

**National HIV Behavioral Surveillance System:  
Men Who Have Sex with Men  
(NHBS-MSM3)**

**Formative Research Manual**



**Behavioral Surveillance Team  
NCHHSTP/DHAP/BCSB**

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## **Contents**

- 1 Introduction**
- 2 Review of Secondary Data**
- 3 Building Your Knowledge of the MSM Community**
- 4 Venue Identification**
- 5 Ongoing Formative Research**
- 6 References**

## **Appendices**

- A Qualitative Research Methods***
- B Count Form for Type 1 and Type 2 Enumerations***
- C Count Form Instructions***
- D Interview Form***
- E Interview Form Instructions***
- F Model Venue Universe***

# 1

## Introduction

### 1.1 Overview

Formative research is the process by which researchers or public health practitioners define the community of interest, ways of accessing that community, and the attributes of the community relevant to a specific public health issue (Higgins et al., 1996; Ulin et al., 2005). For NHBS, the formative research process lays the foundation needed to collect behavioral surveillance data about the targeted communities.

The purpose of NHBS formative research is to collect information to help NHBS project sites tailor the implementation of NHBS-MSM3 to their local setting. Specifically, the formative research process seeks to ensure that an adequate number of MSM are recruited and interviewed during the cycle and that the resulting sample represents the broader MSM community.

The formative research process is completed over a period of approximately 3 months that precedes the implementation of surveillance activities and is comprised of three main activities:

- 1) Review of existing secondary data
- 2) The collection of qualitative data to build your knowledge of the MSM community
- 3) Identification of venues where MSM can be recruited and interviewed

Formative research can provide critical information about the socio-cultural context of HIV risk behavior among MSM within specific project sites. Conducting formative research will be beneficial in identifying:

- Venues (areas/places) where MSM can be reached and recruited;
- Operational issues (e.g., staffing, logistics, and scheduling of recruitment events) which need to be considered prior to and during the data collection period;
- Community and neighborhood organizations that serve MSM;
- Key individuals who are knowledgeable about and have access to MSM in the community;
- Social and sexual networks among MSM; and
- HIV prevention services targeted at MSM in the community.

Successful formative research is a product of many smaller outcomes achieved through an iterative process. Ideally, through this process, barriers and challenges will be identified, solutions found, and strategies implemented to minimize or remove potential negative impact during survey data collection. For example, realizing that black MSM were underrepresented in previous cycles of NHBS among MSM is a challenge that may be identified during formative research and remedied with additional outreach to the

black MSM community to understand barriers to recruitment or better identifying venues where black MSM congregate prior to the start of data collection.

Steps in the formative research process include:

- Identifying areas in need of further investigation based upon what is known and unknown about MSM in the metropolitan statistical area (MSA);
- Constructing and implementing an investigation and data collection plan;
- Establishing consensus for conclusions/answers;
- Implementing actions to incorporate new information to eliminate barriers and challenges to that cycle's data collection.

This manual provides information on how to conduct each of these activities. It also provides examples of data sources, types of people to contact, and guidance for questions to ask.

## **1.2 Staffing Needs for Formative Research**

The ideal composition of the staff for the NHBS-MSM3 formative research process is an ethnographer, the NHBS-MSM3 project coordinator, and approximately two to three field staff. Preferably, the project staff that conducts the formative research will also be involved with the NHBS-MSM3 survey.

### **Ethnographer**

NHBS sites are strongly encouraged to hire an ethnographer to guide their formative research activities. An ethnographer is a researcher (often an anthropologist, sociologist, or behavioral scientist) who has been trained in methodologies that place emphasis on the collection of data in their natural environment (Schensul & LeCompte, 1999). One of the strengths of the ethnographer's approach to data collection is the attention paid to the context in which particular social phenomena occur and the use of multiple sources and methods to confirm the information gathered.

For the purposes of NHBS-MSM3, the ideal ethnographer is an individual with masters or doctoral level training in anthropology or sociology, with experience using a range of qualitative research methods such as participant observations, key informant interviews, focus groups, and street intercept surveys (Schensul & LeCompte, 1999; Stimson et al., 2003). An ethnographer with field experience in U.S. urban settings or HIV/AIDS in MSM populations would be especially relevant for NHBS-MSM3. There may be several sources in the community where ethnographers with appropriate experience can be found. These include community-based research institutes, local health departments, and anthropology and sociology departments at local universities.

The ethnographer should involve NHBS field staff in formative research activities to ensure that they have a solid understanding of the local MSM community prior to the implementation of survey data collection.

If an ethnographer is unable to be located to lead the activities for the formative research process, a person who is experienced with qualitative research methods, familiar with the metropolitan statistical area (MSA), and has experience working with various sub-populations of MSM in the community would be suitable.

### **NHBS-MSM3 Project Coordinator**

The project coordinator has a variety of responsibilities. First, the project coordinator is responsible for the review of secondary data and providing the ethnographer with background information on the MSA, the HIV epidemic in the MSA, and the MSM community. Second, working with the ethnographer, the project coordinator assists in identifying and contacting community stakeholders, key informants and focus group participants and monitors the primary data collection activities. Finally, the project coordinator ensures that the formative research findings are incorporated into the local training of NHBS interview staff and that strategies are developed and implemented to eliminate barriers and challenges that may impact successful NHBS data collection.

### **NHBS-MSM3 Field Staff**

The field staff assists the ethnographer and project coordinator in carrying out the formative research activities. Their participation may include the following activities: assisting with the secondary data review; identifying individuals who might serve as community stakeholders, key informants, and participants in focus groups; conducting street intercept surveys; and conducting observations at venues.

### 1.3 Reports and Timelines

The end product of the NHBS-MSM3 formative research process is a series of reports based on the information collected. These reports are described at the end of the relevant chapters. The timeline for the reports is shown below:

<b>Formative Research Report</b>	<b>Due Date</b>
Secondary Data Report (Chapter 2)	18-Feb-11
Primary Data Report (Chapter 3)	Draft: Due no later than 6 weeks after local IRB approval  Final report: Due no later than 2 weeks after receipt of Project Officer comments
Venue Universe (Chapter 4)	Due no later than 2 weeks after the submission of the final Primary Data Report

Please allow your CDC Project Officer approximately 1 week to review your Secondary Data Report. The primary data collection activities are not to begin until your Project Officer has approved the Secondary Data Report and local institutional review board (IRB) approval has been received. For the Primary Data Report and the Venue Universe, please allow Project Officers approximately 2 weeks for review and feedback.

Project sites are expected to make revisions or add more information based on the Project Officer's review of each report. Remember that all formative reports must be approved before any NHBS-MSM3 data collection activities (survey and HIV testing) can begin; other requirements that must be met before survey data collection begins are described further in the NHBS-MSM3 Operations Manual.

## 2

## Review of Secondary Data

### 2.1 Overview

The review of secondary data is the backbone of successful formative research. To ensure that formative research is contributing in a meaningful way towards NHBS data collection, the first step is a review of secondary data (published and unpublished) to identify what is known and unknown about the MSA, HIV epidemic in the MSA, and MSM within the MSA.

*Identifying what is known and unknown about the MSA and population of interest* are the starting points for constructing and implementing an investigation and data collection plan. Once identified, these points directly guide question development and help identify who should be targeted for focus groups and key informant interviews (See Appendix A). Figure 2.1 illustrates the iterative process of formative research for NHBS-MSM3 with secondary data review as the starting point for generating the questions that will be investigated during the primary data collection activities.

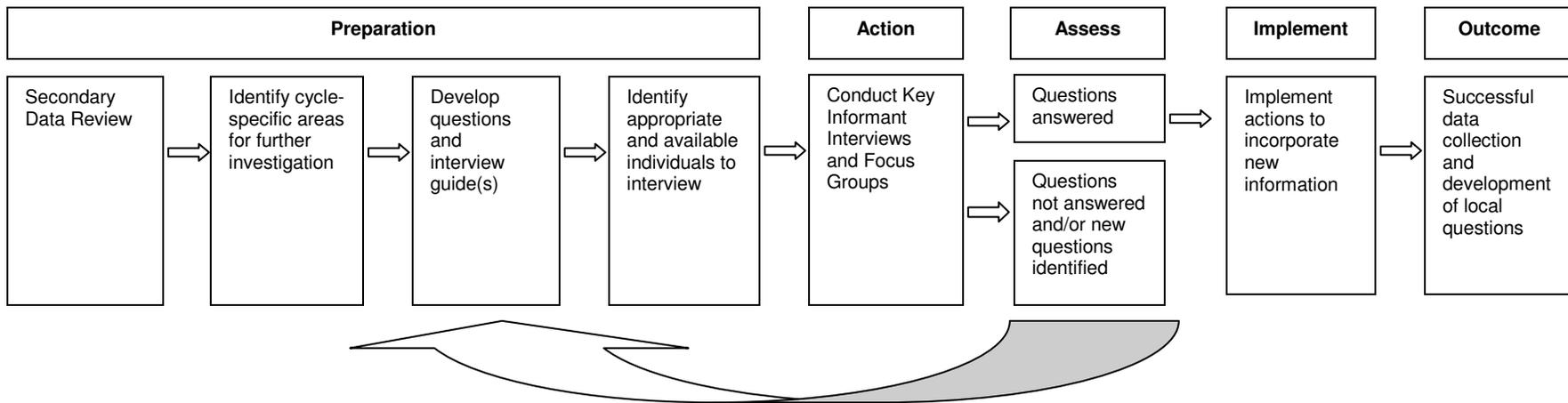
The secondary data review is used to:

- Describe the MSA with an emphasis on characteristics that may impact NHBS-MSM3 implementation
- Describe the context of HIV transmission in the local area
- Describe the general characteristics of local MSM (e.g., age, racial/ethnic group, geographic location, risk behaviors, etc.)
- Characterize the local HIV/AIDS epidemic among MSM
- Identify sub-populations of MSM in the local area (e.g. by race, age, etc)
- Identify sub-populations of MSM that have been under-represented in previous NHBS cycles
- Develop a list of venues frequented by MSM
- Develop topics for investigation during the Primary Data Collection portion of the formative research process.

Secondary data sources include census data; data from the American Community Survey; NHBS-MSM1 data; NHBS-MSM2 data; surveillance data on HIV/AIDS, hepatitis, and other sexually transmitted diseases ; HIV Epidemiological Profiles; HIV prevention plans; data from HIV counseling and testing sites; data from community-based studies of MSM; data from national surveys and surveillance systems (e.g., National Survey of Family Growth, Behavioral Risk Factor Surveillance System); and other print and on-line media targeting the local gay community (See Table 2). The formative research reports and data monitoring reports from NHBS-MSM1 and NHBS-MSM2 can also be considered as secondary data sources.

Census data are useful to determine the key demographics of the local area. Data from the HIV/AIDS Reporting System (HARS) will help describe the HIV epidemic in the local area. Data from HARS, NHBS-MSM1, and NHBS-MSM2 can be used to identify those MSM sub-populations at greatest risk of HIV infection and/or sub-populations of MSM who are underserved. These data are to be used as a benchmark for monitoring the NHBS-MSM3 sample characteristics (explained further in the NHBS-MSM3 Operations Manual).

**Figure 2.1 The iterative process of NHBS formative research**



**Table 2.1 Potential sources on characteristics of MSM at risk of HIV infection**

Data Sources	Description	Data Contents	Limitations of Data	Web link
National Survey of Family Growth (NSFG)	Cycle 6 of the National Survey of Family Growth (NSFG) was conducted in 2002 by the National Center for Health Statistics (NCHS). It is an area probability sample that represents the civilian non-institutionalized population of the United States, 15-44 years of age. Since 2006, data have been collected yearly and are released in 2 year increments. Most recent available data are 2006-2008.	Number of opposite and same gender sex partners in lifetime and past 12 months; HIV & STD testing; STD diagnoses.	The survey sample is designed to produce national data, not estimates for individual States though estimates are available for 12 cities. Only HIV testing and opposite-gender partner data available publicly. Other data available via signed user agreement (most recent available are 2002).	<a href="http://www.cdc.gov/nchs/nsfg.htm">http://www.cdc.gov/nchs/nsfg.htm</a>
General Social Survey	The GSS started in 1972 and will begin its 27th round in 2008. For the last third of a century the GSS has been monitoring social change and the growing complexity of American society. The GSS contains a standard 'core' of demographic and attitudinal questions, plus topics of special interest.	Since 1988, the GSS has also collected data on number of sex partners, frequency of intercourse, extramarital relationships, and sex with prostitutes.	The survey sample is designed to produce national data, not estimates for individual States or MSAs.	<a href="http://www.norc.org/projects/General+Social+Survey.htm">http://www.norc.org/projects/General+Social+Survey.htm</a>
NHANES	The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.	The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. Questions about sexual practices (including same-sex behaviors) are asked of participants ages 14-59. Smoking, alcohol consumption, and drug use are also studied.	The survey sample is designed to produce national data, not estimates for individual States or MSAs.	<a href="http://www.cdc.gov/nchs/nhanes.htm">http://www.cdc.gov/nchs/nhanes.htm</a>

<b>Data Sources</b>	<b>Description</b>	<b>Data Contents</b>	<b>Limitations of Data</b>	<b>Web link</b>
Census	Census data can be broken down, for many variables, at the city, MSA, or census tract level.	Census data can be used to identify the socio-demographic characteristics of the MSA.	Information is limited to socio-demographic data.	<a href="http://www.census.gov">http://www.census.gov</a>
American Community Survey (ACS)	The American Community Survey is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. Data can be broken down, for many variables, at the city, MSA, or census tract level.	Data from the 2005-2009 American Community Survey can be used to identify the socio-demographic characteristics of the MSA.		<a href="http://www.census.gov/acs/www/">http://www.census.gov/acs/www/</a>
Supplement to HIV/AIDS Surveillance (SHAS) Phase II: 2000-2004	Collaborative project between CDC and some local health departments. Interview provides information on risk behaviors among people newly diagnosed with HIV infection. Eligible participants for SHAS include persons who are reported with HIV or AIDS to the local health department, who are ≥18 years of age, and who are medically able to complete the interview.	Sexual and drug use behaviors of people newly diagnosed with HIV infection .	MSA level data not available.	Some sites participating in SHAS have designated web pages (examples: Michigan, Minnesota, Los Angeles) but not all are available on line.
Epidemiologic Profile	The Community Planning Group in each state develops a Comprehensive HIV Prevention Plan, which uses epidemiological data in order to ensure that resources are appropriately directed to the populations and communities in need.	Specific data on men who have sex with men at risk of HIV infection may be obtained. This would include behavioral, drug use, and demographic information on the population.		Refer to HIV surveillance coordinator, or prevention program coordinator of the state health department for links to the Epi Profile and HIV Prevention Plan.

<b>Data Sources</b>	<b>Description</b>	<b>Data Contents</b>	<b>Limitations of Data</b>	<b>Web link</b>
NHBS MSM1 Surveillance Summary, November 2003--April 2005	Local behavioral surveillance data on MSM.	Provides data about the prevalence of HIV-related risk behaviors, trends in these behaviors, and the correlates of risk among MSM	Not all NHBS-MSM3 project sites participated in NHBS-MSM1.	<a href="http://www.cdc.gov/mmwr/preview/mwrhtml/ss5506a1.htm?s_cid=ss5506a1_e">http://www.cdc.gov/mmwr/preview/mwrhtml/ss5506a1.htm?s_cid=ss5506a1_e</a>
Local NHBS-MSM2 data	Local behavioral surveillance data on MSM	Dataset allows project sites to conduct analyses to determine the prevalence of HIV-related risk behaviors, trends in these behaviors, and the correlates of risk among MSM		
Gay newspapers and magazines	Local publications specifically targeted towards MSM.	Gay newspapers and magazines can provide information about local venues, prevention services, community stakeholders, community based organizations, and important issues in the target population.		
Gay travel websites	Travel and vacation websites specifically targeted towards MSM	Travel websites can provide information about local venues frequented by MSM.		Sites can use a web search engine using the term "<city name> gay travel" or visit the following specific travel sites:  <a href="http://www.planetout.com/travel">http://www.planetout.com/travel</a>  <a href="http://www.gay.com/travel/article.html?sernum=9405">http://www.gay.com/travel/article.html?sernum=9405</a>

Data Sources	Description	Data Contents	Limitations of Data	Web link
Gay community resources online	Local community resources for MSM	Local community resources for MSM can often be identified online either through the website for the local gay newspaper or other websites. In addition, the internet can be used to find maps of gay venues in many major cities. These maps can be very helpful for getting started because they show where many of the venues are located in the city		<p>Sites can use a web search engine using the term “&lt;city name&gt; gay community resources”.</p> <p>A website that has maps of gay venues for many major cities is:</p> <p><a href="http://www.funmaps.com/index.cgi/nextState=StaticMaps">http://www.funmaps.com/index.cgi/nextState=StaticMaps</a></p> <p>See also Table X1 in Chapter 3</p>

## 2.2 Secondary Data Report

The format of the Secondary Data Report has been revamped to reduce redundancy and now focuses on two main components:

### Core Document

This component of the report will be produced during this first year of Round 3 of NHBS. In the subsequent years (years 2-3), the Core Document will only need to be updated if needed (e.g. if there are changes in the MSA between Year 1 and subsequent years). The Core Document will address the following topics:

1. Structural/contextual factors and demographic make-up of the MSA
2. The HIV epidemic in the MSA

### Population-Specific Document

Each year, the cycle's population (MSM, IDU, or HET) will be the focus of the Population-Specific Document and will address the following topic:

3. The HIV epidemic in the MSA among the cycle's high-risk population (e.g. among MSM for the NHBS-MSM3 cycle of data collection)

When completing each of the documents, it is important to present the data and interpret the findings with the perspective of *how this information provides greater understanding of the MSA to ensure successful NHBS-MSM3 data collection.*

### Completing the Core Document

**Part 1 (2-4 pages):** The first part of the Core Document is a narrative that presents a summary of structural and contextual factors in the MSA that are relevant to NHBS implementation. This includes information about:

- Geographic region
- Weather
- Housing (e.g., predominant types of dwellings, neighborhood design, neighborhood segregation)
- Laws that may impact HIV transmission or prevention (e.g., HIV testing laws, laws related to injection drug use, criminalization of HIV transmission, laws related to homosexuality or discrimination)
- Stigma and discrimination toward high-risk groups
- Stigma and discrimination toward individuals diagnosed with HIV
- Neighborhood violence/gangs/drug presence as it relates to data collection
- Prevention and support efforts for HIV and substance use
- Other factors

**Part 2 (1-2 pages + Table 1):** The second part of the Core Document provides information about the demographic make-up of the MSA. Complete Table 1 (below) and provide a brief summary of the key demographic findings. Table 1 focuses on the following demographic characteristics of the MSA:

- Race/ethnicity
- Age groups
- Highest level of education completed
- Annual household income
- Percentage of residents living at or below poverty line
- Health insurance coverage (*if available*)
- Unemployment
- Other

**TABLE 1. Selected characteristics in metropolitan statistical area--City, Date  
(2005-2009 American Community Survey or 2000 U.S. Census is suggested data source)\***

	Female n (%)	Male n (%)	Total N (%)
<b>Metropolitan population</b>			
<b>CHARACTERISTIC</b>			
<b>Race/Ethnicity</b>			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic/Latino			
White			
Other			
<b>Age group (yrs)**</b>			
18 - 19			
20 - 24			
25 - 29			
30 - 34			
35-39			
40 - 44			
45-49			
50-59			
≥60			
<b>Highest level of education completed**</b>			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
<b>Annual household income**</b>			
0 to \$19,999			
\$20,000 to \$39,999			
\$40,000 to \$74,999			
\$75,000 or more			
<b>Poverty status</b>			
<b>At or below poverty limit</b>			
<b>Above poverty limit</b>			
<b>Health insurance (if available)</b>			
None			
Private only			
Public only			
Other			
<b>Employment Status (if available)</b>			
Employed full-time			
Employed part-time			
Unemployed			
Disabled			
Full-time student			
Other			

\*Indicate data source(s) used in final report

\*\*Categories may be adjusted as necessary based on data source or distribution of data

**Part 3 (1 page + Table 2):**The third part of the Core Document focuses on identifying demographic characteristics of persons diagnosed with HIV infection. Keep in mind that It is important to present the data and interpret the findings with the perspective of *how this information provides a greater understanding of the MSA and its HIV epidemic to ensure successful data collection.*

Complete Table 2 to provide information about persons diagnosed with HIV by demographic categories. HARS data should be used to complete this table. HARS data should include both HIV and AIDS cases, but cases should be selected by the year of HIV diagnosis. Ideally, the data should be restricted to the most recent diagnosis year. However, because of small cell sizes, it may be necessary to aggregate data from multiple diagnosis years (specify the HIV diagnosis years in the table title or column heading). If the data are aggregated, no HIV diagnoses made prior to 2006 should be included. It may also be helpful to identify some geographic characteristic such as county, zip code, neighborhood, or census tract. After completing Table 2, summarize your key findings in a brief narrative.

**TABLE 2. Number and percentage of HIV cases by selected characteristics in metropolitan statistical area--  
City, Date  
(HARS is suggested data source)**

<b>CHARACTERISTIC</b>	<b>Female n/( %)</b>	<b>Male n (%)</b>	<b>Total N (%)</b>
<b>Race/Ethnicity</b>			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic/Latino			
White			
Other			
<b>Age group (yrs)</b>			
18 - 19			
20 - 24			
25 - 29			
30 - 34			
35-39			
40 - 44			
45-49			
50-59			
≥60			
<b>Country of birth (if relevant and/or available)</b>			
United States			
Other			
<b>Mode of Transmission/Exposure category</b>			
Male-to-male sexual contact			
Injection drug use (IDU)			
Heterosexual contact			
Male-to-male sexual contact and IDU			
Unknown			
<b>Geographic Variable (optional)</b>			
Category 1			
Category 2			
Category 3			
etc			
<b>TOTAL</b>			

## 2.3 Completing the Population-specific (MSM) Document

This portion of the Secondary Data Report provides detailed information about the HIV epidemic among the MSM population in the MSA. Specifically, information about HIV prevalence among MSM within key demographic categories, the demographic characteristics of MSM who participated in NHBS-MSM1 and NHBS-MSM2, and types of venues attended by MSM in the MSA. It is important to present the data and interpret the findings with the perspective of *how this information provides greater understanding of the MSA and its HIV epidemic among MSM to ensure successful data collection.*

The section about the HIV epidemic in the MSA among MSM contains four parts:

**Part 1 (1 page or less + Table 3 and Table 4):** The first part is an overview of HIV diagnoses among MSM by key demographic characteristics. Complete **Table 3** (include only non-IDU MSM cases) and **Table 4** and summarize the key findings. This summary should include information about: 1) which groups of MSM comprise the largest proportions of HIV diagnoses (HARS data), and 2) which groups of MSM are disproportionately affected by HIV (this can be determined by a high prevalence in NHBS and/or a percentage of HIV diagnoses in HARS data that is not proportional to census representation). These two factors will determine which populations are of the highest priority for NHBS-MSM3.

**Part 2 (1-2 pages + Table 5):** The second part is a summary of the demographic characteristics of MSM recruited in NHBS-MSM1 (for sites that participated in NHBS-MSM1) and NHBS-MSM2. Complete **Table 5** and summarize the key findings, with a specific emphasis on comparing the demographics of the MSM HIV epidemic in your MSA (Tables 3 and 4) with the population recruited during previous cycles of NHBS. Also, discuss any sub-populations that are impacted by the MSM HIV epidemic in the MSA but were not adequately represented in previous NHBS samples.

**Part 3 (2-4 pages):** The third part is a summary of relevant research studies conducted among MSM in the MSA and other relevant information with an emphasis on HIV risk behaviors, social and sexual networks, sub-populations of MSM, geographic concentrations of MSM in the MSA, and issues of local concern among MSM. In addition, this narrative should present findings from secondary research about the types of venues attended by MSM in the MSA. The information about venues does not need to include information about specific venues but should focus on the types of venues that cater to MSM in the MSA.

**Part 4 (1-2 pages):** The last part is the Primary Data Plan. This includes:

- A brief summary of the major findings of the secondary data review process;

- A summary of the topics and populations that the NHBS staff need to learn more about during the primary data collection in order to effectively implement NHBS-MSM3 and recruit a representative sample;
- The goals and objectives for the qualitative research process;
- Explanation of how data will be collected for each goal (e.g., focus groups, key informant interviews);
- Designation of responsibility for each research activity;
- Timeline for activities;
- Interview guides.

**TABLE 3. Number and percentage of HIV cases among MSM by selected characteristics in metropolitan statistical area--City, Date  
(HARS is suggested data source)**

CHARACTERISTIC	No.	(%)
<b>Race/Ethnicity</b>		
American Indian/Alaska Native		
Asian		
Native Hawaiian/Pacific Islander		
Black		
Hispanic/Latino		
White		
Other		
<b>Age group (yrs)**</b>		
18 - 19		
20 - 24		
25 - 29		
30 - 34		
35-39		
40 - 44		
45-49		
50-59		
≥60		
<b>Highest level of education completed</b>		
< High school		
High school diploma or equivalent		
Some college or technical degree		
College degree or post-graduate education		
<b>Annual household income* **</b>		
0 to \$19,999		
\$20,000 to \$39,999		
\$40,000 to \$74,999		
\$75,000 or more		
<b>Country of birth (if relevant)</b>		
United States		
Other		

\*If applicable

\*\*Categories may be adjusted as necessary

**TABLE 4. Prevalence of HIV among MSM in participating in NHBS and other relevant local studies by selected characteristics in metropolitan statistical area--City, Date**

CHARACTERISTIC	NHBS-MSM1*	NHBS-MSM2	Study 2 (Optional)	Study 3 (Optional)
	No. <sup>£</sup> (prevalence)	No. (prevalence)	No. (prevalence)	No. (prevalence)
<b>Race/Ethnicity</b>				
American Indian/Alaska Native				
Asian				
Native Hawaiian/Pacific Islander				
Black				
Hispanic/Latino				
White				
Other				
<b>Age group (yrs)**</b>				
18 - 19				
20 - 24				
25 - 29				
30 - 34				
35-39				
40 - 44				
45-49				
50-59				
≥60				
<b>Highest level of education completed</b>				
< High school				
High school diploma or equivalent				
Some college or technical degree				
College degree or post-graduate education				
<b>Annual household income* **</b>				
0 to \$19,999				
\$20,000 to \$39,999				
\$40,000 to \$74,999				
\$75,000 or more				
<b>Country of birth (if relevant)</b>				
United States				
Other				
*If applicable				
**Categories may be adjusted as necessary				
£ No. indicates the total number of men in the study in each demographic category.				

**TABLE 5. Selected characteristics of MSM in NHBS-MSM1\* and NHBS-MSM2 in metropolitan statistical area--City, Date**

CHARACTERISTIC	NHBS-MSM1 n( %)	NHBS-MSM2 n( %)
<b>Race/Ethnicity</b>		
American Indian/Alaska Native		
Asian		
Native Hawaiian/Pacific Islander		
Black		
Hispanic/Latino		
White		
Other		
<b>Age group (yrs)</b>		
18 - 19		
20 - 24		
25 - 29		
30 - 34		
35-39		
40 - 44		
45-49		
50-59		
≥60		
<b>Highest level of education completed</b>		
< High school		
High school diploma or equivalent		
Some college or technical degree		
College degree or post-graduate education		
<b>Annual household income</b>		
0 to \$19,999		
\$20,000 to \$39,999		
\$40,000 to \$74,999		
\$75,000 or more		
<b>Health insurance</b>		
None		
Private only		
Public only		
Other		
<b>Employment Status</b>		
Employed full-time		
Employed part-time		
Unemployed		
Disabled		
Full-time student		
Other		

\*If applicable

## **3 Building Your Knowledge of the MSM Community**

### **3.1 Overview**

The success of NHBS-MSM3 depends to a large extent on the ability of project staff to establish and maintain connections within the MSM community throughout the data collection process and gain support from key community stakeholders. These relationships are essential in order to answer relevant questions about the MSM community that are identified during the secondary data review process and for the successful implementation of NHBS-MSM3. Further, the support of a diverse group of community stakeholders can go a long way to ensure that NHBS-MSM3 data collection activities are acceptable to the various segments of the MSM community once data collection begins.

Qualitative data collection methods such as key informant interviews, focus groups, participant observations, and street intercept surveys are to be used to learn about the local MSM population (see Appendix A). Decisions about the appropriate qualitative methods to employ should be made after reviewing the findings from the secondary data review with your Project Officer and identifying topics and populations about which project staff need more information in order to effectively implement NHBS-MSM3.

Building your knowledge of the MSM community will involve a variety of activities. In general, these activities will be done to accomplish three main goals:

- to assess your current knowledge level about the MSM community;
- to update your knowledge about the MSM community; and
- to update your community resources and contacts within the MSM community.

The purpose of these goals are discussed in this Chapter and strategies are suggested for using these goals and subsequent activities to build your knowledge of the MSM community in preparation for the implementation of the NHBS-MSM3 data collection.

The formative research phase of NHBS-MSM3 presents an opportunity to reflect on the previous NHBS-MSM cycles and determine what has remained the same and what has changed in the MSM community. It is important to recognize that many changes may have taken place in the MSM community since the previous MSM cycle, and current knowledge will need to be revisited to confirm whether it is still accurate.

### **3.2 Assessing Your Current Knowledge**

The secondary data review portion of the NHBS-MSM3 formative research process is designed to help assess your current knowledge level about the MSM community (Chapter 2). The secondary data review provides information about the demographics of the local MSM

community as well as the general epidemiology of the local HIV epidemic among MSM. It also provides information about the demographic composition of the NHBS-MSM1 and NHBS-MSM2 samples and helps determine if sub-populations of MSM who are affected by the HIV epidemic in your MSA were under-represented in the NHBS sample(s).

If sub-populations of MSM who are affected by the HIV epidemic in your MSA were under-represented in the NHBS-MSM1 or NHBS-MSM2 samples, NHBS staff should investigate the reasons why these MSM did not participate in previous rounds of NHBS, assess the staff's current knowledge of the sub-population(s) of MSM who were under-represented in the sample, and identify potential solutions to increasing recruitment among the relevant sub-population(s) of MSM prior to NHBS-MSM3 survey data collection to ensure a more accurate representation of the MSM at risk of HIV in the MSA for NHBS-MSM3. To achieve these steps, it is important to identify: key community stakeholders and gatekeepers in the MSM community and among any under-represented sub-populations of MSM; barriers to NHBS participation among under-represented sub-populations of MSM; and venues ideal for recruiting members of the sub-population(s) for the NHBS-MSM3 survey.

In addition to identifying sub-populations that were under-represented during NHBS-MSM1 and NHBS-MSM2, it is important to assess all aspects of the staff's **current** knowledge about the MSM community including information about venues and venue attendance patterns among local MSM, community gatekeepers, social norms, and connections to community organizations and local MSM.

Questions that NHBS project staff should consider when assessing their current knowledge of the MSM community may include:

- Has the MSM community grown since NHBS-MSM2?
- Has the MSM community dispersed since NHBS-MSM2?
- Have MSM venues opened in new areas in the MSA?
- Have the community leaders, advocates, or other key players changed?
- What impact has technology had on the social or sexual networks of MSM and on the venue attendance of MSM?

*The purpose of assessing current knowledge is to establish a starting point for primary data collection activities.* Once the staff has identified “what is known”, topics in need of further investigation are identified to successfully implement data collection activities for NHBS-MSM3.

### **3.3 Updating Your Knowledge**

Many factors can influence changes in communities over time. These factors include, but are not limited to, changes in the economy, gentrification, changes in local laws and policies, and changes in political leadership. NHBS-MSM3 staff must be aware of the many changes in their local area that might impact the structure of the MSM community, especially as it relates to venue attendance.

In addition to updating your knowledge about the MSM community, project sites should use this part of the formative research process to update and increase their knowledge about any topics or populations that were identified during the secondary data review process about which the NHBS staff has limited knowledge.

Key informant interviews, focus groups, street intercept surveys, and participant observations are excellent methods for updating your knowledge about MSM to aid in the effective implementation of NHBS-MSM3 and to ensure a diverse sample of MSM is recruited (see Appendix A for more details about these qualitative research methods).

Another useful method for gaining information about the local MSM community is accessing websites that MSM use to communicate and socialize with other MSM. Since the NHBS-MSM2 cycle, social networking websites, such as Facebook and Twitter, have become an even more popular method of communication among many sectors of society, including MSM. These websites can be used to help people make contact with other people who are interested in similar activities, events, and/or social organizations. In addition, people utilize the internet for a wide variety of purposes other than social networking, such as searching for HIV information and/or support groups, event promotion, online dating, and sex seeking. Table 3.1 provides information about several internet resources that might be helpful for NHBS-MSM3 staff as they seek to update and build on their knowledge about the local MSM community. During key informant and focus group interviews, NHBS-MSM3 staff should inquire about whether there are other websites that are popular among local MSM.

**Table 3.1 Suggested internet resources for learning about the local MSM community**

Internet Resource	Type of Site	Target (MSM) Audience	Potential NHBS Use
<a href="http://www.Facebook.com">www.Facebook.com</a>	Social networking	All MSM	Can provide information about non-random venues that emerge during the implementation season; can be used to make contact with gatekeepers who have been identified by your key informants.
<a href="http://www.Meetup.com">www.Meetup.com</a>	Self-organizing group	All MSM	Local resource for MSM to create, join or participate in ongoing networks
<a href="http://www.Craigslist.com">www.Craigslist.com</a>	Advertisement and event promotion	All MSM	Source of recruitment for focus groups and key informants
<a href="http://www.manhunt.com">www.manhunt.com</a>	Sex seeking	All MSM	Source of recruitment for focus groups and key informants
<a href="http://www.fobrothas.com">www.fobrothas.com</a>	Health education	Black MSM	Specific data on Black MSM who are at risk for HIV may be obtained; Local resource for MSM to create, join or participate in ongoing networks
<a href="http://www.adam4adam.com">www.adam4adam.com</a>	Social networking / sex seeking	All MSM	Source of recruitment for focus groups and key informants
<a href="http://www.blackgaychat.com">www.blackgaychat.com</a>	Social networking / sex seeking	Black / Latino MSM	Source of recruitment for focus groups and key informants
<a href="http://www.afropoz.com">www.afropoz.com</a>	Social networking	HIV Positive Africans and African Americans (inclusive of heterosexuals, bisexuals, and MSM)	May provide information about current issues in the local community relevant to prevention.
<a href="http://www.pozmatch.com">www.pozmatch.com</a>	Social networking/ Dating	HIV positive individuals (inclusive of heterosexuals, bisexuals, and MSM)	May provide information about current issues in the local community relevant to prevention.
<a href="http://www.hivnet.com">www.hivnet.com</a>	Social networking	HIV positive individuals (inclusive of heterosexuals, bisexuals, and MSM)	May provide information about current issues in the local community relevant to prevention.

The process of updating your knowledge about the local MSM community should be iterative and should continue throughout the cycle with ongoing formative research (Chapter 5).

### **3.4 Updating Your Community Resources**

In addition to updating your knowledge about the local MSM community, it is imperative for NHBS staff to review, update, and add to their community resources and contacts. NHBS staff may find that the number of community-based organizations, social support groups, and service providers for local MSM has changed since the previous cycle. If new organizations have been created since the previous cycle, these organizations should be contacted and added to the existing list of community resources. Any organizations that are no longer active or functional should be removed from the list of community resources.

Another aspect to consider when updating community resources is whether there were challenges reaching or recruiting any specific sub-population(s) of MSM during NHBS-MSM2. If so, it is recommended that at least one member of this sub-population is identified as a key informant during your primary data collection activities. A good key informant will be able to connect the project staff with other resources in their community that may be helpful for learning about the sub-population and identifying potential venues for NHBS-MSM3 data collection activities.

NHBS staff should create a formal list of their community contacts from NHBS-MSM1 and NHBS-MSM2. This list should include: 1) the name of a contact person, 2) contact information (phone number and/or e-mail), and 3) a brief description of the MSM community that this contact works with or is a member of (e.g. Black MSM, young MSM, etc). Creating such a list provides an opportunity to evaluate which communities the NHBS staff has established strong contacts with during previous cycles of NHBS and which communities they need to invest effort into developing more contacts. After completing the list of community contacts, the following questions can help identify the next steps:

- Has this list been updated since NHBS-MSM2?
- Does the current list of community contacts (e.g. potential community key informants and contacts at relevant community organizations) include representation from each of the MSM communities and/or sub-populations affected by the local HIV epidemic? (Refer to findings from your secondary data review report.)
- Did the NHBS-MSM2 sample include representation from all of the major sub-populations of MSM affected by the local HIV epidemic (e.g. If there is a high prevalence of HIV among black MSM in the MSA, did the NHBS-MSM2 sample include a sufficient representation of black MSM)?
- Does the list include representation from all of the key MSM organizations?

If the answer to any of the above questions is NO, formative research activities should involve updating your list of community contacts, as appropriate.

### ***3.4.1 Types of Community Contacts***

NHBS-MSM3 staff can think of community contacts in 3 categories: stakeholders, key informants, and gatekeepers.

Community stakeholders can help to identify relevant key informants. In addition, it is important for NHBS staff to develop relationships with community stakeholders to get input from these stakeholders when considering future prevention efforts resulting from NHBS data.

Key Informants can help to identify potential gatekeepers, especially within sub-populations of MSM who have been difficult to reach and potential venues. Key informants can also be useful in identifying barriers to participation and solutions to overcoming these barriers.

Gatekeepers are one of the most valuable resources when accessing any community within a population. Establishing relationships with gatekeepers is essential when attempting to access sub-populations of MSM because they determine who is given permission to be a part of the community. During the formative research process, several sub-populations and subcultures may be identified that exist within the MSM community each with separate gatekeepers. Gatekeepers help ensure buy-in for NHBS-MSM3 from MSM communities that have not been well represented in the survey in the past and can suggest venues and events for reaching their sub-population that may not be well-known or advertised to individuals outside of the sub-population. Locating new community contacts may be difficult. However there are a number of methods that can be used to identify community contacts within important sub-populations of MSM. These include, but are not limited to, the following:

1. Abstracting names from print and on-line media data sources,
2. Requesting a list of potential community contacts during meetings with health department representatives and other stakeholders when eliciting their input on NHBS-MSM3,
3. Asking about community stakeholders, potential key informants, and gatekeepers during street intercepts at local events targeting specific sub-populations of MSM, and
4. Observing persons at public meetings about issues affecting the gay community or MSM.

Activities undertaken to update community resources have the potential to lead to in-depth information about barriers to survey participation, collaboration with local leaders, and the identification of respected community organizations and leaders. In addition, these research activities will help NHBS-MSM3 staff develop strategies for reaching under-served and under-represented MSM.

### **3.5 Primary Data Report (11 – 15 pages)**

The primary data report consists of two main sections: 1) garnering the support of community stakeholders and gatekeepers and, 2) findings about the MSM population.

#### **Part I: Garnering the support of community stakeholders and gatekeepers report (5-7 pages)**

##### **A. Methods**

Describe methods used to identify the stakeholders and gatekeepers and to obtain their support. Provide a list of the types of community stakeholders and gatekeepers who were contacted and interviewed. Discuss efforts used to identify stakeholders and gatekeepers from specific sub-populations of MSM, especially stakeholders and gatekeepers from communities that have been under-represented in previous cycles of NHBS.

List the topics addressed in key informant interviews and focus groups with community stakeholders and gatekeepers.

##### **B. Findings**

Discuss successes and obstacles to garnering community support, if any, and tactics used to overcome any obstacles. Describe the main findings from interviews and focus groups, especially as they relate to NHBS-MSM3 implementation and acceptability in the community and strategies for identifying venues for recruiting sub-populations of MSM who have been under-represented in previous cycles of NHBS.

List challenges identified by the stakeholders and gatekeepers and describe recommended solutions regarding how best to promote NHBS-MSM3 in the community and how best to access MSM. Finally, discuss the solutions to be implemented during NHBS-MSM3 data collection. If there are any recommended solutions that are not able to be employed, discuss the reasons why not and the barriers that prevent adopting the solutions.

#### **Part II: Target Population (6-8 pages)**

##### **A. Methods**

Describe how participants were recruited for focus groups, key informant interviews, and brief street intercepts. Describe any participant observations that were completed. Provide information about the characteristics of MSM (i.e., age, race/ethnicity) interviewed. Finally, list the topics discussed in key informant interviews and focus groups and provide the goal of each interview/focus group.

##### **B. Summary of Findings**

Use this section to explain new information about local MSM gained from the primary data collection, specifically as it relates to strategies for venue identification, recruitment strategies for MSM who have been under-represented in previous cycles of NHBS, and acceptability of NHBS-MSM3 among members of the MSM community. Discuss the main findings from focus

groups and key informant interviews and describe how these findings fill in the gaps identified in the secondary data report. If any challenges were identified to NHBS-MSM3 implementation, discuss potential solutions.

## 4

## Identification of Venues

### 4.1 Overview

This chapter describes the process for identifying venues where NHBS-MSM3 recruitment events will take place. Venue identification is a systematic process and utilizes data from all of the earlier phases of the formative research process – the secondary data review, meetings with community stakeholders and gatekeepers, and findings from primary data collection efforts aimed at learning more about the MSM population in the MSA.

### 4.2 Venue definition

A venue is an area or place where MSM can be approached and recruited to participate in the NHBS-MSM3 survey. Venues suitable for recruitment are found within the MSA and are defined as public or private locations that are attended by men for purposes **other** than receiving medical care, mental health care, or HIV/STD testing or prevention services. Settings that provide social services to HIV-positive men are also not suitable as venues. Venues may include bars, dance clubs, retail businesses, cafes and restaurants, health clubs, social and religious organizations, sports teams, adult bookstores and bathhouses, high-traffic street locations, parks, beaches, and special events such as gay pride festivals, and dance parties. These venues may be considered even though some healthcare, HIV/STD diagnostic, or prevention services may be available on site (e.g., HIV testing services provided in some bathhouses).

### 4.3 Collaboration with other organizations

Keep in mind that project staff need to collaborate with other organizations that conduct prevention outreach or research activities at venues selected for NHBS-MSM3. Project staff should interview health department HIV/STD prevention staff and community informants to learn about organizations that conduct prevention and research activities and to identify where and when these activities take place. It is important for the project staff to inform managers of these organizations about NHBS-MSM3 and discuss the need to collaborate. As part of these collaborations, monthly schedules or calendars can be shared between organizations to prevent activities from occurring at the same place, date, and time.

### 4.4 Venue Identification

Venue identification involves 6 steps:

- 1) List venues within the identified MSA;
- 2) Collaborate with venue owners;
- 3) Observe the venue;
- 4) If necessary, conduct Type 1 and Type 2 enumerations of venues to assess attendance at the venue and the eligibility of venue attendees;
- 5) Determine the suitability of venues for the purposes of NHBS-MSM3;

6) Categorize and code suitable venues.

After completing all of these activities, a list of viable venues will be compiled and used to create the monthly sampling frame. Venue identification will continue throughout the duration of the cycle, as new venues may open, existing ones may close, and the staff may learn about additional venues that weren't originally included in the venue universe.

**Step 1. List all venues** within the identified MSA

The first step in the venue identification process is to create a list of all potential venues within the MSA where MSM can be interviewed. During this step, NHBS-MSM3 project staff should be liberal with their assessments: that is, do not exclude any potential venues at this point.

To create the list of venues, review all local publications that advertise venues (e.g., local newspapers, magazines, the yellow pages, websites frequented by MSM) as well as interview as many persons as practical from the community that are knowledgeable about venues within the MSA. It is important that interviews include a diverse group of MSM community members, staff of health department prevention programs, community-based organizations, community leaders, and venue owners, managers, workers, and patrons.

Project staff must ensure that MSM who represent important demographic subpopulations participate in creating venue lists so that venues attended by these men are included. In addition, project staff should refer to the findings from their secondary data review to identify subpopulations of MSM that were either missed or under-represented in previous rounds of NHBS-MSM and ensure that representatives from these groups are interviewed and consulted during the creation of the venue universe. To help ensure the representativeness of eligible venues, interviews should be conducted with MSM who are of various racial and ethnic backgrounds and ages.

Project staff may use the Venue Universe example in Appendix F to list potential venues and to record information gathered from subsequent steps in the venue identification process.

**1.1 Multiple Venues for a Single Location**

A single location (e.g., a bar or club) may be considered as more than one venue under certain circumstances. When a location has a specific event that caters to a specific population group, then this specific event may be considered a separate venue. Based on experiences during previous NHBS-MSM cycles, some sites had difficulty obtaining a representative number of racial/ethnic minority men in the sample. Adding a specific event (e.g. Hip Hop night) at an otherwise general location may be one way to help improve the representativeness of the NHBS-MSM3 sample.

Please note, the purpose of allowing a single location to serve as multiple venues is not to reach a group that may be of interest for research purposes; the need to reach a particular group should be supported by formative research findings, including HIV/AIDS case surveillance data.

In order to utilize a single location as multiple venues, use the following guidance:

- The Venue Universe should indicate that a single location will be assigned multiple venue ID codes. This should be documented within the Venue Universe spreadsheet for both the “general” venue and any “specific” venues. Project sites must provide a description of the event that creates the “specific” venue and why it should be considered a separate venue from the “general” venue. Include this description in the Venue Universe (e.g., under the “notes” section) and make reference to the secondary data report and/or primary data report where the need for and anticipated difficulty of reaching this group is documented.
- Assign each venue a unique venue code and name that reflects either a general or specific classification. For example, the name of the location is *Moe Joe’s Live*. The “general” venue name is *Moe Joe’s Live* and given a venue code of B001. The “specific” venue name is *Moe Joe’s Live: Hip-Hop Night*, with a venue code of B002.
- The maximum number of different venue codes that can be used for a specific location is 3. So, for example, there can be *Moe Joe’s Live* (B001), *Moe Joe’s Live: Hip-Hop Night* (B002), and *Moe Joe’s Live: Latin Night* (B003).

## **1.2 High Traffic Street Locations**

“High traffic street locations” refer to corners or other areas of sidewalks that are well-attended (i.e., get a lot of foot traffic) and that are not associated with any one particular type of venue such as bars, cafés, dance clubs, etc. “High traffic street locations” are not a substitute for individual venues. If a street has a substantial traffic flow of MSM because several potential venues are located on the street (e.g. bars, clubs, cafes), the individual venues themselves should be identified as potential venues rather than identifying the street as a “high traffic street location.” For this reason, high-traffic street locations should be a small proportion of all venues identified.

## **1.3 Consideration of venues outside of the MSA/Division boundaries**

Generally speaking, all venues on the sampling frame must be located within the boundaries of the designated MSA or Division. Where it would be impractical to conduct NHBS in the entire MSA or Division, venues and recruitment activities should be limited to the geographic area (e.g., city, county, or health district)

within the MSA or Division with the highest HIV/AIDS morbidity. On the other hand, in order to preserve the integrity of the sampling method, venues and recruitment activities may be extended to geographic areas adjacent to the MSA or Division if HIV/AIDS morbidity in those areas is high and CDC has granted approval.

### **Step 2. Collaborate with venue owners/managers**

NHBS-MSM3 project staff must obtain the approval of venue owners or managers before conducting observations or Type 1 or Type 2 enumerations. Approval is necessary to conduct sampling events just outside of or within these establishments. The formality of this approval will be determined by each NHBS project site. In meeting with venue owners or managers, it is important to emphasize the community benefits of NHBS-MSM3, and make it clear that sampling activities will be conducted in ways to minimize burden on venue management and patrons. Efforts to garner the support of community stakeholders and gatekeepers (Chapter 3) and build your knowledge about the community will prove beneficial to this phase of the formative research process. Community members and stakeholders can make introductions to venue owners and managers and facilitate discussions with them.

### **Step 3. Venue observations**

The purpose of observations is to make note of key characteristics about the venue and venue attendees that may affect venue selection and future recruitment activities. Such characteristics include: 1) activities that occur at the venue during specific days and times, 2) the safety and feasibility of conducting interviews at the venue, 3) locations where recruitment could be conducted (inside the venue, near the entrance, etc), and 4) characteristics of venue attendees (age, race, gender, etc). Observations can also be conducted during Type 1 and Type 2 enumerations (see below). Depending on the number of people attending the venue, one to two staff members typically perform a venue observation.

### **Step 4. Assessment of venue attendees**

It is necessary to determine if a sufficient number of eligible people attend the venue. As a ballpark figure, a venue should yield 8 eligible MSM in a 4-hour period, which is the average duration of a recruitment event. Because some venues will produce >8 and others will produce <8, this is not a required minimum.

For venues with unknown attendance patterns, enumerations are to be conducted to measure and characterize attendance. There are two types of enumeration: Type 1 and Type 2.

#### **4.1 Type 1 enumerations**

##### **Purpose**

The purpose of Type 1 enumeration is to determine if venues and their associated day-time periods (VDTs) are attended by enough MSM to be included in sampling frames.

## **Method**

Only one person is necessary to conduct type 1 enumerations. This person, or counter, uses a "clicker" to count the number of men who appear  $\geq 18$  years of age who enter the defined counting area during a 30- to 60-minute period. Each man should be counted only once, even if he enters the counting area multiple times. A 30- to 60-minute enumeration period is ideal because it allows for reasonable 4-hour attendance estimates while minimizing the potential for counting men more than once.

The counting area is a defined space at the venue where venue attendees who enter or cross the space are counted. The counting area can be of any size and it can be situated in any location of the venue. However, it should be defined to maximize the counter's ability to effectively count venue attendees. A simple rule of thumb is smaller counting areas for venues with high traffic flows and larger areas for venues with low traffic flows. Most importantly, because a requirement of venue-based sampling is that participants have to be venue attendees, the counting area must be defined to ensure that only men attending the selected venue are counted. The doorway of a venue is a common location for the counting area whether counting occurs inside the venue or outside. When a doorway is designated as the counting area, it is helpful to count venue attendees in only one direction to avoid duplicate counting. For example, if the counter were inside the venue, they would just count venue attendees who pass through the doorway to enter the venue; and if the counter were outside the venue, they would just count venue attendees who pass through the doorway to exit the venue.

**Standardized Count.** After enumerations are conducted, counts are standardized to a 4-hour period, which is the average duration of a recruitment event. Standardized counts are calculated by dividing the product of persons enumerated and 4 hours, by the time enumerated in hours. For example, if 12 men were counted in a 30-minute period, then the standardized count would be 96 or  $[(12 \times 4) / (0.5)]$ .

## **4.2 Type 2 Enumeration**

### **Purpose**

The purpose of Type 2 enumeration is to assess the eligibility of men attending a venue or to get a better understanding of their demographic characteristics (age, race/ethnicity, residency). Thus, Type 2 enumerations are essential for those venues that might be attended by men who are  $< 18$  years of age, who live outside the MSA, or who only have had sex with women. Based on type 2 enumerations, venues that yield  $>50\%$  ineligible men should be excluded from the sampling frame. Remember, for the purposes of venue identification, we are interested in identifying venues where  $\geq 50\%$  of the mal attendees are a male resident of the MSA, had sex with another man in the past 12 months, and are 18 years of age or

older.

### **Method**

In type 2 enumerations, at least two staff are needed – a counter and one or more interviewers. As in Type 1 enumeration, one staffer uses a "clicker" to count men who enter the counting area during a 30 to 60 minute period. While one staffer is continually counting men, the other performs brief eligibility interviews on a consecutive sample of the men who are counted. For example, the first person counted should be approached and asked to complete a very brief interview. After that interview is completed, the next person counted is approached and asked to complete a brief interview. This process of counting and consecutive interviewing is performed for the duration of the 30 to 60 minute enumeration event. Note that counting continues throughout the enumeration period; counting should not stop when an interview is being conducted. Staff should use the Type 2 enumeration form to record data from persons completing the brief eligibility screener (Appendix D).

### **Eligible Count**

After Type 2 enumerations are conducted, an eligible count is calculated, which is the estimated number of eligible men during a 4-hour period. Eligible counts are calculated by multiplying the standardized count (obtained during Type 1 enumerations) and the eligible percent (obtained during the brief eligibility interviews). For example, if 12 men were counted in a 30-minute period, the standardized count would be 96 as described above  $[(12 \times 4) / (0.5)]$ . If 10 of the men were interviewed and 6 (60%) were found to be eligible, the eligible count would be 58  $(96 \times 0.60)$ .

### **Example Application**

Staff are concerned that a park recommended by participants in a focus group might be attended by age-ineligible MSMs on Saturday afternoons between 12:00 and 4:00 p.m. Type 2 enumerations were conducted on Saturday afternoon from 1:00 p.m. to 2:00 pm. During this 60-minute enumeration period, 8 men were counted. All 8 men were approached and interviewed. Of the 8 men, all reported having had sex with another man and 6 (75%) were 18 years of age or older. The number of eligible MSM who might attend this venue during a recruitment event can be estimated by applying the proportion of eligible MSM to the standardized count for a 4-hour period. The standardized count for this venue is 32 or  $[(8 \times 4) / 1]$ . However, the estimated number of eligible MSM attending this venue (e.g. the eligible count) is 24  $(0.75 \times 32)$ . Since this venue is expected to produce  $\geq 8$  eligible MSM and the proportion of ineligibles is  $\leq 50\%$ , this venue can be included in the sampling frame.

Appendix B is a count form to be used during Type 1 and Type 2 enumerations;  
Appendix C outlines instructions for the count form. Appendix D is a model Type 2

enumeration form; Appendix E outlines instructions and questions for the Type 2 enumeration form.

### **Step 5. Determine suitability of venues**

The next step in the venue identification process is to use information obtained to determine the suitability of each of the venues on the list. In addition to the steps described above, information can be collected from multiple sources in the community, using a combination of methods and approaches described in Chapter 3 and Appendix A. Issues like safety of the venue, the socio-demographic characteristics of men who go to that venue, and days and times of highest attendance at the venue, and other comments about the venue should be considered.

Assessing socio-demographic characteristics of venue patrons will enable NHBS-MSM3 project staff to determine if venues attended by important subpopulations are included. Interviews with key informants should also be used to identify any potential barriers to recruiting, interviewing, and testing men at each venue. Identifying potential recruitment, interviewing, and testing barriers will help staff to further assess, clarify, and prevent or minimize sampling barriers. Potential barriers include, but are not limited to, logistical and management issues, safety, parking (if interview vans are used), and competing outreach activities.

Eligible venues and associated day-time periods may be determined unsuitable for the following reasons:

- Lack of approval from venue owner/manager/organizer to conduct behavioral surveillance at the venue
- Expected attendance at the VDT is less than 8 eligible people
- Type 2 enumerations determine that  $\geq 50\%$  of the venue population is ineligible
- The safety of interviewers is compromised
- Barriers to recruiting, interviewing and/or testing men cannot be surmounted.

### **Step 6. Categorize and code suitable venues**

The venue-identification code is a unique four-character alphanumeric that identifies specific NHBS-MSM3 venues. Venue-identification codes are fixed; new venues may not be given identification codes of venues that have been deleted from sampling frames. As described below, the four-character alphanumeric incorporates a letter for the venue category and a unique three-digit number for the specific venue.

**Venue category.** The first value of the code identifies the venue category according to the following scheme:

B	Bars
C	Cafes and restaurants
D	Dance clubs
E	House ball events

F	Fitness club or gymnasium
G	Gay Pride and similar events
O	Social organizations
P	Parks and beaches (not public-sex environments)
R	Retail businesses
S	Street locations
V	Raves, circuit parties, and similar events
X	Sex establishments or environments
Z	Other

**Specific venue.** The remaining three digits of the code identifies the specific venue.

### **Coding Venue Categories**

Most categories are self-explanatory; definitions are provided below to help project sites classify their venues and assign the appropriate codes. If a venue could fit multiple categories, choose the one that best describes the venue, the main purpose of the venue, or its primary activity.

**Bars (B)** Bars are establishments that typically have as a primary structural feature a large counter on which alcoholic beverages are served. While some bars might have a small dance floor or serve snacks or hors d'oeuvres, the primary activity at venues coded as bars in NHBS-MSM is drinking alcoholic beverages and socialization. Venues such as dance clubs and restaurants that include bars should not be coded as bars.

**Cafés and restaurants (C)** Cafés and restaurants are establishments whose primary activity is serving coffee or food. Many restaurants have a small bar and some may have a dance floor. Code these venues as restaurants if their primary activity is preparing and serving meals.

**Dance clubs (D)** Dance clubs are establishments that have as the primary structural feature large dance areas and a stage for musicians or a booth for disc jockeys. Many dance clubs have bars or serve food. Code these venues as dance clubs if the primary activity is dancing.

**House ball events (E)** A "house" is a social group that functions much like an extended family, and is comprised of predominantly African-American and Latino GLBT persons. These groups are best known for sponsoring fashion and dance competitions called "balls," and as a result, they are often referred to as the house ball community. House ball events are any social events designed specifically for members of the house ball community, such as house meetings, parties, and balls.

**Fitness club or gymnasium (F)** Fitness clubs or gymnasia are establishments that are visited by most patrons for the purpose of exercising and maintaining or

improving personal fitness. Bathhouses that might have exercise equipment or facilities such as pools should not be coded as fitness clubs.

**Gay Pride and similar events (G)** Gay Pride events are large community celebrations of gay, bisexual, lesbian, or transgender persons that often include parades, and artistic, educational and trade exhibits and entertainments.

**Social organizations (O)** Social organizations include any type of eligible club of MSM. These organizations might include religious, artistic, sport, educational, or other clubs composed of MSM. HIV-positive support groups or groups of MSM that meet for HIV/AIDS clinical or prevention purposes are not eligible social organizations.

**Parks and beaches (P)** Parks and beaches are city designated outdoor locations that are visited by MSM for socialization purposes and for outdoor entertainments. Some parks and beaches may have locations that are used to engage in sex with other men (e.g., public sex environments). These venues should be classified as sex establishments and environments (see below).

**Retail businesses (R)** Retail businesses are establishments in which goods such as books and clothing are bought and sold. Businesses that sell sexual paraphernalia should also be coded as retail businesses unless the establishment serves as a location in which men routinely have sex with other men.

**Street locations (S)** Street locations are corners or other areas of sidewalks that are well-attended by MSM and that are not associated with any one particular type of venue such as bars, cafés, dance clubs, etc. For example, a street location may be the main thoroughfare or a busy intersection in a gay neighborhood.

**Raves, circuit parties, and similar events (V)** Raves and circuit parties are typically small- or large-scale dance events for MSM that occur on a single night or over the course of a weekend or week. Raves and circuit parties may or may not have fixed locations. Code the venue as a rave, circuit party, or similar event even though it is conducted at a known dance club, bar, or other venue category.

**Sex establishments or environments (X)** Sex establishments or environments are locations which are attended by MSM primarily for the purpose of engaging in sex with other men. These locations include sex clubs and bathhouses, as well as cruising areas such as parks, beach locations, and adult bookstores.

**Other (Z)** Venues that do not meet any of the criteria above should be classified as 'Other'. This code should be used only in rare circumstances for venues where no other category fits and sites should consult their Project Officer before using this category.

## 4.5 Grouping Venues

During NHBS-HET1, CDC provided guidance for VBS project sites to group venues in order to reduce the (in some cases) large number of venues that catered to the same clientele in a small area such as a city block. The purpose of CDC's supplemental guidance was to reduce the overall number of venues that required validation to a manageable size. The guidance stated that grouped venues must serve the same populations and must have the same venue category (e.g., all grouped venues would be retail businesses); individual venues located within groupings that were distinctly different (e.g., bars) were coded as their own separate venues and not included in the grouping.

During NHBS-MSM2, issues were raised by NHBS project staff regarding the venue universe and subsequent monthly sampling frames being swamped with venues from "gay" neighborhoods that attract men with the same demographics. Mirroring this concern is the possibility that there would be less chance for random selection of venues that are located in areas outside of the "gay" neighborhoods and that attract men with more diverse demographics, specifically by race/ethnicity and age.

If NHBS project sites have a cluster of venues within the same venue category that they think will result in problematic sampling of homogeneous MSM by geographic area, race/ethnicity and/or age, they must first consult with their CDC Project Officer and then assess the following:

1. Whether neighboring venues attract MSM with similar demographics: Project sites should conduct type 2 enumerations at the venues, collecting information on race/ethnicity, age, and zip code (or other measure for neighborhood).
2. Whether it is practical to group venues: Project sites can only group venues in the same venue category. For instance, bars can be grouped with other bars and retail businesses can be grouped with other retail businesses, but bars cannot be grouped with retail businesses. In addition, it must be logistically feasible to count and recruit men from the grouped venues. For example, if a project site grouped several bars together, they would have to be able to accurately count the men attending all the grouped bars, and they would have to be able to approach any one of the attendees for recruitment.

If the type 2 enumerations indicate that men who attend each of the venues are of similar demographic background and if it is practical to group venues in the same venue category, then the project site should present this information to their CDC Project Officer. The CDC Project Officer will then discuss this information with the CDC NHBS team to make a final decision.

## 5

## Ongoing Formative Research

### 5.1 Overview

Ongoing formative research is a very important aspect of NHBS-MSM3 data collection. As has been mentioned throughout this formative research manual, formative research is an iterative process and formative research questions arise as new data become available. Much like the formative research process that sites engage in prior to beginning NHBS-MSM3 survey data collection, ongoing formative research is conducted to help the project staff understand the interests, attributes and needs of the MSM community and to help ensure quality data collection. Specifically, the ongoing formative research process is used to monitor important indicators such as participation barriers, sample characteristics, venue viability, the opening of new venues during the data collection period, the closing of venues in the Venue Universe, identification of non-random events.

The ongoing formative research process is introduced in this chapter; detailed information about the standard procedures for conducting the ongoing formative research is provided in the NHBS-MSM3 Operations Manual.

### 5.2 Things to Monitor

In general, sites are expected to monitor anything that could either affect the validity of data collected during NHBS-MSM3 or cause potential harm to participants. If a site identifies a potential problem they will work with their CDC Project Officer to develop a plan of action to alleviate the problem. In cases where this is not possible, both the NHBS project site and the CDC Project Officer will submit detailed documentation about the issue.

All sites are expected to monitor certain key factors that have been identified as potential areas for concern. In addition to these factors, sites may be encouraged to monitor other aspects of the data collection process based on their unique circumstances and the judgment of their CDC Project Officer. The factors that all sites are to monitor are:

- Enrollment numbers by demographics (age, race/ethnicity, and other relevant characteristics)
- Participation barriers
- Changes in enrollment (unexpected decreases or increases)
- Venue viability
- Accuracy of sampling frame (opening and closing of venues during the data collection period or changes in the days and hours of high attendance)

### 5.3 Methods

The on-going formative research process consists of a combination of quantitative and qualitative data collection methods. All sites are expected to analyze data about basic sample demographics and enrollment statistics. Depending on the unique circumstances at each site, CDC Project Officers may decide that other factors should also be monitored. Project sites are to submit standardized reports to their CDC Project Officer on a regular basis (ongoing formative research reports and timeline for submissions will be discussed in the NHBS-MSM3 Operations Manual). Together, CDC Project Officers and site investigators are to review these reports and discuss further formative research activities to be pursued or procedures to be put in place to improve data collection. In the event that corrective procedures cannot be implemented due to time constraints, resource constraints, or other extenuating circumstances, CDC Project Officers and site investigators are to create a detailed summary of the problem and extenuating circumstances.

In many cases, quantitative data collection methods alone are not appropriate to monitor certain factors of the data collection process. For example, participation barriers and investigating new venues are typically evaluated using qualitative methods. Many of the qualitative methods that were introduced in Appendix A of these guidelines – key informant interviews, focus groups, and observation – are also to be used during the on-going formative research process. Sites are expected to make observations at new potential venues on a regular basis (frequency of observations to be discussed with Project Officer), to continue to inquire about new venues throughout the data collection period using street intercept surveys or key informant interviews with community gatekeepers and stakeholders identified during the process of learning about the MSM community. Sites should also be vigilant about documenting participation barriers. Further, if sites identify problems from the quantitative data monitoring portion of on-going formative research, it might be necessary to assemble focus groups in the community to gain a better insight into the problem. Qualitative data reports will be submitted to CDC Project Officers when necessary.

### Methods for conducting formative research

Centers for Disease Control and Prevention (CDC). International Rapid Assessment, Response and Evaluation Curriculum. Draft Trainer's Manual, 2004.

Hughes D. & DuMont K. (1993). Using focus groups to facilitate culturally anchored research. *American Journal of Community Psychology*, 21(6) p: 775 – 806.

Kreuger R.A. & Casey M.A. (2000). *Focus Groups: A practical guide for applied research* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Marshall, P.L., Singer, M., & Clatts, M.C. (1999). Integrating Cultural, Observational, and Epidemiological Approaches in the Prevention of Drug Abuse and HIV/AIDS. NIH Publication No. 99-4565, National Institute on Drug Abuse.

Morgan, D.L., Krueger, R.A., & King, J.A. (1998). *The Focus Group Kit* (Vols. 1-6). Thousand Oaks, CA: Sage Publications.

Koester, Stephen K. (1994). The context of risk: Ethnographic contributions to the study of drug use and HIV. In: *The Context of HIV Risk Among Drug Users and Their Sexual Partners*. Robert J. Batties, Zilia Slobada, & William C. Grace, eds. NIDA Research Monograph 143. NIH Publication No. 94-3750.

LeCompte, M.D. & Schensul, J.J. Designing and Conducting Ethnographic Research. In: *The Ethnographer's Toolkit*, Vol. 1. , J.J. Schensul & M.D. LeCompte, eds. Walnut Creek, CA: Altamira Press.

**Schensul, J. J. & LeCompte, M.D., eds. (1999). *The Ethnographer's Toolkit* (Vols. 1-7). Walnut Creek, CA: Altamira Press. (For content of specific volumes, go to <http://www.altamirapress.com> )** **On-line resources**

The data collection toolbox available at the UCSF Center for AIDS Prevention Studies website: <http://www.caps.ucsf.edu/capsweb/goodquestions/section3/Default.htm>

The Rapid Assessment and Response Technical Guide section available at the World Health Organization website: <http://www.who.int/docstore/hiv/Core/Contents.html>

NHBS-MSM3 formative research activities include the collection of primary data in order to build your knowledge of the community, learn about the MSM community in your local area, identify issues that are unique to important sub-cultures of the local MSM community, identify venues, and develop local questions. To accomplish these goals, it will be necessary to employ qualitative research methods such as key informant interviews, focus group interviews, brief intercept surveys and observation (Kreuger and Casey 2000; Lambert et al. 1995; Power 2002; Schensul and LeCompte 1999; Scrimshaw et al. 1991; Stimson et al. 2003; Needle et al. 2002; Trotter et al. 2001). These qualitative methods are briefly described here.

### Interviews with Key Informants

An essential step in the formative research process is identifying local people who can offer insight into a host of MSM-related issues specific to your project site. Often referred to as "key informants," these individuals are people who are knowledgeable about and have access to MSM in the community.

Key informants serve as "cultural experts," offering insight into the context of HIV risk behavior among MSM locally, the make-up of their social networks, their interaction with different sectors of society, as well as the types of venues where MSM can be recruited. Although good key informants may not know everything there is to know about all MSM, they should be able to contribute to the understanding of how best to approach potential participants and identify problems that NHBS-MSM3 staff may encounter in the field.

*[Key informants] have gained their knowledge by virtue of their position and experience in the community, their established networks of relationships, their ability to express themselves orally, and their broad understanding of their community. (Schensul et al. 1999)*

Keep in mind that not everyone makes a good key informant. Individuals should be selected because they are knowledgeable about some aspect of the community that is relevant to NHBS-MSM3. Sites should solicit information from a diverse group of individuals to accurately reflect the characteristics of the MSM community, specifically the sub-populations of the MSM community who are at greatest risk of HIV infection, as identified in the secondary data review (Schensul et al., 1999; University of Illinois, 2006).

For NHBS-MSM3, key informants will come from different populations or groups in the community of study. Some key informants will be professionals who work with MSM and should not be compensated for completing a key informant interview since they are being interviewed due to their professional or academic role. However, another set of key informants will be members of the MSM community. We refer to these individuals as "community key informants". Community key informants may be compensated since they will be participating in interviews during their personal time. Both types of key informants can offer valuable and

important information for the implementation of NHBS-MSM3 and should be considered for key informant interviews to answer questions identified during your secondary data review.

To a large extent, key informant interviews take the form of conversations, allowing for an open exchange and free flow of ideas between the interviewer and the informant. Key informant interviews are unstructured, open-ended interviews that allow for in-depth discussion of issues or topics in detail. Information collected through key informant interviews can be exploratory in nature (e.g., the locations where MSM meet and socialize, sexual and drug use behaviors of MSM, and the demographic characteristics of local MSM) or can be focused on particular topics (e.g., the best days and times to recruit at venues, barriers to recruitment, and strategies for reaching specific populations of MSM that have been missed or under-represented in previous rounds of NHBS).

Informed consent for key informant interviews must be obtained for NHBS-MSM3. See Appendices A and B of the NHBS-MSM3 protocol for model key informant and community key informant consent forms. Chapter 9 of the NHBS-MSM3 Protocol provides guidance about modifying consent forms.

Ideally, a project site will seek the input of several key informants, keeping in mind that a key informant's perspective is shaped by his or her personal experience and position in society, including age, gender, race/ethnicity, and socioeconomic status. A diverse group of key informants should be interviewed to accurately reflect the characteristics of the MSM locally. The use of several key informants allows for a cross-checking of information, and helps ensure its validity and reliability (Schensul et al., 1999).

## **Focus Groups**

Focus group interviews are conducted with groups of individuals under the direction of a moderator (Kreuger and Casey 2000). These interviews can provide quick information about general topics of interest (e.g., drug use among local MSM, means of recruiting non gay identified MSM to participate in the survey, and the identification of MSM community stakeholders and local leaders) or specific information on issues about which little is known (e.g. where local MSM go to look for sex, alternative venues that aren't easily identified through a review of secondary data, websites that are frequented by local MSM, and how the NHBS-MSM3 survey should be marketed locally). Information collected through these interviews can also be used to validate findings of and explore issues expressed during other formative research activities.

Focus group interviews are particularly helpful in gaining insight into commonly held perceptions within the community of interest. Focus groups are used to elicit information on community norms and assumptions; due to their interactive nature, they will produce information different from that obtained during key informant interviews.

Participants in focus group discussions should be recruited from within the MSA. Focus group participants may include community stakeholders regardless of their sexual identity (e.g., owners

of local business that cater to MSM, gay community leaders, and staff in organizations that serve either local MSM populations or the gay community) and groups of hard-to-reach MSM (e.g., racial or ethnic minority MSM and non-gay identified MSM). In order to ensure the quality and utility of the information collected, it is important to conduct separate focus groups for each sub-population of interest. Results from the secondary data review will help you determine sub-populations or topics that you need additional information about which will guide the selection of the types of individuals to be included in your focus groups. To protect the anonymity of the persons in the focus groups, focus group discussions can not be video- or audio-taped.

In most cases, focus group interviews last from 1 1/2 to 2 hours. Since a group may consist of 4 to 12 individuals, the moderator's role is to promote interaction between members of the group and assure that their discussion remains on topic. These discussions should be documented by someone taking notes. Participant's consent must be obtained before the beginning of the discussions; use the model focus group consent form provided in Appendix C of the NHBS-MSM3 protocol.

## **Observations**

Unlike the information collected from key informant or focus group interviews, observation relies solely on what is seen by the researcher (Schensul et al., 1999; Trotter et al., 2001). Being there and observing what is happening "on-the-ground" can provide staff with important insight into the behavior of local MSM. Observations of the clientele at potential MSM venues, as well as the venue layout, will provide important information on venue attendance, the characteristics of venue attendees, and the logistics and safety of conducting surveillance activities at the venue. Observations for formative research can be done as part of venue identification activities (described in Chapter 4) or to build your knowledge about the community (described in Chapter 3).

Conducting observations allows the researcher to build on information gathered from interviews with key informants or from focus group interviews. For example, if conversations with key informants indicated that black MSM tend to frequent a particular bar, the ethnographer and field staff team may decide to conduct observations within that establishment, such as the timing of attendance (time of the day, day of the week, etc.).

Stimson has identified eight aspects of observations that are important to keep in mind (Stimson et al., 2003). These are summarized in Table 1 below:

**Table 1. Eight Aspects of Observation**

<b>Settings</b>	Where does the observation take place? When? What is the physical layout? What objects are present?
<b>People</b>	Who is present? What type of person are they? How old are they? Why are they there?
<b>Activities</b>	What is going on? What are the people doing?
<b>Signs</b>	Are there any clues that provide evidence about meanings and behaviors?
<b>Events</b>	Is this a regular occurrence, or is it a special event such as a meeting or a disagreement?
<b>Time</b>	In what order do things happen? Is there a reason for this?
<b>Goals</b>	What are the people trying to accomplish?
<b>Networks</b>	How do the people present know one another? Is there relationship social or organized on a commercial basis? Does the relationship change over time?

## **Street Intercept Surveys**

A street intercept survey involves asking individuals in key locations (e.g., men near or in venues frequented by MSM) about topics relevant to NHBS-MSM3. The survey is very brief (5 minutes maximum) and is typically conducted where the person is intercepted. Brief intercept surveys are an easy and useful method of soliciting the spontaneous input of community members. Street intercept surveys can help identify venues that local MSM frequent and garner on-the-ground community support with community members who may be approached for recruitment during sampling. Intercept surveys should be done in different areas of the MSA, based on initial information about the various communities of MSM. Advantages of this method are that it is quick, non-threatening, and easy to do. Because the interview is brief, however, it provides little opportunity to probe or ask follow-up questions (CDC 2004).

For NHBS-MSM3, when doing street intercepts it is important to approach the same types of men we will target for NHBS-MSM3 (i.e., those who are likely to meet the eligibility criteria). When doing street intercept surveys, note the location of the intercept so that information can be examined later by geographic variables. During the intercept, some basic demographic information should be collected (e.g., age, ethnicity/race, and zip code/neighborhood). The following are examples of questions to ask during the street intercept:

- “Where do you go for (shopping, gym, bars, nightclubs, bookstores, parks, etc)?”
- “When do you go (shopping, to gym, bars, nightclubs, bookstores, parks, etc)?”

Follow the response for each category by asking:

- “Where do men in the community go for (shopping, gym, bars, nightclubs, bookstores, parks, etc)?”
- “When do men in the community go (shopping, gym, bars, nightclubs, bookstores, parks, etc)?”

Responses to these questions can be analyzed together or they can be stratified on demographic or geographic characteristics of the men interviewed.

Street intercept surveys are similar to the brief eligibility interviews done as part of Type 2 enumerations, described in Chapter 4; the brief eligibility interview is a type of street intercept survey. The purpose of the street intercept surveys described here is to elicit information about venues and their characteristics; the purpose of the brief eligibility interviews is to elicit information about the men attending the interviews.

## **Triangulation of Qualitative Data**

Qualitative research that relies on only one data collection method is subject to errors associated with that single method (Patton, 1990). Many qualitative researchers triangulate their data to confirm results and ensure completeness of data collection. “Triangulation” refers to cross-checking findings by using multiple data collection methods, data sources, investigators or theoretical perspectives (Denzin, 1978; Mays and Pope, 1995).

One way to triangulate data when conducting formative research for NHBS-MSM3 is to use at least two different methods (e.g. observations, focus groups, and key informant interviews). It is unlikely that completely consistent findings will be achieved from using different methods (Patton, 1990); however conflicting results may indicate the need for collecting some additional data to better understand the findings (depending on the context). Another approach is to compare data from different sources: different people with different points of view and perhaps, at different points in time. For instance, information received from key informant interviews with service providers may yield different results than interviews conducted with venue owners. Finally, when analyzing qualitative data, it may be helpful to have more than one researcher interpret the findings.

In addition, qualitative data collected should always be directed by and compared to quantitative data documented in the secondary data review, to address any additional gaps or inconsistent findings.

**Table 3. Key Informant Interviews: Topics, Subjects and Example Questions**

Topic	Subjects	Example Questions
<b>Garner Support</b>		
	Barriers to survey participation and HIV testing in public venues	What are the barriers to survey participation and HIV testing for MSM?
	Collaborating with NHBS	What findings from NHBS would be beneficial to your organization?
	Input on the local survey	What other health issues or indicators should be monitored in the local NHBS survey among MSM?
	Methods of obtaining community support of MSM and venue owners/managers; Barriers to sustaining support	<p>What is the best way to reach and garner the support of MSM in this city?</p> <p>How should we go about getting buy-in and support from venue owners/managers (e.g., one-on-one meetings, CAB)?</p> <p>What are the barriers to working with venue owners/managers?</p> <p>What are the barriers to working with MSM?</p> <p>Do you know of any meetings and/or activities in the community that would help us learn more about MSM?</p>
	Identify advocates for NHBS-MSM3	<p>Who would be a key person to be an advocate for NHBS-MSM3 activities?</p> <p>Which community groups/programs have the strongest ties to gay community? What about for the hard-to-reach MSM (e.g., minority, young, old, non-gay identified)?</p>
	Important characteristics of staff hired to work with community	Are there important characteristics we should consider when hiring study staff?
	Challenges (and solutions) to conducting research among MSM	<p>What challenges did you encounter with the research studies you've conducted among MSM? (community support, trust, participation rates, testing, etc)</p> <p>In general, what are the challenges facing MSM in this city?</p> <p>Can you offer any solutions or ways to overcome these challenges?</p>

Topic	Subjects	Example Questions
	Methods for obtaining acceptance of stakeholders (i.e., venue owners/managers) and community members (i.e., participants)	<p>What's the best way to gain acceptance of stakeholders (i.e., venue owners/managers) and community members (i.e., MSM)? (e.g., CAB meeting, social marketing, one-on-one meetings, etc)</p> <p>Who are the community leaders/gatekeepers for MSM in this city?</p> <p>Who is an important advocate to have for NHBS-MSM3?</p>
<b>References</b>		
	Identify community leaders (generally and for specific subgroups of MSM, such as minority, young/old, and non-gay identified [NGI])	<p>Who are the community leaders for (specify group) MSM?</p> <p>What is the best way to reach and garner the support of MSM in this city?</p> <p>Who could help us work with (specify group) MSM?</p> <p>Which community groups/programs have the strongest ties to gay community?</p> <p>What about for the (specify group) MSM?</p>
<b>Learn about population</b>		
	Social networks of MSM: types of networks, differences between networks	<p>What different networks, or groups, of MSM are there in this city? What makes them different from each other?</p> <p>Are there social norms or socio-cultural issues that would present a challenge in working with certain groups of MSM?</p>
	Non-gay identified MSM: How to reach? Who are the gatekeepers? Prevention challenges and solutions to challenges	<p>What are the challenges facing NGI MSM?</p> <p>What is the best way to reach NGI MSM and garner their support?</p>
	Subpopulations that make up gay community; identifying challenges facing these communities	<p>Can you characterize the gay community in this city (i.e., subpopulations)</p> <p>What challenges did you encounter with the research studies you've conducted among MSM (trust, participation rates, testing, incentives, etc)? Can you offer any solutions or ways to overcome these challenges?</p>

Topic	Subjects	Example Questions
<b>Venue Identification (see also Chapter 7)</b>		
	Locations in the community where MSM gather in sizable numbers	<p>In what locations do men congregate?</p> <p>Why do men gather in certain locations?</p> <p>Where do young MSM, older MSM, NGI MSM, minority MSM gather and why?</p> <p>Do men who gather in these locations live here, or are they visitors? How do you know they are residents?</p>
<b>Service Needs (results in information for Venue Identification [e.g., social service organizations; see Ch. 4])</b>		
	Use and extent of services available for sexually active men who have sex with men in the community; gaps in services	<p>What services do you offer for MSM?</p> <p>To what extent are your services used by MSM?</p> <p>What are the prevention priorities for this organization?</p> <p>What do you perceive are the service needs of the gay community?</p> <p>What challenges does your organization face with providing HIV prevention services to MSM in this city? How do you deal with these challenges?</p>
	Location of services and programs used by MSM	<p>What types of services and programs are used by MSM in the community?</p> <p>Where do MSM go for these services?</p>
	Services to various MSM populations	<p>Are there any particular groups of MSM that you don't capture with your program?</p> <p>What do you perceive are the service needs of the gay community?</p>

**Table 4. Focus Groups: Populations, Topics, Subjects and Example Questions**

NB: Focus groups should be done with small groups of MSM who share similar characteristics such as minority, young, old, non-gay identified (NGI))		
Topics	Subjects	Example Questions
Garner Support	Reaching and working with (specify group) MSM	What are the challenges facing (specify group) MSM?  What is the best way to reach (specify group) MSM and garner the support?
	Barriers to survey participation and HIV testing in public venues	What are the barriers to survey participation and HIV testing for (specify group) MSM?
References	Community leaders/gatekeepers for (specify group) MSM	Are there community leaders/gatekeepers that could help us work with (specify group) MSM?
Venue Identification	Locations in the community where (specify group) MSM gather in sizable numbers	In what locations do (specify group) MSM congregate?  Why do (specify group) MSM gather in these locations? When do they go to these locations?  Do men who gather in these locations live here, or are they visitors? How do you know they are residents?
Learn about population	Social norms & etiquette of (specify group) MSM	Are there social norms or socio-cultural issues that are important to understand when recruiting and working with (specify group)?
Learn about population	Perceptions of the local community about HIV infection and HIV testing	What are the perceptions held by MSM around HIV infection?  What are the perceptions held by MSM around HIV testing?

## Appendix B

## Count Form for Type 1 and Type 2 Enumerations

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### Section 1: For Type 1 and Type 2 Enumerations

Venue: \_\_\_\_\_

Counter: \_\_\_\_\_

Enumeration Type:    1    2

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Start Time: \_\_\_\_ : \_\_\_\_ AM PM

End Time: \_\_\_\_ : \_\_\_\_ AM PM

Elapsed Time: \_\_\_\_\_ minutes

Count: \_\_\_\_\_

Standardized Count: \_\_\_\_\_

---

### Section 2: For Type 2 Enumerations

Number Interviewed: \_\_\_\_\_

Number Eligible: \_\_\_\_\_

Eligible Percent: \_\_\_\_\_

Eligible Count: \_\_\_\_\_

---

### Calculations

1. Elapsed Time in Hours= Elapsed Time in Minutes / 60
2. Standardized Count= ( 4 X Count ) / Elapsed Time in Hours
3. Eligible Percent= Number Eligible / Number Interviewed
4. Eligible Count= Standardized Count X Eligible Percent

## Appendix C

# Count Form for Type 1 and 2 Enumerations: Instructions and Questions

### Overview

The Count Form for Type 1 and 2 Enumerations (Appendix B) may be used as is or modified to meet local needs. Count forms should be completed by the counter during Type 1 and Type 2 enumerations. The following instructions apply to each of the variables (noted in capital letters) included on the form.

### ***Section 1: For Type 1 and Type 2 Enumerations***

During all enumerations (Type 1 or 2), section 1 will be completed.

**Venue.** Name of the venue where the enumeration is being conducted.

**Counter.** Name of the staff member responsible for counting men who appear  $\geq 18$  years of age who enter the counting area.

**Enumeration Type:** Record whether Type 1 or Type 2 enumeration is being conducted.

**Date.** DATE is the date the enumeration was conducted in month/day/year format.

**Time.** START TIME is the time when counting begins and END TIME is the time when counting ends. Time is written in hours/minutes and a.m. or p.m. is circled. ELAPSED TIME is the difference in minutes between START TIME and END TIME. Note: ELAPSED TIME should be between 30 and 60 minutes, the recommended duration of an enumeration period.

**Count.** COUNT is the total number of men who appear  $\geq 18$  years of age who are "clicked" by the counter from the start of the enumeration period (START TIME) to the end (END TIME).

**Standardized Count.** The product of the number of persons counted and 4, divided by the time enumerated in hours.

## ***Section 2: For Type 2 Enumerations***

Data from brief eligibility interviews conducted with participants during Type 2 enumerations are recorded in this section. Information from the Interview Form for Type 2 Enumerations (Appendix D) can be used to complete this section.

**Number interviewed.** Total number of men who completed brief eligibility interviews during Type 2 enumerations.

**Number eligible.** Number of men determined to be eligible following brief eligibility interviews.

**Eligible Percent.** Number of eligible men divided by the number of men interviewed.

**Eligible Count.** Standardized count multiplied by the eligible percent.

# Appendix D

# Interview Form for Type 2 Enumerations

Venue: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#	Accepted Intercept	Gender	Age	Race/Ethnicity	MSA Resident	Sex in Past Year	Type of Sex Partners	Eligible
1	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
2	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
3	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
4	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
5	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
6	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
7	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
8	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
9	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U
10	Y N	M F U		W B H A N U	Y N U	Y N U	M W B U	Y N U

Page (circle one): 1 2 3 4 5

# Appendix E Interview Form for Type 2 Enumerations: Instructions and Questions

## Overview

The model Interview Form for Type 2 Enumerations (Appendix D) may be used as is or modified to meet local needs. Modified forms should collect the core data elements included on the model form. Interview forms should be completed during brief eligibility interviews. The following instructions apply to each of the variables (noted in capital letters) included on the form. Listed below the respective variables are the questions staff should ask participants during the brief eligibility interview. *Note: not all variables have a corresponding question.*

## Enumeration Variables

Data that characterize the Type 2 enumeration, such as the venue, the counter, dates, times of the enumeration, count and standardized count, are collected on the Count Form for Type 1 and 2 Enumerations (Appendix B). The interviewer conducting the brief eligibility interview fills in the following fields on the interview form:

**Venue.** Name of the venue where the Type 2 enumeration is being conducted.

**Interviewer.** Name of the staff member who intercepts men who have been counted to conduct a brief eligibility interview.

**Date.** DATE is the date the Type 2 enumeration was conducted.

**Page #.** PAGE is used to identify individual records when multiple forms are used during an enumeration event. Code PAGE sequentially beginning with “1” for the first form used, “2” for the second form used, and so forth for as many forms that were used during the event.

## Participant Records

Data on participants are recorded in the table below the enumeration variables. Each row of the table represents a record of an attempted intercept and, if the intercept is successful, a brief eligibility interview. Each record has 9 variables that head the columns of the table. Six of these variables are asked of participants. Instructions for completing all 9 variables are listed below.

**Accepted Intercept.** ACCEPTED INTERCEPT is coded by the interviewer based on whether sufficient information is obtained to determine NHBS-MSM3 eligibility. Code ACCEPTED INTERCEPT as "Y" (yes) for venue attendees who stop and answer at least AGE, RESIDENCE, and TYPE OF SEX PARTNERS. Code ACCEPTED INTERCEPT as “N” (no) if a participant does not stop, refuses the brief interview outright, or does not answer all three questions listed above. If a participant does not stop or refuses to answer any

of the questions, the remaining variables should be coded as “U” (unknown) or in the case of AGE, “99”.

**Age.** Ask participants their current age and record their responses in the space provided. Code AGE as “99” for participants who refuse to provide their age, or if the question was accidentally skipped.

Question: *What is your age?*

**Race/Ethnicity.** Ask participants their race/ethnicity. Circle **one or more** of the codes: A = Asian/Native Hawaiian/Pacific Islander; B = Black; H = Hispanic or Latino; N = American Indian/Alaskan Native; W = White. Circle U (unknown) if a participant refuses to answer the question or if it was accidentally skipped.

Question: *What is your race or ethnicity?*

**MSA Resident.** Ask whether participants currently live in the local area. Circle “Y” if the participant lives in the MSA and “N” if they don’t. Circle “U” if a participant refuses to answer this question or if the question was accidentally skipped.

Question: *Do you live in the (project city) area?*

**Sex in the past year.** Ask participants whether they have had sex in the past 12 months. Circle “Y” if they have and “N” if they haven’t. Circle “U” if a participant refuses to answer the question or if the question was accidentally skipped. If a participant responds no to this question, end the interview and code ELIGIBLE “N” (no). If the response is “unknown,” end the interview and code both SEX PARTNERS and ELIGIBLE as “U” (unknown).

Question: *Have you had sex in the past 12 months?*

**Type of sex partners.** For only those participants who have had sex, ask whether they have had sex with men, women, or both in the past 12 months. Circle only one response. Circle “M” if they only had sex with men, “W” if they only had sex with women, and “B” if they had sex with both men and women. Circle “U” if a participant refuses to answer this question or if the question was accidentally skipped.

Question: *In the past 12 months, have you had sex with men only, with women only, or with both men and women?*

**Eligible.** ELIGIBLE is coded by the interviewer based on a participant’s responses to AGE, MSA RESIDENT, and TYPE OF SEX PARTNERS. Circle "Y" for men  $\geq$  18 years of age who are residents of the MSA and report having sex with another man in the past 12 months. Circle "N" for participants who do not meet these criteria. Circle “U” if data were not obtained on AGE, MSA RESIDENT, or TYPE OF SEX PARTNERS.

# Appendix F

# Venue Universe Example

					Observations					Enumerations:						
Venue ID:	Venue Name	Address	Contact	Phone number/e mail	Age distribution	Racial/ethnic distribution	Safety issues	Venue owner approval	Barriers to interviewing/recruiting	Type 1 or 2	Date/ time	Standardized/eligible counts	% in-eligible MSM:	VDT produce >=8 eligible MSM?	Suitable venue ?	VDT's high attend
B001	Woody's	1234 Walnut st.	Bryan (manager)	639 8480	All ages	White	N	n/a	very dark	1	2/22/08 10:00-10:30pm	30		Y	Y	Thurs 9:00-1:00
C028	Espisito's restaurant	158 St 4th st.	Robert (owner)	639-7585	Older	Mostly black	N	yes	none	1	2/28/08 5:00-5:30 pm	16		Y	Y	Tues 5:00 pm
	Memorial Park	34 W. 20th st.	n/a	n/a	Mixed	White	Y	n/a	HIV testing difficult	1	2/15/2008 12:30 - 1:30 pm	4		N	N	
P001	Memorial Park	34 W. 20th st.	n/a	n/a	Younger	White and black	Y	n/a	Requires mobile unit	2	2/16/08 10:00 - 11:00 pm	88	12%	Y	Y	Sat 11-2a
D002	Shampo o	524 E. 4th	Clyde (night manager)	639-8888	Young	Black/ Hispanic	N	yes	very large space	none				Y	Y	Wed 10pm
X001	14th and Callowhill	14th and Callowhill	3rd ward police dept.	639-5555	Mixed	White and black	Y	n/a	Dark	2	2/18/08 9:00-10:00 pm	32	21%	Y	Y	Wed 8 pm
	Fitness Shoppe	562 Meridian	Clarke Smith	639-8888	Mixed	White	N	N	Small space; HIV testing difficult	2	3/1/2008 4:00-4:30	16	30%	Y	N	

O001	Men's Club	22nd and Front	Kim	639-5555	Mixed	Black/Hispanic	N	Y	Recruit following meeting	2	3/20/2008 2-2:30 pm	8	0%	Y	Y	M/W 2
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