treated with courtesy and respect. 82% felt that the trainers knew what they were doing, and a similar proportion (80%) felt that the day had been well organised. However, when they were given the opportunity to offer their own comments, 24 participants (about a third) offered constructive feedback and negative comments about the event which included: a lack of pre-training information, a lack of clear direction and relevance, use of unclear language, and concerns about the trainers' skills and style. A further 24 made comments that were positive, which included: the enjoyability of the event, a high degree of interaction and good ideas.

## 5.4 EVALUATING CHAPS CONFERENCES - C7/8/9

Sigma Research conducted pre- and post- evaluations for each of the annual CHAPS conferences held between 2004 and 2006. These are referred to as C7 (Liverpool, March 2004), C8 (Bristol, March 2005) and C9 (Leeds, March 2006). Each of these conferences lasted 2 days with a lunchtime start on the first day to facilitate delegates travelling that day.

The overall aims of these three CHAPS conferences have been broadly similar though have been articulated somewhat differently. The overall aim of the C7 and C8 conferences was:

**“That the CHAPS conference is a key event in the calendar year for relevant organisations and personnel working within and outside of the gay men’s health sector, providing a forum for the discussion and debate of various subject matters related to developing the gay men’s health sector, together with a platform for increasing knowledge and inspiring new practice.”**

For C9 the aims were more succinctly described in terms of the proposed gains for delegates, who should be drawn from specialists in HIV and Gay men’s sexual health, including: health promoters; researchers; GUM practitioners; commissioners; policy makers and other stakeholders. The aspiration was that these delegates should:

- think of the CHAPS conference as a key event in the year.
- learn new things or increase their understanding of subject matters.
- increase their ability to think critically about their work.
- be inspired to look at different working practices.

In each of the three years, evaluation forms were included in the delegate pack, and at the start of the conference individuals were reminded to fill in the first section of the form which primarily consisted of questions about their expectations of the event. On the final day of the conference, delegates were asked to complete the remainder of the form and deposit it in designated boxes. They could also complete the forms at a later time and submit them to Sigma Research by freepost. All forms contained unique identifiers attached to specific delegates. The identifying codes of those delegates who did not return forms were collated by Sigma Research, and it was the responsibility of THT to email these individuals once, after the event and ask them to complete the form and return it. While only THT staff had the ability to match codes to delegates' contact details they did not have access to the raw data.

Each conference evaluation report contains details on the data collected, and where possible, a cumulative analysis of results across these three years (see [www.sigmaresearch.org.uk/evaluation.html](http://www.sigmaresearch.org.uk/evaluation.html)). Here we highlight some of the key findings that emerged from these evaluations.

Each CHAPS conference attracted at least 300 delegates. Evaluation response rates varied from 42%-53% (53% of 316 delegates in C7; 42% of 313 in C8; 49% of 349 in C9). Averaged across the three years, evaluation forms were returned by just under half of those who attended the conferences. Conference attendees included HIV health promoters working with Gay men and other homosexually active men, those who deliver services in GUM and other clinical settings, sexual health researchers, commissioners of HIV prevention services and those who provide broader services to LGBT communities (including police officers, social workers, counsellors etc.).

Most of those completing evaluations described themselves as health promoters, and the vast majority of all respondents worked in England (about a third of which worked in London). Representatives from Wales, Scotland and Northern Ireland made up between 4-5% of delegates, while those from other countries (often from Northern Europe, France and the Republic of Ireland) accounted for approximately 8%. Approximately two thirds of all those completing evaluation forms had attended CHAPS conferences previously.

When asked in the pre-conference section about what they hoped to gain from the conference, key response categories remained consistent across the three years. It was noted that compared to C7 and C8 participants, those attending C9 seemed slightly more likely to favour getting *new ideas or inspiration over to gain more (general) knowledge*. Moreover, *networking* was a slightly less common aspiration at C9 than it was in C7 or C8. However, these three inter-connected hopes and aspirations remained paramount in people's reasons for attendance. Another common response related to the conference's role in providing a platform to share work. A new reason for attendance that emerged from the C9 evaluation was to provide *time for reflection or thinking time*.

At C7 and C9, 21% of delegates said they would have benefitted from more information prior to the conference (this question was not asked at C8). Prior to C9, an innovative online conference message board was launched. While 60% of those completing the evaluation knew of the message board, only 15% had used it. Those who knew of the message board but did not use it said that barriers included: technical problems, a lack of clarity about its purpose and too little time.

A high degree of satisfaction with the organisation of the conference was observed across all events with 92%-99% of delegates agreeing that the organisation of the conference was good. Similarly, satisfaction with the content of the CHAPS conferences was observed across the three evaluations. Those reporting that they had learned something new rose from 69% at C7, to 71% at C8 and 79% at C9, and in all three years, more than half said that their personal aspirations for the conference had been met 'mostly' or 'completely'. There was also a significant increase of the proportion of delegates who felt that their work would be influenced by what they had learned at the conference. At C9, 68% agreed they had been inspired to try new working practices - an increase from 47% at C8 and 32% at C7.

At C7, 48% of delegates who said they were at the opening plenary were also at the closing plenary. At C8 this figure fell to 43%, and at C9 it fell again to only 33%. While the pattern of attrition was very similar over the three conferences, C9 appears to have lost more delegates in the mid afternoon of the second day. However, a consistently high proportion of delegates (93-94%) said that they would recommend the CHAPS conference to others and most offered detailed comments about the ways that they had benefited from the conference. When given the opportunity to make additional comments at the end of the evaluation, a range of thoughts were offered. Those who made critical comments included topics such as: the inappropriateness of specific presentation topics and styles, a need to focus on interventions outside London, and suggestions for future conferences, the timing of the conference and needing somewhere to sit during lunch breaks. Those who praised the conference mentioned a range of issues, including: enlightening and inspiring sessions, the addition of beneficial topics over the years, good venue selection and a feeling of inclusion and synergy.

## 5.5 SUMMARY

Each of the four Expert Think Tank Seminars (ETTS) had different aims and objectives and all differed in their intended target audience. Attenders at the victims of crime and PEP events emerged as far more satisfied than those at the condoms or mental health events. However, there appears no single reason why these two events were more successful than the others. The PEP and LGB victims of crime events were perceived to be well organised, with a good mix of participants and plenty of networking opportunities and opportunity for the sharing of best practice. However, the mental health ETTS was criticised because of the lack of preparation of speakers and the perceived need for more expertise from them. Many HIV health promoters attending this event were not mental health experts but still felt the aims for the event were too simple and their needs were unmet. The condoms ETTS was criticised for very different reasons, after substantial time was spent on consensus building that proved unfeasible because of differences of opinion among those attending.

The evaluation of the *Lifting the lid* training intervention was also somewhat mixed. More than half (57%) of all respondents said they had got what they were looking for from the training and a similar proportion had increased their ability to think critically about their own work (56%). The *Lifting the lid* aim concerning understanding the breadth of *Making it Count* seemed well met for those attendees that did not enter the training event with a thorough understanding of the framework. Overall satisfaction with the training would have been far higher if those with prior expertise in *Making it Count* had been discouraged from attendance. The second aim concerning understanding of what it meant to think outside the "Gay box" seemed less well met, although the tools (ASTORs) and topics (such as PEP) used during the event were well received.

Finally, across all three CHAPS conferences we found a very high degree of satisfaction with the organisation of the events (92%-99% of all delegates) and a substantial willingness to recommend them to others (at 92-93% of delegates). Moreover, the proportion of delegates that report having learned something new was high and rising (69% at C7, 71% at C8 and 79% at C9). While some of the delegates at any conference will always raise concerns about the organisation and the venue, the speakers and speeches and other matters of content, general satisfaction with the 7th, 8th and 9th CHAPS conferences was exceptionally high.

Since 2003, further work has been undertaken to ensure that the annual CHAPS conferences remain inspiring, energising and encourage thinking about new working practice. Although the CHAPS Conference has been a major component of CHAPS since its inception, other sector development interventions have become more prominent within CHAPS since 2003.

Attendance criteria for Expert Think Tank Seminars (ETTS) and training events such as *Lifting the Lid* have been reviewed, including pre-event publicity and information. These changes should ensure that they are attended by those who are most in need of the intervention, or, in the case of ETTS, those who meet the definition of 'expert'.

# 6 Conclusions & recommendations

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## 6.1 CHAPS INTERVENTIONS FOR GAY MEN

### 6.1.1 *Intervention development*

The ability to pre-test the interventions and assess the likely response of the intended target audience remains crucial in the development of CHAPS national interventions. Pre-testing of potential mass media text and imagery increases the acceptability and likely effectiveness of CHAPS adverts. In order to maximise the utility of the intervention development process there must be a continued emphasis on thorough planning, skilled moderation and rigorous analysis at the pre-testing stage. Pre-testing collaborative interventions requires clarity concerning roles and responsibilities and decision-making structures.

The pre-testing of interventions is not the only influence on CHAPS national interventions, as the aspirations of both the Health Promotion Team and Marketing at Terrence Higgins Trust and the external design agency dictate the value placed on pre-testing relative to the opinions of other including CHAPS partners and other health promoters. Recognising and articulating the differences in the values and priorities of health promoters, researchers and all other stakeholders can substantially ease collaboration.

The amount and nature of consultation on the development of national adverts and the degree of local briefing regarding them at launch still appear variable (see Weatherburn *et al.* 2003). Consultation during the development process and briefing at launch clearly affect how the national interventions are supported both by CHAPS partners and other agencies. The amount of support given to a new national intervention remains variable and appears to be dependent on the acceptability of the intervention to local agencies and their resources, size and location. Such variation could be seen as a weakness of the CHAPS partnership and the wider Gay men's HIV prevention sector. However, the capacity to make improvements to local support of national interventions also represents an opportunity to increase the coverage of CHAPS interventions by bolstering the ways in which local direct contact work supports CHAPS national campaigns (see 6.1.3 below).

### 6.1.2 *Intervention qualities*

Most CHAPS interventions remain highly acceptable to their intended target audience.

There remain a number of ways in which men engage with interventions, which may be manipulated and maximised.

- **The use of imagery and the way that it is related to the aim of the intervention remains a crucial component of success.**
- **Men recognise and appreciate new information when it is presented to them directly, concisely and professionally.**

CHAPS mass media adverts were typically recognised by between 16% and 32% of all Gay men and other homosexually active men across the UK. Mass media advertising spend per intervention has been reduced from £53-75,000 in 1997-2000 to £31-40,000 in 2000-2001 and again to £17-25,000

in 2001-2006. Cutting the advertising spend does not appear to have impacted on the level of coverage achieved since recent adverts have performed similarly to earlier interventions.

- **Raising the current CHAPS media spend does not seem to be justified.**

Moreover, manipulating the coverage of adverts among certain groups of men, through expanding the range of publications used for placement does not seem to be justified. In particular additional investment in placements in the HIV positive and Black and minority ethnic press does not seem necessary.

CHAPS national leaflets and magazines were typically recognised by between 10% and 36% of the intended audience. The current set of CHAPS national small media interventions (2003-2006) show higher coverage than earlier interventions (1997 to 2003) probably due to greater emphasis on the infrastructure for distribution including more efficient distribution in London. The *eXposed!* magazine series continues to have consistently high recognition nationally (21-30% of all Gay men and other homosexually active men recognised *eXposed!* 4-7).

Far greater detail on demographic differences in coverage has been achieved and knowledge of biases in recall of CHAPS interventions should be used to inform future planning. The following groups of men were generally less likely to recognise CHAPS interventions: behavioural bisexuals (and homosexually inactive men); those under 20 and over 50; those never tested for HIV and those with less than 4 male partners in the previous year. However, these groups are relatively unlikely to be involved in HIV exposure, and unless equity of access (rather than HIV incidence) is the predominant concern their lower rates of recognition are not necessarily problematic.

However, many CHAPS interventions were less likely to be recognised by men with lower levels of formal education, and this group shows high levels of HIV exposure and infection, and remain a priority target group for HIV health promotion. Similarly, while Black men are significantly more likely to recognise some of the CHAPS interventions, this is not universal, and requires continued vigilance.

In our 2001-2003 final evaluation report for CHAPS we demonstrated that the coverage of mass media adverts was improved by the distribution by local health promoters of knik-knaks (such as cruise cards, postcards etc.) that carry images from the adverts and a strap-line or intervention phrase. We also demonstrated that knik-knaks were valued by detached outreach workers and had the potential to increase both the workers' investment in promoting a campaign and their ability to raise awareness about it. During the period 2003-2006 all CHAPS national campaigns included knik-knaks and this may go some way to account for levels of recognition remaining high, even when advertising placement spend has reduced. We feel that:

- **Knik-knaks should continue to form part of EVERY national CHAPS campaign.**

### **6.1.3 Campaign implementation**

In 2003 (Weatherburn *et al.* 2003) we reported that there was some variation in the amount and nature of direct contact work carried out in support of CHAPS national campaigns. We recommended that to build (local) capacity to support national interventions, THT staff should work with partner agencies in order to agree and develop other interventions which were appropriate to support national campaigns. We suggested that these might include specific group-work interventions as well as more detached / outreach work.

Since 2002-2003, two CHAPS groupwork interventions have been developed and implemented nationally by GMFA on behalf of CHAPS. The *Arse class* was originally developed to accompany the *Biology of transmission* mass media adverts. When the CHAPS leaflet *Below the belt* was originally released (in 2003-04) the *Arse class* was expanded to also include details on penile and testicular

health and the course was re-branded the *Sex course*. These two group-work interventions have been on five national tours, which usually include implementations of the one-day course to 15-20 individuals in 10 towns and cities including all CHAPS partner sites (except London). In 2006-07 GMFA trained 1-2 local workers or volunteers from each site to implement the course alongside a GMFA trainer. Both the courses also run in London as part of the pan-London Gay Men's HIV Prevention Programme (LGMHPP).

In 2003 (Weatherburn *et al.* 2003) we also recommended that there should be a re-allocation of resources to produce fewer, longer-lived and better-supported national campaigns around a common theme (with adverts, a leaflet and knik-knaks at the core). During 2003-2006 there have been less new campaigns and one has run twice (*Facts for life*) and another has run three times (PEP which was running for a third time at the time of writing).

## **6.2 HEALTH PROMOTION FACILITATION OR SECTOR DEVELOPMENT INTERVENTIONS**

Judging the overall success of these CHAPS facilitation interventions is hard as they have disparate aims and target audiences. The most obvious and clear cut success appears to be the annual CHAPS conference, though the training intervention *Lifting the lid* was appreciated by those attenders that needed it. Satisfaction with the Expert Think Tank Seminars varied considerably, with PEP and the LGB victims of crime appearing largely successful, with the other two less so.

- **These four ETTS were sufficiently different from each other, in terms of aims and structure, that they are not easily judged collectively. It appears that they succeeded when the aims were clear, the speakers revealed necessary expertise and the topic area was innovative and popular. In the LGB victims of crime ETTS the very broad range of experience and expertise among participants also contributed substantially to the experience for all.**
- **When training events are open to all HIV health promoters, with an enormous range of experience and expertise, it is imperative that the intervention is described accurately and thoroughly in all marketing materials. When it is not, those volunteering to attend are likely to have such divergent needs and expectations of the event that some are bound to leave dissatisfied.**
- **Alongside maintenance of their high organisational standards, future CHAPS conferences should aim to build on the strength of their content. They already include a wide range of talks and workshops from practitioners and researchers and this is substantially valued. However, delegates also value the 'thinking time and space' that the event provides. Ways in which the structure of the conference could further support this element of the conference experience should be considered.**

This evaluation serves in part as an historical account of the benefit of research and practice being intertwined. The CHAPS model ensures that research and evaluation feed into intervention development processes on an on-going basis. As a consequence most of the research recommendations reported here have already been integrated into practice.



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