

Advertising awareness

***Evaluation of CHAPS national HIV
prevention adverts and leaflets
targeted at gay men, 1996 to 2000***

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Evaluation Report

Preface

Evaluation reports serve several audiences and many purposes. This document reports on a body of research and development supporting national HIV prevention interventions targeted at gay men and bisexual men. It presents the work of two teams, the Sexual Health Programme within the Health Promotion Research Unit at the London School of Hygiene and Tropical Medicine (University of London) and Sigma Research (University of Portsmouth). The overall purpose of the evaluation activities are to enable us to do what we are trying to do, better. Obviously, this depends on who we are and what we are trying to do.

Our first target audience for this report are the people whose interventions we have looked at and asked questions about: the Terrence Higgins Trust and their partners in the Community HIV and AIDS Prevention Strategy (CHAPS). Our key aim for these readers is to provide information about previous health promotion interventions which is useful for planning better interventions. Although mass media adverts are rarely simply 'run again', we hope to describe some of the generic characteristics of these interventions so that their future performance can be maximised. This audience can be extended to include all health promoters working with adverts and leaflets for HIV prevention in England and beyond.

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

A third audience is researchers and evaluators, with the objective of describing our research approach, design and findings to assist people engaged in similar activities in the future. We also hope here to convey how we adapted our research process to ensure the data they generate meet the needs of the health promoters we were working with rather than our own information needs. This third group can be extended to include ourselves, the report providing us with an opportunity to take stock of gains and losses, and to consolidate the learning we have done over the past four years about the meaning and substance of success in HIV prevention.

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Face-to-face process evaluation interviews

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Pre-testing group interviews

Designed, run and written-up by Sigma Research and LSHTM. Organised with assistance from CHAPS partners (see below). Thanks to over 700 men who took part in 119 group discussions and the wide variety of agencies which hosted them.

Self-completion coverage surveys

Possible mainly because of the accompanying National Gay Men's Sex Survey which itself is possible because of a huge number of people who are acknowledged in that survey's report. The face-to-face coverage surveys were carried out by Sigma Research. Many thanks to GMFA and THT for substantial collaboration. Thanks to the 912 men who gave us a few more minutes at Pride events to answer the questions.

Face-to-face end user interviews

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CHAPS Partners

The largest resource drawn on in CHAPS was the collective experience of those in 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 in the CHAPS Partnership agencies who contributed to CHAPS and its development:

Yorkshire MESMAC; Healthy Gay Manchester (now part of The Lesbian & Gay Foundation); SLAP-fM (Scene Led AIDS Prevention for Men); Gay Men's Team at the Aled Richards Trust (now THT West); Gay Men's Health Matters at the Sussex AIDS Centre (now THT South); Gay Men Fighting AIDS; Naz, London; Big-Up; The National Network of HIV and AIDS Self-Help Groups; and the Terrence Higgins Trust in London, Midlands, and Yorkshire.

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1 Research and interventions in the Community HIV and AIDS Prevention Strategy (CHAPS)

1.1 THE CHAPS PROJECT

The Community HIV and AIDS Prevention Strategy (CHAPS) is a programme of HIV health promotion intervention and research led by the Terrence Higgins Trust (THT) and funded by the Department of Health. The initiative was launched in November 1996. The CHAPS programme aimed to develop and co-ordinate a multi-agency, collaborative HIV health promotion programme for gay men and bisexual men resident in England. In order to achieve this aim, the THT convened and co-ordinated the CHAPS partnership. Voluntary sector agencies engaged in HIV prevention work with gay men and bisexual men in six English towns and cities with the largest numbers of homosexually acquired HIV diagnoses, were invited to participate in the project. The six towns and cities were London, Brighton, Bristol, Birmingham, Manchester and Leeds. After the launch the CHAPS partnership first met in January 1997 in Bristol. At that time the health promotion partners included the Terrence Higgins Trust and eight others (Big Up, Gay Men Fighting AIDS (GMFA), and The National Network of HIV and AIDS Self-help Groups all based in London; Gay Men's Health Matters based in Brighton; The Aled Richards Trust from Bristol; Slap fM from Birmingham; Healthy Gay Manchester and Yorkshire MESMAC). The Naz Project, London was subsequently asked to join CHAPS as a tenth health promotion partner. Two of these partners have subsequently merged with THT - Gay Men's Health Matters is now THT South and The Aled Richards Trust is now THT West. With the dissolution of Slap fM last year, the Birmingham based CHAPS partner is now THT Midlands.

These ten agencies were to develop and deliver a series of national mass media advertisements and leaflets, as well as a diverse collection of locally implemented interventions. These included both interventions delivered to gay and bisexual men, and a number of health promotion facilitation interventions, such as a yearly conference and local collaborative planning meetings.

In addition, the CHAPS Partnership included two research agencies. Sigma Research (Faculty of Humanities and Social Sciences, University of Portsmouth) designed and were commissioned to provide a rolling programme of research and development that was built around the health promoters work. This included development work including skills sharing and agenda setting, basic research for strategic planning, pre-testing of interventions, and evaluation of interventions including coverage, relevance and satisfaction. 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 (henceforth, LSHTM) provided a complementary programme of process evaluation for the entire CHAPS initiative and additional pre-testing of interventions with both target and non-target groups. The general overview of the R&D programme as originally designed is shown in Figure 1.1.

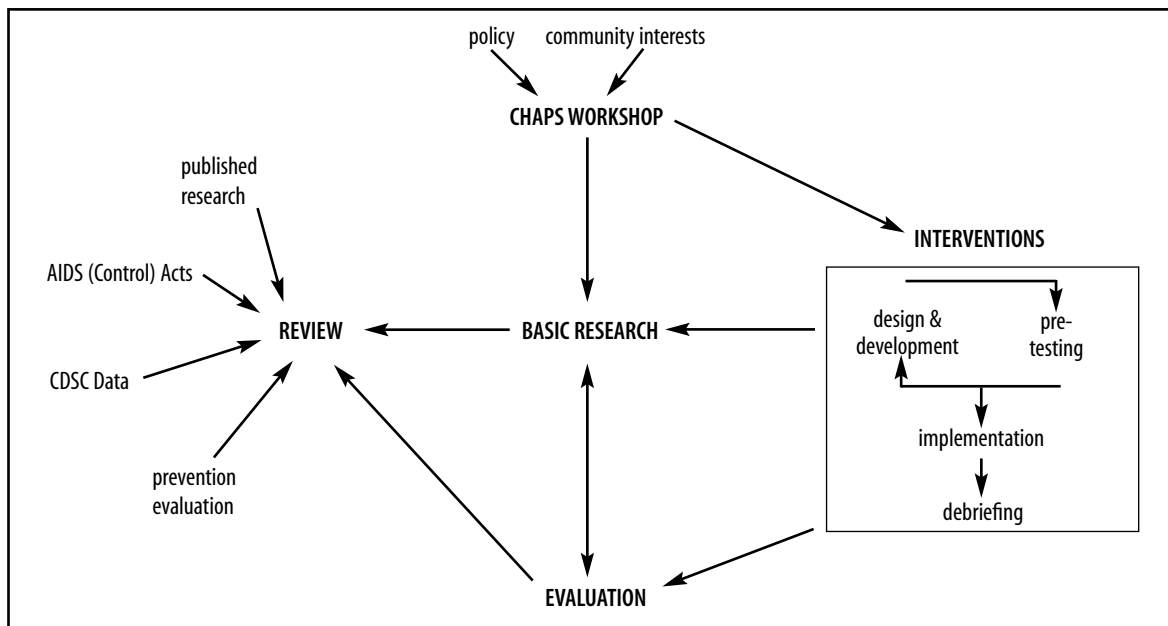


Figure 1.1: General overview of the R&D programme for CHAPS as originally designed

1.2 THE PROCESS EVALUATION OF CHAPS

1.2.1 Aims of process evaluation

Process evaluation offers feedback on what took place when a particular programme or activity was implemented. As Sigma Research were closely involved in the processes of intervention development, an outside observer was required to describe the CHAPS processes. The process evaluation of the entire CHAPS project was carried out by LSHTM's Sexual Health Programme. It sought to explain *how* certain results in CHAPS were brought about by looking at what factors in the implementation process were instrumental to them. With regard to specific aims or objectives of the programme, the process evaluation looks at what factors were of benefit, or conversely, hindered progress towards the attainment of those aims. This includes factors internal to CHAPS and the wider context of HIV health promotion. The kinds of information the CHAPS process evaluation sought included:

- the history of the CHAPS partners and their inter-relationships;
- the roles adopted by CHAPS partners and staff and dynamics between them;
- the organisational models that underpinned the actions of partners;
- the social and political context in which CHAPS occurred.

1.2.2 Process evaluation methods

Since the aims of the process evaluation were broad, the range of research methods used were varied. During the six rounds of the process evaluation, three data collection methods were used: document review, observation and semi-structured interviews.

CHAPS documents, including partner updates, newsletters, reports of the workshop weekends, and other occasional reports or communications were collected and reviewed for information regarding developments in CHAPS, as well as the way in which they were being presented to agencies outside the partnership.

Members of the process evaluation team were present as observers at a number of meetings including all CHAPS partnership planning events, conferences, meetings of the *Making It Count* development group, the CHAPS Campaign Consultation Group (3CG) and CHAPS Advisory Group (CAG).

Six rounds of semi-structured interviews have been conducted: in February 1997, September 1997; March 1998; January 1999, December 1999 and October 2000. Semi-structured interviews were conducted face-to-face or occasionally by telephone with at least one representative of each partner agency. A standard semi-structured interview guide was used for each interview. In process rounds one and two the interviews were partially transcribed, but in all successive rounds interviews were fully transcribed.

1.2.3 Integration of CHAPS processes with their evaluation

Evaluation can take a project cycle approach where results are only collected and used between cycles. This approach presents information on the project performance only after it is completed. It does not improve the health promotion work being done at the time, but is intended to lay down lessons for the future. Since project implementation is ongoing in CHAPS, the process evaluation used a more reflexive approach which utilised results during the process to affect changes in project implementation. This allowed THT and others to concentrate on methods and processes which were proven to be acceptable or effective (Stewart, 2000). Hence the process evaluation was continuous, tracing the progress of initiatives over time and feeding back information that helped on-going operational decision-making.

Each round of process evaluation interviews was followed by a full written report circulated within the partnership. The reports described the central dynamics in the partnership at that time. Reflecting on the processes of CHAPS and presenting feedback with this frequency was deemed useful for many reasons. First, CHAPS sought to co-ordinate the work of a number of agencies, so the ways in which it functioned were dependent on inter-relationships that developed over time. Thus, the dynamics of the partnership and the ways in which relations and collaborative working were facilitated were crucial to its success. Importantly, the majority of partnership agencies pre-dated CHAPS. They already had established objectives in place, ways of working, funding bases, patterns of alliance, and histories relating to other CHAPS agencies. A focus on this background and an exploration of its impact on ongoing partner relationships was essential to understanding the processes of CHAPS. Secondly, CHAPS was seen as a long-term programme, with a certain degree of flexibility built in, particularly with regard to the role of research in guiding work. It was hoped to establish a responsive and reflexive culture incorporating information about the more and less successful features, to help guide later decision-making. Thirdly, the initial development of *Making It Count* (Hickson *et al.*, 2000, see below) was unplanned but it is now an on-going component of CHAPS. In terms of evaluation, that essentially means similar processes are taking place across the country, but in different ways. Tracking how this develops is very important. Finally, it is necessary to try, as far as is possible, to articulate the whole series of CHAPS work - from inputs and processes through to outputs. Only then have we any explanatory power over what the impact of more distal - but crucial - outcomes such as changes in patterns of unprotected anal intercourse and ultimately HIV infections, especially when there are many other simultaneous interventions happening with the same target group.

Information generated by the process evaluation has been fed back to all partners over the last four years and has, we hope, contributed to the realisation of three objectives. These were to:

- assist those involved in developing national co-ordination of a coherent health promotion strategy;
- enhance the Terrence Higgins Trust's liaison function with local agencies, ensuring close collaboration between THT and its partners;
- ensure that those features which facilitate the realisation of CHAPS' goals can be recognised and replicated.

1.2.4 Process evaluation and this report

The on-going process evaluation has resulted in six substantial internal reports. We have drawn on these for this report. In particular we have used it to describe the formation and evolution of the CHAPS Campaign Consultation Group (3CG). This forms part of the formative evaluation described in Chapter 2

1.3 MAKING IT COUNT

One of the first outputs of the CHAPS R&D Programme was *Making It Count* (Hickson *et al.* March 1998; 2nd edition, September 2000). This is a collaborative planning framework which outlined what the partnership was trying to achieve and how it was going to achieve it. The development of *Making It Count* can be seen as a substantial piece of formative evaluation in its own right. The document set the goals for the CHAPS collaboration and provided a common language to discuss developing interventions. The following table presents the key levels of the *Making It Count* agreements.

Overall goal for population	Strategic targets for populations	Specific aims for individual men	Specific objectives (health promotion activities)
Reduce HIV incidence during sex between men	I. Reduce HIV sero- discordant unprotected anal intercourse	1. Men have control over the sex they have.	<ul style="list-style-type: none"> ● Direct Contact Interventions ● Community Interventions ● Organisational / Institutional Interventions ● Facilitation of Health Promotion ● Equality Interventions
		2. Men are equipped and competent to negotiate sex.	
		3. Men are knowledgeable about HIV, its exposure, transmission and prevention.	
		4. Men are aware of the possible HIV related consequences of their sexual actions for themselves and their sexual partners.	
		5. Men are free to choose whether and when to test for HIV.	
		6. Men are knowledgeable about HIV testing and the meaning of HIV test results.	
		7. Men have access to quality HIV testing services.	
	II. Reduce condom failure	8. Men have maximum control over condom failure in UAI.	
	III. Reduce prevalence of gonorrhoea and NSU	9. All men are knowledgeable about gonorrhoea and NSU, and how to prevent them, including their transmission, detection and treatment.	
		10. All men have access to quality sexual health clinical services.	

Figure 1.3: What the CHAPS partners agreed they are trying to achieve, as described in *Making It Count*

What the CHAPS partners share is the overall goal of reducing HIV incidence during sex between men. Epidemiological evidence suggested we should attempt this primarily through a reduction in HIV sero-discordant unprotected anal intercourse, and, in addition, reductions in condom failure and the prevalence of two other STIs, gonorrhoea and non-specific urethritis (NSU). Each of these three strategic targets has specific aims attached to them. These were arrived at through a consideration of evidence, in the light of the ethics and values of the partners. The aims summarise the situation we are working towards with our health promotion interventions.

Health promotion interventions in *Making It Count* are divided into five types. The framework suggested a systematic way of describing interventions so that they can be compared. Direct contact interventions are those for which gay and bisexual men themselves are the targets and whose immediate aims are to reduce HIV prevention related need. The CHAPS national leaflets and mass media adverts are direct contact interventions and the next section describes them using the *Making It Count* system.

1.4 DESCRIBING THE NATIONAL INTERVENTIONS

The first core output of CHAPS are national mass media advertisements, of which there have been eight during the first four years. They always appear in the national and regional gay press and, when appropriate, the national 'HIV positive' press. (Exceptionally, the *Homophobia* adverts appeared in general mass media such as newspapers and magazines.) These interventions are also sometimes placed in 'outdoor' sites in various sizes. In London, some have been placed in underground stations and tube trains, while in other towns they occasionally appeared on the side of buses. Others appeared on bus shelters and occasionally standard billboards. More recently some interventions have been placed on the THT website and above urinals in gay bars and clubs. Some of the themes or 'strap-lines' of these advertisements have also been distributed on various small media such as postcards, matchbooks and beer-mats.

The second core output of CHAPS are leaflets, of which there will have been twelve published during the first four years. These leaflets vary in length and purpose with some being paired with the theme and content of the current mass media intervention and others being independent of mass media interventions. All leaflets have been distributed to gay men and bisexual men through the direct contact work of collaborators in CHAPS and other agencies active in the field. Most were placed in leaflet racks in gay bars and clubs and, to a lesser extent other gay social spaces. Others may have been distributed direct to men during face-to-face contact between them and health promoters.

Our judgements of the performance of interventions are relative to our expectations of their performance. For this to be the case we need a plan of the intervention by which to judge it. There are two distinct national interventions: adverts and leaflets. The following gives generic descriptions of these interventions. The differences between the interventions are important because they inform our expectations of their performance.

	● National adverts	● National leaflets
Objectives	<ol style="list-style-type: none"> 1. Develop a two dimensional image including picture and text. 2. Display it where men will see it. 3. Men look at / read it. 	<ol style="list-style-type: none"> 1. Develop a leaflet including pictures and text. 2. Print it. 3. Expose leaflet to men. 4. Men take it and read it.
Setting	Press (mainly gay) Outdoor sites	Multiple distribution points in gay settings.
Resources	Development & design costs. Display costs.	Multiple distribution points in gay settings. Printing costs. Distribution costs.
Target	Gay men and bisexual men living in England.	Gay men and bisexual men living in England.
Aims	Increase in awareness or knowledge of something.	Increase in awareness or knowledge of something.

Figure 1.4: Generic intervention plans for adverts and leaflets

CHAPS has a remit around HIV transmission among all homosexually active men. The first R&D review (Hickson, Weatherburn & Davies, 1997) and early research within CHAPS (Hickson *et al.*, 1998) strongly suggested that men who had sex with men only (exclusively homosexually active men, or ex-hams) were more likely to be involved in sexual HIV exposure than were men who had sex within men and women (behaviourally bisexual men, or bbs). On the other hand it appears that bbs are less likely to have their HIV prevention needs met. It was felt that the press titles read by both ex-hams and bbs are those which would be unlikely to carry an advert targeted at homosexually active men. It was also felt that the style and language of adverts targeted at ex-hams and bbs would best differ. Consequently, a choice was needed between targeting ex-hams or bbs, if either group were to be well served. CHAPS choose to maximise impact on the epidemic and narrowed the target group from all homosexually active men to particularly ex-hams rather than bbs. As most ex-hams are gay (and most bbs are not), it made sense to use the setting of the gay press.

All but one of the CHAPS national interventions (the *Homophobia* adverts) took this general format. We recognise that mass media adverts in particular can have other outcomes on other groups, such as triggering and legitimising interventions at other levels and prompting coverage of the topics addressed in other media (Wellings & MacDowall, 2000). However, the current evaluation looked at the performance of the interventions as described above, that is, in terms of their impact on gay and bisexual men themselves.

The key differences between leaflets and adverts is their setting, the way in which men come into contact with them. A single agency such as the Terrence Higgins Trust can control press placement of mass media advertising, 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 be expected to look like that for press advertisements. More usually however, leaflets 'get out' through a very 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.

Each of the individual interventions (both leaflets and adverts) were described using the framework above, but more specifically.

1.5 INTERVENTION QUALITIES

Making It Count (Hickson *et al.*, 2000) suggests seven qualities of intervention that evaluations may consider. All interventions have all seven qualities although they take different forms. Which quality is 'most' important is dependent on the values of the observer. Ideally, an intervention should perform well on all seven. The following considers the seven qualities and what they mean for these specific interventions and for their evaluation.

Feasibility is about whether the planned objectives can be carried out in the intended setting within the budget available. A feasible intervention is one that is possible. While the production of any leaflet may be feasible, distribution of any number in some settings might not be feasible (eg. handing them out in a sauna). A planned mass media advert for a bill-board might be unfeasible because it is deemed too sexually explicit by the advertiser or members of the public or a planned peer-education project may not be feasible in a particular social network because sex and health are not acceptable topics of conversation within it. For interventions to be feasible, it must also be possible to do the objectives within the resources available. A planned run of five full page adverts in the national gay press is not feasible with a £50 display budget.

Clearly then, feasibility is related to **cost**, which concerns the resources it took to do the intervention, including money, people, time and equipment. An affordable intervention is one that is possible

within available resources. Cost is carried by both the intervener and those intended to benefit from an intervention. For example, giving up a weekend to attend a course is a cost to the participant, as is a charge for a interventions (although all CHAPS interventions were intended to be free to gay and bisexual men). Costs can be specifically associated with either the objectives of the intervention or its settings. In the case of adverts, we can distinguish development costs (which do not vary with the setting) from display costs (which do). For example, how much was spent on displaying an advert to the finite number of people who saw it? For leaflets, the costs of the setting are spread among those who distributed the leaflets and are not carried directly by, in this case, the THT. In the case of leaflets then, the setting is determined by agencies other than the THT (although the costs of distribution was paid by them). Since setting determines who encounters an intervention, who encounters the leaflets cannot be simply a function of the THT's activity in the way that a mass media advert can be.

In order to serve their educational purpose any written health promotion intervention must be seen by its target audience. Judgements about our success at this only make sense if we have a target group in mind. **Coverage and access** are about how many (or what proportion) of the target groups encounter the intervention. For example, an advert may have been seen by one in a hundred men, or by one in ten. An intervention with a high coverage is one encountered by a large proportion of the target group. We can ask more specifically how they differ from the members of the target group who do not encounter it. For example, were younger men more likely to encounter a leaflet than older men? An intervention which has equity of access means members of different groups being equally likely to encounter it. Obviously, in order to make judgements about coverage and access an intervention must specify a target group.

Once encountered, interventions can be more or less **acceptable** to both their target audience and the health promoters delivering them. Acceptability concerns what those who encounter the intervention think of the objectives that occur and has a major impact on its effectiveness. For example, the language used in an advert or leaflet might be overly formal or patronising and be unacceptable as a result. We are primarily concerned with what the target group think, but include the non-target group if they also encounter the intervention. For example, the reactions of the sexual majority may be taken into account if they are also likely to see an advert. Its unacceptability (or expected unacceptability) to a non-target group can often limit an intervention's feasibility.

Is the aim already met for the target before they encounter the objectives? If so, the intervention may not have been **needed**. If an advert aims to inform men of a fact, but all the men who see the advert already know that fact, then the intervention was not needed. With interactive interventions such as face-to-face discussions and group meetings, the objectives of the intervention can be altered or tailored to the unmet HIV prevention need of the participants. However, static interventions such as leaflets and adverts, are always the same, irrespective of who encounters them. A widely needed intervention would be one in which everyone who encounters it is in need of what it has to offer, for example an advert from which everyone learns. Data from the *National Gay Men's Sex Surveys* (Hickson *et al.*, 1998; Hickson *et al.*, 1999; Weatherburn *et al.*, 2000) has been used by those developing the national interventions to increase the likelihood of the interventions being needed by the largest possible proportion of men who encounter them.

When a target group has unmet need, change in that need is the meaning of the intervention's **effectiveness**. An effective intervention is one which changes what it is intended to change. For example, an advert intended to raise awareness that does increase awareness is an effective intervention. A leaflet which is difficult to read and unclear may be ineffective at increasing knowledge. We can also ask more specifically, who benefits most and who least? A single intervention may be more effective with one group than another, even if both groups are in need of what it has to offer.

Finally, the **efficiency** of an intervention concerns the amount of change in the aim relative to the resources the intervention took. Are all the resources necessary to bring about the change in the aim for this target? For example, could an advert have been displayed for a shorter period, or less frequently, and still be seen by the same proportion of men? How does the intervention compare to others that bring about the same amount of change for the same people?

1.6 STRUCTURE OF THIS REPORT

We have collected evidence about what happened when the interventions were implemented from a variety of sources. First we have used data from the process evaluation to look at the development of the interventions. In addition considerable information about the objectives of the interventions were gathered from the health promoters concerned (especially THT and GMFA). This has allowed us to make judgements concerning feasibility and cost. In addition, three substantial and specific evaluative activities were carried out as part of the R&D Programme:

- Pre-testing focus groups.
- Coverage surveys.
- End-user interviews.

Chapter 2 describes the pre-testing programme and its role in the development of the national interventions. These activities increased the probability of the interventions being acceptable to and effective for the target audience. They also decrease the likelihood of unintended negative effects among the non-target audience who may encounter the intervention.

Chapter 3 describes the extent to which the interventions were encountered by their intended audience, and were based on three specific annual surveys. Evidence about the acceptability, need and effectiveness of the final interventions was collected by qualitative interviews with men who were the target or 'end-users' of the materials. These interviews and their findings are described in Chapter 4.

Finally Chapter 5 draws together the learning contained in the report and makes recommendations for the future.

2 Pre-testing the national interventions

2.1 INTRODUCTION

Formative evaluation involves exploratory work to guide the design of interventions. In CHAPS this has included the process evaluation itself, the development of *Making It Count*, surveys of need, and pre-testing of national interventions. This, chapter mainly concerns the last of these, pre-testing.

Although pre-testing in CHAPS has usually used focus groups the system has evolved on an on-going basis. This chapter describes the pre-testing activities of the research partners and their relationship to the national adverts and leaflets. Both Sigma Research and LSHTM's Sexual Health Programme were involved in pre-testing at different times. The following is a composite picture. We also draw on the process evaluation undertaken by LSHTM, especially those parts concerned with the CHAPS Campaign Consultation Group (3CG).

This chapter describes the ways in which the pre-testing programme has adapted to changes in intervention development and the needs of CHAPS health promoters. The current pre-testing programme is described as is the input from the process evaluation in the re-orientation of 3CG. Finally some learning points are suggested for good practice in this area.

2.2 PRE-TESTING FOCUS GROUPS

A focus group is a method of group interview that uses utilises group interaction as well as what participants say, as part of the data collected. The essence of the focus group approach is this interaction between group members, in which participants focus on one another, rather than on the researcher (Kitzinger, 1994). The method has a number of strengths and constraints but serves as a robust tool only to the extent that it is appropriately used. They are particularly good at exploring concepts, generating ideas and eliciting opinions on a topic.

Focus groups can play an evaluative role in the three main stages of a health promotion intervention: planning and design; implementation; and observation of the results (Branigan & Mitchell, 2000). In CHAPS focus groups were used only in intervention planning and design. The focus group activity had three main aims:

- to develop ideas and themes for use in adverts and leaflets,
- to evaluate early drafts (concept/ story stages) of adverts and leaflets; and
- to explore the views of prospective target and non-target audiences on proposed interventions.

Data from all three aims was used to increase the likelihood interventions were acceptable (to both target audience and non-targets) and effective (ie. do what they are intended to do).

2.3 PRE-TESTING IN CHAPS: HISTORICAL OVERVIEW

From the inception of CHAPS, pre-testing has been seen as important for three reasons:

- We considered it feasible that 'messages' might be misunderstood. Pre-testing was useful in checking that the potential audience understood the language and images. In marketing, national advertisements are often 'pre-tested' in their development.

- CHAPS adverts were planned to occur where both target and non-target groups might encounter them. It was necessary to assess the likely response of those who might see them. It was important to assess the potential for unintended outcomes, both positive and negative, especially given the political sensitivity of Department of Health funded national mass media work targeting homosexually active men.
- It was politically and practically useful to be seen to objectively 'pre-test' interventions during their development. It was assumed that this process could subsequently be used to deflect criticism from a range of parties.

Since the first focus group on the 21st January 1997, a total of 121 separate groups have taken place supporting the development of adverts and leaflets. Figure 2.3 gives details of the focus groups carried out to date. Sigma Research ran all pre-testing with gay men for the first phase of CHAPS (to March 1998) while all non-target testing was undertaken by LSHTM. During an interregnum, the THT carried out informal activities to pre-test materials. These are marked 'THT' in the table. Since April 1998 all pre-testing has been undertaken by LSHTM. Where a leaflet and an advert accompanied each other in a campaign (sometimes with the same or different names), they have been grouped together.

The pattern aimed for was nine focus groups with the target group, for each intervention. These were organised as three rounds of three groups each. Each round had a written report for feedback into the intervention design. This idealised pattern was varied as necessary (when time was short). Three leaflets did not fit the above plan. These were the three 'safer sex and travel' leaflets, separately commissioned by the DoH from the THT. One of these leaflets (*Travel to Gay Euro Resorts*) was pre-tested by the Centre for Health Education Research (University of Kent). For the other two leaflets (*European Union Made Easy* and *Go West!*), two rounds of three groups were planned and executed.

For the majority of interventions the target group was 'scene using gay men'. We aimed to test all adverts with both target and non-target groups. However, leaflets were only tested with the target groups as they were thought much less likely to be seen by non-target group members. Testing of adverts with the non-target audience was originally conceived as two sets of three groups, once some design ideas were ready for inclusion. This was subsequently reduced to one set of three groups, when the advert was near completion.

The *Homophobia* campaign differed from all other interventions in the number of components (four) and in that its central target group was not gay men. This campaign consisted of three linked adverts targeted at the general population. An accompanying filmed advert for the same group was shown in some cinemas. The campaign also included a leaflet and a single mass media advert targeted at gay men. The members of the focus groups for the pre-testing of these interventions were members of their relevant group.

Name of Intervention	Type	Year	Target population	Focus groups: target (Researchers)	Focus groups: non-target (Researchers)
Safer Sex for Gay Men	Leaflet	1997	gay men	5 (Sigma)	—
Assume Nothing	Advert	1997	gay men	5 (Sigma)	6 (LSHTM)
	Leaflet	1997	gay men	9 (Sigma)	—
Think, Talk, Time Test	Advert	1997	gay men who have never tested for HIV	8 (Sigma)	4 (LSHTM)
The Whole Picture	Leaflet	1997	gay men	7 (Sigma)	—
Travel to Gay Euro Resorts	Leaflet	1998	gay men going on a European beach holiday	3 (CHER)	—
What Am I?... See To It	Advert	1998	gay men	9 (Sigma)	2 (LSHTM)
The Manual	Leaflet	1998	gay men	9 (Sigma)	—
What's On Your Mind	Advert	1998	gay men	8 (Sigma)	6 (LSHTM)
Same Old Scene	Leaflet	1998	gay men	Postal needs assessment (n=126) and postal pretest (n=110) (Sigma)	—
European Union Made Easy	Leaflet	1998	gay men going on a European city break	6 (Sigma)	—
Go West! Or Off To Oz?	Leaflet	1998	gay men going on a long haul holiday	6 (Sigma)	—
Homophobia	Advert	1999	Teachers, parents, people aged 16-18, tabloid readers, style magazine readers, London Tube travellers	9 (LSHTM)	—
	Cinema Advert	1999	general population (not gay men)	2 of cinema goers (LSHTM)	2 gay men (LSHTM)
	Leaflet	1999	gay men	THT	—
	Advert	1999	gay men	—	—
Better Off Knowing	Advert	1999	gay men	THT	4 (LSHTM)
	Leaflet	1999	gay men	THT	—
Facts for Life	Advert	2000	gay men	8 (LSHTM)	2 (LSHTM)
In Two Minds? / Exposed	Advert / Leaflet	2000	gay men	7 (LSHTM) THT	2 (LSHTM)

Figure 2.3: Pre-testing groups for CHAPS national interventions

The leaflet *The Same Old Scene* was supported by formative evaluation other than pre-testing focus groups. Two self-completion surveys among gay men were carried out. The first focussed on social and sociability needs, from which a set of aims for the leaflet emerged. The second survey attempted pre-testing with a self-completion postal survey. Both these surveys were written-up as feedback reports and provide examples of the different formative evaluation tools on offer in the R&D programme.

The remainder of this chapter describes the process of pre-testing and the difficulties it involved. The next section presents an idealised description of the pre-test process based on the current situation. Then we reflect on the substantial difficulties experienced in the process before drawing out learning for the future of CHAPS and other interventions that have sufficient resources to consider pre-testing as part of the development of health promotion initiatives.

2.4 THE CURRENT PROTOCOL AND THE ROLE OF PRE-TESTING

The current process for collaboration and consultation on intervention development and implementation within CHAPS is shown in Figure 2.4a overleaf.

Ideas for interventions arise from discussions within CHAPS about priorities. These discussions utilise the health promotion framework *Making It Count* (Hickson *et al.*, 2000) and needs data from the *National Gay Men's Sex Survey* (Hickson *et al.*, 1998, 1999; Weatherburn, *et al.*, 2000). THT take responsibility for generating a description of the planned interventions using the ASTOR framework. This plan is circulated for comments within and outside CHAPS. THT nominate a 'campaign key worker' and a 'second' who will lead developments. Once the intervention ASTORS are agreed the THT marketing team and the external design team are involved. Roles, responsibility and resources are established.

Three rounds of pre-testing follow, conducted by the research partners. The results of each of pre-testing round are presented by the research team to the CHAPS Campaign Consultation Group (3CG) which includes CHAPS health promotion professionals, THT marketing staff and the design agency. Through each stage of this process refinements to the intervention are made as feedback is received and considered by the multi-disciplinary 3CG. THT retain ultimate control and responsibility for the final intervention.

Traditionally the pre-testing has occurred in three distinct rounds with the exact purpose varying at each round. A topic guide is used to guide focus group discussion. The topic guides are quicker to prepare and appear more spontaneous and natural to participants. This approach works most efficiently when the same moderator conducts all the groups in a round. Topic guides are developed in conjunction with the relevant THT health promotion staff and the design agency, ensuring the concerns of both parties are addressed.

The intervention's target groups dictate the profile of respondents recruited to groups. Groups have between 6-10 participants. The recruitment process is sometimes done internally by CHAPS partners or by an external recruitment agency. Both have advantages and disadvantages. The recruitment agency is expensive but is particularly useful when a project involves a large number of groups, over a short period of time or wide geographical area. Recruitment by CHAPS partners is cheaper but can be difficult and time consuming.

Screening questionnaires are used where appropriate (by CHAPS partners and the recruitment agency) to ensure that respondents are suitable for the specific groups. Specific questions are also added to ensure that respondents with associations to the CHAPS local agency are screened out to reduce the potential for bias. Other sources of bias that can be controlled for in the screening process include recruitment of individuals who have associations with advertising agencies, who have done marketing qualifications or who have attended focus groups previously.

The first round of focus groups occurs when the intervention description has been completed, circulated and agreed by 3CG and other partners. At this stage focus groups are used to consider the concept and discuss the potential resonance of the chosen message/s with the target audience. The groups can also explore language, cultural appropriateness and understanding of likely terminology.

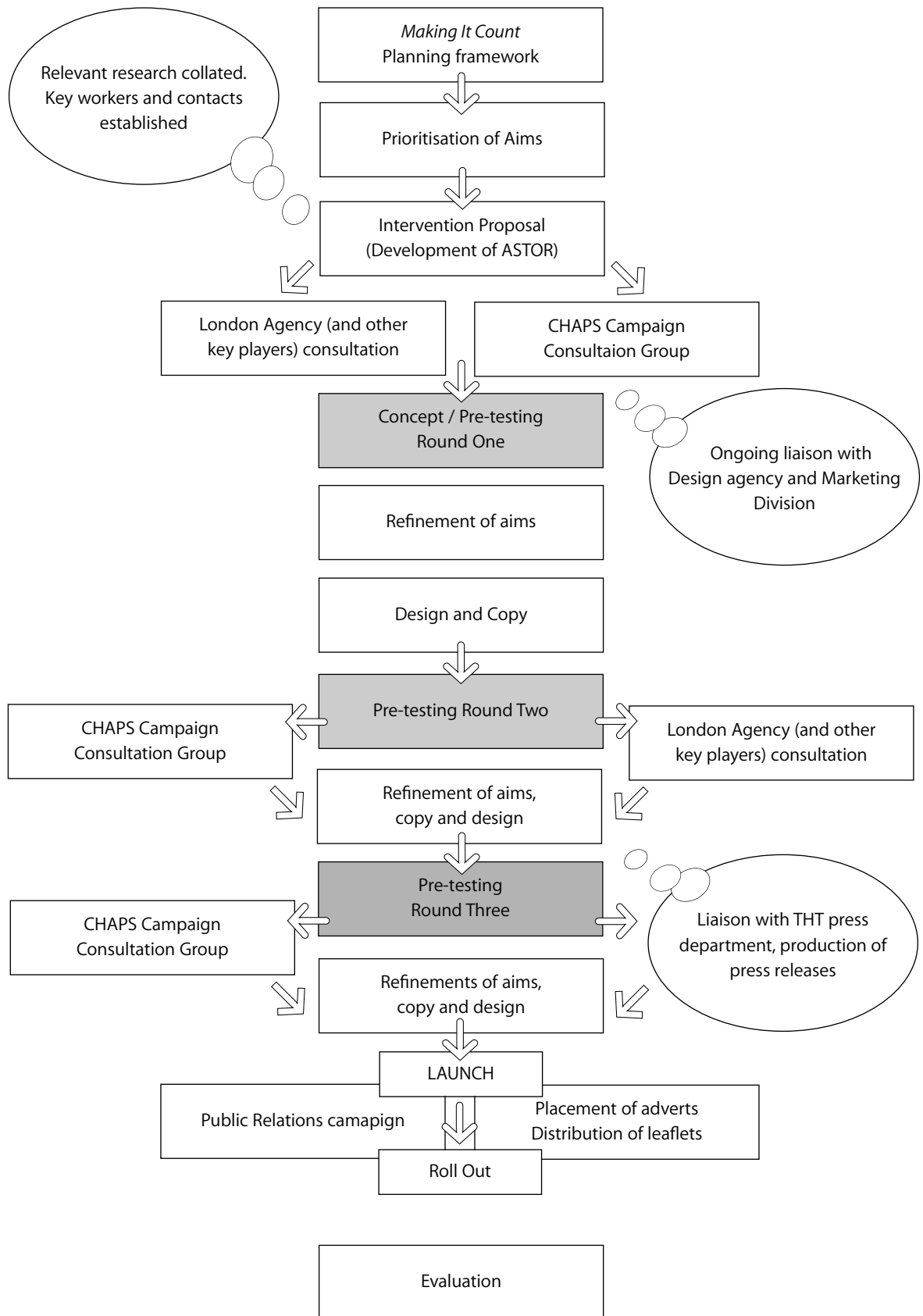


Figure 2.4a: Collaborative and consultative processes for development of CHAPS interventions

The second round of pre-testing occurs after the key content and message/s has been developed and the design team have created several potentially viable means of undertaking the intervention. At this stage, multiple potential 'executions' of the intervention are tested, often in quite rough drafts. The groups are used to explore a range of questions outlined below.

Impact	Would the target audience be engaged by the material? Would they stop and read the information? Why?
Imagery	Does the image attract the reader? Is there any value in the imagery? Does the imagery sit comfortably with the message?
Message	What is the key message? Is the message appropriate? Is the message too complicated or multi-levelled? If it is didactic what is telling the target audience to do? If it makes referrals, how do people get further information?
Setting	Where would it be appropriate to see such information? Where should or shouldn't it be placed?
Agency	Who are responsible for the intervention? What does this mean for credibility of the message?
Unintended effects	Are there any unintended effects of the imagery, text or message? Are these effects positive or negative? Is any of the material potentially offensive to any groups of people?
Tone & style	Is the language culturally appropriate for the target audience? Is there potential for feelings of patronisation? Is the vernacular used appropriately?

Figure 2.4b: Questions for the second round of pre-testing

Round three of pre-testing occurs after previous findings have been assimilated and decisions have been made about the final intervention design and likely content. Ideally the material to be tested at this stage is of final draft quality. The aim is to examine the questions in Figure 2.4b, and try to gauge target audience understanding and response to the intervention. At this stage concerns are normally quite specific and the groups are used to improve clarity.

During this stage of the development process research partners undertake several (usually 2-4) focus groups with non-target groups. For example, groups of London underground tube travellers are recruited to pre-test all the CHAPS adverts that are likely to be placed in London Transport sites. The purpose is to attempt to establish the non-target response to the intervention and in particular highlight any unintended outcomes or negative opinions towards the adverts. This is not necessary for leaflets since they are only distributed via gay-specific settings and are not expected to be seen by other populations.

2.5 PROBLEMS OF PRE-TESTING

The pre-testing programme described above has evolved in response to a range of pressures in the intervention development process. These include shifting intervention development schedules, changes in THT personnel, and changes in advertising agencies and their personnel. During the last four years there have also been repeated innovations in the intervention development protocol. This evolution has not always been smooth and at times has been frustrating and difficult for all parties. Areas of particular tension are highlighted below as are the solutions that were developed in response.

2.5.1 Intervention development infrastructure

Early in CHAPS, tensions arose because of an inadequate infrastructure for developing interventions. In the first two years there were various specific structures for receiving feedback on interventions in development. Initially the THT health promotion officer received written focus group feedback (and later written and verbal feedback) directly and all the other inputs were loosely co-ordinated by that worker. In retrospect, too much was being asked of the key worker and there existed no standard means of integrating pre-test findings into a coherent package of feedback. These problems were eventually resolved by the introduction and gradual improvement of a formal consultation mechanism - the CHAPS Campaign Consultation Group (3CG).

The 3CG was initiated as a method of formalising the involvement of CHAPS partners in intervention development processes. Each CHAPS partner was invited to nominate a participant for 3 to 4 meetings during the intervention development process - these meetings also involved THT health promotion and marketing staff, the research partner/s undertaking pre-testing and the design team. Initially there remained a lack of clarity around the exact nature and function of the group and its power of decision making. This led to an unbalanced group dynamic and frustration among group members. The internal mechanisms of 3CG meetings were not attended to sufficiently and attenders were unsure about how to contribute. Three areas of the 3CG needing particular attention were investigated as part of the CHAPS process evaluation. These were the definition of the group, the composition of the group and the methods currently available for group feedback into the development processes (see below).

Problems develop if time-scales slip and no potential to accommodate slippage exists, ie. pre-testing cannot be done unless viable design routes are available in a format for focus group use. There are minimum time criteria for all the stages of the developmental programme and strict adherence to milestones limits the potential for slippage.

- **Pretesting collaborative interventions requires clarity in lines of feedback and decision making structures.**

2.5.2 Working with advertising

In the first two years or so there were various designers used in CHAPS intervention development processes, as THT sought the best value for each 'job'. This was problematic both because of the added stresses of developing new relationships but also because there was no consistency of approach taken by advertising teams. Agencies were not involved with the CHAPS programme long enough to learn from participating in health promotion processes, yet crucially, early in CHAPS, interventions were being driven by these design teams, who enjoyed a substantial degree of creative freedom. Since some of these design agencies undertook the CHAPS work on a reduced fee basis, scope for negotiation around design was very limited. In the last 2 years these problems have been resolved by concentrating all design functions for CHAPS in a single agency.

Of course, there have been some pressures between the design teams, THT staff and research agencies, not least because advertising and design can seem to be the antithesis of research as it values inspiration above objectivity. Consequently, pre-testing does not necessarily sit comfortably with certain aspects of the creative process. However, once recognised this tension has been addressed through researcher contact with the design team prior to pre-testing and collective feedback to all parties via 3CG.

Problems have also arisen when there was a disparity between the material being tested and the material that appeared in the final interventions. Early on this was happening for several reasons. Sometimes time-scales were not sufficient to internalise research findings into subsequent material. At other times, design concerns were prioritised above health promotion concerns.

Ideally three rounds of pre-testing follow a circular process building upon feedback from previous rounds. In reality, in the first years of CHAPS, subsequent material developed by the design teams sometimes bore little relation to research findings from the focus groups, so each round was effectively a new concept and design to be tested. In these situations the changes to material were all led by the design agency or the marketing team at the THT. To try and combat this the need for an evidence-based intervention development culture was highlighted and the research team requested to meet with representatives of the design and marketing teams to explain research concerns.

- **Recognising and articulating the differences in values and priorities of research teams and design teams can ease collaboration on intervention development.**

2.5.3 Value and function of research

In the first two years of CHAPS it was not always clear the extent to which pre-testing results were being utilised in intervention development. There were fears that pre-testing was being undertaken as a documented 'shielding' mechanism in case interventions were challenged as inappropriate or offensive to the target group or others. That is, it was feared that pre-testing was a contractual safety mechanism that played little or no functional role in the development of the interventions. While these concerns were never wholly justified they arose from a sense of frustration with the process of pre-testing and its role in intervention development.

Initially there were problems with the use of pre-test findings. The three pre-test groups that make up one round were reported in writing, but this was felt to provide an inadequate means of feedback. The process was changed to incorporate meetings between research partners and THT health promotion staff in order to clarify comments and findings. This too raised problems as boundaries were blurred between formal findings and more subjective feedback. This was addressed by making research reports more directive, but these problems were not resolved until the designers and THT marketing team were also involved in receiving research findings (see 3CG above).

Other tensions arose as the pre-testing programme developed. Pre-testing is one part of a 'polling exercise' that THT undertakes among all CHAPS partners and across a wider group of experts. In this context research findings were seen to have similar validity as other feedback. There was no acknowledgement of two unique functions of the focus groups. First, the potential to provide 'group normalisation' responses to issues of salience. Second, that pre-testing constituted the actual litmus test of interventions among the target audience. Problems arose when this feedback was at odds with feedback received from professionals, within and outside CHAPS. The early tendency to try to please the majority of consulted stakeholders showed a fundamental failure to understand the nature and the value of the focus group findings. Alternatively, it may demonstrate the relative value placed on the multiple functions of mass media advertisements.

- **Organisational aspirations for interventions dictate the value placed on pre-testing research relative to other stakeholders opinions: pre-testing data is not the only source of influence in the development process.**

2.6 KEYS TO SUCCESS – LESSONS LEARNED

This section explores the key areas of the CHAPS pre-testing programme that have been central to its success. Of these, the most important has probably been the ability to maintain objectivity in the research process.

2.6.1 Research expertise and objectivity

The more impartial and objective the research procedures the more validity can be claimed for the results. The potential loss of objectivity is especially important for pre-testing, since individuals who have been involved in designing interventions cannot remain unaffected by (negative) feedback received directly about work that was their responsibility to develop.

In the CHAPS programme most of the pre-testing focus groups have been run, analysed and documented by external researchers (see Figure 2.3 for exceptions). This ensures that the creative and evaluation processes are separate but synergistic. By using external researchers the developmental process is more impartial and therefore more valid. The drawback lies in the co-ordination of a developmental schedule that meets intervention milestones and allows sufficient time for dissemination and incorporation of research findings.

Results of CHAPS pre-testing are presented to a diverse audience of health promotion, marketing and design agency professionals. It is crucial that the researchers are seen as impartial by all these parties. This is particularly important when feedback is not positive, as one potential reaction to negative feedback is to criticise focus group methodology or specific techniques employed by researchers.

The development of question topic guides is an example of how the process of constructing the research can be demonstrated to be impartial. Both advertising agency concerns and those of THT health promotion staff are addressed by allowing all parties to suggest and submit areas of interest that they would like groups to examine. This process also ensures a higher level of interest in the resultant findings.

- **Objectivity of findings and involvement of health promoters in the research agenda increase the acceptability of findings.**

2.6.2 3CG composition, roles, responsibilities and timings

Partners now know the themes for future CHAPS adverts as these are set in advance by the CHAPS Advisory Group (CAG). Intervention specifications are developed by THT and made available for consultation within CHAPS. CHAPS partners considered it essential that partner agencies send representatives to 3CG to share perspectives and develop ownership of interventions. It has been recommended that 3CG attendees should be selected by CHAPS partners on the basis of:

- specific interest in the topics and subject areas;
- specific knowledge of subject areas;
- expertise in mass media techniques.

The aim is to create specific 3CG groupings that are defined by the intervention subject area. There are usually three (occasionally four) 3CG meetings per intervention. All members are encouraged to prioritise attendance at all these meetings. Some partner agencies operated a rotating system whereby representatives attend the meetings for a pre-defined period of time, such as for two whole rounds of intervention development. This system allows for rotation of staff, without adversely affecting the intervention development process.

Several suggestions were made in order to address some of the tensions identified between health promotion theory and advertising theory. It was felt that marketing and health promotion departments needed to be aware of current ways of working in both environments. As a consequence the THT Communications department have provided a description of their marketing techniques and strategies to 3CG. Another crucial improvement to the process was that member(s) of the design team were present at 3CG, rather than only dealing with THT.

The role of 3CG provides clarity to a design process that had been agreed by CHAPS partners. This group was re-defined during 1999 with the exact share of power and responsibility in the development process made transparent. The three main modes of information gathering were re-emphasised as:

- focus groups for the target audience and non-target audience perspective;
- consultation with other agencies (CHAPS partners not in 3CG and relevant others);
- 3CG.

We stress that involvement in 3CG be viewed as a two way process. It offers CHAPS partners the opportunity to gain skills and experience of working on national adverts and to gain ownership of them. In return group members feed into the development process and offer a perspective that may be less London-focussed.

The developmental timetable for CHAPS national mass media outputs has undergone a lot of changes in response to the evolution of infrastructure necessary to co-ordinate such a task. Crucial to the success of the developmental process is a consistent approach to meeting intervention developmental milestones. Figure 2.4a shows a model of the developmental process and indicates the systematic way in which several levels of feedback are now incorporated into intervention design. Concern had previously been raised about mechanisms for allowing participants to provide feedback within 3CG.

Formal minutes are also taken at all 3CG meetings and these are distributed to attendees within a reasonable time after the meeting. All pre-test results and other written feedback are also distributed to 3CG members at least 5 days prior to the next scheduled meeting. Members of 3CG are also encouraged to feedback after meetings to the THT lead-officer, particularly if meetings have been missed.

- **It is necessary to identify milestones and to monitor their passing to successfully collaborate on interventions across agencies: hence collaboration itself needs resources.**

2.7 CONCLUSION

In the context of research into sensitive topics, focus groups may not at first seem the method of choice. However, this investigative approach can elicit responses and opinions about sensitive topics, and the dynamics of the focus group can provide data which are not readily generated by other research methods. There is acknowledgement within the partnership that CHAPS mass media adverts are increasingly high profile pieces of work. Focus groups have gained a reputation as a reliable and valid tool for formative evaluation of this high profile work. This has occurred through emphasis on multi-disciplinary programme planning, skilled group moderation and rigorous analysis in response to predetermined stage specific concerns. We must, however, always consider whether focus groups are an appropriate way to meet the formative evaluation aims of an intervention given the developmental resources and time available.

- **It is essential that multi-disciplinary mechanisms exist to locate and utilise the outcome of the pre-testing in the intervention development processes.**

3 Coverage of the target audience

3.1 INTRODUCTION

This chapter considers the extent to which the CHAPS leaflets and adverts were seen by their target groups. The findings come from face-to-face surveys with approximately 300 gay men each summer in 1998, 1999 and 2000. The respondents were recruited at gay Pride-type festivals.

3.2 SURVEY METHODS

An annual recognition survey of CHAPS adverts and leaflets was carried out at gay Pride-type festivals in England between May and September in 1998, 1999 & 2000. The purpose was to assess the degree to which men had encountered interventions implemented in the preceding 12 months.

The surveys used a structured questionnaire which was interviewer administered, face-to-face. Men who had completed the *National Gay Men's Sex Survey* were asked for a few more minutes of their time when returning that questionnaire (see Hickson *et al.*, 1998; Hickson *et al.*, 1999; and Weatherburn *et al.*, 2000). The interviews took 4 to 5 minutes. After completion of the interview, interviewers asked the next man who returned the *National Gay Men's Sex Survey* to take part in the coverage survey.

Men were recruited from a total of seven different towns and cities which hosted gay Pride-type festivals, six in 1998 and five in 1999 and 2000. The table below shows the number of men recruited at each event in each year after men living outside England or who had not had sex with another man in the last year were excluded.

City / Event	Year of survey		
	1998	1999	2000
Manchester Mardi Gras	99	90	71
London Pride / Mardi Gras	46	51	61
Brighton Pride	49	74	64
Leeds Hydeout	25	65	46
Birmingham Pride	—	33	70
Nottingham Pink Lace	42	—	—
Newcastle Pride-on-the-Tyne	33	—	—
Total numbers recruited	294	313	312

Representative samples of gay men are not attainable without knowing the profile of gay men, which we do not. CHAPS interventions are predominantly targeted at, and received by, men that have some connection to the commercial gay scene. As such the use of gay pride-type events to recruit our sample for this aspect of the evaluation is relatively unproblematic. Since men attending gay pride-type events also have very high rates of use of the gay press and gay pubs and clubs (see

section 3.3.6 below) we would suggest, however, that the proportion of them that have seen these interventions is an upper estimate for all gay men resident in England.

The number of interventions asked about each year increased. In the second two years other (non-CHAPS) adverts were also tested to generate more comparative data. Over the three years, we asked about 26 interventions, comprised of 10 CHAPS leaflets, 7 CHAPS adverts and 8 other non-CHAPS adverts.

Number of interventions in coverage surveys	Year of survey			Total interventions tested
	1998	1999	2000	
CHAPS adverts	2 new	2 new 1 repeat	3 new 3 repeat	7
Other adverts	0	3 new	5 new	8
CHAPS leaflets	4 new	4 new	2 new 2 repeats	10
Total asked about each year	6	11	15	

Respondents were shown colour, laminated, flash cards of the adverts (including each part of composite adverts) and the actual leaflets. They were asked whether they had definitely seen them before, maybe seen them before or definitely not seen them. For composite adverts men could indicate having seen the adverts but were unsure which they had seen. Participants were then asked to self-complete a number of demographic questions on the same form.

In 1999 and 2000 we attempted to gauge what proportion of those reporting having seen an advert may have been mistaken. In each of these surveys one 'dummy' advert was included which was real but had never been published in England. In 1999, a Danish *Stop AIDS* advert was included and only 2.2% of respondents reported having seen it (plus 1.0% who said maybe). Of these 10 men only one had been to Denmark. In 2000, a San Francisco AIDS Foundation *How do you know what you know* advert was included and was recognised by 4.8% of respondents (plus 1.3% who said maybe). Five of these nineteen men had had an opportunity to have seen this advert during travel.

From these figures we conclude it is likely that between 2% and 3% of respondents mistakenly report having seen adverts which they have not seen. This figure should be weighed against the proportion of men that have seen adverts but have no recall of having done so. While no estimate of this proportion is possible, it is likely to be more than 3% of scene using gay men.

Our structured questionnaire changed over time. While this reduces methodological rigour, it increases the utility of the data to health promoters and diversifies the aspects of intervention performance we are able to comment on. It meant we were able to change the questions to meet the information needs of the health promoters we were generating data with. It was predominantly health promoter enquiry that resulted in us increasing the number of interventions asked about over the three surveys (including non-CHAPS adverts) and a necessary reduction in the detail asked about (in order to keep the interview length the same). This has allowed us to address the relationship between advert display spend and target coverage.

3.3 SAMPLES DESCRIPTIONS

This section describes the men who took part in the coverage surveys. Demographically, they are very similar to the men taking part in the *National Gay Men's Sex Survey* (Hickson *et al.*, 1998, 1999; Weatherburn *et al.*, 2000) which was occurring at the same time.

3.3.1 Geographical distribution

Where the men taking part in the surveys lived is obviously related to which events we recruited men at (see above). The table shows how the three year's samples were distributed between the Regional Health Authorities. It is similar to the profile of our *National Gay Men's Sex Survey* for each year.

Region of Residence	% 1998 (n = 291)	% 1999 (n = 313)	% 2000 (n = 310)
Northern & Yorkshire	22.7	21.7	11.9
North West	20.6	16.6	19.0
Trent	12.4	8.3	4.2
West Midlands	4.1	7.3	15.5
Eastern	2.1	3.2	5.2
South West	1.0	2.9	4.5
South East	13.1	18.2	17.1
London	24.1	21.7	22.6

The proportion of men recruited from the Trent and Northern & Yorkshire Regions has decreased over time, as survey sites (Nottingham, Newcastle and Blackpool) used in 1998 have been discontinued. The proportion of men recruited from the Midlands Region increased over time as Birmingham 'Pride' was not used for recruitment in 1998, was used for one day in 1999 and two days in 2000.

3.3.2 Age

The age distribution is broadly similar in each year. The average (median) age of the samples in 1998 and 1999 were the same at 32 years. Those recruited in 2000 were slightly older with a median age of 34. While a wide age range was recruited at least half in each year were aged between 25 and 40 years.

Age	% 1998 (n = 294)	% 1999 (n = 310)	% 2000 (n = 310)
Median	32	32	34
Mean	32.6	33.2	35.1
Standard deviation	8.9	9.9	9.9
Range	16-62	16-64	17-78
Inter quartile range	26-38	25-40	28-41
Age bands	%		
20s	34.7	37.1	29.0
30s	42.2	33.9	40.3
40s	13.3	18.7	21.3
50+	5.1	6.5	7.4

In terms of age distribution in 1998 and 1999 the men are very similar to those recruited to the *National Gay Men's Sex Survey* in those years (Hickson *et al.*, 1999; Weatherburn *et al.*, 2000).

3.3.3 Sexual identity

In each year men were asked 'What term do you usually use to describe yourself sexually?' and in 1998 to indicate one of: 'gay', 'bisexual' or 'any other term'. Those who indicated 'any other term' were asked to specify what term they used. In 1999 and 2000 a further option was included 'I don't usually use a term'.

Sexual Identity	% 1998 (n = 294)	% 1999 (n = 312)	% 2000 (n = 312)
Gay	91.8	93.9	91.3
Bisexual	6.8	2.9	3.2
Any other term	1.4	1.3	2.2
'I don't usually use a term'		1.9	3.2

In each survey the vast majority of men identified as gay. In 1998, 6.8% identified as 'bisexual' which decreased in 1999 and 2000 (possibly because the option 'I don't usually use a term' was included). Those who chose 'any other term' used a variety such as 'pan- sexual', 'person', 'unsure' etc. The sexual identity of the sample is very similar to men recruited to the *National Gay Men's Sex Surveys* in the same years.

3.3.4 Ethnicity

The ethnic group question was derived from the Census (Coleman & Salt, 1996). In 1998 men were asked 'How would you describe your ethnic group?' and asked to indicate one of the following 'White'; 'Black African'; 'Black Caribbean'; 'Other Black group'; 'Indian'; 'Pakistani'; 'Chinese' or 'Any other group'. In 1999 and 2000 the 'White' category was expanded to give the options 'White British', 'White Irish' & 'White Other' a further category of 'mixed ethnicity' was also included.

Ethnicity	% 1998 (n = 294)	% 1999 (n = 313)	% 2000 (n = 311)
Chinese	0.3	0.6	0.3
Asian / Asian British	Indian	1.0	1.3
	Pakistani	0.7	0.3
	Other	0.0	1.3
Black / Black British	Caribbean	0.7	1.0
	African	0.3	0.0
	Other	0.3	0.3
White	95.2		
White	British		80.8
	Irish		2.9
	Other		9.3
Mixed ethnicity		1.0	0.3
Any other group	1.4	1.3	0.0

In each year the vast majority indicated a White ethnicity with 7% or fewer in other ethnic categories (N =14, 22, 12), although these were widely distributed over the three surveys. This distribution of white and other ethnicities is broadly similar to the national samples of men in the 1998 and 1999 *Gay Men's Sex Survey*.

3.3.5 Formal education

In 1998 men were asked 'Which of the following educational qualifications do you have?' and given the options outlined in the table below. Those who indicated other qualifications were asked to specify what they were. In 1999 and 2000 the option 'Diploma or equivalent' was dropped as it was being used to describe a wide variety of qualifications that were not comparable.

Highest educational qualifications	% 1998 (n = 294)	% 1999 (n = 312)	% 2000 (n = 312)
No educational	6.1	4.5	7.7
O-levels / CSEs / GCSEs	20.4	21.5	18.6
A-levels or equivalent	17.3	27.6	21.8
Diploma or equivalent	15.0		
Degree or higher	40.5	43.9	48.1
Other	0.7	2.6	3.8

In each year the number of men with no educational qualifications and O-level or equivalent are broadly similar. The proportion reporting a degree or higher increased over the three years from 40% to almost half. The proportion reporting A-level or equivalent or Diploma fell over the same period. It would seem that when 'Diploma or equivalent' is not included as a separate option the majority are likely to report instead 'A-levels or equivalent' or 'degree or higher'. The distribution of men reporting degree or higher is almost identical to the 1998 and 1999 *National Gay Men's Sex Surveys*.

3.3.6 Use of settings where health promotion occurs

In each survey, respondents were asked whether, in the last month they had used a variety of gay community and health service settings (see table below). While use of some of these settings give an indication of gay community involvement, the purpose here is to assess the extent of use of the settings in which CHAPS interventions commonly occur.

Setting Use In the last month have you...?	% 1998 (n = 294)	% 1999 (n = 313)	% 2000 (n = 312)
Been to a gay 'Pride' event	100.0	100.0	100.0
Read or looked at the gay press	92.5	91.7	92.9
Been to a gay pub, bar or club	92.5	91.1	92.9
Been to your GP	32.7	31.9	30.8
Been to a gay social group	25.2	23.3	23.1
Been to a cottage or cruising ground	26.3	24.9	22.4
Been to a gay sauna	16.0	19.8	24.4
Been to a sexual health/ GUM/ HIV clinic	16.7	14.1	17.6
Phoned a telephone information or help-line	8.5	6.4	6.1

Although not asked, we have included 'Been to a Pride event' in this table to underline the fact that these men were recruited at such an event. Obviously, if we had asked the same men this question a few months later, the answer would be much lower. Setting use is very similar in each of the surveys. The vast majority (over 90%) had read or looked at the gay press, or been to a gay pub, bar or club in

the previous month. The main change across the surveys was an increase in attendance at a gay saunas and a possible corresponding decrease in attendance at cruising grounds, a changing pattern we have recently identified elsewhere (Keogh, Weatherburn and Hickson, 2000).

In 1999 identical setting use questions were asked in the *National Gay Men's Sex Survey*. Men in the coverage survey are very similar in terms of their setting use in the previous month.

In 1997 the HEA's researchers had concluded that 'the gay press is an extremely efficient advertising medium for reaching men who go to gay bars' (Samuels *et al*, 1997). This is mainly because gay pubs are the main outlet for the gay press. As can be seen above, most of the men we measured coverage with had both been to a gay pub and read the gay press. What is less clear is how good the gay press is for exposing adverts to men who do not go to gay pubs. Recruiting among gay pub users clearly will not answer this.

However, we know that gay pubs are also the central focal point for meeting sexual partners and that we are sampling among the population of men whose HIV prevention needs programmes should be prioritising.

3.4 PROMPTED RECOGNITION OF LEAFLETS

3.4.1 Description and overall recognition

Respondents were asked whether they recognised the leaflets described in the table below. The table describes each leaflet, including the overall volume distributed, the launch date, the coverage surveys the intervention was included in, and the percentage of all respondents who definitely recognised it (followed by the proportion who might have seen it but were unsure).

Name of leaflet	Volume distributed to agencies	Launch date	Phase of coverage survey	Recognition: % definitely (+ % maybe)
Safer Sex for Gay Men	70,000	June 97	1 (1998)	39.8
Assume Nothing	45,000	Oct 97	1 (1998)	7.8
The Whole Picture	30,000	Jan 98	1 (1998)	18.0
Travel to Gay Euro Resorts	60,000	March 98	1 (1998)	16.3
European Union Made Easy	60,000	Oct 98	2 (1999)	15.7 (+2.2)
Go West! Or Off To Oz?	25,000	Jan 99	2 (1999)	17.9 (+ 2.6)
The Manual	35,000	Oct 98	2 (1999)	20.5 (+ 2.6)
			3 (2000)	22.8 (+ 0.6)
Same Old Scene	29,000	Feb 99	2 (1999)	11.2 (+2.6)
			3 (2000)	9.9 (+ 1.9)
Homophobia	27,000	Sept 99	3 (2000)	12.4 (+ 0.3)
Better off knowing?	36,000	Feb 00	3 (2000)	9.9 (+ 0.6)

Only a small proportion of men said they thought they may have seen a leaflet but were unsure. This suggests that generally, leaflets are distinct from each other and men are confident about whether or not they had seen them.

The most commonly recognised leaflet was 'Safer Sex for Gay Men' which was recognised by almost 40% of men surveyed in 1998. 'Safer Sex for Gay Men' is assumed to have considerably greater recognition since it had the largest print run and was the only generic or basic 'safer sex' leaflet.

Between 8% and 22% of men recognised each of the other CHAPS leaflets in the year they were first distributed. There is no discernable tendency for leaflets that look and feel much like accompanying adverts (*Assume Nothing* for example) to be more widely recognised. This suggests little 'recognition contamination' from adverts to leaflets.

Since the existence of some of the leaflets was advertised in gay press (including a colour image of the leaflet cover) we specifically asked men whether they had seen the press advertisement or the actual leaflet. For the gay men and travel leaflets (especially 'European Union Made Easy' and 'Travel to Gay Euro Resorts') which were substantially advertised in the gay press 15.7% and 20.1% of the 1999 sample recognised the leaflet but had never actually seen it. That is, as many men had seen the leaflet advertised but not the leaflet itself, as had seen the leaflet itself.

- **CHAPS national leaflets were typically recognised by between 10% and 20% of the target group.**

3.4.2 Volume of leaflets and coverage

CHAPS leaflets are distributed directly to CHAPS partners for onward distribution via their local direct contact health promotion activities, especially distribution via 'leaflet racks' in gay bars and other venues. Relatively few are sent direct to individuals following telephone (or written) requests received by THT.

Figure 3.4.2 plots each leaflet in our coverage surveys by the volume distributed (along the bottom) and the proportion of men who definitely recognised the leaflet in the survey. There is no simple relationship between the two variables.

The 'volume distributed' figures are actually the volume ever printed (including any second print-runs) less any that remain in the THT warehouse (as of 31/12/00). This is a reliable estimate of the volume distributed by the THT to other health promoters. It may not be a good measure of the volume distributed to gay men as some may still be in storage at other agencies. This may be why we can see no pattern in Figure 3.4.2.

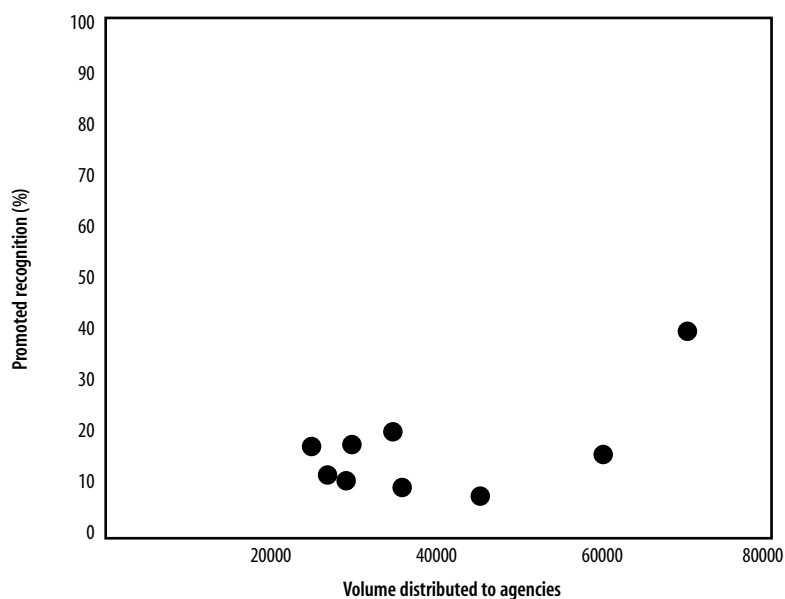


Figure 3.4.2: Volume distributed (from THT to other agencies) by coverage for adults

3.4.3 Engagement with leaflets

In 1998 those surveyed who reported recognising a leaflet were asked 'Did you read the text, when you saw them?' and given the options 'No not at all', 'Yes, probably', 'Yes, definitely' and 'don't remember'.

Leaflets (n=294)	Prompted recognition (%)	Did you read it?				% Read any text	
		No, not at all	Yes, some of it	Yes, all of it	Don't remember	Of those who'd seen it	Of entire sample
Safer Sex for Gay Men	39.8	48.2	21.6	25.9	4.3	47.5	18.7
Assume Nothing	7.8	60.0	20.0	20.0	0.0	40.0	2.8
The Whole Picture	18.0	41.5	24.5	30.2	3.8	54.7	9.8
Travel to Gay Euro Resorts	16.3	47.8	9.1	38.6	4.5	47.7	7.3

Of those who recognised any of the leaflets the most commonly read one was *The Whole Picture* where 55% had read it or 10% of the entire sample. Less than 5% of those who recognised seeing the leaflets failed to remember whether they had read them or not.

It appears that over 40-55% of respondents who saw the leaflets probably read some of the text contained in them. This is slightly lower than for adverts where 56-63% of those recognising them reported having probably read them.

- CHAPS leaflets were read by roughly one in ten of their target group, although this figure varies substantially for individual leaflets.

3.4.4 Leaflet takeaway

In order to assess the degree to which men encountering a leaflet were likely to pick up and take a copy away with them, in 1998 those who recognised seeing a leaflet were also asked '*Did you take a copy away with you?*'.

Leaflets (n=294)	Prompted recognition (%)	Took a copy away with them (%)	
		of those who recognised it	of the entire sample
Safer Sex for Gay Men	39.8	31.0 (n=117)	12.3
Assume Nothing	7.8	38.1 (n=23)	18.0
The Whole Picture	18.0	45.3 (n=53)	8.2
Travel to Gay Euro Resorts	16.3	34.1 (n=48)	4.9

Depending on the leaflet between 31% and 45% of those who had encountered them had taken a copy away with them. It was not the case that the most commonly recognised leaflets were also the those which men were most likely to have taken away. Together, these two figures suggest leaflets were possessed by between 5% and 18% of their target group.

- CHAPS leaflets were 'taken home' by between one in twenty and one in six of their target group.

3.5 PROMPTED RECOGNITION OF MASS MEDIA ADVERTS

3.5.1 Description and overall recognition

The following table describes the CHAPS mass media adverts we asked about in the coverage surveys. It includes where each advert was displayed, the time period over which it was displayed, the total cost of placement of adverts in the press and outdoors (excluding all development costs and VAT), which of our coverage surveys the advert was included in, and the percentage of men in the survey who definitely recognised it (followed by the proportion who might have seen it but were unsure).

#	Name of mass media advert	Display sites	Display period	Display cost (£)	Phase of coverage survey	% definitely recognise (+% maybe)
1	Assume Nothing (4 images)	National gay press Regional gay press London Tube escalators Bus-stops -national Outdoor hoardings - national Postcards on gay scene Condom wrappers THT website Gay Pride events	02/07/97 to 31/10/97	73,000 48,000 press 24,000 outdoor	1 (1998)	44.6
2	Think, Talk, Time to Test (3 images)	National gay press Regional gay press London Tube in carriages London buses (in bus) Postcards on gay scene Posters in gay bars Fly-posting outside London	28/01/98 to 28/04/98	67,000	1 (1998)	40.5
					2 (1999)	35.1
3	What am I?... See To It (1 image)	National gay press Regional gay press London Tube cross-tracks Postcards on gay scene Posters in gay bars Condom wrappers	01/07/98 to 31/09/98	70,000	2 (1999)	47.9 (+ 1.3)
					3 (2000)	47.1 (+ 1.6)
4	What's On Your Mind (1 image)	National gay press Regional gay press London Tube cross-tracks Poster in trams - Manchester Postcards on gay scene Condom wrappers	18/01/99 to 12/04/99	70,000	2 (1999)	54.3 (+ 1.6)
					3 (2000)	31.7 (+ 1.0)
5	Better Off Knowing? (5 images)	National gay press Regional gay press London Tube platform posters (4 sheets) Posters in gay bars Condom wrappers THT website	07/02/00 to 24/04/00	52,254 40,000 press 13,000 outdoor	3 (2000)	48.1
6a	Homophobia (3 images in general media)	National press Regional press various Magazines London Tube cross- tracks THT website	23/08/99 to 06/12/99	74,616 57,550 press 17,066 outdoor	3 (2000)	36.5 (+ 3.2%)
6b	Homophobia (1 image in gay media)	National gay press Regional gay press National HIV+ press THT website	18/10/99 to 13/12/99	4,934	3 (2000)	34.0 (+ 3.5%)

Again, few men were unsure whether they had seen an advert before or not. Between 34% and 55% of men surveyed recognised each of the adverts in the year they were first displayed. All adverts had been seen by more than 40% of the target audience except the Homophobia adverts, each of which was seen by over a third of gay men. Overall 52.6% had seen one or other of the two homophobia adverts, but since the target of the first advert was not gay men the figures are presented separately above. The recognition figures for the *Homophobia* adverts provide excellent evidence of the

efficacy of target- specific health promotion. The 'general public' advert ('Its prejudice that's queer') was seen by just over a third of all gay men with a media spend of almost £75,000. A similar proportion of gay men saw the gay press version ('Its homophobia that's queer') that had a media spend of less than £5,000.

- **CHAPS mass media adverts were typically recognised by between 40% and 55% of their target group.**

The HEA report that the proportion of men recruited in gay bars who recognised their mass media adverts were 'generally in the range of 60%-75%' (Samuels *et al.*, 1997, p.16). Two points about making direct comparisons should be made. As pointed out in section 3.3.6, these surveys were recruited to in gay bars where gay newspapers are distributed. Although most of the men in the current samples had been to gay bar recently, the men in Samuels *et al.*'s surveys will be definition have been more recently and hence more frequently. Secondly, overall coverage should be seen in the context of other features of the interventions, such as resources used and the presence of other supporting or distracting adverts.

3.5.2 Display spend on adverts and coverage

In interventions such as group workshops, there are mainly human costs associated with the development of the workshop, costs associated with recruitment to the group (eg. a press advert or direct mailing) and costs associated with running the group itself (eg. room hire, facilitator fees). With mass media advert interventions however, while there are development and display costs, there are no costs associated with the intervention once men encounter it. One of the key questions of the CHAPS partnership in the design of the national adverts was how much should be spent on displaying the adverts in the press and in other settings.

Variation in the proportion recalling having seen adverts does not appear to be a function of how long they were in the public domain, although all were in the public domain for about 3 months. Nor is it a function of where they were placed, as again there was little variation in the kinds of (gay) media and other sites used. We cannot speculate directly on the impact of placements in outdoor sites. Although in the early stages of the surveys we asked men where they had seen interventions, insufficient and vague recall made this unfeasible. However, both within THT and CHAPS it is assumed that most men encounter these interventions in the gay press.

We included three adverts in two consecutive surveys to assess attrition, that is, what effect the passage of time had on men's recall of having seen them. Findings were inconsistent. The most commonly recognised advert was '*What's On Your Mind*' which almost 55% of men reported having seen it in 1999 (about a year after it was released) but less than 32% report having ever seen when it was asked about a year later. Less attrition was seen for '*Think, talk, time to test*' and '*What am I? .. See to it*' with falls from 41% to 35% and 48% to 47% respectively. We need more attrition data to comment on this feature specifically.

The hypothesis that the amount of money spent displaying adverts has a direct relationship to the proportion of men that see them is difficult to test from this data because the media spends are very consistent and variation in coverage is not substantial. Having predicted this problem after examining Phase1 data from the coverage survey, we included additional adverts in Phases 2 and 3 of the coverage surveys. In Phase 2 we included two THT adverts funded by London Health Authorities and two Gay Men Fighting AIDS (GMFA) adverts, one funded by CHAPS and the other by London Health Authorities. In Phase 3 we included two more THT adverts funded by London Health Authorities and three more GMFA adverts, one funded by CHAPS and the other two funded by London Health Authorities.

The table below describes these additional adverts with the same data as for the CHAPS adverts. For the GMFA adverts three recognition figures are given - the general figure for the whole sample, and subsidiary figures for residents of London and the South East and a third figure for London residents only. Historically GMFA have often targeted men living locally and have therefore placed adverts only in the gay press that is distributed in London and the South East (*Boyz South* and *QX* magazine), although some are also placed in the national HIV positive press.

#	Name of mass media advert	Agency	Display sites	Display period	Display cost £	Phase of coverage survey	% definitely recognise (+ % maybe)
7	Love and Respect 1 (3 adverts)	GMFA / CHAPS	London/SE gay press	01/99 to 02/99 (2 weeks)	1,500	2 (1999)	15.7 All 20.0 Lon/SE 22.1 London
8	I'm positive and I'm telling you because ... (1 image)	GMFA	London/SE gay press National HIV+ press Posters in gay bars (over urinals)	02/1999 to 05/1999	3,030	2 (1999)	20.4 (+ 5.8) 26.4 Lon/SE 33.8 London
9	Love and Respect 2 (4 adverts)	GMFA / CHAPS	London/SE gay press 20,000 postcards in London gay venues	18/10/99 to 13/12/99 31/01/00 to 14/02/00	3,415	3 (2000)	28.2 All 30.1 Lon/SE 38.6 London
10	Being Negative, Staying Negative (2 adverts)	GMFA	London/ SE gay press	01/12/99 to 23/12/99	3,415	3 (2000)	17.0 All 10.6 Lon/SE 14.3 London
11	Bareback (4 adverts)	GMFA	London/SE gay press National HIV+ press	17/05/00 to 29/06/00	7,375	3 (2000)	36.5 All 60.8 Lon/SE 57.6 London
12	How much would you tell on a first date? (1 image)	THT / GMPI	National gay press National HIV+ press Postcards in gay bars Posters in gay bars (over urinals)	11/10/99 to 03/01/00	12,912	3 (2000)	76.9 (+ 1.3)
13	Cock Sucking Tips (4 adverts)	THT / GMPI	National gay press Posters in gay bars (over urinals)	27/03/00 to 29/05/00	11,760	3 (2000)	32.7
14	Bareback in darkrooms ... (3 adverts)	THT / GMPI	National gay press	28/09/98 to 27/12/98	17,000	2 (1999)	51.1
15	This ad can't stop you getting .. HIV...	THT / GMPI	National gay press National press (ie. Guardian Guide)	20/07/98 to 28/09/98	24,000	2 (1999)	44.4 (+ 3.5)

These additional adverts provide us with a greater range of display spending. Figure 5.3.2a shows the relationship between spend and coverage for the six adverts which spent less than £10,000 on display. Each marker represents an advert plotted by the amount of money spent of displaying it (along the bottom in thousands of pounds) and the overall level of prompted recognition among gay men (up the side as the proportion of men asked).

The cheapest of these adverts (in the bottom left) cost £1,500 to display and was seen by 15.7% of men. We currently estimate that there are 200,000 scene-using gay men in England. This would mean this intervention was encountered by 31,400 members of the target group at a 'recruitment' cost of 3.8 pence each. The mean recruitment cost for these six adverts in figure 3.5.2a was 7.8 pence. The adverts fall neatly on a line suggesting that the more money is spent, the larger the proportion of men that will encounter it and that everybody will have seen it by the time we spend about £23,000 on display.

Of course though, this is not the case. Figure 5.3.2b shows the six adverts in the figure above, plus those four which spent between £10,000 and £40,000 on display. Note that the bottom scale has got longer. The fairly straightforward looking relationship between spend and coverage becomes a little more erratic and we do not see increasing gains in coverage with increasing spend. The mean recruitment cost for these next four adverts is 17.5 pence. That is how much it cost to show it to each member of the target group who saw it (assuming a target population of 200,000). In this Figure, the amount we have to spend to reach all of the target group has risen to about £46,000. In fact, this amount of display spend is infinite, because we will never reach the entire target group with a mass media advert.

Figure 5.3.2c adds the remaining five CHAPS adverts included in the coverage surveys, those spending up to £75,000. The mean

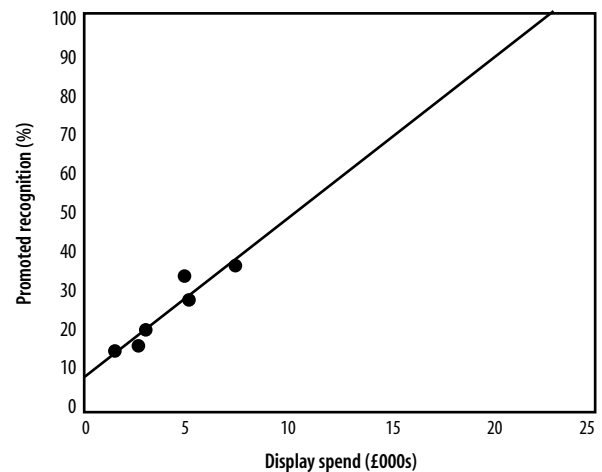


Figure 3.5.2a: Spend and coverage for mass media adverts using less than £10,000 on display

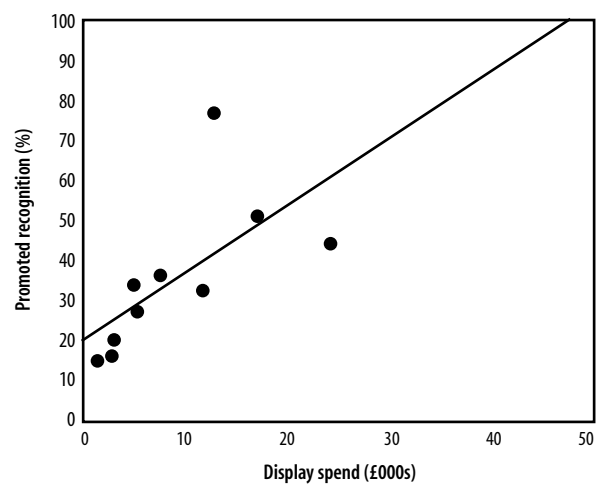


Figure 3.5.2b: Spend and coverage for mass media adverts using less than £40,000 on display

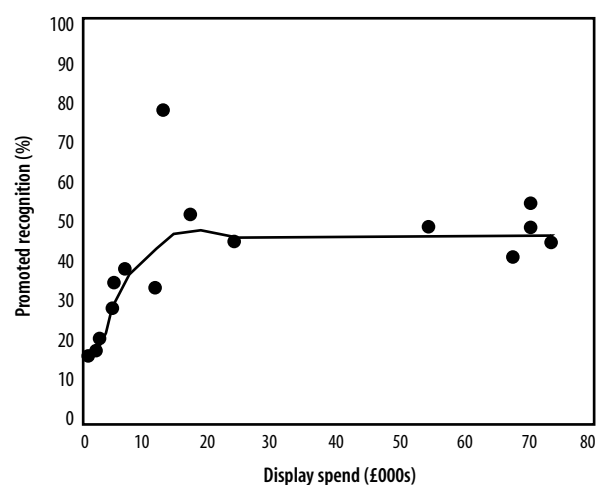


Figure 3.5.2c: Spend and coverage for mass media adverts using up to £80,000 on display

recruitment cost of these five adverts is 71.6 pence per member of the target group. We can see that even with considerable extra display spend, the proportion of the target group who recognise the advert levelled off at about the 50% mark with £20,000 of display cost. The line in this figure is a Loess smoother (a locally weighted regression line specified to fit 50% of points with 3 iterations) which suggests the relationship between the two variables. The line suggests that after a certain point, spending further sums on display results in an increasingly inefficient interventions.

Figure 3.5.2d summarises the other plots and adds details of the adverts and the agencies. The numbers for the adverts correspond to those in the advert description tables. The five high display spend adverts were CHAPS interventions as was one of the low spend. Compared with the other adverts, the CHAPS adverts were much less efficient. The figure suggests that after a display spend of approximately £20,000 there was little increase in the proportion of men who recognised the advert.

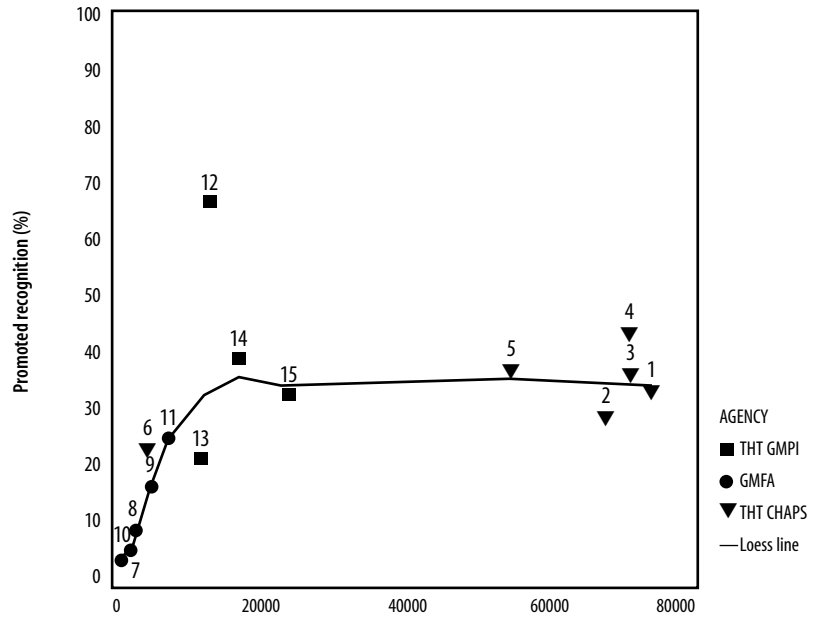


Figure 3.5.2d: Spend and coverage for mass media adverts

- In the gay press, a display spend of over £20,000 may be increasingly inefficient.

3.5.3 Engagements with adverts

In 1998 those surveyed who reported recognising either of the CHAPS adverts from that year, were asked 'Did you read the text, when you saw it?' and given the options 'No not at all', 'Yes, probably', 'Yes, definitely' and 'don't remember'.

Adverts asked about in Phase 1 (1998, n=294)	Prompted recognition (%)	Did you read it?				% Read any text	
		No, not at all	Probably	Definitely	Don't remember	Of those who'd seen it	Of entire sample
Assume Nothing	44.6	39.8	22.0	34.1	4.1	56.1	24.1
Think, Talk, Time to Test	40.5	34.8	16.1	46.4	2.7	62.5	24.4

Up to two thirds of respondents that had seen any of these adverts, reported having read at least some of the text. This represents about a quarter of the entire sample of men that had probably read their text. Less than 5% of those who recognised seeing the adverts failed to remember whether they had read them or not.

- CHAPS adverts are read by about a quarter of their target group.

3.6 RECOGNITION OF INTERVENTIONS BY SPECIFIC TARGET GROUPS

Evidence of HIV prevention need among gay men suggests that if interventions are not to benefit all age and education groups equally, then the majority should be biased toward younger rather than older men, and toward men with lower rather than higher levels of education. We have looked for associations between the demographic variables in Section 3.3 and recognition of the interventions described above. Evidence for two associations was found.

Name of intervention	Type of intervention	Coverage Survey	Age group of respondents	% definitely recognise
What's on your mind	Advert	3 (2000)	<30	40.6
			30s	34.4
			40+	19.1
Better off knowing?	Advert	3 (2000)	<30	53.1
			30s	52.8
			40+	34.8

The adverts *What's on your mind* and *Better off knowing* were more commonly recognised by younger men than by older men ($p < .05$). We found no evidence of differences in recognition by highest educational qualification.

- **Mass media adverts are disproportionately seen by younger rather than older men and are appropriate interventions for the general gay population.**

4 Relevance and satisfaction

4.1 INTRODUCTION

This chapter considers the acceptability of CHAPS adverts and leaflets to their target audience. The findings come from an annual face-to-face, structured survey undertaken with 221 different men interviewed in 1997 (October to December), 1998 (during November and December) and 2000 (September to November). The first two of these three surveys have been separately written-up and fed-back within CHAPS (Reid *et al.*, 1998; Henderson *et al.*, 1999). This data was part of the on-going evidence stream informing the programme during development. This chapter draws on these two reports and the unpublished analysis of the third wave of interviews.

4.2 METHODS

As CHAPS interventions are predominantly targeted at men who use the commercial gay scene this was the group we aimed to recruit to the evaluation interviews (other than those men that worked or volunteered in HIV health promotion). Men were recruited from the six towns and cities where CHAPS partners are currently based. The respondents were recruited with the assistance of the CHAPS partners. Recruitment was usually undertaken on the gay commercial scene during outreach and other direct contact health promotion. Posters and leaflets promoting the research were also placed in gay bars. Some respondents were also recruited from large mailing lists in Manchester and London. The following figure below shows the number of men recruited at each site in each year.

Recruitment sites	1997	1998	2000
Manchester	9	16	3
London	10	7	47
Brighton	14	15	0
Leeds	9	9	4
Bristol	10	12	4
Birmingham	10	12	10
Yearly total	62	71	68

While a reasonable balance between sites was achieved in 1997 and 1998, the 2000 sample was heavily skewed towards London and Birmingham. In 2000 the collaborative recruitment efforts in Manchester, Leeds and Bristol were not as successful as in previous years for a variety of reasons and in Brighton time limitations prohibited end user interviews.

The interviews took between 30 and 60 minutes, were notated, audio-recorded and transcribed. End-user interviews have usually been paired with another CHAPS research activity, respondents spending up to an hour on end user and then another hour on a secondary project. Men were paid between £10 and £20 reimbursement.

Men were shown copies of the leaflets and colour laminated cards of the adverts. They were asked a range of questions concerning their responses to them. Interventions were usually those that had been launched between three and twelve months ago. Participants were also asked a number of demographic questions.

Number of interventions in coverage surveys	Year of survey				Total interventions tested
	1997	1998	2000		
CHAPS adverts	1	2	1	3	7
CHAPS leaflets	2	2	2	2	8
Total asked about each year	3	4	3	5	

The number of interventions investigated increased each year. In 2000 the sample had to be split and shown different CHAPS interventions, since several of the leaflets were very long and required substantial time to discuss. Over the three surveys, we asked about 15 CHAPS interventions, comprised of 8 CHAPS leaflets and 7 CHAPS adverts.

4.3 DEMOGRAPHIC DESCRIPTION OF PARTICIPANTS

This section describes the men who took part in the end user interviews. Demographically, they are relatively similar to the men taking part in the *National Gay Men's Sex Survey* and to the men participating in CHAPS coverage surveys (see Chapter 3).

4.3.1 Geographical distribution

Where the men taking part in the surveys lived is obviously related to the sites they were recruited in (see above). The table shows the area of residence of the three samples using standard regions.

Region of Residence	% 1997 (n = 62)	% 1998 (n = 71)	% 2000 (n = 68)
Northern & Yorkshire	15	13	6
North West	16	23	4
Trent	0	0	0
West Midlands	13	16	13
Eastern	0	0	0
South West	16	17	7
South East	23	21	2
London	18	11	68

No men in any year were recruited from the Trent or Eastern Regions where no CHAPS partner currently exists. In 2000 the majority of men were recruited from London at the cost of all other areas except the West Midlands whose representation remained similar over the three years.

4.3.2 Age

The average (median) age of the samples rose from 32 in 1997 to 35 in 1999 and 36 in 2000. While a wide age range was recruited at least half were aged between 26 and 43 in each year.

Age	% 1997 (n = 61, missing 1)	% 1998 (n = 71)	% 2000 (n = 68)
Median	32	35	36
Mean	33.7	35.9	36.2
Standard deviation	10.8	9.1	10.1
Range	17-65	20-63	17-67
Inter quartile range	26-39	30-42	29-43
Age bands	% in each age band		
<20	5	0	4
20s	38	23	27
30s	34	48	35
40s	15	18	25
50+	8	11	9

In terms of age distribution the men are broadly similar to those recruited to the *National Gay Men's Sex Survey* in those years (Hickson *et al.*, 1998; Hickson *et al.*, 1999) although older on average in 1998. Almost half the men were in their 30's.

4.3.3 Sexual identity

In each year men were asked 'What term do you usually use to describe yourself sexually?' and in 1997 to indicate one of: 'gay', 'bisexual', 'queer' or 'any other term'. Those who indicated 'any other term' were asked to specify what term they used. In 1998 and 2000 'queer' was replaced with 'homosexual' as an option.

Sexual Identity	% 1997 (n = 62)	% 1998 (n = 71)	% 2000 (n = 312)
Gay	81	83	95
Bisexual	8	9	2
Queer	7		
Homosexual		3	2
Any other term	5	6	2

In each of the three surveys the majority of men identified as gay (81% - 95%) and a small minority reported using any other term (2% - 6%). In 1998, 8% identified as 'bisexual' which was higher in 1999 and lower in 2000 when the proportion of gay men was highest at 95%.

4.3.4 Ethnicity

The ethnic group question was derived from the Census (Coleman & Salt, 1996). In 1998 and 1999 men were asked 'How would you describe your ethnic group?' and asked to indicate one of the following 'White'; 'Black African'; 'Black Caribbean'; 'Other Black group'; 'Indian'; 'Pakistani'; 'Chinese' or 'Any other group'. In 2000 the 'White' category was expanded to give the options 'White British', 'White Irish' & 'White Other' a further category of 'mixed ethnicity' was also included.

In each year the majority reported a 'white' ethnicity (58/62, 65/71, 57/68). The proportion of ethnicities other than White is broadly similar to the national samples in the 1997 and 1998 *Gay Men's Sex Surveys* (5.4% in 1997, 6.1% in 1998).

Ethnicity	% 1997 (n = 62)	% 1998 (n = 71)	% 2000 (n = 68)
Chinese	0	0	0
Asian/ Asian British - Indian	2	0	3
Asian/ Asian British - Pakistani	0	0	0
Asian/ Asian British - Other	0	0	0
Black/ Black British Caribbean	0	3	0
Black/ Black British African	0	2	0
Black/ Black British Other	3	3	2
White	94	92	
White British			71
White Irish			2
White Other			12
Any other group	2	2	6
Mixed ethnicity			6

4.3.5 Formal education

Men were asked 'Which of the following educational qualifications do you have?' and given the options below.

Highest educational qualification	% 1997 (n = 62)	% 1998 (n = 71)	% 2000 (n = 68)
No educational qualifications	11	7	6
O levels/ CSEs/ GCSEs	18	14	9
A-levels or equivalent	21	17	27
Diploma or equivalent	13	20	16
Degree or higher	37	42	40
Other	0	0	3

In each year the number of men with no educational qualifications and 'O level' or equivalent decreased as the number with 'A level', diploma or degree increased. The proportion reporting a degree or higher was reasonably similar in each year at around 40%. In 1997 and 1998 the proportion of men reporting a degree was similar to men recruited through the *National Gay Men's Sex Survey* (40% in 1997, 38% in 1998).

4.3.6 Use of settings where health promotion occurs

In 1998 and 2000, respondents were asked which of a variety of gay community and health service settings they had used in the last month (see table below). In 1997 they were only asked whether they had been to a gay pub, bar or club in the month prior to the interview.

Setting Use <i>'In the last month have you ...?'</i>	% 1997 (n = 62)	% 1998 (n = 71)	% 2000 (n = 68)
Read or looked at the gay press		89	94
Been to a gay pub, bar or club	94	93	85
Been to your GP		45	35
Been to a gay social group		31	31
Been to a cottage or cruising ground		21	35
Been to a gay sauna		24	18
Been to a sexual health/ GUM/ HIV clinic		17	21
Phoned a telephone information or help-line		16	7

Fewer men in 2000 had been to a gay pub, bar or club in the previous month than those interviewed in 1997 and 1998. A larger proportion of men had been to a cottage or cruising ground in 2000 than 1998 and fewer had telephoned an information or help-line.

4.4 RESULTS OF EVALUATIONS OF INDIVIDUAL INTERVENTIONS

In this section, we summarise the results of our investigations into the various CHAPS adverts and leaflets. The following section discusses some points of interpretation in these findings as well as some general methodological difficulties.

Leaflet: Safer Sex for Gay Men

Most men responded positively to this leaflet although they considered it to be targeted at younger or less experienced men. They appreciated the design and positive tone, reference to oral sex and the acknowledgement of common assumptions. Most men felt it would benefit others but was not personally relevant. Similarly, although positive about the content and recognising the need for this type of intervention, most did not feel in need of such basic information. The leaflet was acceptable but not needed nor effective or relevant to most of the men we spoke to.

Advert: Assume Nothing (4 images)

The advert was perceived as new, innovative, stylish, modern and targeted at younger gay men. The message was interpreted as an instruction to never assume that a sexual partner was uninfected and to a lesser extent to reflect on personal HIV status and potential infection and thus a promotion of 'safe sex'. This message and popular tag-line 'Assume Nothing' was generally acceptable and deemed personally relevant, while the design was unpopular with a majority of men who believed there was no connection between the images used and the text. The majority of men did not need this information and felt this advert would neither interest nor effect them, although they found it relevant on a political rather than personal basis.

Leaflet: Assume Nothing

The content, approach, ideas and language used were almost universally appreciated as innovative and atypically good. Responses to design and images were mixed. Most felt it positively promoted safer sex and challenged complacency regarding HIV and assumptions they made about their own and their partner's HIV status. It also advocated HIV testing, communication with sexual partners and promoted personal responsibility for self and partner's health. They particularly valued the recognition it gave to difficulties in practising safer sex, the non-proscriptive tone, the promotion of choice and personal responsibility and the use of realistic individual testimonies. It was considered by most to be relevant because it addressed concerns and experiences with which they could identify rather than being personally relevant. It was not needed by most men although it may have acted as an reinforcement of their current sexual practice. The message was perceived to be acceptable although the design was not.

Advert: Think, Talk, Time to Test? (3 images)

Most thought the primary message of these adverts was an encouragement to take responsibility for their own and their partner's sexual health through regular HIV testing. For some, this message was also associated with never assuming the HIV status of sexual partners. They tended to find the image appealing, modern and attractive. The text was perceived to be difficult to read and understand. It is evident that the materials encouraged men who already test for HIV to do so again, but have little impact on those who have never tested. Of the four aims, one was met, two were already met prior to reading the adverts and one was too imprecise to measure. This advert was seen to be effective by those men who already attend for regular HIV tests. In summary, the advert was considered acceptable, somewhat relevant and somewhat needed with the exception of the information on GUM services which was not needed at all by most men.

Leaflet: The Whole Picture

Most believed the leaflet was about advances in HIV treatment, new information on PEP, viral load, and the link between STIs and HIV infection. Men appreciated being given this information, although the men who had not tested positive believed the leaflet was targeted at HIV positive men. There were three major areas of new information for most men – combination therapy, viral load and Post Exposure Prophylaxis (PEP). The overall aim for this leaflet was met, while two objectives were met for most men, one objective was met for a minority of men, one was met on a very general rather than personal level, and one was not met for most men. Men who had not tested positive found the leaflet to be somewhat relevant (in terms of the provision of general information), but it was not personally needed and therefore not effective. For men who had tested positive, it was acceptable, relevant and somewhat needed.

Leaflet: Some Like It Hot: Travel to Gay Euro Resorts

Most men reacted very positively to this leaflet. They found it humorous, informative, appreciated the design and found it easy to read. Almost all thought the message was an encouragement to take condoms and have 'safer sex' while on holiday. Of the 23 aims, 14 were met. This leaflet was acceptable to most, needed by a minority, somewhat effective, and personally relevant to some men.

Advert: See To It! (1 image)

Although most enjoyed the colourful icons and believed the images would arouse their curiosity, few thought they would actually attend to the text. They saw the message as encouraging regular STI check ups and generally raising awareness about STIs. Of the two aims, one was unmet and the second aim was redundant for most men. For the latter aim, those who were in need of it would fail to read that section of the poster due to a design fault. Broadly speaking, neither of the two aims were met because the men were not generally in need of this information therefore rendering the poster personally relevant but ineffective.

Leaflet: The Manual

This leaflet was extremely popular with the majority of men who felt it was informative, well designed, attractive and well written. The title was an immediate draw. Almost all felt it was useful or potentially useful, especially as an STI symptom or diagnostic guide. There was criticism of the difficulty in reading coloured text on coloured background and an extremely weak binding. Almost all felt it was relevant mainly because they were sexually active and had some risk of contracting STI's. There was little need in relation to information about HIV and HIV testing, however it was more successful at providing information on the symptoms of STIs. One aim is met by the leaflet, two aims were already met for most men prior to reading the leaflet, and the last aim is met for a minority of men. Most felt they were not currently in need of this information but could foresee the potential for need of it in the future. In sum, it is deemed acceptable, personally relevant, and somewhat effective.

Advert: What's On Your Mind? (1 image)

The imagery of this advert was unappealing for most men. Because of the 'stoned' look of the man portrayed in the image many mistook it for a drug awareness poster until closer reading of the text. The message was seen as being about undiagnosed HIV infection, HIV testing and assumptions about sexual partners' status. The design was perceived to be difficult as it obscured the text and important information was lost. The one aim was met. The advert had minimal influence or impact on most of these men. Despite this, most believed it to be relevant to them on a political rather than personal basis. The design of both the text and image was not considered acceptable. The content was not felt to be needed by most men.

Leaflet: Same Old Scene

All could relate to the issues portrayed in the leaflet to do with the gay scene. Half of the men gained new information from the leaflet while the other half did not. Few felt this leaflet would have an impact on their sexual behaviour. There were eight aims: two were already met prior to men reading the leaflet; four were met for a minority of men and one was not met for any of the men. This leaflet was somewhat acceptable, somewhat relevant, and somewhat needed.

Leaflet and Adverts: Better Off Knowing (5 images and 1 leaflet)

This campaign was made up of 5 advertisements and 1 leaflet. Almost all were able to discern the basic message from the adverts which they perceived to be 'get tested - it is better to know if you are HIV negative or positive'. The message, language, and tone were considered generally acceptable and desirable as was the layout and design. Most had prior knowledge of the issues dealt with in the leaflet. It did encourage many to reflect on their status but had little success in encouraging them to test for HIV. It appears that most were not generally in need of this type of campaign and the two aims were largely met for most men prior to reading the adverts and leaflet. The materials were deemed acceptable, relevant and somewhat needed for a minority of men.

Leaflet and Advert: Homophobia (3 images in the general media, one in the gay press & leaflet for gay men)

Both sets of adverts (general population and gay men) were tested in the interviews. The campaign for the general population was very positively received by all. Men were pleased to see an intervention addressing homophobia and targeted at heterosexuals. The design and messages were very popular and considered amusing and eye-catching. Most thought this campaign would have a positive effect on heterosexuals in terms of diminishing homophobia.

The single advert placed in the gay press was successful in informing men about the homophobia campaign. The design of the leaflet which was targeted at gay men was also perceived to be

attractive and colourful. Some received new information from the leaflet while others thought the leaflet may be helpful to them if they were victims of homophobic abuse or violence in the future. The majority found the campaign relevant because they were gay and lived in a homophobic society. The aims for both the poster and leaflet targeted at gay men were largely already met. The campaign was perceived to be acceptable and relevant to most men. Although the information in the leaflet on dealing with homophobia is not currently needed by the majority, they did feel that it may be needed should they ever become a victim of homophobic abuse.

4.5 QUALITITES

We have seen that for the most part, the interventions were acceptable and that they varied in terms of their relevance and effectiveness. The relationship between these intervention qualities is complex. The effectiveness of an intervention is dependent on its acceptability and appropriateness. That is, if an advertisement is not seen as acceptable by a recipient, it will not be attended to, whether or not it is relevant or designed to meet his needs. If it is acceptable, but not considered personally relevant, it will also not be attended to. Therefore, in order to meet need (be effective), it must be both acceptable and relevant. However, an intervention can be acceptable without being relevant and/ or effective, and not effective, even though it is acceptable and relevant. It is therefore worth examining these three dimensions in more detail.

4.5.1 Acceptability

For the most part, all of the interventions were considered acceptable. This is a clear improvement on the situation a number of years ago. Evaluations of national mass media interventions for gay men in the early to mid 1990's (see Deverell and Rooney, 1994) highlight the extent to which adverts and leaflets were neither acceptable nor relevant to their target audience. However, the CHAPS interventions are not totally unproblematic - especially in relation to their design. It was clear that the type of design, especially in adverts sometimes led to the impression that they were only for 'younger' gay men. They were therefore not considered personally acceptable to older men even if their content was likely to be relevant. A good example of this is the *Assume Nothing* adverts. In other cases, the use of certain fonts and colours in the adverts were found to be off-putting by significant numbers of men. This was especially the case in the *Think, Talk, Time to Test* and *What's on Your Mind?* Over-designing should be avoided, or design should be more creatively used and tested on different target groups (attending especially to age and educational differences). Overall, the design should in some way reflect the content of the intervention. That is, men tended to distinguish between basic informational interventions, such as *The Manual*, 'glossy' or 'lifestyle' advertisements, such as *Assume Nothing* and 'realist' advertising, such as the *Reality* adverts. (Not technically CHAPS interventions, the *Reality* adverts was included in the end-user evaluation because it was the first major THT output after CHAPS was convened.) Design in *The Manual* was seen to be appropriate to content. However, in the case of *Assume Nothing*, the 'glossy' design was not appropriate to the seriousness of the message (which was to undermine comfortable assumptions). It appears however, that as designers and health promoters are working increasingly closely, dissonance between design and content is becoming less apparent (see, *Better off Knowing* and *Homophobia*). However, it still might be advisable for those involved to concentrate more closely on this relationship in order to develop a 'vocabulary' of design appropriate to health promotion mass media for different groups of gay men.

- CHAPS interventions are highly acceptable to their target audience.

4.5.2 Personal relevance & engagement

Our analysis of personal relevance has shown that there are a number of ways in which a respondent might judge an intervention to be relevant. The first and most common way is what we have called **political relevance**. This is an idea based on gay communitarian values. The respondent

considers that as a gay man, infected with or affected by HIV, all materials which relate to homosexuality or HIV are relevant to him. This type of assessment therefore precludes the question of whether interventions are either acceptable (in terms of design or content) or effective (in terms of whether the respondent has needs which the intervention addresses).

The second way in which relevance might be assessed is what we have called **empathetic relevance**. Here, the subject can identify personally with the content of the intervention, but not immediately. We identified two sub-types here. The first (and again most common) might be called retrospective empathetic relevance. This is where the respondent can see situations or individuals to whom the intervention might be relevant. Most commonly is the case where the respondent would have found the intervention relevant when he was coming out or says that men who are currently coming out would find it relevant. The second might be called prospective empathetic relevance. Here, the intervention deals with issues which the individual believes are not immediately relevant, but might be at some other time in the future (for example, an intervention which deals with relationships when the respondent is not currently in one). Empathetic relevance becomes crucial in the design of leaflets or booklets where usefulness is supposed to endure. The best examples of these are *The Manual* and *Safer Sex for Gay Men*. That is, interventions which contain information, not immediately useful, but which might be useful at some time later. Empathetic relevance is of little application to mass media adverts with a limited exposure time.

The third way in which relevance has some application is more complex. Here, the intervention attempts to change the readers conception of his self and hence his behaviours or strategies. It does this by setting up a narrative connection between current self-conception and a possible different self-conception, usually through the use of personal testimonial. This depends on establishing a dissonance between the individuals current and possible state. A good example of this is the *Assume Nothing* which prompts the reader to question whether his conception of the world, his behaviours and his strategies are really as safe as they appear to him. Therefore, it promotes self doubt and works on the question *Is this relevant to me?* Another example are interventions which ask the reader to interrogate his own behaviours for symptomatic signs. *'Same Old Scene'* is based on the idea that the reader recognises himself as in need and is prompted to make changes to his life based on this conception. Interventions based on this conception of relevance tend to be more intrusive on this level in inspiring self-doubt in the reader in order to inaugurate change.

The final (and least reported) sense of personal relevance is what we call **immediate self identified need-related relevance**. This where an individual has a specific need which is met by the interventions. This may be information (in the case of *The Manual*) or it may be situational (for example an individual in a relationship who is thinking of taking an HIV test whose thoughts on this matter are clarified by *Think, Talk, Time to Test*). Crucial to this is the notion of 'hot' and 'cold' needs. That is, if an information need is 'hot' (for example, someone experiencing venereal symptoms at the time that he sees *The Manual*), or a situational need is 'hot' (for example, a person contemplating a test, or a person who is concerned about engaging in UAI with his partner) will make an intervention relevant in a particular way. We tend to use this definition of personal relevance when we debate and evaluate the effectiveness of interventions. As we have seen however, this is probably inappropriate as personal relevance can be expressed in a number of ways. We therefore recommend that having established and elaborated on these different ways in which a intervention might be deemed to be personally relevant, health promoters reflect on how they want relevance to be taken into account for evaluative purposes during the planning process.

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

4.5.3 Effectiveness

Our discussion so far makes assessing the effectiveness of CHAPS mass media adverts more problematic. A narrow definition of effectiveness would be the extent to which the intervention met the aim of reducing the need in the target group. This suggests two questions: What percentage of the group who encounter the intervention have unmet the needs which it is attempting to meet? Secondly, among those who have these needs, to what extent are they met by the intervention?

There are a number of difficulties with answering the first question. First, because it requires us to measure changing need on a group level. To investigate the relationship between one intervention and changes in group need is unfeasible. We investigate group needs in relation to integrated programmes of interventions. If, on the other hand, we try to measure changing need on the level of the individual, we come up against different problems. Our discussion on personal relevance suggests that needs change over time and are context bound. That is, an individual will base his needs on what he sees as possible or probable and the life situation he is currently in. Therefore, an intervention might fulfil a need prospectively (as in a leaflet remembered or encountered later), or it may prompt the reader to reassess his needs and consider new ways of meeting them (that is, make needs apparent, or increase dissatisfaction with one's current state). Moreover, studies suggest that on a subjective level we exist in an on-going and ever changing state of need. That is, fulfilling one need generally raises yet more needs to be fulfilled.

This leads to a further difficulty. CHAPS interventions tend to be targeted in very different ways. Some are very general in their targeting (for example, in the case of the *Reality* adverts, all gay men). Others target men based on need (for example, in the case of *The Manual*, gay men who do not have information) or situation (in the case of the travel leaflets, all gay men travelling to specific types of foreign locations). The solution might be to recruit men who exhibit the need to be addressed by the intervention at the time of evaluation. Practically speaking, this is difficult to say the least (though not impossible). However, when the target group is imprecise, or there is more than one target group for one intervention, this becomes impossible. Finally, in the case of knowledge-based interventions, we are dealing with a relatively knowledgeable group. It might always be necessary to state that condoms offer good protection against HIV transmission, but practically impossible to find a group of men who do not already know this.

These problems are not insurmountable. It may be fair to conclude that the criteria for judging the success of CHAPS mass media interventions is still not clear (although it is clearer now than it has ever been). We can design studies which will measure the effectiveness of interventions. For example, where the need is for knowledge, a randomised control trial of those who do not have this information can be arranged. However, our experience here has taught us that one design will not suit all interventions. We therefore might consider two developmental strategies: First, it is necessary to develop a clearer descriptive language when interventions are planned and designed. For example, in addition to stating the aims, we need to reflect on what needs the intervention is designed to decrease, how it is likely to decrease this need, in what way it is to be made relevant to the reader etc. Second, the design of end-user evaluations should be more flexible to suit these interventions. However, we might want also to consider the cost effectiveness of these strategies. It is clear that individuals use a range of different interventions to meet a range of different needs. It is also clear that through practice, health promoters are clarifying their aims and making their mass media outputs more acceptable to their target audience. We might gain more from extending this process to increase clarity in planning than designing ever more convoluted evaluation strategies which might yield us diminishing returns in terms of the information we elicit.

7 Conclusions and recommendations

7.1 Intervention description

Given that the majority of gay men read the gay press, more or less frequently, the needs of all men should be considered when planning adverts to be placed there. The amount spent on the development of an advert or poster intervention as opposed to its placement should be monitored to enable a judgement to be made about how much should be allocated to each objective of these interventions. More attention should be paid to describing the distribution of leaflets and postcards. Many are produced, often with quite high development costs, yet little attention is paid to the mechanism by which they might reach the hands of the intended target group.

7.2 Intervention development

Pretesting collaborative interventions requires clarity in lines of feedback and decision making structures. Recognising and articulating the differences in values and priorities of research teams and design teams can ease collaboration on intervention development. Organisational aspirations for interventions dictate the value placed on pre-testing research relative to other stakeholders opinions: pre-testing data is not the only source of influence in the development process. Objectivity of findings and involvement of health promoters in the research agenda increase the acceptability of findings. It is necessary to identify milestones and to monitor their passing to successfully collaborate on interventions across agencies: hence collaboration itself needs resources. It is essential that multi-disciplinary mechanisms exist to locate and utilise the outcome of the pre-testing in the intervention development processes.

7.3 Intervention qualities

CHAPS national leaflets were typically recognised by between 10% and 20% of the target group. They were read by roughly one in ten of their target group, although this figure varies substantially for individual leaflets. Finally they were 'taken home' by between one in six and one in twenty of their target group.

CHAPS mass media adverts were typically recognised by between 40% and 55% of their target group and read by about a quarter of their target group. In the gay press, a display spend of over £20,000 may be increasingly inefficient. Mass media adverts are disproportionately seen by younger rather than older men and are appropriate interventions for the general gay population.

CHAPS interventions are highly acceptable to their target audience. There are a number of ways in which men engage with interventions, which may be manipulated and maximised.

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