

**EXECUTIVE SUMMARY**

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***Mass media and support materials***

- Mass media interventions that use sexualised imagery need to maintain a balance between being sexy enough to be attractive and distinctive from other advertising, yet not so sexy as to detract from what is being communicated.
- Mass media interventions using strong, bold imagery that does not incorporate the male form is unusual in the gay marketplace, and can serve to generate interest.
- Mass media interventions that are text-based have the broadest appeal, and are regarded as a departure from past CHAPS campaigns. When they are unambiguous in their intent, they can allow for a direct, almost confrontational tone with the reader.
- There is clear support for written interventions that do more to spell out the “realities” of life with HIV, yet there is little consensus about what this means. End user groups felt that in the absence of balanced portrayals, such interventions could run the risk of repelling their target audience.
- Humour had the least overall appeal as a style for mass media interventions, because of the potential for misunderstanding. It was however, emphasised that increased use of light-heartedness would be welcomed, and that this was often a key component of successful face-to-face interventions in scene-based settings.
- Knick knacks are most successful when they incorporate quality, interactivity, and intervention relevance. These features combine to increase the materials’ exchange value for time spent interacting with a worker.

***Structural considerations***

- There was widespread agreement among the CHAPS partners that *Making it Count* sits at the centre of the partnership’s planning and delivery, and that this needs to be closely attended to in challenging times with competing priorities.
- There was agreement that the planning and design of CHAPS written outputs need to be more carefully tailored to the sub-groups of men in greatest need, and that careful placement (beyond the national gay press) would help to ensure appropriate targeting.
- CHAPS’ focus on mass media undermines the potential of the partnership to trial and implement more in-depth interventions that are perceived to be more effective.
- The partnership currently lacks an outward orientation through which it might clearly describe its aims and outputs to its stakeholders.
- There was some concern to address the challenge of describing success - although few felt HIV incidence was a useful measure of CHAPS success, the challenge of demonstrating CHAPS impact on behaviour was keenly felt.

# **1. INTRODUCTION, METHODS & DEMOGRAPHIC DESCRIPTION**

This report describes findings from a range of evaluation activities undertaken during a period of extensive internal and external review of the CHAPS partnership. For this reason, an array of evaluative activities were undertaken, in order to cover a broad scope of opinion and insight. Six end user focus groups were undertaken in five cities, comprising purposively sampled homosexually active men. They considered the acceptability and appropriateness of various styles of mass media intervention and their attendant support materials. Input was also sought from groups of health promotion workers and volunteers who utilise such materials in their interactions with the target audience. The majority of the materials considered in this phase of the evaluation were produced through the CHAPS partnership between 2005 and 2009 (spanning the time since the last end user evaluation), but some produced by other agencies were included for comparison.

In addition, we asked far-reaching and more structural questions regarding why CHAPS makes the choices it does when producing written outputs, and how such outputs might be improved. For this segment of the evaluation, managers of CHAPS partner agencies and a small number of stakeholders from outside of the partnership were interviewed.

The result is a report that is directed in the first half, toward discussion of specific written intervention styles and executions; and in the second, toward a critique and reflection upon the wider elements of the CHAPS agenda, and how this is best reflected through its direct contact interventions.

## **1.1 Manager interviews**

During the summer of 2009 (June - September) eleven interviews were conducted with managers of all CHAPS partner agencies, as well as those with responsibilities regarding the development and design of CHAPS mass and small media interventions. Some interviews were undertaken face-to-face, but the majority were conducted by telephone, and lasted an average of thirty to forty minutes. In all cases, respondents were asked to look at a powerpoint presentation including examples from each CHAPS mass media campaign ever released. The interview centred upon the respondents' views of the strongest and weakest examples of CHAPS mass media interventions, their reasons for thinking so, as well as some of the broader social and policy contexts within which gay men's HIV prevention interventions are delivered. Respondents were asked to consider what they felt should be the future direction for CHAPS outputs, and how they would describe success. Interviews were digitally recorded. Recordings were fully annotated and content analysed thematically.

## **1.2 Stakeholder interviews**

At the end of the manager interviews, each manager was asked to recommend a person outside of the partnership who was familiar with the CHAPS interventions, and had an interest in facilitating the aims of *Making it Count*. Nine named individuals included service commissioners, genito-urinary medicine clinicians, owners of gay commercial venues, and those working the HIV voluntary sector. Ultimately, four of these stakeholders participated in a twenty to thirty minute telephone interview in the autumn of 2009 (September - November). Two worked in a commissioning capacity, and two were a part of organisations in the HIV voluntary sector. Respondents were asked to look at the same powerpoint presentation including examples of each CHAPS mass media intervention. The interview centred upon the respondents' views of the strongest and weakest interventions and their reasons for thinking so. They were also asked to consider what they felt should be the future direction for CHAPS interventions, as well as being asked to describe what successful

prevention outcomes might be. Interviews were digitally recorded. Interview notes and recordings were annotated, and the annotations were content analysed thematically.

### **1.3 Detached worker interviews**

During the summer of 2009 (June - September) six group interviews were hosted by CHAPS partner agencies and were undertaken with a total of 23 individuals who had distributed, or were currently distributing CHAPS outputs in gay community and commercial venues, public sex environments and social events. Due to detached workers' and volunteers' close engagement with homosexually active men in distribution settings, we aimed to gain their unique insight into service user response to materials, as well as hearing more about their experiences of trends in user engagement. Groups occurred in Bristol (THT), West Midlands (THT), London (THT), Leicester (Trade), Manchester (LGF) and Sheffield (Centre for HIV and Sexual Health). Most respondents were sessional or full-time staff, though some were volunteers, so their breadth of experience of working in the sector varied widely. Where appropriate, respondents were reimbursed for their time directly from the host agency. Due to the service provision situation in London at the time of the fieldwork, the London group was hosted at Sigma Research and was comprised of those who had delivered CHAPS outputs in London, but were not doing so at the time of interview. These respondents were paid £20 for their time and participation.

A similar approach was used in all six groups. A4 HIV prevention posters were hung around the room. Examples were also available for inspection on tables where this was feasible. Most posters in the room were produced by CHAPS between 2005 and 2008, but examples produced by other agencies were also used for contrast (including approaches based on humour and fear). After a discussion about diverse styles of mass media intervention, each group was asked to consider the relevance and utility of knick knacks associated with recent CHAPS campaigns. Finally, respondents were asked to consider issues and topics that they would like to see explored in CHAPS interventions in the future. Groups lasted an average of one and a half hours and were digitally recorded. Recordings and observation notes were subsequently annotated and content analysed thematically.

### **1.4 End user groups**

During the summer of 2009 (June - September) six focus groups were undertaken with community-recruited gay and bisexual men. Two groups consisted only of men with diagnosed HIV, two groups consisted of men who had sex with thirty or more partners in the past year, and two groups consisted of men aged from 16 to 24. CHAPS partner agencies in Birmingham (THT), Leicester (Trade), Manchester (LGF) and Sheffield (Centre for HIV and Sexual Health) purposively recruited men to the specified group being hosted in their premises, and most were able to extend recruitment beyond those who were already active service-users through discussion and the distribution of fliers. In London, GMFA issued an invitation via an e-newsletter to a group held at the Sigma Research office. Finally, a community recruiter used social networking websites and snowballing methods to recruit men to a second group in London, again held at the offices of Sigma Research. Focus group respondents were paid £20 each. Groups lasted an average of one and a half hours and were digitally recorded. Recordings and observation notes were subsequently annotated and content analysed thematically.

A similar approach was used in all six groups. A4 HIV prevention posters were hung around the room, at a distance not dissimilar to how they might be encountered in scene venues. Examples were also available for inspection on tables where this was feasible. The focus was on posters produced by CHAPS between 2005 and 2008, but examples produced by others

were also used for contrast (including approaches based on humour and fear). After a discussion about diverse styles of mass media intervention, each group was asked to agree one campaign from each of the identified style types for further discussion. There was not time to discuss all campaigns produced in this time period. Instead, researchers gave groups the power to choose the direction of the conversation, thereby increasing respondents' direct control over the session, and helping to elicit core issues pertaining to visual styles rather than only focusing on the content and design details of different executions.

The remainder of each group was spent discussing the three interventions (including some related small media and knick-knacks) selected by the group. Respondents were asked what they thought each intervention was trying to achieve, their opinion on its visual effect, and whether it was likely to influence their own behaviour. They were also asked who was the target audience for each selected intervention. The following table shows which mass media interventions respondents could select, and the number of groups that selected each one.

<b>Sexualised body imagery</b>		<b>Non-sexual imagery</b>		<b>Stylised text</b>	
Choice between:	Selected by:	Choice between:	Selected by:	Choice between:	Selected by:
<b>STIs</b>	4 groups	<b>PEP</b>	5 groups	<b>Think HIV</b> (Undiagnosed infection)	5 groups
<b>Closer</b> (Proximity)	1 group	<b>Poppers</b>	1 group	<b>Get it On</b> (logo image only)	1 group
<b>Get it On</b>	1 group				

#### **1.4.1 Demographic description of end user respondents**

Prior to each of the six end user focus groups, respondents were asked to complete a brief demographic questionnaire. This section provides a summary of the demographic characteristics of those taking part as end users.

##### **Age**

Mean (average)	31.1
Median (middle value)	30
Range	16-52

##### **Ethnicity**

	Number of men (n=49)
White British	28
White Irish	3
White other	7
Black or Black British	1
Asian or Asian British Indian	1
Mixed White / Black Caribbean	4
Mixed White / Black African	1
Mixed White / Asian	1
Mixed other	3

Most respondents were White British, although care was taken to ensure ethnic diversity in each of the focus groups.

<b>Years of post-secondary education</b>	Number of men (n=48, 1 missing)
None	7
One	4
Two	10
Three to five	14
Six or more	13

Most respondents had two or more years of post-secondary education. Among men in the groups for 16-24 year olds, years of education were lower than for men taking part in other groups.

<b>Sexual identity</b>	Number of men (n=48, 1 missing)
Gay	41
Bisexual	7

<b>Number of male partners in the last year</b>	Number of men (n=48, 1 missing)
None	2
One	5
2-4	12
5-12	2
13-29	10
30 or more	17

<b>HIV testing history</b>	Number of men (n=49)
Never tested	4
Tested HIV positive	19
Last test negative	26

## **2. DIFFERENT STYLES USED IN RECENT CHAPS CAMPAIGNS**

This evaluation of CHAPS mass media interventions focuses on the different visual styles used. Prior to the field-work, the selection of mass media interventions to be evaluated were categorised into three separate styles, those using sexualised body imagery, those using images that did not include the human form, and text-only interventions. The group discussions focussed on the contrast between these styles, and participants' responses to them, and the findings are presented below, by style.

### **2.1 Sexualised body imagery**

#### **2.1.1 STIs**

When asked to choose between the mass media executions of STIs, Closer, and Get it On, four of the six end user groups chose to discuss STIs. This section will therefore mainly focus on STIs as an example of a intervention using sexualised body imagery. There is a summary of viewpoints on sexualised interventions more broadly in section 2.1.2.

Most men felt that the models used in this intervention were highly attractive, and that the beauty of the image was a key feature of the advert. There was some disagreement within and between groups as to whether the images would engage readers' attention, or whether the current ubiquity of such advertising (for clothing, underwear and fragrances) meant that they might be easily disregarded.

Despite selecting this intervention for discussion, those taking part in the two younger men's groups felt that they did not target them, because younger men's bodies are not so muscled or toned. There was some concern that the use of models with such athletic body types would

exacerbate unrealistic expectations of body image among younger people. Some men in these groups said they felt 'disgusted' once they discovered what the intervention was really about, and this put them off reading further or seeking more information about STIs.

The two groups of (mainly older) men with diagnosed HIV had starkly contrasting views on the STI interventions style and impact. One group agreed that the intervention would have universal appeal, and that it had struck an appropriate balance between drawing readers with a sexy body, while mildly surprising them with the unexpected image of an STI symptom. In contrast, the other group of men with diagnosed HIV was in strong agreement that the campaign was easily overlooked. Some said it was too difficult to spot the symptoms, and others argued that even where readers might identify that this was a campaign about STIs, it was unclear what the reader should do about it. Thus, the utility of the hook was lost. Some argued that there was an implication that readers should avoid partners with STIs, and that this basic message must therefore be pitched at a younger audience.

**Who would be stupid enough to have sex with a man who has a green discharge coming from their cock? [laughter] [end user]**

When asked about whether this intervention encouraged respondents to think about the sex they had, only a small number of those in the younger men's groups agreed, and opinions among men in the groups for those with diagnosed HIV were closely aligned with the contrasting opinions expressed above.

In all groups discussing the STI intervention, there was little agreement about the aim of the intervention. Some men felt that the adverts were encouraging readers to check themselves for infection, while others argued that the aim was to increase men's ability to identify symptoms in potential partners.

Only one respondent in all four groups said he thought the campaign might be trying to increase STI screening. More common was a sense that it aimed to increase awareness of, and alertness to, symptoms. The apparent lack of a holistic health promotion aim angered men in one group who felt that the approach was too slick, lacked content, and failed to consider the broader sexual context of men's lives:

**Aims from STIs ASTOR**

Men are aware about HIV and STIs, their exposure, transmission and prevention.

Men know that the use of a condom reduces the likelihood of infection with gonorrhoea, chlamydia, NSU, syphilis and herpes if they have intercourse with someone who is infected.

Reduce the average length of time men have undiagnosed STIs (specifically gonorrhoea, chlamydia, NSU, syphilis and herpes).

**[It's] like getting checked out is a momentary interruption rather than something to be solved and considered. [end user]**

The ambivalence about this intervention was not so dominant among those working and volunteering in the HIV sector. Some detached workers mentioned that they felt the STI intervention successfully drew people in because of its attractiveness, and then used a unique and somewhat playful twist to encourage men to be aware of their STI status.

Among the CHAPS managers, four out of eleven identified STIs in their top two mass media interventions ever produced by CHAPS, and one chose it as their favourite. They felt that the attractive image was visually appealing and innovative, and could be used in a broad range of settings. One mentioned that it was a great twist on popular underwear campaigns, which injected a bit of humour, although this same respondent felt there was a lack of clarity

regarding what it was trying to achieve. One felt there was a problem that the campaign promoted unrealistic body images. However, a fifth manager selected STIs as one of the two least successful interventions. In that individual's view, it was difficult to see how this campaign targeted homosexually active men.

### **2.1.2 Sexy campaigns in general**

Although most respondents felt that interventions with sexualised body imagery had a high degree of appeal, there was little agreement among end users, workers or managers regarding the effectiveness of this approach. Those who raised such questions felt that interventions using a sexy style might just be ignored because they look too much like the mainstream advertising, that is already treated like wallpaper.

**People may not identify. Yeah, they might be OK to look at, but then, people get a bit bored of just seeing sexy men or images. [worker]**

There was widespread agreement that naked torsos and men in pants are used to sell just about every available product and event in the gay print media, and so there was a sense that such images might fail to stand out in the marketplace, and could perhaps even devalue the distinct aims of health promotion.

A number of respondents (including workers and managers) voiced a concern about the messages that such imagery can send out about idealised gay body image.

**Not everyone identifies with these sculpted muscle bunnies. [end user]**

While many men found images of muscular men to be appealing most said that they related most to pictures of men who looked and dressed most like themselves. Respondents in one younger men's group said that they preferred interventions that avoided the use of bodies, because there was a concern that they might be 'outed' if they were seen to be gazing for too long at an image of a male body.

Sexualised body images run the risk of putting readers off, and this was nowhere more apparent than in discussions about the *Closer* campaign. Although a small number of end users felt it was exciting to see images of penises and bottoms in HIV prevention materials, most found flaccid penises unattractive, particularly *en masse*. Most of those working in the sector who discussed this intervention felt that the image completely overwhelmed the execution. Four out of eleven managers identified *Closer* as one of the CHAPS interventions they felt was least successful, as did two of the four stakeholders.

Many respondents argued that some body images would detract attention from the text.

**We might look at the penises and men's bodies and things, but we may not take in the message. [end user]**

On this point in particular, most detached workers tended to agree. While they felt that the use of highly attractive images might encourage men to look - this did not mean that they would necessarily read. Thus, if an image is either unattractive, or too attractive, the health promotion impact may be lost.

There is an argument, therefore, to devise materials with sexy images that themselves comprise the behaviour to be communicated or normalised, and this is exactly what has been

developed by the Victorian AIDS Council / Gay Men's Health Centre in Australia. Plastic-wrapped *Fucking Safety* booklets use porn film stills depicting anal intercourse between men using condoms. Detailed text on condom use and risk reduction is coupled with each image, but most of the focus and attention is on the image of men using condoms. When distributed in end user groups, there was a near-universal agreement as to the booklet's appeal. A few men said that this was really no different than the porn they had at home. One objected to the images on the grounds that they glorified casual sex.

Although the key message was embedded in the image (normalisation of condom use), in every group there were those who complained that the text was too difficult to read, and that the image was likely to distract readers from the text. When asked if such a booklet would work here in the UK, responses were mixed. A number said that there could be difficulties with placement in community settings, and that not everyone could take such material home. Others felt that this was a novel approach that was worth a try. Despite the prevalence of concern and worry about their utility for others, in all groups, the majority of respondents asked if they could take the booklets home with them (and many did). There was no other print material that peaked men's interest, or demonstrated its acceptability as palpably as this one did through respondent's non-verbal and behavioural responses during the groups. During the period of fieldwork, GMFA released *Hot Stuff*, using porn film stills of men fucking with condoms, yet with more prominent text than that found in the Australian booklet.

In general, respondents felt that the use of sexualised body imagery in printed materials could increase their appeal. Yet they also felt that a number of delicate issues would require close attention when using this style in order to increase their likely effectiveness. These will require: models that reflect a broad range of men in the target audience; ensuring that attention is not drawn away from the text if that is where they key communication resides; and a look that is not easily confused with advertising for other products. Among those working and volunteering within the partnership, STIs was the only intervention using a sexy style that was highlighted as a success. When workers and managers were asked about the direction that future interventions should take, none said that there should be a greater degree of sexualised imagery.

## **2.2 Non-sexualised imagery**

### **2.2.1 PEP**

When end user groups were given the opportunity to either discuss the Poppers or the PEP interventions, five out of six choose PEP. Therefore, this section focuses on PEP as an example of a campaign with non-sexualised imagery. Section 2.2.2 provides a description of respondents' views on non-sexualised imagery in general.

The vast majority of respondents described the PEP intervention as bold, bright and unlike most other health promotion materials aimed at gay men. Many said that the colours and the image of the fire extinguisher denoted 'urgency' and 'emergency', although some felt that the text inside the white box on the extinguisher was too small. When end users were asked the aim of the campaign, there was universal agreement that it was communicating new and detailed treatment information for men who may have been exposed to HIV.

There was a mixed response to questions about the effectiveness of this intervention. Some end users were influenced by their response to the look and feel of the ad. Others spoke of their concern that awareness of PEP could induce complacency about HIV risk. Such individuals therefore took a political position against its promotion in any format.

One group of men with diagnosed HIV were the most pronounced in their dislike of the intervention, based on the belief that knowledge of PEP would reduce other men's concerns about risk taking. Some also resented the fact that they found out about PEP only after their own diagnosis, yet were expected to promote it to others. Others felt it was unrealistic to expect that diagnosed men would tell their partners about PEP following a mishap, as doing so would bring social risks.

On the other hand, a separate group of men with diagnosed HIV described strong support for the style, clarity of text and aim of the intervention. They felt that there was no sexually active gay man who could not benefit from knowing about PEP, its side effects, and its time-limitations.

**Every layer has something useful [agreement from others]... even if you glance at it you get something out of it. [end user]**

A group of men with thirty or more sexual partners in the previous year were also broadly positive in their response. Despite articulating some concern that awareness of PEP might increase complacency about preventive behaviours, the majority felt that on balance it was more important to ensure that gay men knew about a broad range of ways to reduce the likelihood of transmission.

Respondents in the two young men's groups expressed ambivalence about the PEP intervention. They were most likely to want to dissect the graphic representation on the poster. Many did not find the look or feel to be appealing, and few said that it made them think about PEP in relation to their own sexual behaviour. Concern about behavioural impact was also evident among some who commented that PEP should be regarded as a last resort, and that it should only be promoted as a response to condom failure (rather than unprotected intercourse). Most of those in the younger men's groups said they would not be motivated to seek out any further information on PEP.

**Aims from PEP ASTOR**

Men understand the concept and effects of post-exposure prophylaxis (PEP).

Men know:

- That treatment must be begun within 72 hours of exposure
- That treatment does not give 100% assurance that infection will not take place
- That PEP involves a one-month long course of anti-HIV medication and may cause side effects
- That men can access more information on PEP from the CHAPS online PEP resource, the CHAPS PEP leaflet or THT Direct
- That PEP is an emergency measure and not a substitute for condoms

In contrast to the diverse views articulated by end users about the PEP poster, comments from detached workers, managers and stakeholders were unreservedly positive. Four of the eleven managers selected PEP as one of the best ever CHAPS mass media interventions, as did three of the four stakeholders. Support from those working in the sector was based on their view that this new, value neutral information was essential for men who require an array of harm reduction options.

**I think as an initial campaign, it wasn't bad at getting people to sort of look at it, and then read about it, and then know something about PEP which they had never heard of before. [worker]**

The bright, clean and non-sexualised imagery was felt to be closely connected to its content, and was also generic enough to be used in any setting. Some workers and managers also

made comments about the way that the campaign's development and implementation was backed up by local advocacy to ensure that PEP would be made available in A&E as well as GUM settings for those reporting sexual exposure. This was the only mass media intervention which prompted managers to reflect on a with the policy and advocacy dimensions of their work.

### **2.2.2 Non-sexualised imagery in general**

In the main, respondents liked images that looked and felt unique. Most regarded strong colours, graphics incorporating something other than bodies and sex, and images that closely connect to content, as important tools to capture attention in a marketplace that is flooded with advertising. Several end-users commented that it seemed more appropriate that health promotion campaigns should be easily distinguishable from club or sauna adverts. One said he preferred a:

**...clear and interesting image where you are not quite sure where they are going to go with it. [end user]**

There was a general appreciation for the novelty of a simple and bright look for interventions that had focussed on something other than sexualised imagery, and some men said that this increased the appeal. Nonetheless, when end users first walked into the room and were asked which posters elicited an immediate response, it was hardly ever the PEP or the Poppers posters.

The use of images drawn from people's everyday experience can also run the risk of being misunderstood. For instance, there were a few who said that they felt the PEP poster, seen from a distance, might just make them think it was a part of fire safety campaign. A much higher proportion of respondents said that upon first seeing the Poppers poster, they felt it was an advertisement for a brand of poppers. Therefore, while it can seem that the selection of an image abstracted from its usual context encourages men to engage with the information being communicated, it can do exactly the opposite. For example, some men said they only really saw the words 'poppers' and 'fucking' in the poppers bottle, they already associated poppers with fucking, so they read no further. This might indicate that where a non-sexualised image is too common in men's everyday experience, some will not be encouraged to look any further into its content.

## **2.3 Text-based styles**

### **2.3.1 Think HIV**

When given the choice between discussing the first *Think HIV* intervention (concerning undiagnosed infection) and *Get it On* (large scale version of logo) as examples of text-based styles, five out of the six end user groups selected *Think HIV*. As a result, the remainder of this section will focus on *Think HIV*. There is a broader discussion of text-based styles in section 2.3.2.

Almost all of the end user groups discussing *Think HIV* expressed their unreserved support for the approach and the aim. The majority said that they liked the bold, arresting look of the headline, and that the colours were a powerful means of getting attention. The fact that it asked one question, and there was no other distraction was widely regarded as the unique strength of this style. Several men mentioned that its look reminded them of drink driving interventions. There was a strong degree of recognition among end users, possibly because it ran at the same time as the fieldwork was undertaken. This may have also had some influence over its popularity.

When asked what they felt the advert was trying to achieve, most end users agreed that it was prompting men who had not had a recent HIV test to reflect on the possibility that they might be infected, and that they should consider having a test. However, end users in one group of men with high numbers of sexual partners critiqued the limitations of this reflexive approach. There was a view expressed in this group that even though the 'hook' gained attention, the content did not motivate the reader toward behaving any differently, or seeking further information. They wanted to see a clearer, more directive call to action communicated.

**Aims of *Think HIV* from planning ASTOR**

Reduce the average time between infection with HIV and diagnosis

Increase awareness of HIV testing options and the positive health outcomes of early HIV diagnosis

Nonetheless, the majority of end users felt that confrontational tone used in the intervention would spur them and other readers to act, because upon reading it, men who were unsure of their HIV status could no longer fool themselves.

**You have to involve yourself with that [...] thinking you're HIV, it's forcing you to confront it. [end user]**

**Just one direct question, one word immediately tells you what the question is, there is no chance of you not understanding where it's coming from in the context of that question. [end user]**

The two groups of men with diagnosed HIV chose to discuss this intervention because of its perceived effectiveness at gaining attention and increasing HIV testing. Although they acknowledged that it did not target them personally, they demonstrated full support for it as an important component of HIV prevention. Respondents in the one young men's group discussing it unanimously voted for *Think HIV* as the best campaign of all those they were asked to consider. They mainly appreciated its direct style. *Think HIV* was the only example of a mass media intervention which a group of young men agreed was relevant to their lives, was engaging, and that accomplished its aim.

Workers discussing the *Think HIV* intervention said they appreciated the use of a unique twist that drew attention to men's uncertainty. Not all workers were convinced that the smaller text was clear enough, or connected properly to the headline text, but in the main, it was described as an intervention that was useful in opening conversations with men in outreach settings. Workers and volunteers pointed out that the style meant that the materials could be used in almost any setting, while still being clear that it was targeting homosexually active men. Two of the eleven managers interviewed felt that *Think HIV* was among the best campaigns produced by CHAPS for many of these same reasons. A further manager found it surprising that an intervention aiming to increase testing uptake did not mention 'testing' in its text.

Interestingly, all four of the stakeholders interviewed unanimously declared *Think HIV* as being among one of their favourite CHAPS outputs. Whether it was because of their belief that the strong visual impact of the text-based execution was a good hook, or because of their interest in the promotion of HIV testing for gay men, there is little question that this campaign was regarded as a positive departure from many CHAPS campaigns of the past.

### **2.3.2 Text-based styles in general**

Many respondents favoured text-based styles because they were free of images that run the risk of distracting or putting off the reader, they allow more space to be dedicated to the key communication, and they are least likely to offend those who are not part of the target population (enabling broader dissemination).

By way of contrast with *Think HIV*, in their discussion of the *Get it On* intervention (logo only execution), respondents felt that some text-only styles could increase ambiguity. The majority of end-users and other respondents felt that the way that the stylised words were combined in the logo was attractive and innovative, yet a number of people said that they had not noticed the shape of the condom in the letter 'N', and felt that it was trying to be too clever.

**[It] is complicated. It is nice, it is very pretty, but it takes time to get to know what it is about. [end user]**

Some end users felt that the text was simply a sex positive message, and while others did recognise the attempt to normalise condom use, they didn't feel that the design was arresting enough to garner much attention.

Among respondents working to deliver health promotion, there was a high degree of support for this logo-based approach, although this was mainly based on the fact that having a strong logo helped to unify a number of outputs and activities. Thus, it was deemed to be successful as a brand indicator, but was not seen by all end users to be clearly communicating a piece of information. One of the stakeholders mentioned the opportunity made available by the *Get it On* campaign to enable local agencies to undertake their own activities under the banner of the *Get it On* theme. It seemed to help spark local innovation and buy-in.

## **3. OTHER STYLES OF MASS MEDIA INTERVENTIONS**

### **3.1 Fear**

At the outset of the focus groups, respondents were shown an example of a fear-based HIV prevention campaign produced in the United States. The campaign utilised stark photography to focus on some of the more serious side effects of HIV treatment. End users and health promoters were asked to consider the style of communication being used and their perceptions of its effectiveness.

Support for the use of scare tactics was far from universal. Some end users did feel that the American intervention was gripping and effective.

**I actually like the idea of it very much... the scared straight thing. [end user]**

However, most felt that the images used in this particular campaign were too grim, leading to the view that their appeal and effectiveness would be limited. There was also a widespread view that the headline use of such specific side effects as *cris belly* and *diarrhoea* were unlikely to be easily linked with HIV in many readers' minds.

Apart from this specific example, when asked about the use of fear in HIV prevention in general, respondents' answers were relatively mixed. There was a general sense among many end users and health promoters that something more should be done to prevent HIV

transmission, and that perhaps a more serious and arresting approach to the subject matter would garner more attention for adverts (sometimes anti-smoking adverts were raised as good examples of such practice). However, in almost every group, there were also a few who felt that fear-based campaigning was unlikely to work because it would not influence behaviour.

**Are we still using fright tactics to frighten people? It doesn't work! I watched `em, and I thought, "Oh shit!" And I still got it. So that fright tactic obviously didn't work in my life! [end user]**

Some others felt that the use of fear tactics would result in greater HIV-related stigma. Many of these discussions concluded with a general agreement that clear, realistic information about what it is like to have HIV is important, and that many interventions might shy away from the more serious aspects of life with HIV. However, it was persuasively argued that tackling such topics would necessarily require a careful balancing act, in order to ensure that there is enough encouragement to support behaviour change.

**Both want people to understand it's not a walk in the park, that it's something that if you can you should be able to prevent it, but also go get tested because actually you can deal with it and quite a few things can be helped. [end user]**

**The message you probably want to deliver is don't fear people with HIV but do take care. [nods of approval and affirmation all around] [end user]**

The notion of balance was an overriding theme that emerged from most discussions about the use of fear in health promotion. Thus, even where respondents felt that shaking readers up a bit could be useful, they also recognised that if it were to go too far, such an intervention might repel readers, increase HIV related stigma, and therefore be counter to the goals of HIV prevention.

Analysis of the end user group discussions also revealed a wide range of definitions of fear-based campaigning. In their consideration of examples of other campaigns, a small number of men variously identified imagery that denoted urgency (such as PEP), surprise (STIs and the *DH Condom Essential Wear* campaign), or uncertainty (*Think HIV*) as a use of shock tactics. These are probably not what most health promoters would define as fear-inducing. In each of these cases, we would argue that it is the uncomfortable lack of certainty that such interventions introduce that produces the unease in such readers, in the absence of any intention to scare them using images or doom-laden messaging. This finding serves as a warning to be sure that future discussions of fear-based health promotion include a description of its parameters and *modus operandi*.

### **3.2 Humour**

End users and workers attending focus groups were shown an example of a humorous campaign recently developed by a gay men's agency in the UK. Although it was not a CHAPS intervention, it allowed an opportunity to introduce the use of humour in HIV prevention. Given that the execution was designed for use in the gay press (rather than as a poster), many men needed to see the example close up before they were able to work out what it was about. There were end users who enjoyed the ad, and felt it helped readers to re-consider their assumptions about sexual partners. However, in the main, respondents in end user groups spent little time considering this style, because they found the advert a bit silly and irrelevant.

When asked to consider whether the use of humour in HIV prevention was likely to be effective, most felt that the joke itself would have to be quite funny in order to make such an intervention appeal to readers. Some of the managers illuminated this point more clearly in their interviews. They felt that in general, it was too risky to employ humour in national HIV prevention campaigns because men from different cultural, class and linguistic backgrounds were bound to approach humour in different ways. Therefore, what one person will find hilarious, another might find offensive, and a others may not understand at all. Some others did say that light-heartedness can help to alleviate what is sometimes an oppressive gloom about HIV health promotion.

When *eXposed!* was discussed among end users, this one was one of the features of it that was most appreciated. The description of 'light-heartedness' (as opposed to humour or joke-telling) as an essential skill in face-to-face detached work was mentioned by numerous workers, because it is an important means of breaking the ice when approaching groups and individuals.

In summary, respondents' views on humour were plain: while a funny national campaign is unlikely to appeal to all, brightening things up with a sense of light-heartedness may be welcome in printed resources, and is vital when undertaking face-to-face contact.

#### **4. SMALL MEDIA**

There was not an extensive focus on responses to small media in this evaluation, as previous evaluations have explored these resources in greater depth. Respondents in end user and worker groups were variously shown a selection of small media including: PEP booklets and wallet sized fold outs, *Ready for Action* booklets, and various copies of *eXposed!*

Regard for *eXposed!* was high. End users and workers alike felt that although the magazines might rarely be taken home, they were very likely to be flipped through by men out on the scene. The light-hearted tone, use of more realistic looking models, and opportunity to explore a sexual health topic in greater detail were all appreciated. Men felt that having these available in gay scene venues was useful in health promotion terms. One of the managers was perplexed as to why there is a continual discussion about the discontinuation of *eXposed!*

**I really like *eXposed!* as a format, and I keep wondering if THT only wants to stop producing it because they are the ones that are bored with it? I liked the earliest editions the most, because they tended to tell you the same thing three times, in three different ways, and that is very helpful.**  
[manager]

While many of the end users attending groups said they would be unlikely to take a PEP or *Ready for Action* booklet away from a health promoter or rack in a scene venue, they tended to feel that it was good to make them available to 'others' who might want to find out more. In contrast, a small number of men in each group said they had taken and read such booklets and found them to be of use. Some mention was made of the fact that this sort of technical material could be better suited to doctors' surgeries or GUM waiting areas. Most felt that the language used and the information given was appropriately targeted, although a minority of men in each of the groups felt that the use of vernacular language, such as 'fuck' and 'piss' talked down to the readers.

On the whole, workers and volunteers were dependent on booklets to be made available in scene venues through static distribution arrangements (such as racks). This way, they didn't have to carry a load of heavy booklets out with them on each session, and if, as a result of a conversation they felt an end user might benefit from a particular booklet, they could find it in the rack for him and pass it on.

Wallet sized small media such as A8 PEP cards and fold-out booklets were met with a slightly more mixed response. They were not suitable for static distribution (*i.e.* through racks in venues) and were not appealing in the same way as a knick knack. End users recognised that they could be useful as brief reminders, and were more likely to be carried away in a pocket or wallet after a discussion with a worker, but very few end users took them away following on from the focus group, even though they were offered. However, some workers mentioned that the format was just the right size for inclusion in condom packs.

## **5. KNICK KNACKS**

Health promotion workers and volunteers were asked in some detail about their views on a range of small resources associated with campaigns and designed to facilitate face-to-face interactions. Respondents in end user groups were asked to comment on some of the knick knacks associated with mass media interventions they had selected for discussion. As a result, the remainder of this section will focus on the views of those doing detached work, with some input, where relevant, from end user groups.

Analysis revealed three key themes relating to the success and utility of knick knacks: their perceived quality and re-use value; the degree to which items encourage interactivity; and the extent to which the item itself and the campaign as a whole are regarded as being relevant by the end users.

### **5.1 Quality**

Knick knacks that carry an inherent value were considered the most use in a detached work setting. Workers across most groups identified mints, fizzy cola bottles, light-up key rings and whistles as items that were highly popular in most settings. Lenticular cards and plastic wallets emblazoned with the *Get it On* logo were also described as highly prized items among some end users. In these cases, variation was dependent on geographic location and setting (*i.e.* those using travel cards were more likely to see value in the wallet).

High quality, re-useable items were seen as currency in the exchange between health promoter and end user. Ultimately, they are small gifts that can be given following a short chat, and they can be utilised as prizes in organised games and quizzes. The fact that they are more than just throw-away items, and not simply frivolous, was widely appreciated as a means of remunerating men for their interest and their time. It is for this same reason that many of the one-off, more disposable knick knacks such as the balloons, Gay Pride paper fans, and small PEP stickers were generally regarded as having little use. As a concept, small magnets were regarded as a good knick-knack idea, however, they must be considered acceptable for public viewing. Many end users and workers commented that neither the PEP nor *Closer* magnets would end up on many refrigerators due to their content.

## 5.2 Interactivity

The extent to which knick knacks increase interaction between workers and users, or between users themselves relates in part to the design of the resource, but is also reliant on the setting and the skills and motivation of the health promoter. For instance, there were a number of workers and volunteers who distributed scratch cards (associated with *Get it On* and *Think HIV*) by leaving them on surfaces in pubs and clubs and found them to be futile, uninteresting, and a source of additional rubbish from the perspective of venue owners. However, there were others who strongly promoted the use of the same scratch-cards as the basis of quiz games, or in settings with a number of students. Used in such a way, in appropriate venues, workers said they generated meaningful discussion about the content. Thus, where the interactive capacity of a resource is neglected, the knick knack becomes hardly more than a nuisance. Lack of enthusiasm for a resource that is designed to be interactive is therefore partly accounted for by the way it is used.

## 5.3 Relevance

Where knick-knacks were regarded as successful, respondents often described a sense of ongoing connection between the material resource, the topic of the campaign, and the needs

### **Case Study - STI mints**

In almost every end user and detached worker focus group, at least one respondent mentioned the STI mints before they were introduced into the discussion. The mints were clearly helped campaign recall, as seeing the STIs poster was often what prompted a comment about the mints. There was no other knick-knack that garnered so much positive regard from workers or end users. Their perceived value hinged on the following:

- mints are always useful and appreciated by almost anyone;
- they serve as an ideal conversation starter because everyone wants to know what is in the box that has the picture of the 'cute' guy;
- they can stay in a bag or pocket and be re-used many times, also affording the user an opportunity to read what is on the box again and again.

This one knick-knack demonstrates excellent interplay between the features of quality, interactiveness and relevance that contribute to user satisfaction.

of the target audience. Therefore, with a high cost item such as a lenticular card, its main benefit for most end users was the new information about HIV incidence and testing that they read on the back. Where information is brief and useful, it is valued. Workers described how particular resources were bound to have greater efficacy in some settings, or with some service users depending on need, and where they were able to choose from a selection of materials, topics and resources, the best conversation starter (or closer) could be easily matched up with the appropriate user.

## 6. CHAPS APPROACHES - MANAGER AND STAKEHOLDER VIEWS

This final section of the report focuses on the broader structural themes that emerged during interviews with managers and stakeholders. These respondents were asked a range of questions aiming to elicit their broader views on past and present CHAPS intervention planning and delivery, while taking care to ensure that this did not become a process evaluation. They were also encouraged to consider how future CHAPS outputs should best be positioned and were asked to comment on how the partnership might best define success.

### 6.1 Making it Count

When managers were asked if they got a sense that CHAPS campaigns favoured some approaches to health promotion more than others, almost all felt that the partnership shared an ethos of supporting homosexually active men to better understand the implications of their sexual decision-making. Two managers referred explicitly in their answer to the 'You Decide / We Decide' model outlined in *Making it Count*. Although the rest who answered this question did not identify a source or a name for a CHAPS approach to health promotion, there was clear alignment with the *You Decide* model:

**...imparting knowledge, skills and resources. And then what people do with it is up to them. [manager]**

None of those interviewed conceptualised CHAPS current direct contact outputs to directly engage with social cognition models of health change (such as *Stages of Change Theory*, or the *Health Belief* model) - as most felt that the written outputs of CHAPS can not and should not be expected to have a direct behavioural impact. The reasons given for this were twofold:

1. CHAPS is not in the business of telling men which sexual behaviours they should or should not be undertaking with their male partners. Respecting men's autonomy and improving the environment within which they can make more informed choices is paramount.
2. Written interventions cannot have the dynamism or responsiveness required to support men through reflexive change in their sex lives.

The majority support for these two points was clear. However, there was concern expressed by a number of managers that the partnership's enactment of these basic principles through its outputs was tenuous. Some wondered if this might be explained by a lack of clear focus on outcomes that can seep into the *You Decide* approach, resulting in woolly, tangled interventions that try to communicate too much information at once (this is discussed further in 6.2 next section). In addition, some expressed concern about the more recent use of a directive tone and distortion of information in some CHAPS campaigns. One manager felt that the search for a campaign slogan often produced a more directive edge. Telling men what *will* happen when they are involved in a particular behaviour, despite a lack of certainty, was regarded by a few managers as extremely problematic. Where mis-informing readers was raised as a concern, it was usually accompanied by a discussion about the recent slippage towards social marketing approaches to health promotion. As one manager put it:

**Marketers aren't trained to give people choices. They are about denying choices and forcing people. [manager]**

It was also mentioned that where information on key issues had changed over the years (such as shifting towards considering modality during UAI as a means of harm reduction), increased confusion and distrust was likely.

All of those who directly addressed the question about CHAPS' approach to health promotion were strong supporters of the *You Decide* model as it is documented within *Making it Count*. However, the majority pointed out that long and unfocussed processes between a campaign's original selection and its execution, emerging evidence about facilitative factors in transmission, and external pressures toward a social marketing approach to health promotion often made it difficult to ensure these principles remained at the heart of CHAPS outputs.

One stakeholder spoke of being initially cautious with regard to the strong rights-based position taken up by *Making it Count* when first joining the sector. This respondent noted that over time, the utility of this framework was increasingly apparent, but that a *You Decide* approach should never be an excuse to let high expectations drop.

**It is right to retain the ethical insistence on the autonomy of gay men to determine the course of their sexual lives. But we also need to balance that with more support for the public goal of gay men being more healthy.**  
[stakeholder]

## **6.2 CHAPS direct contact interventions**

When asked to reflect on the CHAPS' written outputs as a whole, two key elements emerged in many managers' answers. First, there were those who made suggestions about the ways in which the partnership's approach to intervention development could be improved. In addition to practical suggestions for change, many managers expressed concern that the partnership's extensive focus on written interventions had impeded development of other intervention types. Stakeholders' responses to these same questions elicited responses that mainly focused on campaign contents, and therefore are integrated into the comments about campaign improvement.

Managers' practical suggestions for improving interventions were intensively focused on the lack of tangible targeting and tailoring. Some of those from outside of London felt that national interventions failed to portray or appeal to men in their local populations. It was argued that more work could be done to consider the appropriateness of particular executions in different social and sexual settings. Someone else said it was highly problematic to claim a focus on demographic groups in highest need (for instance, those with lower educational qualifications) during planning, with no meaningful follow-through in the design and dissemination of materials. The over-reliance on a small number of gay scene-based magazines for the exclusive placement of all CHAPS mass media interventions was highlighted by another manager as a troubling symptom of the lack of effective targeting. One of the stakeholders also raised concern that too much of CHAPS' output seemed to focus only on scene-using, urban, young gay men. Such an approach, it was argued, ran the risk of missing out the men who might benefit from such interventions, because of where they live, how they socialise, and how they define their sexual identity.

Others focused their suggestions for improvement on the content of the information to be communicated. One of the stakeholders expressed concern about the array of issues being communicated about across CHAPS outputs, and wondered if this instilled confusion among the audience. This individual wondered if the partners considered how the promotion of condom use, HIV testing and other harm reduction measures in relatively equal measure might make it unclear what it was that the partnership was trying to say about HIV risk. A further stakeholder felt that CHAPS should formally support the recommendation that homosexually active men should test for HIV annually, given this individual's view that promotion of 100% condom use was a losing battle. What each of these respondents raised is their inability to perceive how CHAPS rationalises its resourcing decisions with regards to the

promotion of particular precautionary behaviours over, or in direct competition with others.

Several managers felt that although the intention to ensure the delivery of bite-sized information to better inform men's choices was always present at the outset of campaign development, the interventions themselves had lost this goal by the time they were produced. Another felt that a lack of clear focus on aims during planning resulted in a vague communication style in campaigns. One manager and one stakeholder felt that future use of a social marketing approach to campaigns would help to ensure that information communicated was concise, simple and more effectively targeted to specific segments of the homosexually active male population.

Rather than attributing the lack of clear communication to a lack of clarity in planning, two further managers felt that the process of development often meant that written interventions lost their edge when collective decision-making moved them towards a "safer" line. They felt that campaigns should be slightly more confrontational, challenging, or "gritty". The matter of portraying "real" life with HIV was a theme discussed in some detail by end-users and health promotion workers (see section 3.1). The desire for more "realistic" representations of life with HIV was directly addressed by three stakeholders with divergent views on what this means. The first two felt that it was imperative to challenge the complacency about HIV risk that had followed on from the emergence of ARVs. These individuals proposed that campaigns needed to encourage readers to examine the limitations that treatment regimes would place on their lifelong ambitions, in order that they might better consider the sexual risks they took today. Although these two respondents described different lengths to which they felt such interventions should go in terms of incentivising and / or frightening the audience, their desired outcomes and motivations were broadly similar. A third stakeholder, however, proposed that the notion of treatment optimism should be inverted, and that it was only through emphasising the near-normal life expectancy enjoyed by those who have their HIV infection promptly treated and controlled that prevention and testing campaigns might actually start to get somewhere.

**I have had concern over the past few years that CHAPS campaigns aren't sufficiently talking to gay men about the benefits of treatment and earlier diagnosis. [stakeholder]**

The tension between the views of these two respondents is not unknown among those involved in planning CHAPS direct contact interventions. However, its obvious lack of resolution within the national gay men's HIV prevention programme requires addressing.

The final area where suggestions were made to improve the impact of written interventions, was that of branding and intellectual property. Two managers and one stakeholder made specific mention of the challenges faced by funders and service users when distributing written interventions that are THT-branded. They commented on the challenges that this situation brought for the assertion of a local identity while at the same time seeking the added value of partnership working. This was also a point raised independently in a number of the end user groups, and in a few cases clarification was requested as to whether there was any difference between THT and CHAPS. To extend the point on ownership even further, one manager wondered if it would not benefit homosexually active men more broadly if print-ready text and design could be made freely available to agencies beyond the partnership for local adaptation and use.

Eight of the managers interviewed commented on the extent to which the current focus on national reading and writing interventions within the CHAPS partnership was suitable. Among

those taking this broader, strategic view when asked to reflect on the outputs as a whole, the overwhelming majority felt that a disproportionate focus on such interventions had come at a cost. Several felt that evidence about intervention effectiveness indicated that reading and writing interventions were the least likely of all direct contact interventions to have a direct impact on complex sexual behaviour (a specific point also raised by two of the four stakeholders). With this in mind, they queried why it was that the intervention with the least proven impact received the lion's share of attention as a partnership output. It was felt that this situation promoted a skewed perspective on the work of the partnership (given that its weakest activity was its only public facing output). Some argued that in this situation, the expectations of impact that were increasingly loaded upon reading and writing interventions (from outside of the partnership) had grown completely out of step with what was achievable. With the majority of the partnership's collective time and money given over to mass and small media campaign development and distribution, the opportunity to pilot and evaluate talking interventions such as cognitive behavioural therapy, counselling or peer support; community development interventions; or the use of new technologies in a range of settings (including video-screens in commercial venues, interactive online interventions and SMS interventions), had been missed. Several managers raising these issues proposed that local agencies should receive CHAPS support to try out new, more interactive interventions in order to set benchmarks for successful roll-out across the national partnership. One manager was keen to clarify that local work is best done locally, and that there is a natural limit to what a national intervention can achieve, however this is not necessarily out of step with other colleagues' views described here.

### **6.3 Sector Development**

A few managers' comments about strengthening some infrastructure interventions of the partnership are collected here under one heading. The key issues relate to matters that extend to overall attitudes and approaches to improving capacity and recognition across the gay men's HIV sector and beyond it, rather than having an exclusive focus on the activities of the Sector Development team based at THT in London.

A small proportion of managers and at least one stakeholder were concerned that the partnership as a whole was too inward-looking, neglecting opportunities to engage, as a collective, with those outside of the partnership whose actions influence the health of homosexually active men. Whereas the role of *Making it Count* in the work of the partnership was well understood and articulated, it was felt that not enough had been done to clearly articulate these principles to a broader audience. Several managers mentioned that mass media campaigns and other CHAPS outputs might be better received, appreciated and understood if the framework that articulates the partnerships' aims was more actively discussed and promoted when communicating with commissioners, the gay press, service users and others. Many stakeholders and managers raised the absence of a CHAPS website as a distinct disadvantage in the partnership's capacity to describe itself and forge a collective identity. It was felt that a concerted effort on this front would help to increase the transparency and accountability of the partnership with all its stakeholders. An example used by one manager was the need to openly and collectively confront repeated calls within the gay press for more fear-based HIV prevention, using direct reference to *Making it Count*. It was felt that speaking with a unified voice in this way would do much to strengthen and define the partnership's public face as well as revitalising a sense of common ownership and investment. A further manager pointed out that as a health promotion innovator, CHAPS should lead collaborative and strategic work with those in other health promotion areas at a national level, performing a policy lobbying function as well as a practical one.

When managers were asked about how collective memory of CHAPS direct contact outputs is operationalised, most felt that having a systematic, accessible archive of mass media campaigns on a centralised CHAPS website should be a minimum requirement in order to ensure future learning. Several commented that viewing the powerpoint collection of campaigns compiled for the purpose of this evaluation had been the first time that materials had been collated in this way, and they appreciated the reflexiveness it encouraged. Some added that the existence of an archive, accompanied by the relevant evaluation and coverage data would be useful addition to their staff induction processes, and would improve the extent to which this evidence is used and re-visited over time by both partners and funders. Another manager mentioned that additional feedback on campaign experiences and challenges of particular campaigns provided by health promotion workers could help to increase the learning function of such an archive.

A number of managers who were newer to the partnership were acutely aware of the tendency for collective memory to reside with the individual managers who had been a part of the partnership since its inception. While many felt that the benefit of such expertise was important, it also carried risks. Where learning is not systematically recorded, it can be lost with personnel changes. Also, without a collective, open, and objective written narrative about where CHAPS has been and where it wants to go, it can be difficult for newer managers to feel they have a foothold in the conversation.

A small number of managers raised the need for better infrastructure support for direct contact campaign roll-out. A few said that campaign briefing materials that directly addressed the challenges and working environments encountered by health promoters were likely to be most useful in supporting those with responsibility for distributing reading and writing interventions. Those who raised this issue felt that the value of campaign briefings was inconsistent, and that those which were best were those that offered clear advice on the specific use of different materials in distinct settings. One manager felt that clear guidance on how, where and when to use knick-knacks would improve their effectiveness. Another argued that workers would benefit from a communication forum (such as an online message-board) where they could exchange ideas, failures, and successes in the use of campaign materials.

#### **6.4 Describing success**

When asked about the means that CHAPS has at its disposal to describe its success, there was a distinct tension in managers' answers between a focus on measurable outcomes and those that are more open-ended. One manager and one stakeholder felt that the epidemiological data demonstrating increasing incidence among gay men indicated that prevention efforts in this country were failing. However, just under half of the managers interviewed raised the problem of trying to use epidemiological data to infer the success or failure of the programme. They felt that local and national press stories about increasing numbers of HIV diagnoses among gay men were used as convenient tools to diminish the work of the partnership, without enough recognition that increased testing among this population contributed to increased diagnoses. Several said that the attempt to work toward epidemiological targets or markers underplayed the much wider context within which prevention work was undertaken, and should therefore be abandoned.

**Gay men have been failed by a lot of other issues - the world around them. Not by us. [manager]**

Some of the same individuals felt that metrics of some kind were increasingly required in order to justify and sustain the work of the partnership. It was suggested by managers and some of the stakeholders that generating evidence of intervention impact beyond what was

collected through the GMSS cross-sectional survey was necessary to meet increasing demands for accountability, such as methods that would allow for analysis of change in key precautionary behaviours such as condom use. In contrast, there was one manager who commented that what was needed was improved capacity to describe the evidence that we already hold, and that this could be supplemented by further qualitative investigation.

The majority of managers interviewed felt that some of the strongest achievements of CHAPS were the strategic advances and capacity-building that true partnership working had brought. Examples of such benefits were diverse, but the sentiment expressed was broadly similar: that the existence and persistence of CHAPS as a collective of community-based agencies that aim to best meet the HIV prevention needs of homosexually active men was an achievement, in and of itself. Some mentioned the inspiration derived from the annual CHAPS conference, others focused on the clear articulation of vision in *Making it Count*, while still others praised the successful collaboration between front-line health promoters and researchers. One manager commented that although there had been a time when many of the relationships appeared to be contract-led, CHAPS had now returned to a partnership-led model of working.

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