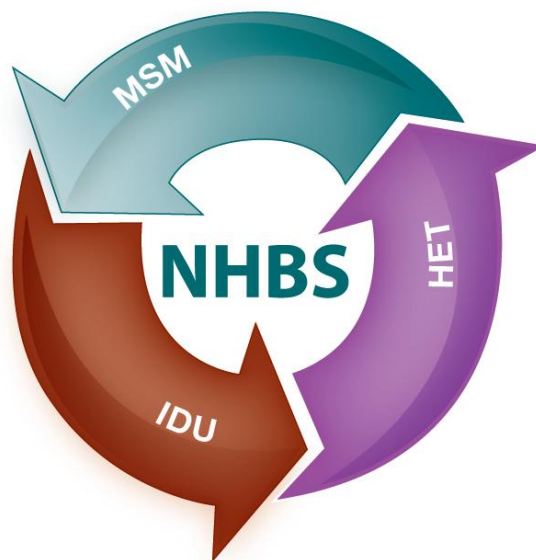**National HIV Behavioral Surveillance System:**
Men Who Have Sex with Men
(NHBS-MSM4)

FORMATIVE RESEARCH MANUAL

NATIONAL HIV BEHAVIORAL SURVEILLANCE SYSTEM

Behavioral Surveillance Team
NCHHSTP/DHAP/BCSB

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Table of Contents

1   Introduction

1.1   Overview

Formative research is the process by which researchers or public health practitioners define a community of interest, determine how to access that community, and describe the attributes of the community that are relevant to a specific public health issue. For the National HIV Behavioral Surveillance System in men who have sex with men (NHBS-MSM), formative research lays the foundation needed for collecting behavioral surveillance and HIV prevalence data among MSM. The information gathered during formative research will enable project sites to tailor field operations to their local settings and to identify and address any barriers to operations. These efforts will help project sites obtain a sample that reflects the diversity of the local MSM population and meets the target number of MSM participants.

The key to successfully conducting both formative research and field operations is establishing and maintaining strong relationships with both the local MSM community and those who provide health, prevention, and social services to the community. Accordingly, formative research should not focus solely on data collection; it should focus on community outreach as well.

1.2   Formative Research Goals

The principal goals of NHBS-MSM formative research are to:

- Garner the support of the MSM community and its stakeholders.

- Describe the social and demographic characteristics of the MSM population.

- Identify venues (places) where MSM could be recruited to participate in NHBS.

- Obtain information needed for conducting field operations (e.g., potential barriers to participation, appropriate staff, venue logistics, and ideal days and times for recruitment events).

- Develop questions of local interest for HIV prevention.

- Monitor field operations and participant enrollment.

1.3   Institutional Review Board Procedures

All project sites must receive approval from their local Institutional Review Board(s)

(IRB[s]) prior to beginning any formative research activities that involve engagement with human subjects. To protect the anonymity of those interviewed, project sites should request a waiver of documentation of informed consent from their IRB(s) so that consent can be obtained verbally. **Appendices A**, **B**, and **C** of the *NHBS Round 4 Model Surveillance Protocol* contain formative research consent forms that can be customized for local use and **Appendix N** contains a waiver of documentation form. As with all NHBS data, formative research data must be collected anonymously. Therefore, interviews should never be video- or audio-taped.

> *Note* Because discussions with health department staff are not considered engagement with human subjects, project sites can gather formative information from these staff without IRB approval. For example, sites could meet with health department staff to identify *potential* venues for recruiting MSM, to plan field operations, to identify key informants for interview, and to develop local survey questions.

1.4   Formative Research Process

During formative research, project sites will gather information through secondary data review and primary data collection. To maximize the effectiveness of these formative research activities, sites should employ an iterative process (**Figure 1**, on the next page); information obtained from the secondary data review should inform primary data collection, which should then validate or provide further insight into the findings from the secondary data review. Using this iterative process, sites will be able to realize the formative research goals outlined in **Section 1.2** above. Of particular importance, formative research will enable sites to identify potential obstacles to field operations, such as participation barriers, and develop solutions to minimize or eliminate these obstacles.

Figure 2 (page 4) illustrates the suggested work flow for conducting formative research activities. The figure also shows possible sources of information for primary data collection and indicates how the information gathered from each can inform the collection of subsequent information. In brief, the formative research process starts with a review of published and unpublished secondary data which is used to describe the MSM population, identify MSM venues, and develop a plan for primary data collection. This plan serves as a blueprint for obtaining information from primary sources. The initial source of primary data is usually health department staff. Interviews with these staff can provide a general overview of the MSM population and the HIV epidemic among MSM, as well as provide the names of additional sources of information. Primary data collection then continues with interviews with these other sources in a feedback loop– the information gathered from one source informs the collection of subsequent information and identifies additional sources of information. The process ends when sufficient data have been collected to address all relevant gaps in information.

Figure 1. The iterative process of formative research

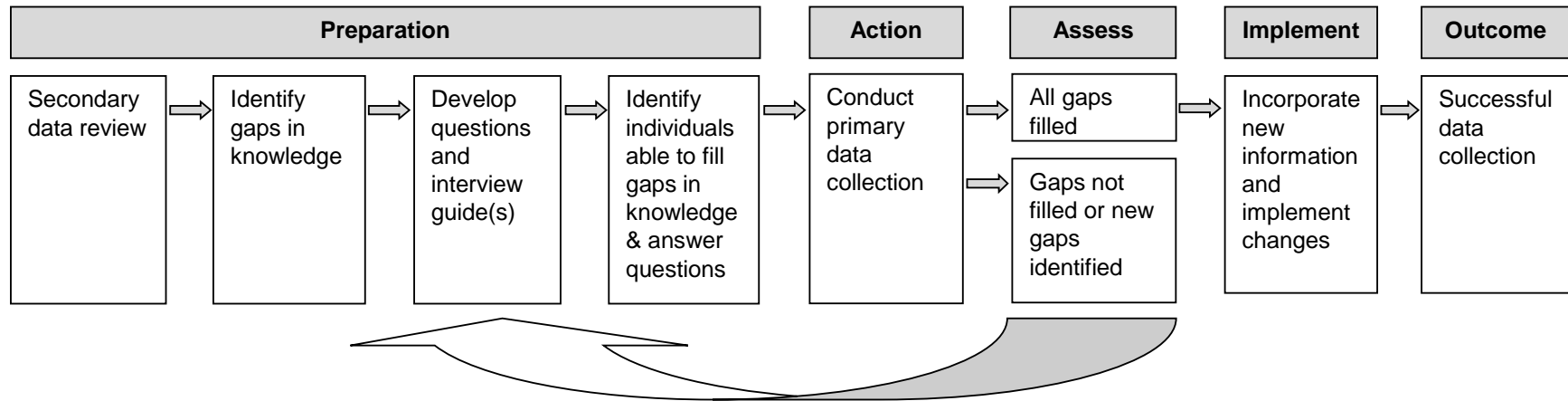| Preparation				Action	Assess	Implement	Outcome
Secondary data review	Identify gaps in knowledge	Develop questions and interview guide(s)	Identify individuals able to fill gaps in knowledge & answer questions	Conduct primary data collection	All gaps filled / Gaps not filled or new gaps identified	Incorporate new information and implement changes	Successful data collection

Figure 2. Suggested work flow for formative research activities
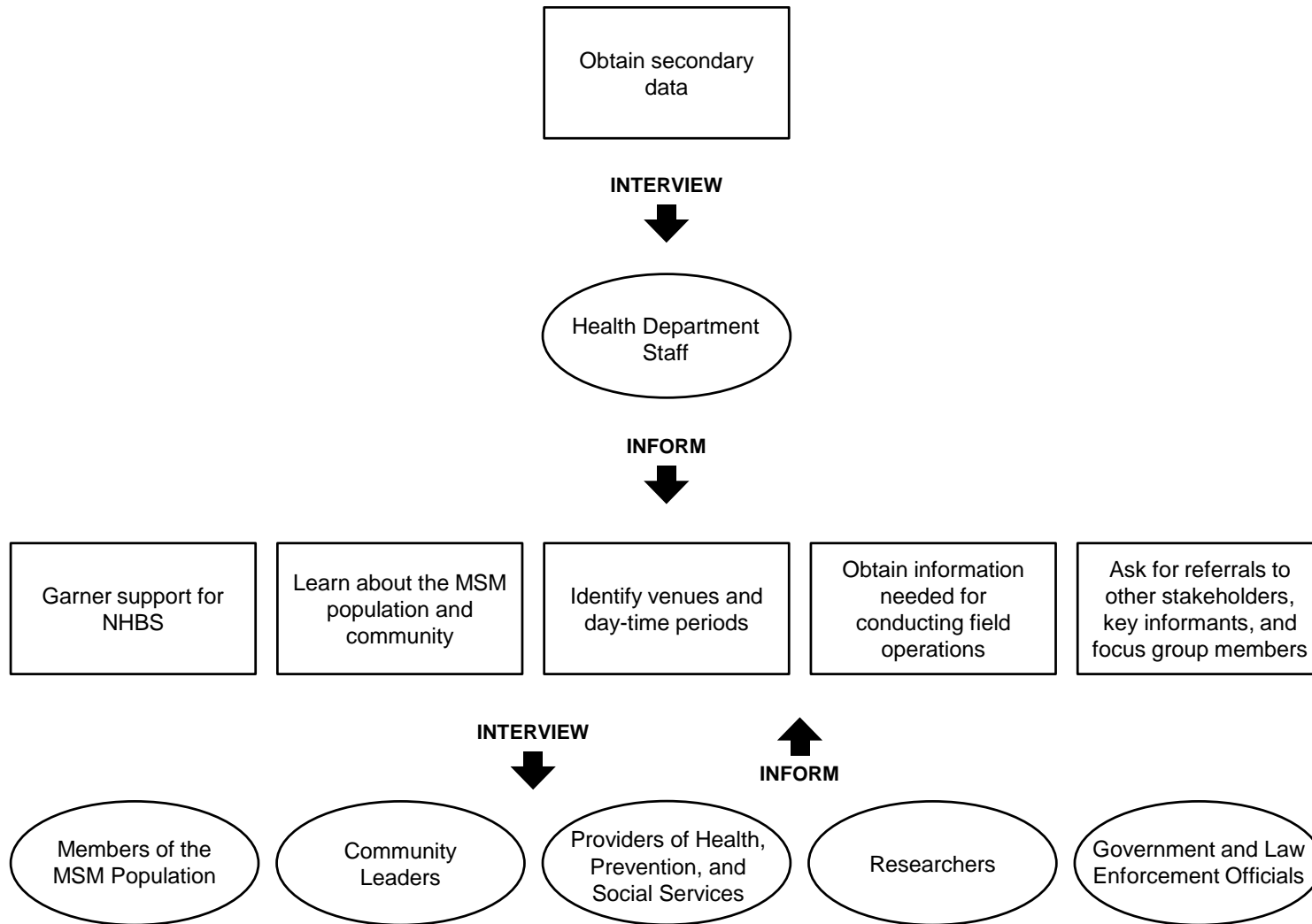
Since multiple objectives can be achieved in a single meeting, it is helpful to keep all the NHBS formative research goals in mind when meeting with individuals or groups. Formative research staff should always be prepared to:

- Garner support for NHBS activities.

- Learn about the MSM population and community.

- Ask for referrals to others who can be interviewed about the MSM population and community.

- Request available data.

- Ask about venues (places) where MSM congregate or socialize and the days and times when they do so.

- Request input for local questions.

1.5 Formative Research Timeline and Documents

Project sites will conduct formative research over a period of approximately 4 months preceding the start of field operations. To help plan and manage their formative research activities, sites will be required to develop an Implementation Timeline for completing the various activities. The end products of the formative research process are the Secondary Data Report, the Primary Data Report, and the Venue Universe. These documents, along with the Implementation Timeline, are described in **Chapter 8** of this manual.

2   Staffing

2.1   Overview

Ideally, project staff conducting formative research should include an ethnographer or a researcher with knowledge of ethnographic methods, the project coordinator, and at least two additional staff members. To properly assess the eligibility and accessibility of venues for field operations, it would be extremely helpful if some of the formative research staff have prior experience using venue-based sampling (VBS) to recruit MSM for surveys or HIV testing.

2.2   Ethnographer

Project sites may wish to hire an ethnographer to lead their formative research activities. An ethnographer is a researcher who has been trained to collect data in their natural environment, placing an emphasis on the context in which particular social phenomena occur. Another strength of an ethnographer's approach to data collection is the use of multiple data sources and methods to confirm the information gathered. If an ethnographer is hired, the principal investigator is responsible for making sure that the ethnographer's work remains focused on the NHBS-MSM formative research goals (**Section 1.2** of this manual). The ethnographer must understand that the purpose of the formative research process is to inform and guide the successful collection of NHBS data.

The ideal ethnographer has either masters- or doctoral-level training in anthropology or sociology with experience working with a range of ethnographic methods, such as observations, key informant interviews, focus groups, and street intercept surveys. To be most effective, the ethnographer should also be familiar with the local MSM community and its various sub-populations. Ethnographers can be found through the anthropology or sociology departments of local universities and colleges, at community-based research institutes, or in the local health department.

Even if an outside researcher is hired as the ethnographer, the project staff should still remain actively involved in formative research activities. The ethnographer should train the project staff in the formative research process and its methods of data collection, and they should oversee the staff's work. The ethnographer should also provide the principal investigator and project coordinator with periodic updates on the progress of formative research and the findings. To ensure that formative research activities are completed successfully and in a timely manner, the principal investigator or project coordinator should meet with the ethnographer at the beginning of the project cycle to develop a set of deliverables and a timeline for achieving them.

2.3 Project Coordinator

The project coordinator is responsible for conducting the secondary data review, assisting the ethnographer, assessing venues for eligibility and accessibility, and monitoring the formative research activities. The project coordinator should help the ethnographer by providing them with background information on the project area, the VBS methodology, and the HIV epidemic among the local MSM population. The project coordinator should also help the ethnographer identify and contact community stakeholders and key informants for interview. Lastly, and of foremost importance, the project coordinator is responsible for incorporating the formative research findings into staff trainings and plans for field operations.

> *Note* If a project site does not hire an ethnographer or other outside researcher to lead its formative research activities, the project coordinator should assume the duties outlined for the ethnographer in **Section 2.2**.

2.4 Project Staff

At least two project staff should assist the ethnographer with formative research activities. Their responsibilities could include the following:

- Garnering community support.

- Collecting information for the secondary data review.

- Identifying and contacting community members, stakeholders, and key informants to participate in interviews or focus groups.

- Helping with interviews and focus groups.

- Conducting street intercept surveys.

- Identifying potential MSM venues.

- Conducting venue observations.

- Collecting venue data (e.g., maximum capacity, hours of operation, and demographic characteristics of venue attendees).

- Helping assess venues for eligibility and accessibility.

- Contacting venue management to explain the project and obtain permission to conduct field operations.

3   Secondary Data

3.1 Overview

Secondary data are data that have been previously collected by other researchers,
surveillance systems, or registries. As background information, secondary data form the
basis of a project site's formative research activities. They can be used to describe the
demographic characteristics of the local MSM population, assess the scope of the HIV
epidemic among MSM, and determine which MSM sub-populations are most affected by
the epidemic. Secondary data also provide an efficient means of identifying MSM
venues and learning about venue logistics and operations.

Secondary data are a critical component of formative research because they lay the
foundation for the next steps in the process. Gaps in information in the secondary data
will help project sites develop primary data collection plans and determine where to focus
their primary data collection efforts. Sites can also use the secondary data to identify
potential collaborators and key informants within the health department and MSM
community, as well as to identify possible focus group participants. After formative
research activities have been completed and field operations have begun, the secondary
data can serve as a reference for monitoring how well participants reflect the local MSM
population and the MSM sub-populations at greatest risk for HIV infection.

3.2 Sources of Data

Project sites should use both internal and external sources of secondary data. Internal
sources of data are research projects, surveillance systems, and registries within the
health department, whereas external sources are those outside the health department.

3.2a Internal sources of data

Multiple sources of data on the local MSM population and HIV epidemic will be
available through the health department. Data from two of these sources, the National
HIV Behavioral Surveillance System (NHBS) and the HIV Surveillance System, must be
examined as part of formative research. Data from other health department sources
should be assessed as needed.

National HIV Behavioral Surveillance System

Project sites should begin the secondary data collection process by reviewing their NHBS
data from previous MSM cycles, including their formative research reports, venue
universes, recruitment monitoring reports, and survey and HIV testing data. Because
NHBS data can provide such a broad range of information, they can help with many
aspects of formative research. They are particularly useful for identifying operational

problems that have occurred during previous MSM cycles. For example, by comparing the racial and ethnic characteristics of previous NHBS-MSM participants to the description of the local MSM population in the formative research reports, project sites can determine how well participants have represented the diversity of the local MSM population, especially those MSM sub-populations disproportionately impacted by the HIV epidemic. The underrepresentation of a racial or ethnic sub-population among participants may indicate that a barrier to participation existed for the sub-population or that the venue sampling frame did not reflect the venues attended by the sub-population. Once identified, operational problems like these can then be further examined through the formative research process and possible solutions can be developed.

HIV Surveillance System

To characterize the local HIV epidemic, project sites should analyze HIV and AIDS case data from their HIV Surveillance System. The data should be restricted to those HIV and AIDS cases that were *reported* through December 2013 and were newly *diagnosed* with HIV between January 2008 and December 2012. (*Note:* AIDS cases should be selected by the date of HIV diagnosis; not the date of AIDS diagnosis.) If possible, cases should be adjusted for reporting delays and cases that do not have a known HIV transmission category should be adjusted using the multiple imputation (MI) method developed by CDC's HIV Incidence and Case Surveillance Branch (HICSB) or a redistribution method developed by the local health department. Questions regarding the HICSB MI method should be directed to the CDC Division of HIV/AIDS Prevention (DHAP) Informatics Customer Support at 1-877-659-7725 or DHAPSupport@cdc.gov.

Other internal sources

Other sources of MSM data within the health department are HIV counseling, testing, and referral databases and sexually transmitted disease (STD) and hepatitis surveillance systems. The health department's HIV epi profile and prevention plan can provide further information on local MSM, their HIV-risk behaviors, and their HIV prevention and treatment needs. Published journal articles and reports could also provide information on these topics. In addition, health department HIV prevention staff or outreach workers may have listings of the locations where they conduct their interventions among MSM. Project sites could use these listings as a starting point to identify potential MSM venues, obtain venue contact information, and learn about venue logistics and operations.

3.2b External sources of data

External sources of data are just as important as internal ones. Project sites must examine data from the Census Bureau as part of formative research, and it is very likely that they will need to rely on a variety of external sources of data to comprehensively identify and assess potential MSM venues.

Census Bureau

Census data should be used to describe the demographic and socioeconomic characteristics of the general population that lives in the local project area.

Gay media

Print and on-line media targeting the local MSM community can provide information on MSM venues, social organizations, and special events. Most major cities have gay newspapers, magazines, or nightlife guides, some of which may focus on specific MSM sub-populations, like black or Hispanic MSM. Print copies of media can be obtained from display racks in gay neighborhoods, bars, or other venues; and on-line media can be accessed through an internet search.

Gay travel guides

Gay travel guides are another excellent source of information on MSM venues, social organizations, and special events. They also often list sex clubs, bathhouses, and cruising areas. The *Spartacus International Gay Guide* and the *Damron Men's Travel Guide* are two common print guides. Gayosphere (http://gayosphere.com) is an easy to use website that has destination guides on most of the NHBS project areas. The visitor's or tourism bureaus in many cities now provide gay travel information which can be accessed on-line. An internet search using the term "gay travel < project area name>" should also produce venue information specific to a project area.

Other external sources

Other sources of MSM data outside the health department are published journal articles and reports from public and private researchers and organizations. These publications can be found through literature searches (e.g., http://www.ncbi.nlm.nih.gov/pubmed) and internet searches. Moreover, the authors of these publications could serve as project collaborators or key informants. Project sites can find local MSM community resources on-line by searching the internet with the term "gay community resources < project area name>." Internet searches can also produce information on specific venue categories, such as sex establishments or environments. For example, MSM cruising areas can be located by searching the internet with the term "gay cruising areas" or using the website www.cruisingforsex.com, which has listings for individual cities.

4   Primary Data

4.1 Overview

Primary data are data that the project staff will collect themselves as part of the formative research process. Despite a different method of collection, primary data can fulfill many of the same objectives as secondary data. They can be used to identify and assess MSM venues, barriers to participation in the survey, and obstacles to field operations. In addition, primary data are uniquely suited to meeting other important formative research objectives. They are particularly useful for garnering community support for NHBS-MSM, as well as for developing solutions to overcome participation and operational challenges.

Since formative research is an iterative process, project sites should use their primary data to provide further insight into the findings from their secondary data review and to address any information gaps in their secondary data.

4.2 Sources of Data

As with secondary data collection, primary data collection should utilize multiple internal and external data sources. Within the health department, possible sources of data include HIV, STD, and hepatitis surveillance staff; HIV and STD outreach and prevention workers; and behavioral scientists, epidemiologists, and other public health researchers. Outside the health department, possible sources of data are members and leaders of the local MSM community; staff of MSM community-based organizations (CBOs); providers of HIV and STD prevention and treatment services to the MSM community; police and law enforcement officials; and university-based and private researchers whose work focuses on MSM.

Project sites should collect data from a diverse set of individuals so that the information they obtain accurately reflects the local MSM population, especially those MSM sub-populations who are at greatest risk of HIV infection, like young MSM and black and Hispanic MSM.

4.3 Data Collection Methods

For primary data collection, project sites have the option of selecting from a variety of qualitative and quantitative methods, such as key informant interviews, focus groups, observations, street intercept surveys, and venue enumerations. Nonetheless, project sites should choose those methods which will be most effective at obtaining the information necessary to understand the local MSM population and the venues they attend. A list of

formative research topics and example interview questions is provided in **Appendix A** of this manual. Project sites can use the example questions to develop a site-specific interview guide. During interviews, a guide can help keep the conversation on topic while still allowing for the free and open exchange of ideas.

Because key informant interviews and focus groups involve engagement with human subjects, project sites must obtain informed consent from individuals participating in these activities. **Appendices A**, **B**, and **C** of the *NHBS Round 4 Model Surveillance Protocol* contain key informant and focus group consent forms that project sites can customize for local use. To protect the anonymity of key informants and focus group participants, interviews and discussions cannot be audio- or video-taped.

4.3a Key Informant Interviews

Key informants are cultural and subject matter experts that can provide insight into the MSM population. According to Schensul (Schensul et al., 1999):

> *[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.*

Some key informants have broad-based knowledge of the MSM population and will be able to provide general information on a variety of subjects, whereas others have more focused knowledge and will be able to provide in-depth information on a specific subject. It is often helpful for project sites to start primary data collection by using sources with more general information to gain an overall understanding of the local MSM population, and then graduating to sources with more in-depth information to address any issues that remain unclear or are of particular importance locally. In addition, to help ensure the reliability and validity of the data, project sites should interview several key informants and cross-check the information they provide.

Some key informants may be members of the MSM community or volunteers at CBOs rather than paid professionals. These key informants are referred to as "community key informants." Since community key informants are interviewed on their personal time, they may receive compensation for participating in the interview. Project sites should decide whether or not each of their key informants is a community key informant and is entitled to compensation. Usually, paid staff and managers who are interviewed in their professional capacities are not entitled to compensation for their time. The *NHBS Round 4 Model Surveillance Protocol* has examples of consent forms for both types of key informants (**Appendix A** for key informants and **Appendix B** for community key informants).

4.3b Focus Groups

Focus groups are interviews conducted with a group of individuals under the direction of a moderator. They are especially helpful for gaining insight into commonly held perceptions within the MSM population and for eliciting information on community norms. Focus groups can also be used to confirm other formative research findings or to explore findings in greater depth. Due to their interactive nature, focus groups often yield information that is different from the information gathered with other data collection methods. For example, they could be used to identify venues that may not be easily found through other means, like sex environments or house parties attended by black MSM. As another example, they could be used to obtain feedback on the types of recruitment messages that would be most effective at getting local MSM to participate in NHBS.

A skilled moderator is critical to the success of a focus group. The moderator's role is to promote interaction between members of the group and to make sure that the discussion remains on topic. Because a focus group cannot be audio- or video-taped, a note taker is needed to record the discussion. Typically, a focus group lasts from 1½ to 2 hours and has 6 to 12 members. Groups with fewer than 6 members tend to lose energy while those with more than 12 members may not allow everyone to participate fully. As with community key informants, focus group participants should be compensated for their time.

Focus group participants should be recruited from within the project area and can include MSM community members, leaders, and stakeholders, as well as staff from CBOs that serve the MSM population. To facilitate a free and an open discussion, focus groups should be composed of members with similar demographic characteristics. For example, focus groups could be created based on age, race/ethnicity, or HIV status. It is also important for focus groups to provide a comfortable and trusting environment for all who participate.

4.3c Observations

Unlike information collected from interviews, observations rely solely on what is seen by the researcher. Observations can be used to both validate and build on information gathered through other data sources, and they are essential for properly assessing potential MSM venues for eligibility and accessibility. By observing a venue's attendees and layout, project sites can determine the level of attendance at the venue, the demographic characteristics of the venue attendees, and the logistics and safety of conducting field operations at the venue. Being there and observing what is happening "on-the-ground" can also provide greater insight into the behaviors and social networks of the local MSM population.

Stimson has identified eight aspects of observations that can help guide project staff when conducting observations (Stimson et al., 2003). These aspects have been adapted for NHBS-MSM and are summarized in **Table 2** on the next page. The most important

of the aspects for NHBS-MSM are "Settings," "People," "Activities," and "Events."

Table 2. Eight aspects of observations

Settings	Where does the observation take place? When? What is the physical layout?
People	What types of people are present? How old are they? What is their race/ethnicity? How many are present?
Activities	What is going on? What are the people doing?
Events	Is this a regular occurrence or is it a special event?
Signs	Are there clues that provide evidence about meanings and behaviors?
Time	In what order are things happening? Is there a reason for this?
Goals	What are the people trying to accomplish?
Networks	How do the people present seem to know one another? Is it social or related to a type of business? Do the relationships change over time?

4.3d Street Intercept Surveys

Street intercept surveys are very brief surveys that focus on a few key topics, like identifying MSM venues or gaging interest in participating in NHBS. These surveys are a quick and easy means of obtaining the spontaneous input of local MSM. They can also be used to identify key informants or focus group participants. Yet, street intercept surveys do have some limitations. Because they are so brief, they allow little opportunity to ask participants follow-up questions or explore their responses in greater detail.

Street intercept surveys should not take more than five minutes to administer and they should be conducted where the person is intercepted or at a nearby location. If project sites need additional information on specific MSM sub-populations or communities, they can target their surveys to these groups. Basic demographic information, like age, race/ethnicity, and zip code or neighborhood, should also be collected during the survey so that responses can be stratified by these variables. Consent is not needed for street intercepts surveys, and compensation should not be provided.

4.3e Enumerations

In venue-based sampling (VBS), attendees at a venue can be assessed using either of two

types of enumerations (counts):

- Type 1 Enumerations, which are counts of all adult male venue attendees, and

- Type 2 Enumerations, which are counts of just those attendees eligible for project participation.

Type 2 Enumerations can also be used to examine the demographic characteristics of venue attendees and to determine whether a venue meets the eligibility requirements for NHBS-MSM (see **Section 5.2b** of this manual for venue eligibility requirements).

Venue attendee counts serve two main purposes. First, attendee counts can help project sites decide whether it is worthwhile to conduct recruitment events at a venue (during recruitment events, project sites interview and HIV test eligible men). Because recruitment events require considerable time and effort to organize and conduct, it may not be worthwhile for project sites to conduct events at venues with very low attendance where they would only be able to obtain a small number (< 4) of interviews. Second, attendee counts can help project sites determine the best days and times for conducting recruitment events at a venue. Usually, days and times with the highest attendance are best, but for project sites that interview or HIV test participants inside venues, overcrowded venues can sometimes make it logistically difficult to conduct operations.

Enumerations should be conducted for approximately 30 to 60 minutes. The counts obtained during the enumerations should then be standardized to a 4-hour period, which is the average duration of a recruitment event. **Appendix B** of this manual contains a Count Form and **Appendix C**, an Interview Form that project sites can use for their enumerations. Instructions for completing these forms are included in the appendices as well.

Type 1 Enumerations

To conduct Type 1 Enumerations at a venue, project sites need just one staff member. The staff member should position themself near the entrance to the venue and use a tally counter, or "clicker," to count the number of men who appear ≥ 18 years of age who enter the venue during the enumeration period. Each man should only be counted once, even if he leaves the venue and reenters at a later time. At the end of the enumeration period, the attendee count should be recorded on the Count Form.

/Note/ Project sites should carefully assess the need for Type 1 Enumerations. In most cases, the attendee counts collected with Type 1 Enumerations can more easily be estimated with venue observations.

Type 2 Enumerations

To conduct Type 2 Enumerations at a venue, project sites need at least two staff members– one to count venue attendees and one or more to interview them. As with Type 1 Enumerations, one staff member should position themself near the entrance to the

venue and use a tally counter to count the number of men who appear ≥ 18 years of age who enter the venue during the enumeration period. The other staff member(s) should consecutively approach the men who have been counted and invite them to participate in a brief eligibility interview. After each interview is completed, the next man counted should be approached and asked to participate. Counting should continue throughout the enumeration period; it should not stop until the last man has been approached for interview. Interview responses should be recorded on the Interview Form, and at the end of the enumeration period, the attendee count should be entered on the Count Form.

By combining the attendee count with the information obtained from the eligibility interviews, project sites can estimate the number of venue attendees who meet the eligibility criteria for participation in NHBS-MSM. Compared to the *general* attendee counts produced by Type 1 Enumerations, the *eligible* attendee counts produced by Type 2 Enumerations provide a much better indication of the number of interviews project sites can expect to complete during a recruitment event. An additional advantage of Type 2 Enumerations over Type 1 Enumerations is that the information from the eligibility interviews can be used to describe the demographic characteristics of venue attendees or estimate the proportion of venue attendees who meet the eligibility criteria for participation in NHBS-MSM. This latter function is particularly important for assessing venues that have a high proportion of male attendees who are not MSM.

4.4   Triangulation of Data

 "Triangulation" means cross-checking research findings by using multiple data sources, data collection methods, or investigators. Since research, especially qualitative research, that relies on only one data source or collection method is subject to the errors associated with that approach, many researchers triangulate their data to validate the results and ensure that the information is complete. One way project sites can triangulate their formative research data is to compare information on the same topic that has been obtained from different data sources. Another strategy is to use at least two different data collection methods (e.g., key informant interviews, focus groups, observations, street intercept surveys, or venue enumerations). Lastly, project sites should always compare the findings from their primary and secondary data reviews; this is essential for the success of formative research.

When triangulating information with a variety of data sources and collection methods, project sites may obtain some inconsistent findings. If this occurs, they should collect additional data to resolve these discrepancies and better understand the results.

5   Venue Identification and Assessment

5.1   Overview

Venues are places frequented by MSM where they can be recruited to participate in NHBS. A variety of places can serve as venues, including bars, dance clubs, retail businesses, cafes and restaurants, health clubs, social and religious organizations, sports teams, adult bookstores and bathhouses, high-traffic streets in gay neighborhoods, parks, beaches, gay pride festivals, and dance parties, among others. During formative research, project sites should use their primary and secondary data to identify venues and assess the suitability of the venues for conducting field operations. Venue identification and assessment are two of the most important functions of formative research because the characteristics of venue attendees ultimately determine the characteristics of the MSM enrolled in NHBS; a comprehensive set of venues will therefore help sites enroll a diverse and representative sample of MSM.

5.2   NHBS Venue Types

In NHBS, venues are classified into three types: 1) *potential* venues, 2) *eligible* venues, and 3) *accessible* venues. Each of the three types of venues is defined below.

5.2a   Potential venues

Potential venues are venues that a primary or secondary data source reports are frequented by MSM. *Potential* venues can be located anywhere within the funded metropolitan statistical area (MSA) or Division. However, if it is impractical to conduct field operations throughout the entire MSA or Division, project sites should limit *potential* venues to the principal city of the MSA or Division. On the other hand, if the attendees of venues within the MSA or Division do not reflect the diversity of the local MSM population, project sites may include venues in areas adjacent to the MSA or Division if it will improve the diversity of the sample of MSM enrolled. To include venues outside the MSA or Division, project sites must provide written justification and receive approval from their CDC Project Officer.

Venues **cannot** serve as *potential* venues if their primary function is medical or mental health care, HIV or STD testing, or HIV or STD prevention services. Similarly, venues that provide social services to HIV-positive men **cannot** be *potential* venues either. Recruiting participants from these types of venues could bias the sample and the information collected. Nevertheless, venues can be considered *potential* venues if they provide care, testing, and prevention services that are only ancillary. For example, a bathhouse that offers HIV counseling and testing as an ancillary service could be a *potential* venue.

5.2b Eligible venues

Eligible venues are *potential* venues where 50% or more of the men attending the venue are eligible to participate in NHBS-MSM. The purpose of this 50% cut-off is to minimize the burden of recruiting and screening men who are not eligible to participate in the project. Men eligible to participate in NHBS-MSM are those who meet the following criteria:

- 18 years of age or older.

- Born male and self-identify as male.

- Resident of the funded MSA or Division.

- Ever had oral or anal sex with another man.

- Able to complete the NHBS survey in English or Spanish.

5.2c Accessible venues

Accessible venues are *eligible* venues where it is logistically feasible to conduct recruitment events. That is to say, the venue is safe, has cooperative management, and has sufficient attendance to make it worthwhile to conduct recruitment events. When necessary, the venue should also have adequate space for recruitment, interviewing, and HIV testing; and when applicable, parking for a van. All the *accessible* venues in a project area comprise the venue sampling frame and are the locations where recruitment events can be conducted.

5.3 Venue Identification

Through secondary data review and primary data collection, project sites should identify all the *potential* venues in their project area and list them in a spreadsheet called the Venue Universe. To assist with venue assessment (**Section 5.4** below), the Venue Universe should also contain information on venue logistics, attendance levels, and attendee characteristics. A model Venue Universe is provided in **Appendix F** of this manual that sites can customize for local use.

Project sites often use the Venue Universe from the last NHBS-MSM cycle as a starting point for identifying venues. They update this list of past *potential* venues to create a list of current *potential* venues. To update their Venue Universe, sites must determine which of the past *potential* venues continues to be a *potential* venue and they must identify any new *potential* venues that have opened in the project area since the last NHBS-MSM cycle. As with other formative research activities, updating the Venue Universe should be an iterative process. Sites should begin by reviewing their secondary data, and then build upon the information collected by interviewing primary data sources. Interviews with primary data sources should similarly build upon one another.

To ensure that project sites compile a comprehensive list of *potential* venues, they should employ a variety of secondary data sources and interview a diverse group of primary data sources. The primary data sources interviewed should represent MSM from different age groups and racial and ethnic backgrounds. Most notably, sites must be sure to interview MSM from those sub-populations most highly impacted by the HIV epidemic and MSM from any sub-populations that were underrepresented in previous NHBS-MSM cycles.

5.3a Venue categories

Once project sites have identified a *potential* venue, they should classify the venue into one of the categories shown in the following table:

Code	Venue Category
B	Bars
C	Cafes and restaurants
D	Dance clubs
E	House ball events
F	Fitness clubs and gymnasiums
G	Gay Pride and similar events
O	Social organizations
P	Parks and beaches
R	Retail businesses
S	Street locations in gay neighborhoods
V	Raves, circuit parties, and similar events
X	Sex establishments and environments
Z	Other

The definition of each venue category is provided below to help project sites classify their *potential* venues into the appropriate categories. Sites can use the one-letter codes to abbreviate the category names on their Venue Universe. If a *potential* venue meets the definition of more than one category, sites should choose the category that best describes the venue or the activities that occur there. On the other hand, if a *potential* venue does not appear to meet the definition of any category, sites should consult their CDC Project Officer and together decide whether the venue should be placed in the "Other" category.

(B) Bars. "Bars" are venues whose primary function is serving alcoholic beverages. While some bars might serve snacks or have a small dance floor, they should be

classified as "Bars" if the primary activity there is serving alcoholic beverages. Restaurants and dance clubs that include bars should not be classified as "Bars."

(C) Cafés and restaurants. "Cafés and restaurants" are venues whose primary function is serving coffee or food. Although many restaurants have a small bar and some have dance floors, they should be classified as "Cafés and restaurants" if the primary activity there is serving food.

(D) Dance clubs. "Dance clubs" are venues that have large dance floors and a stage for musicians or a booth for disc jockeys. Many dance clubs have bars or serve food, but they should be classified as "Dance clubs" if the primary activity there is dancing.

(E) House ball events. A *house* is a social group that functions much like an extended family, and is comprised of predominantly African-American and Latino gay, lesbian, bisexual, and transgender (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.

(F) Fitness clubs and gymnasiums. "Fitness clubs and gymnasiums" are venues that are used for exercise and personal fitness. Bathhouses that have exercise equipment or pools should not be classified as "Fitness clubs and gymnasiums;" they should be classified as "Sex establishments and environments."

(G) Gay Pride and similar events. "Gay Pride and similar events" are large community celebrations of GLBT persons that often include parades, festivals, and artistic performances.

(O) Social organizations. "Social organizations" include any type of club for GLBT persons. These clubs could be athletic, artistic, professional, political, religious, or educational. Support groups for HIV-positive MSM or groups that meet for HIV/AIDS clinical or prevention services **cannot** be *potential* venues and should not be considered "Social organizations."

(P) Parks and beaches. "Parks and beaches" are outdoor locations used for recreation, socialization, or entertainment. If parks or beaches are used by MSM primarily for sexual activity, they should be classified as "Sex establishments and environments."

(R) Retail businesses. "Retail businesses" are venues where products, like clothing, books, and household goods, are sold. Businesses that sell sexual paraphernalia should also be classified as "Retail businesses" unless they are used by MSM primarily for sexual activity. In that case, they should be classified as "Sex establishments and environments."

(S) Street locations in gay neighborhoods. "Street locations in gay neighborhoods" are corners or other areas of the sidewalk in a gay neighborhood that have a high volume of foot traffic. For standardization, sites are limited to 1 street location in each gay neighborhood in their project area. "Street locations in gay neighborhoods" are not substitutes for individual venues and should not be associated with any specific venue. Furthermore, recruiting NHBS-MSM participants on the street outside a venue does not constitute a street location.

(V) Raves, circuit parties, and similar events. "Raves, circuit parties, and similar events" are typically large-scale dance events for MSM that occur on a single night or over the course of a week or weekend. Raves and circuit parties may not have a fixed location or they may be conducted at an established dance club or bar. Even if they are conducted at a dance club or bar, they should still be classified as "Raves, circuit parties, and similar events."

(X) Sex establishments and environments. "Sex establishments and environments" are venues used by MSM primarily for sexual activity. These venues include bathhouses and sex clubs, adult bookstores/theaters, and cruising areas. Because there could be extremely large numbers of adult bookstores/theaters and cruising areas in some project areas, it would be extremely difficult and labor intensive for sites to identify and assess all these *potential* venues. Accordingly, adult bookstores/theaters and cruising areas must meet additional criteria to be considered *potential* venues. Unlike other venues that only have to be identified by one primary or secondary data source, adult bookstores/theaters and cruising areas must be identified by at least two primary or secondary data sources to be considered *potential* venues. Cruising areas must also meet these three criteria: 1) be outdoors, 2) be located on public property, and 3) be legally accessible.

(Z) Other. Venues that do not meet any of the above definitions should be classified as "Other." Sites should use this category only in rare circumstances and they must receive approval from their CDC Project Officer to do so.

Grouping venues into categories should help project sites identify *potential* venues more efficiently and effectively. When interviewing primary data sources, sites would be able to collect more accurate venue information if they asked the sources about venues in specific categories. For example, sites should start by showing the first primary data source a list of "Bars" and asking the source to verify the bars on the list and to identify any additional bars. Next, they should show the source a list of "Cafes and restaurants" and ask the source to verify the cafes and restaurants on the list and to identify any additional ones. Sites should repeat this venue verification and identification process for the remaining venue categories. The list of *potential* venues should then be updated and shown to the next primary data source. That source should also be asked to verify the venues in each category and identify any additional ones. This process of interviewing primary data sources and updating the list of *potential* venues should continue until the venue information is complete and no additional venues are identified.

> Using their primary and secondary data sources, project sites must attempt to identify *potential* venues in each of the venue categories, from "Bars" to "Sex establishments and environments."

5.4 Venue Assessment

After project sites have compiled a comprehensive list of *potential* venues, they will assess the venues for eligibility and accessibility in a two-step process. In the first step, the *potential* venues will be assessed for eligibility; and in the second step, the *eligible* venues will be assessed for accessibility. Sites will document venue eligibility and accessibility in the VDTS Program, the computer program on the Data Coordinating Center (DCC) DataPortal used to manage venue information.

5.4a Venue eligibility

Project sites must determine whether each *potential* venue on their Venue Universe is an *eligible* venue (i.e., a venue where 50% or more of the men attending the venue are eligible to participate in NHBS-MSM). In most cases, sites will be able to readily ascertain venue eligibility from their secondary data review, interviews, focus groups, or observations. However, in a very small number of cases, sites may need to conduct Type 2 Enumerations to determine whether a *potential* venue is an *eligible* venue (see **Section 4.3e** and **Appendices B** and **C** of this manual). Type 2 Enumerations may be necessary at venues that have a high proportion of male attendees who are not MSM, are underage, or live outside the project area.

5.4b Venue accessibility

Project sites must determine whether each *eligible* venue on their Venue Universe is an *accessible* venue (i.e., a venue where it is logistically feasible to conduct recruitment events). Sites should make this decision based on their assessment of the following venue characteristics:

Safety. The safety of project staff should be a site's foremost concern. Staff must always have a safe environment in which to work. Local law enforcement officials can provide safety information on neighborhoods and on specific venues.

Management cooperation. Project sites that plan on conducting field operations inside the venues must obtain permission from venue owners or managers. Sites that plan on conducting field operations outside the venues may also want to obtain permission from venue owners or managers to foster positive relationships. Agreements with venue owners or managers can be informal or they can be formal memorandums of understanding (MOUs). Written permission is often helpful to have if uncooperative venue staff are encountered during field operations. Sites that plan on conducting field operations in cruising areas may also want to obtain a letter of support from a senior law

enforcement official. When trying to gain approval from venue owners or managers, sites should emphasize the benefits of NHBS-MSM to the community and make it clear that field operations are structured to minimize the burden on venue attendees and management. MSM community leaders and stakeholders can help sites gain access to venues by making introductions to venue owners and managers and facilitating discussions with them.

Sufficient attendance. Venues do not have to yield a minimum number of interviews to be considered accessible. Nevertheless, because recruitment events require a substantial amount of time and effort to organize and conduct, it may not be worthwhile for project sites to conduct events at venues with very low attendance where they will only be able to obtain a small number (< 4) of interviews.

HIV testing. HIV counseling and testing must always be available as part of field operations. Project sites that plan on conducting HIV testing inside the venues must identify testing space in each venue and they must obtain permission from the venue owner or manager. CDC strongly recommends that sites use rapid and blood-based HIV testing, but if rapid or blood-based testing cannot be done at a particular venue because space is not available or the venue owner or manager will not give permission, sites should consult their CDC Project Officer.

Space for field operations. There must be adequate space either inside or outside the venues for recruiting and interviewing participants. Project sites that do not have an interview van require space for both recruiting and interviewing, while sites that have an interview van need space just for recruiting. Sites with vans also require space for parking.

Eligible venues where it is logistically feasible to conduct recruitment events should be classified as *accessible* venues. If project sites determine that a venue is not accessible, they should use the VDTS Program to document the reason(s) why it would not be logistically feasible to conduct recruitment events at that venue. Sites should select from among the following reasons listed in the VDTS Program:

- Safety concerns

- Uncooperative management

- Low interview yield

- Unable to conduct HIV testing

- Inadequate space for operations

- No parking for van

- NHBS staffing problem

- Other

Dividing a single accessible venue into multiple accessible venues

Some *accessible* venues have certain events that are attended primarily by specific MSM sub-populations. For example, a dance club may have a "Hip Hop Night" attended mostly by black MSM or a "Latin Night" attended mostly by Hispanic MSM. Project sites that have had difficulty enrolling a diverse sample of participants during previous NHBS-MSM cycles may divide a single *accessible* venue into multiple *accessible* venues to improve enrollment among important MSM sub-populations, such as those most highly impacted by the HIV epidemic. For example, a site has a high rate of HIV infection among black MSM, but they enrolled few black MSM during the previous NHBS-MSM cycle because their project area has few venues attended by black MSM. Dance Club A in this site's project area has a "Hip Hop Night" attended mostly by black MSM. The site could divide Dance Club A into two venues (Dance Club A and Dance Club A Hip Hop Night) to create a venue attended mostly by black MSM, and thereby, improve enrollment among this important MSM sub-population.

Accessible venues that are "Street locations in gay neighborhoods" can also be divided. If the demographic characteristics of the MSM in different sections of a gay neighborhood vary substantially, project sites can divide the neighborhood and identify a street location in each section of the neighborhood that has a different MSM sub-population. Sites can divide an *accessible* venue into a maximum of 3 different venues, and they must enter each one into the VDTS Program separately. To divide an *accessible* venue, sites must provide justification and they must receive approval from their CDC Project Officer.

5.5   Additional Venue Information

During venue assessment, some additional venue information must be collected to examine alternative venue sampling methods and to more accurately weight the NHBS-MSM data. The information needed is the maximum occupancy of each *eligible* venue and the days and hours of operation of each *accessible* venue. Project sites should include the maximum occupancy and the days and hours of operation for applicable venues on their Venue Universe and they should record this information in the VDTS Program.

5.5a   Maximum occupancy

The maximum occupancy is the largest number of people the Fire Marshal will allow in a room at one time. This number must be clearly posted in a building. Project sites can obtain the maximum occupancy of an *eligible* venue by checking the posted number in the venue. They may also be able to obtain the maximum occupancy from venue management, the local fire department, or municipal records or websites. If a venue has multiple rooms or areas (e.g., a deck), sites should estimate the maximum occupancy of the venue by summing the maximum occupancy of the individual rooms or areas. For

special events that are indoors, the maximum occupancy of the venue is the maximum occupancy of the room where the event is being held.

Since the maximum occupancy only applies to buildings, project sites do not have to collect the maximum occupancy of outdoor venues or venues categorized as "Social organizations." In addition, the maximum occupancy may not available for some indoor venues. For example, a site may not be able to determine the maximum occupancy of a hotel room where a sex party is being held. For these cases, the VDTS Program will have a field for sites to indicate that they could not obtain the maximum occupancy of the venue.

| Note | The maximum occupancy is required only for *eligible* venues.

5.5b Days and hours of operation

The days and hours of operation for an *accessible* venue is the period when the venue is an *eligible* venue (i.e., when 50% or more of the men attending the venue are eligible to participate in NHBS-MSM). Most venues, like bars, dance clubs, restaurants, gyms, retail businesses, and sex establishments, have established opening and closing times that would serve as the days and hours of operation. Project sites could find these opening and closing times posted in the venue or they could obtain the times from venue management, the internet, or advertisements. For social organizations and special events, the days and hours of operation would be the scheduled days and hours of the activity.

A small number of venues, such as street locations in gay neighborhoods and some cruising areas, do not have established opening and closing times. For these venues, project sites would have to determine when the venue meets the threshold of 50% eligible men. The days and hours when 50% or more of the men attending the venue are eligible to participate in NHBS-MSM would be the days and hours of operation for the venue. For example, a cruising area is located in a public park. During the day and early evening, the park is attended mostly by women and men who are not MSM; but from 10:00 PM to 4:00 AM, the park is attended mostly by eligible MSM. Since the venue only meets the threshold of 50% eligible men from 10:00 PM to 4:00 AM, the days and hours of operation for the venue would be Sunday to Saturday from 10:00 PM to 4:00 AM.

| Note | The days and hours of operation are required only for *accessible* venues.

6   Garnering Community Support

6.1 Overview

The success of NHBS-MSM will depend largely on a project site's ability to garner
support from both MSM community stakeholders and the broader MSM community.
Greater community acceptance of NHBS-MSM will result in a higher rate of
participation in the survey and increased cooperation from venue owners and managers.
To have the most impact, sites should elicit support from a wide variety of stakeholders.
Stakeholders should have diverse backgrounds and they should represent different MSM
sub-populations, especially those sub-populations most highly impacted by the HIV
epidemic and those underrepresented in previous NHBS-MSM cycles. Examples of
stakeholders include the following:

- Leaders of the local MSM community

- Venue owners and managers

- Members of the gay, lesbian, bisexual, and transgender media

- Staff of MSM community-based organizations (CBOs)

- Providers of HIV and STD prevention and treatment services to the MSM
  community

- Members of community advisory boards

- Researchers whose work focuses on MSM

- Political leaders and government officials

- Police and law enforcement officials

When garnering support from stakeholders, project sites should explain the objectives of
NHBS-MSM and describe its data collection methods. Sites should emphasize that the
key objective of NHBS-MSM is to shed light on HIV and other health disparities among
MSM in order to better serve their health needs and decrease their rates of HIV infection.

6.2 Methods of Garnering Community Support

Project sites can garner community support for NHBS-MSM through meetings with
MSM stakeholders and the broader MSM community, marketing materials, meetings
with community advisory boards, and collaborations.

6.2a Meetings

Meetings with MSM community stakeholders provide an opportunity for sites to explain the project, describe its goals, present findings from previous NHBS-MSM cycles, introduce staff members, share the project logo to increase brand recognition, and answer questions. Meetings can be one-on-one or involve multiple stakeholders. When meeting with multiple stakeholders, sites may want to conduct a more structured meeting with an agenda. To maximize participation at these meetings, sites should hold them in easily accessible locations at convenient times.

Project sites can also hold public meetings with the broader MSM community or conduct community outreach at special events, such as the local Gay Pride. Public meetings could be held at the local gay community center or at an MSM CBO. In addition, whenever sites interview key informants or conduct focus groups, they should use those meetings to garner support for the project as well.

6.2b Marketing materials

Sites should create a logo and marketing materials, like informational flyers or posters, to identify the project and promote community awareness of it. During primary data collection, stakeholders and members of the MSM community should be asked about the types of logos and marketing materials that would be most appealing to potential participants. They should also be asked about the most effective marketing strategies for reaching the local MSM community.

The logos and marketing materials developed by project sites should be culturally appropriate and respectful of the MSM community. Before logos and marketing materials are printed and distributed, they must be reviewed by the local program review panel and the site's CDC Project Officer, and approvals must be obtained. Of particular importance, sites should not include the CDC logo or name on any of their marketing materials.

Facebook and social media

If project sites wish to use Facebook to market NHBS-MSM, they should create a Facebook Page. With a Facebook Page, sites can control privacy settings and ensure that the page adheres to local policies regarding content and the handling of user comments. Sites should note that NHBS-related content posted on social media sites should be treated the same as all other NHBS marketing materials; the content must be reviewed by the local program review panel and the site's CDC Project Officer, and it should not display the CDC logo or name. Information from CDC on social media tools, guidelines, and best practices for public health can be found at: www.cdc.gov/SocialMedia/Tools/guidelines.

6.2c   Community advisory boards

Another means of garnering support for NHBS-MSM is through meetings with health department community advisory boards (CABs), such as the local HIV prevention planning group or HIV care consortium. Unlike other stakeholders, CAB members already have a vested interest in the health department's public health activities, and thus, would be ideal allies for NHBS-MSM. Project sites could introduce NHBS-MSM to their CABs, describe its goals, and present findings from previous cycles. CAB members, in turn, could become ambassadors for promoting the project in the MSM community and they could provide access to other stakeholders. Depending on their experience and expertise, CAB members may also be able to provide technical assistance and advice to sites.

6.2d   Collaborations

Project sites should collaborate with CBOs and other health department programs that conduct HIV prevention outreach and research at the same venues as those participating in NHBS-MSM. Sites should meet with the managers of these organizations and programs to explain venue-based sampling methods and discuss the need to collaborate to avoid conflicts at venues. To prevent activities from occurring at the same venues on the same dates, sites should share their monthly recruitment calendars with the other organizations and programs and coordinate schedules. Not only will these collaborations foster cooperation and positive community relations, but they will also prevent disruptions to field operations.

7   Ongoing Formative Research

7.1 Overview

Ongoing formative research is the collection and assessment of additional quantitative and qualitative data to improve field operations and ensure the successful recruitment and enrollment of participants. Project sites should conduct ongoing formative research throughout the survey data collection period to identify and assess new venues, maintain community support, identify and address barriers to survey participation, and monitor participant enrollment and demographic characteristics. Project sites do not have to hire additional staff to conduct ongoing formative research. They can use their existing staff, including the project coordinator, field supervisor, interviewers, and data manager. Sites will receive further guidance on conducting ongoing formative research in the *NHBS-MSM4 Operations Manual*.

7.2 Data Collection Methods

To conduct ongoing formative research, sites should employ many of the same methods they used did during formative research. These include data reviews, observations, interviews, and focus groups. Sites should always begin with the least labor-intensive and time-consuming methods (e.g., reviews of recruitment and enrollment data, observations, and informal conversations with participants and field staff) and then, if simpler methods do not yield results, they should proceed to more labor-intensive and time-consuming methods (e.g., key informant interviews, street intercept surveys, and focus groups). Whenever sites identify an operational or enrollment problem using ongoing formative research, they should discuss the problem with their CDC Project Officer and develop a plan to resolve it.

7.3 Updating Venues in the VDTS Program

Project sites should continuously review their secondary data and interview primary data sources to update the venues listed in the VDTS Program, the computer program used to manage venue information. As new venues are identified and found to be either eligible or accessible, they should be entered into the VDTS Program. Similarly, if venues are no longer found to be eligible or accessible, their status in the VDTS Program should be changed.

7.4 Data Monitoring

Project sites should also continuously monitor their enrollment, screening, and demographic data to assess field operations and participant enrollment. Some specific problems that can be identified with these data include the following:

- *Enrollment.* Low participant enrollment may be the first sign of a barrier to survey participation and should always be followed-up with an examination of the screening rate (see below). If low enrollment at a particular venue is not due to a participation barrier that can be addressed, sites must decide whether the venue yields enough participants to make it worthwhile to conduct recruitment events there in future months.

- *Screening.* A low screening rate (proportion of men approached for recruitment who agree to be screened for NHBS-MSM eligibility) indicates a barrier to survey participation, and thus, must be evaluated further to identify the cause and to develop a solution.

- *Demographics.* An MSM sub-population will become underrepresented among enrollees when there is a participation barrier among that sub-population or when a site's list of *accessible* venues lacks venues attended by that sub-population. In the latter case, the site must make a greater effort to identify venues attended by the underrepresented MSM sub-population.

8   Formative Research Documents

8.1 Overview

As part of the formative research process, project sites are required to submit four documents to their CDC Project Officer: 1) the Implementation Timeline, 2) the Secondary Data Report, 3) the Primary Data Report, and 4) the Venue Universe. The purpose and content of each of these documents is described in this chapter and the due dates for submitting them to the site's CDC Project Officer are shown in the table below.

Document	Due to CDC Project Officer	Feedback Due to Site
Implementation Timeline	*Draft*: 2nd Friday in January *Final*: 1 week after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Secondary Data Report	*Draft*: 2nd Friday in February *Final*: 1 week after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Primary Data Report	*Draft*: 6 weeks after the CDC Project Officer has approved the Secondary Data Report (including the Primary Data Collection Plan) *or* 6 weeks after local IRB approval has been received, whichever is later *Final*: 2 weeks after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer
Venue Universe	*Draft*: 4 weeks before the initial recruitment calendar is scheduled to be created *Final*: 2 weeks after receiving feedback from the CDC Project Officer	Approximately 1 week after submission to the CDC Project Officer

After the formative research documents have been submitted, the site's CDC Project Officer will review them to ensure that they contain the information needed to effectively manage and conduct NHBS locally. The CDC Project Officer will then provide feedback to the site, and the site will be responsible for revising the documents to address any concerns. In these reports, project sites should not merely recount the information they have collected during formative research; they must also interpret the findings and explain how the findings will be used to guide operations.

8.2   Implementation Timeline

The Implementation Timeline will help project sites plan and manage formative research activities and other activities conducted in preparation for field operations. By completing these preparatory tasks on schedule, sites will have more time to collect survey data in the field. A longer data collection period is important when using venue-based sampling (VBS) because participant enrollment tends to progress more slowly for VBS than it does for respondent-driven sampling, the sampling strategy used for NHBS-IDU and NHBS-HET.

Appendix D of this manual contains a model Implementation Timeline that project sites can customize for local use. The timeline should show the period when tasks will be performed and the dates when they will be completed. The following items should be included on the timeline:

- IRB package

- Secondary data review and report

- Primary data collection and report

- Venue identification and assessment

- Venue Universe

- Initial recruitment calendar

- Operations Checklist

- Field staff hiring and training

- Start of survey data collection

The timeline should also include any other tasks that may impact formative research or preparation for field operations, especially those tasks that have delayed the start of survey data collection in the past. If the timeline has to be modified after it has been submitted, project sites should discuss the needed changes with their CDC Project Officer and send a revised timeline to them.

8.3 Secondary Data Report

The Secondary Data Report summarizes the findings from the secondary data review and is composed of three sections: 1) the Secondary Data Core Document, which describes the general characteristics of adults residing in the principal city of the funded metropolitan statistical area (MSA) or MSA Division; 2) the Population-specific Document, which describes the MSM population in the principal city; and 3) the Primary Data Collection Plan, which outlines the project site's plans for collecting primary data during the second phase of formative research. Possible sources of secondary data are listed in **Section 3.2** of this manual.

Project sites should structure the Secondary Data Report according to the following outline:

     I. Secondary Data Core Document
          1. Structural and Contextual Factors *(2-3 pages)*
          2. Demographic Characteristics *(1 page)*
               Table 1. Characteristics of the adult population
          3. HIV Epidemic *(1 page)*
               Table 2. New HIV diagnoses among adults
     II. Population-specific Document
          1. HIV Epidemic among MSM *(1 page)*
               Table 3. New HIV diagnoses among MSM
               Table 4. HIV diagnoses and HIV prevalence among MSM
          2. Demographic Characteristics of MSM *(1 page)*
               Table 5. Characteristics of MSM in previous NHBS cycles
          3. Barriers to Participation in NHBS-MSM *(2-4 pages)*
     III. Primary Data Collection Plan *(1-2 pages)*

Sites should use the titles in the outline to label each part of the report and they should try to adhere to the recommended number of pages listed for each part. References should be provided for the sources of all data included in the report.

8.3a Secondary Data Core Document

The Secondary Data Core Document provides an overview of the principal city's structural and contextual factors, demographic characteristics, and HIV epidemic. If it is more appropriate, project sites may base this document on the entire MSA or MSA Division rather than just the principal city. The Secondary Data Core Document is produced during the first year of each new funding period, and as such, will not have to be completely re-written this project cycle. Sites will, however, have to update the HIV surveillance data in **Table 2** and Part 3 of the document each year. Moreover, if in a later year there are any substantial changes to the information in the document that could

affect field operations, sites should update the document to note the changes. For example, if redevelopment in a project area has forced the closure of many venues attended by MSM, the site should add a notation to their Secondary Data Core Document to highlight this important information:

> ***MSM Update:*** *Gentrification in the past few years has encroached upon the historic gay neighborhood, resulting in the closure of several long-standing MSM venues.*

Although the Secondary Data Core Document is only produced during the first year of the funding period, a copy should be included in the Secondary Data Report every year.

Part 1 – Structural and Contextual Factors

In the first part of the Secondary Data Core Document, project sites should report any structural and contextual factors in the principal city that could impact field operations, like:

- Geographic region
- Weather
- Housing (specifically, as it relates to the NHBS target populations)
- Education and literacy
- Socioeconomic status and poverty
- Sex work
- Laws that may impact HIV transmission or prevention (e.g., HIV testing laws, laws related to injection drug use and sex work, criminalization of HIV transmission)
- Stigma and discrimination toward high-risk populations
- Stigma and discrimination toward individuals living with HIV
- Neighborhood violence, gangs, and drug presence as it relates to field operations
- Prevention and care for HIV infection and substance use
- Other factors that could adversely impact field operations

Part 2 – Demographic Characteristics

The next part of the Secondary Data Core Document describes the demographic characteristics of the adult residents of the principal city. Project sites should complete **Table 1** (**Appendix E** of this manual) using Census Bureau data and discuss the findings

in this part of the Secondary Data Core Document. Sites may customize **Table 1** to add other demographic and socioeconomic variables that are important to their principal city.

Part 3 – HIV Epidemic

The third part of the Secondary Data Core Document summarizes the demographic characteristics and transmission categories of adults diagnosed with HIV infection in the principal city. In the report, project sites should be sure to indicate which sub-populations are most impacted by the HIV epidemic in their localities. Sites should complete **Table 2** (**Appendix E** of this manual) using HIV Surveillance System data and describe the findings. To show the geographic distribution of HIV cases in their locality, sites should include a geographic variable, such as county, district, or neighborhood, in the table. They may select whichever geographic variable they believe would be most helpful. Socioeconomic characteristics, like education and income, should be included as well if these data are collected in the local surveillance system. The HIV Surveillance System data needed for **Table 2** are outlined in **Section 3.2a** of this manual. If sites wish, they have the option of including additional tables of HIV surveillance data, like a table of trends in HIV diagnoses or a table of recent HIV diagnoses. Tables such as these could help sites identify emerging trends in the HIV epidemic.

> **Note** Project sites should update the HIV surveillance data in **Table 2** and Part 3 of the Secondary Data Core Document every year.

8.3b Population-specific Document

The Population-specific Document provides detailed information about the HIV epidemic among MSM in the principal city, the demographic characteristics of NHBS-MSM participants in prior cycles, and barriers to survey participation in previous NHBS-MSM cycles. As with the Secondary Data Core Document, project sites may base this document on the entire MSA or MSA Division rather than just the principal city if it is more appropriate to do so.

Part 1 – HIV Epidemic among MSM

The first part of the Population-specific Document describes the demographic characteristics of MSM diagnosed with HIV infection in the principal city. Project sites should complete **Table 3** using HIV Surveillance System data and complete **Table 4** using NHBS data (both tables are provided in **Appendix E** of this manual). The HIV Surveillance System data included in **Table 3** should correspond to the same diagnosis and reporting years as the data in **Table 2** (see **Section 3.2a** of this manual), but the data should be restricted to men whose transmission category is male-to-male sexual contact (data from men whose transmission category is male-to-male sexual contact *and* injection drug use should be excluded from **Table 3** to focus expressly on the sexual transmission of HIV among MSM).

Project sites may also include additional tables of HIV surveillance data, like trends in

diagnoses or recent diagnoses, or they could include tables showing HIV prevalence data from other studies conducted among MSM in the project area. Data from the sexually transmitted disease (STD) and hepatitis surveillance systems may provide further insight into the characteristics of MSM who are engaging in sexual risk behaviors and may be at increased risk for HIV infection.

In their discussion of the HIV epidemic among MSM, project sites should indicate which MSM sub-populations are most highly impacted by the epidemic in both absolute terms (i.e, number of HIV diagnoses in the HIV Surveillance System) and relative terms (i.e., HIV prevalence in NHBS and other studies). Sites must make sure they comprehensively identify all the venues MSM attend, especially those venues attended by highly impacted MSM sub-populations.

Part 2 – Demographic Characteristics of MSM

The second part of the Population-specific Document is a summary of the demographic characteristics of MSM recruited in previous NHBS-MSM cycles. Project sites should complete **Table 5** (**Appendix E** of this manual) using data from each of the prior NHBS-MSM cycles and describe the findings. Sites should also compare the characteristics of MSM enrolled in NHBS-MSM with the characteristics of MSM diagnosed with HIV infection (**Tables 3** and **4**) and assess how well NHBS participants have represented the MSM sub-populations most highly impacted by the HIV epidemic.

Part 3 – Barriers to Participation in NHBS-MSM

The third part of the Population-specific Document is a discussion of the barriers to survey participation that project sites experienced during previous NHBS-MSM cycles. Sites should review their past NHBS-MSM formative research reports, findings from ongoing formative research, and recruitment monitoring reports to identify recruitment and enrollment challenges and successes from prior cycles. CDC will provide sites with their screening rates (the number of men screened for NHBS-MSM eligibility divided by the number of men approached for recruitment) from NHBS-MSM2 and NHBS-MSM3 to aid in this assessment. Sites should compare their screening rate from NHBS-MSM2 with that from NHBS-MSM3 and explain any differences. Sites should also compare their rates with the national rates of 44% during NHBS-MSM2 and 30% during NHBS-MSM3. Other studies among MSM in the project area may provide additional information on possible barriers to participation in surveys, research, and HIV testing.

When discussing challenges and successes to recruitment and enrollment, project sites should describe the individual-level and community-level motivators and challenges they identified during the previous NHBS-MSM cycles. Areas of consideration include:

- Project marketing

- Recruiter characteristics and training

- Recruitment messages

- Location of recruitment and screening

- Incentive type and amount

- HIV testing method

- Participant time commitment

- Conflicts with socializing with friends

- HIV apathy

- Research fatigue

Sites should also describe any actions they took in previous NHBS-MSM cycles to address barriers to participation and report the results of those interventions. Additional areas to examine are barriers to participation in certain types of venues and among specific MSM sub-populations, especially those sub-populations that were underrepresented in previous NHBS-MSM cycles. After summarizing the findings from their review, sites should discuss the gaps in information that they will explore during primary data collection.

8.3c Primary Data Collection Plan

Based on the findings from their secondary data review and the gaps in information identified, project sites should develop a plan for primary data collection. The plan should focus on the following topics:

- Identifying and assessing venues

- Garnering community support

- Identifying and addressing barriers to survey participation

- Identifying and addressing obstacles to field operations

In the plan, project sites should summarize the additional information they need to obtain during the second phase of formative research and they should describe the methods they will use to collect the data, such as key informant interviews, focus groups, observations, street intercept surveys, and venue enumerations.

For the final component of the primary data collection plan, project sites should attach a copy of their interview guide for key informant interviews and focus groups. If applicable, they should include questionnaires for street intercept surveys as well. **Appendix A** of this manual contains a list of formative research topics and example interview questions that sites can use to develop interview guides and street intercept surveys.

8.4   Primary Data Report

The Primary Data Report consists of two sections: 1) the Primary Data Core Document, which summarizes the findings from primary data collection and 2) the Ongoing Formative Research Plan, which outlines the project site's plans for conducting additional formative research activities after the start of field operations. Sources of primary data and methods of data collection are provided in **Sections 4.2** and **4.3** of this manual, respectively.

Project sites should structure the Primary Data Report according to the following outline:

> **I. Primary Data Core Document**
>> **1. Methods** *(1-2 pages)*
>> **2. Garnering Community Support for NHBS-MSM** *(2-3 pages)*
>> **3. Barriers to Participation in NHBS-MSM** *(3-5 pages)*
>> **4. Obstacles to Field Operations in NHBS-MSM** *(1-3 pages)*
>
> **II. Ongoing Formative Research Plan** *(1 page)*

Sites should use the titles in the outline to label each part of the report and they should try to adhere to the recommended number of pages listed for each part.

8.4a   Primary Data Core Document

The Primary Data Core Document provides a brief overview of the methods used for primary data collection, along with an in-depth discussion of the findings on garnering community support, barriers to survey participation, and obstacles to field operations.

Part 1 – Methods

The first part of the Primary Data Core Document summarizes how the primary data were collected. Project sites should describe the roles of staff members who gathered information and conducted interviews, report the methods used to collect the data (e.g., key informant interviews, focus groups, observations, street intercept surveys, and venue enumerations), and describe the characteristics of those interviewed. Characteristics to include are:

- Age < 30 or ≥ 30

- Gender

- Race/ethnicity

- Job title or position

Sites should differentiate between those who were interviewed as key informants, focus group members, or street intercepts. They should also note whether an individual

provided information specifically on an MSM sub-population that is disproportionately impacted by the HIV epidemic or was underrepresented in previous NHBS-MSM cycles. When reporting the characteristics of those interviewed, sites may find it helpful to present the data in a table or set of tables.

Part 2 – Garnering Community Support for NHBS-MSM

The second part of the Primary Data Core Document focuses on garnering community support for NHBS-MSM (see **Chapter 6** of this manual). Project sites should describe their efforts to obtain support from both MSM community stakeholders and the broader MSM community. The discussion should emphasize the marketing strategies and recruitment messages recommended by the primary data sources and indicate which strategies and messages will be adopted for NHBS-MSM. If any obstacles to garnering community support are identified, sites should explain how these obstacles will be overcome. Sites should also describe how they will promote NHBS-MSM among MSM sub-populations that may have been underrepresented in previous NHBS-MSM cycles.

Part 3 – Barriers to Participation in NHBS-MSM

In the third part of the Primary Data Core Document, project sites should discuss potential barriers to survey participation. The discussion should complement the findings on barriers to participation that were included in the Secondary Data Report. Unresolved barriers and gaps in information identified in the Secondary Data Report should be addressed in the Primary Data Report. Furthermore, sites should describe any additional recruitment and enrollment challenges identified by primary data sources and they should propose solutions based on their formative research findings. Specific topics to consider are:

- Recruiter characteristics and training

- Recruitment messages

- Location of recruitment and screening

- Incentive type and amount

- HIV testing method

- Participant time commitment

- Conflicts with socializing with friends

- HIV apathy

- Research fatigue

Sites should note whether any barriers to participation occurred in certain types of venues or among specific MSM sub-populations, particularly those sub-populations most highly

impacted by the HIV epidemic and those underrepresented in previous NHBS-MSM cycles.

Part 4 – Obstacles to Field Operations in NHBS-MSM

In the fourth part of the Primary Data Core Document, project sites should describe any factors that may adversely affect their ability to effectively conduct field operations or enroll a diverse sample of MSM. Examples of obstacles sites may encounter are a lack of cooperation from venue management, logistical barriers to blood-based or rapid HIV testing, and limited parking for vans, among others. Sites should only report obstacles that could have a substantive impact on operations or enrollment; they should not report limited problems that might just affect a small proportion of their *eligible* venues.

For each obstacle identified, project sites should describe how they overcame that obstacle or plan on overcoming it. If there are potential obstacles that cannot be resolved, sites should explain why they are insurmountable.

8.4b Ongoing Formative Research Plan

Even after the start of field operations, project sites will have to continue to conduct certain formative research activities (see **Chapter 7** of this manual). These activities include:

- Identifying and assessing venues

- Maintaining community support

- Identifying and addressing barriers to survey participation

- Monitoring enrollment among MSM sub-populations that are most highly impacted by the HIV epidemic

In the Ongoing Formative Research Plan, project sites should briefly describe how they will conduct the needed formative research activities. They should also indicate which staff members will carry out the activities.

8.5 Venue Universe

As described in **Section 5.3** of this manual, the Venue Universe is a listing of all the *potential* venues that a project site has identified through secondary data review and primary data collection. **Appendix F** of this manual contains a model Venue Universe that sites can customize for local use. Although many of the variables on the Venue Universe are optional, sites are required to include the following variables:

- Venue name

- Venue category

- Maximum occupancy (only required for *eligible* venues)

- Hours of operation (only required for *accessible* venues)

- Whether 50% or more of the male venue attendees are eligible for NHBS-MSM

- Whether there are safety concerns at the venue (only required for *eligible* venues)

- Whether the venue manager has given permission to conduct NHBS-MSM (only required for *eligible* venues)

- Whether the venue has sufficient attendance to make it worthwhile to conduct recruitment events (only required for *eligible* venues)

- If applicable, whether HIV testing can be conducted at the venue (only required for *eligible* venues)

- If applicable, whether the venue has adequate space for conducting field operations (only required for *eligible* venues)

- If applicable, whether the venue has parking for a van (only required for *eligible* venues)

- Whether the venue meets the criteria for an *accessible* venue (only required for *eligible* venues)

Project sites must submit their Venue Universe to their CDC Project Officer for review prior to creating their initial recruitment calendar. The purpose of this review is to ensure that sites have compiled a comprehensive list of *potential* venues and that they have collected the information needed to determine venue eligibility and accessibility.

9   References and Additional Resources

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Appendix A   Formative Research Topics and Interview Questions

Below is a list of formative research topics and example interview questions that project sites can use to develop interview guides and street intercept surveys. The Word file **Appendix A – Interview Questions.docx** contains a copy of the list that sites can modify. Sites should adapt the questions to the type of interview being conducted and to the background of the individual(s) being interviewed. Sites can also modify the questions to focus on MSM sub-populations, like young MSM or racial and ethnic minority MSM.

The example interview questions use the term MSM. When interviewing community members and other non-professionals, project sites should replace "MSM" with "gay and bisexual men" or some other locally-acceptable term.

Before interviewing each primary data source, project sites should briefly describe NHBS-MSM, including the venue-based sampling (VBS) method and the process of recruiting men to participate in the project.

A.1   Identifying MSM Neighborhoods

To identify venues that are "Street locations in gay neighborhoods," project sites should first determine which areas of their locality are considered gay neighborhoods or have high concentrations of MSM residents.

- Are there any gay neighborhoods in *[project area]*?
    - *If yes:* Where are the gay neighborhoods located?
    - *For each gay neighborhood identified:* What are the ages of the MSM who live in *[name of gay neighborhood]*?
    - *For each gay neighborhood identified:* What are the races or ethnicities of the MSM who live in *[name of gay neighborhood]*?

    - *If no:* Are there any neighborhoods or areas of *[project area]* where large numbers of MSM live?
    - *For each neighborhood or area identified:* What are the ages of the MSM who live in *[name of neighborhood or area]*?
    - *For each neighborhood or area identified:* What are the races or ethnicities of the MSM who live in *[name of neighborhood or area]*?

A.2 Identifying and Assessing Venues

Identifying venues

When interviewing a primary data source about *potential* venues, project sites should show the source a list of *potential* venues organized by venue category and then ask the source to identify additional venues in each category (see **Section 5.3** of this manual):

- Here is a list of *[venue category]* attended by MSM. *[Show list of venues in category.]* Are there any other *[venue category]* in *[project area]* where we could recruit MSM to participate in our study?

  For example: Here is a list of bars attended by MSM. [Show list of bars.] Are there any other bars in City A where we could recruit MSM to participate in our study?

For some venue categories, it may be necessary to provide an explanation of the types of venues in that category:

- *House ball events:* 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. Here is a list of house ball events attended by MSM. *[Show list of house ball events.]* Are there any other house ball events in *[project area]* where we could recruit MSM to participate in our study?

- *Social organizations:* Social organizations include any type of club for GLBT persons. These clubs could be athletic, artistic, professional, political, religious, or educational. Here is a list of social organizations attended by MSM. *[Show list of social organizations.]* Are there any other social organizations in *[project area]* where we could recruit MSM to participate in our study?

- *Sex establishments and environments:* Sex establishments and environments are bathhouses, sex clubs, adult bookstores and theaters, and other cruising areas used by MSM for sexual activity. Here is a list of sex establishments and environments attended by MSM. *[Show list of sex establishments and environments.]* Are there any other sex establishments and environments in *[project area]* where we could recruit MSM to participate in our study?

Assessing venues

For each new *potential* venue identified, project sites should ask:

- Are the men who go to *[venue name]* mostly MSM or do heterosexual or straight men go there too?

- What is the age range of the MSM who go to *[venue name]*?

- What is the race or ethnicity of the MSM who go to *[venue name]*?

- Will we face any safety problems conducting our study at *[venue name]*?

- Will we face any barriers to recruiting, interviewing, or HIV testing MSM at *[venue name]*?

- Which days and times do most MSM go to *[venue name]*?

A.3 Garnering Community Support

Project sites can use these questions to identify MSM stakeholders, develop marketing materials, and establish collaborations with other programs or organizations conducting venue-based outreach or research.

Identifying MSM stakeholders

- Who are the leaders of the MSM community?
    - Do they represent any specific MSM sub-populations (e.g. young MSM or racial and ethnic minority MSM)?

- Which key individuals or groups provide services to the MSM community?
    - Do they provide services to any specific MSM sub-populations?

- Which key individuals or groups advocate for issues affecting the MSM community?
    - Do they advocate for any specific MSM sub-populations?

- Which key individuals or groups could advocate for our study?
    - Who could promote our study among the MSM community?
    - Who could promote our study among *[specific sub-population]* MSM?
    - Who could promote our study among venue owners and managers?
    - Who could promote our study among MSM community leaders, service providers, and advocates?

- What is the best way for us to gain support for our study?
  - What is the best way for us to gain support from the MSM community?
  - What is the best way for us to gain support from *[specific sub-population]* MSM?
  - What is the best way for us to gain support from venue owners and managers?
  - What is the best way for us to gain support from MSM community leaders, service providers, and advocates?

- What study findings would be beneficial to you or your organization?
  - Are there any key HIV risk or prevention topics among MSM that we should explore with local questions?

Developing marketing materials

- Which marketing strategies (e.g., flyers, posters, gay media, social media) would be most effective at reaching the MSM community?
  - Which marketing strategies would be most effective at reaching *[specific sub-population]* MSM?

- Which marketing messages would be most effective at encouraging MSM to participate in our study?
  - Which marketing messages would be most effective at encouraging *[specific sub-population]* MSM to participate in our study?

Establishing collaborations

- Does your program or organization conduct prevention outreach or research among MSM at venues in *[project area]*?
  - If yes, how can we coordinate our activities so that we are not operating in the same venues at the same time?

A.4 Identifying and Addressing Barriers to Survey Participation

Whenever a primary data source identifies a barrier to survey participation, project sites should follow-up and ask the source to propose a solution to overcome that barrier.

General

- What are the barriers to MSM participating in our survey or testing for HIV?

- Are there any barriers to survey participation that are specific to MSM sub-populations (e.g. young MSM or racial and ethnic minority MSM)?

  (This question is particularly important if any MSM sub-populations were underrepresented in previous NHBS-MSM cycles.)

- Are there any barriers to survey participation that are specific to certain types of venues?

Staffing

- What criteria should we consider when hiring study staff to work with the MSM community?

- What are the characteristics of the ideal interviewer for this project?

- What are the characteristics of the ideal recruiter for this project? (The recruiter is the staff member who approaches men at the venues and invites them to participate in the study.)

Recruitment messages

- Our recruiters plan on using this script to invite MSM to participate in the study. *[Show recruiter script.]*

  – Do you think this script will be effective at encouraging MSM to participate in the study?

  – Do you have any suggestions for improving the script?

Incentives

- We will give eligible participants an incentive for completing the survey and another incentive for taking the HIV test. The survey takes approximately 40 minutes to complete and the HIV test, 20 minutes. What would be the appropriate incentive amounts for each?

- What type of incentive (e.g., cash, Visa gift card, retail gift card) would be most acceptable to the MSM who participate in our study?

HIV testing

- What are the perceptions of HIV testing in the MSM community?

  – Is there stigma or fear about being tested?

  – What are the barriers to being tested in a venue?

  – What are the barriers to using *[testing method]* HIV tests?

  – Would MSM avoid participating in the study if HIV testing is offered?

- What are the perceptions of HIV-positive persons in the MSM community?
  - Is there stigma or fear about disclosing an HIV-positive status?

HIV apathy and research fatigue

- What challenges have you encountered when working with the MSM community (e.g., trust, participation rates, HIV testing, incentives, community support)?
  - How do you think these challenges will affect the success of our study?
  - Can you offer any solutions for overcoming these challenges?
- How can we foster trust among the MSM community?
  - Does the MSM community perceive researchers, or other community outsiders, differently?
- How can we motivate MSM to participate in our study?
- *For sites that plan on offering additional tests:* In addition to the HIV test, we plan on offering *[types of tests]*.
  - How will these tests be perceived by the MSM community?
  - Will these tests present a barrier to participation in our study or will they motivate MSM to participate?

Appendix B   Count Form and Instructions

B.1 Count Form

A model Count Form is shown below. The actual form can be printed or modified using the Word file named **Appendix B – Count Form.docx**.

Count Form

Section 1 – For Type 1 and Type 2 Enumerations

Venue: _____

Counter: _____

Enumeration Type: 1   2

Date: _____ / _____ / _____

Start Time: _____ : _____   AM   PM

End Time: _____ : _____   AM   PM

Enumeration Period: _____ minutes

Count: _____

Standardized Count: _____

Section 2 – For Type 2 Enumerations

Number Interviewed: _____

Number Eligible: _____

Eligible Percent: _____

Eligible Count: _____

Formulas for Calculations

Enumeration Period = End Time – Start Time

Standardized Count= (Count X 240 minutes) / Enumeration Period

Eligible Percent= Number Eligible / Number Interviewed

Eligible Count= Standardized Count X Eligible Percent

Project sites can use the information collected on the Count Form, such as the Eligible Percent and the Eligible Count, to assess their venues for eligibility and accessibility. The Eligible Percent is the proportion of men interviewed at the venue who meet the eligibility criteria for participation in NHBS-MSM and the Eligible Count is an estimate of the number of eligible men who are expected to attend the venue during a 4-hour period. The Eligible Percent can help sites determine if a venue can be classified as an *eligible* venue because 50% or more of the male attendees are eligible to participate in NHBS-MSM, while the Eligible Count can help sites decide whether a venue should be classified as an *accessible* venue because a sufficient number of eligible men attend the venue to make it worthwhile to conduct recruitment events there.

B.2 Instructions

Section 1

Project sites should complete Section 1 of the Count Form for both Type 1 and Type 2 Enumerations. The information needed for each data field in the section is described below.

Venue. The name of the venue where the enumeration is being conducted.

Counter. The name of the staff member responsible for counting male venue attendees.

Enumeration Type. Whether a Type 1 or Type 2 Enumeration is being conducted.

Date. The month, day, and year that the enumeration is being conducted.

Start Time. The hour and minute that the counter is *ready* to begin counting male venue attendees. The Start Time will likely occur before the first attendee is counted.

End Time. The hour and minute that the counter is *instructed* to no longer count male venue attendees. The End Time may occur after the last attendee is counted.

Enumeration Period. The total number of minutes that counting occurs. The Enumeration Period is usually between 30 and 60 minutes, and is calculated by subtracting the Start Time from the End Time. For example, if the Start Time is 8:10 PM and the End Time is 8:50 PM, then the Enumeration Period = (8:50 PM − 8:10 PM) = 40 minutes.

Count. The total number of men who appear $\geq$ 18 years of age who enter the venue and are counted during the Enumeration Period.

Standardized Count. The estimated number of men who are expected to attend the venue during a 4-hour period. The Standardized Count is calculated by multiplying the

count by 240 minutes (the number of minutes in 4 hours) and then dividing the product by the Enumeration Period. For example, if 20 men are counted during a 40-minute Enumeration Period, the Standardized Count = (20 men) X (240 minutes) / (40 minutes) = 120 men. An estimated 120 men are therefore expected to attend the venue during a 4-hour period.

Section 2

Project sites should only complete Section 2 of the Count Form for Type 2 Enumerations. Some of the information needed for this section must be obtained from the Interview Form(s) used during the enumeration (see **Appendix C** of this manual). Each data field in the section is described below.

Number Interviewed. The total number of men who completed brief eligibility interviews during the Enumeration Period. This number must be obtained from the Interview Form(s).

Number Eligible. The total number of men interviewed during the Enumeration Period who meet the eligibility criteria for participation in NHBS-MSM. This number must also be obtained from the Interview Form(s).

Eligible Percent. The proportion of men interviewed during the Enumeration Period who meet the eligibility criteria for participation in NHBS-MSM. The Eligible Percent is calculated by dividing the Number Eligible by the Number Interviewed. For example, if 12 men are interviewed and 9 meet the eligibility criteria, then the Eligible Percent = (9 eligible men interviewed) / (12 men interviewed) = 75% eligible. Since 75% of the men interviewed are eligible to participate in NHBS-MSM, one can estimate that 75% of the men attending the venue are eligible to participate as well.

Eligible Count. The estimated number of eligible men who are expected to attend the venue during a 4-hour period. The Eligible Count is calculated by multiplying the Standardized Count by the Eligible Percent. For example, if the Standardized Count is 120 men and the Eligible Percent is 75%, then the Eligible Count = (120 men) X (75% eligible) = 90 eligible men. An estimated 90 eligible men are therefore expected to attend the venue during a 4-hour period.

Appendix C   Interview Form and Instructions

C.1 Interview Form

A model Interview Form is shown on the next page. The actual form can be printed or modified using the Excel file named **Appendix C – Interview Form.xlsx**. During Type 2 Enumerations, the Interview Form should be used to collect the participants' responses to their brief eligibility interviews. At the end of the enumeration, the number of men who completed an interview and the number of men who meet the eligibility criteria for participation in NHBS-MSM should be tallied and recorded on the Count Form (see **Appendix B** of this manual).

C.2 Instructions

Enumeration data

Project sites should complete the data fields on the Interview Form that identify the enumeration being conducted. The information needed for each field is described below.

Venue. The name of the venue where the enumeration is being conducted.

Interviewer. The name of the staff member who conducts the brief eligibility interviews.

Date. The month, day, and year that the enumeration is being conducted.

Page. The page number for each Interview Form used by an interviewer. Each interviewer should circle "1" for the first form used, "2" for the second form used, and so on for as many forms as the interviewer uses during the enumeration.

Interview data

Project sites should record the participants' responses to their brief eligibility interviews in the table on the Interview Form. Each column of the table corresponds to a different interview question and each row represents a different participant. The text of the interview questions and the instructions for recording the participants' responses are listed below. If a participant refuses to answer a question or does not know the answer to a question, the interviewer should circle or record "U" (unknown) for that question.

Age. Question asked: *What is your age?* The interviewer should record the participant's age in the data field. If the participant is < 18 years of age, the interviewer should end the interview and thank the participant for his time.

Interview Form

Venue: _____ Interviewer: _____ Date: _____ / _____ / ___

#	Age	Gender				Race/Ethnicity						MSA Resident			Sex with a Woman			Sex with a Man			Completed Interview		Eligible	
1		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
2		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
3		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
4		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
5		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
6		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
7		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
8		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
9		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
10		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
11		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
12		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
13		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
14		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N
15		M	F	T	U	A	B	H	N	W	U	Y	N	U	Y	N	U	Y	N	U	Y	N	Y	N

Page (circle one):   1   2   3   4   5

Gender. Question asked: *Do you consider yourself to be male, female, or transgender?* The interviewer should circle "M" for male, "F" for female, or "T" for transgender.

Race/Ethnicity. This question is optional but may be useful if a project site is assessing the demographic characteristics of venue attendees. Question asked: *What is your race or ethnicity?* The interviewer should circle "A" for Asian, Native Hawaiian, or Pacific Islander; "B" for Black or African-American; "H" for Hispanic or Latino; "N" for American Indian or Alaskan Native; or "W" for White. Multiple responses may be selected for this question.

MSA Resident. Question asked: *Do you live in the [project city] area?* The interviewer should circle "Y" for yes or "N" for no.

Sex with a Woman. Question asked: *Have you ever had sex with a woman?* The interviewer should circle "Y" for yes or "N" for no.

Sex with a Man. Question asked: *Have you ever had sex with a man?* The interviewer should circle "Y" for yes or "N" for no. This is the last question asked of participants. After the interviewer has recorded the participant's response, the interviewer should indicate that the interview is over, ask the participant if he has any questions, and thank the participant for his time.

Completed Interview. The interviewer should circle "Y" for yes if all the questions in the brief eligibility interview are *asked* (even if the participant refuses to answer a question or does not know the answer to a question) or if the interview has to be terminated because the participant is < 18 years of age. The interviewer should circle "N" for no if the interview has to be terminated for any other reason and all the questions are *not asked*. At the end of the enumeration, the "Y" (yes) responses to the Completed Interview question on all the Interview Forms used during the enumeration should be tallied and the total recorded in the Number Interviewed field on the Count Form.

Eligible. To help the interviewer determine whether the participant is eligible for NHBS-MSM, the responses that meet the eligibility criteria are highlighted on the Interview Form. The interviewer should circle "Y" for yes if the participant is ≥ 18 years of age, is male, lives in the project area, *and* has ever had sex with a man. The interviewer should circle "N" for no if the participant is < 18 years of age, is not male, does not live in the project area, *or* has never had sex with a man. At the end of the enumeration, the "Y" (yes) responses to the Eligible question on all the Interview Forms used during the enumeration should be tallied and the total recorded in the Number Eligible field on the Count Form.

Appendix D   Implementation Timeline

A model Implementation Timeline is shown below. The actual form can be modified using the Excel file named **Appendix D – Implementation Timeline.xlsx**.

Task	2013 December	2014 January	February	March	April	May	June
Develop Implementation Timeline		▒					
Submit Implementation Timeline		1/10					
Prepare IRB package	▒						
Submit IRB package		1/2					
Obtain IRB approval			2/17				
Review secondary data	▒	▒					
Write Secondary Data Report			▒				
Submit Secondary Data Report			2/14				
Collect primary data			▒	▒			
Write Primary Data Report					▒		
Submit Primary Data Report					4/4		
Identify and assess venues	▒	▒	▒	▒	▒		
Create Venue Universe	▒	▒	▒	▒	▒		
Submit Venue Universe					4/17		
Enter venue data in VDTS Program			▒	▒	▒	▒	
Create initial recruitment calendar						5/15	
Submit initial recruitment calendar						5/16	
Complete Operations Checklist						▒	
Submit Operations Checklist						5/19	
Hire field staff				▒	▒		
Train field staff						▒	
Start survey data collection							6/1

Appendix E   Shells for Tables 1 to 5

As described in **Section 8.3** of this manual, the Secondary Data Report must include the following five tables:

> **Table 1. Characteristics of the adult population**
>
> **Table 2. New HIV diagnoses among adults**
>
> **Table 3. New HIV diagnoses among MSM**
>
> **Table 4. HIV diagnoses and HIV prevalence among MSM**
>
> **Table 5. Characteristics of MSM in previous NHBS cycles**

Shells for the five tables are illustrated on pages 57 to 61. The Excel file **Appendix E – Tables 1 to 5.xlsx** contains the actual table shells which project sites can modify if necessary and then complete with the required data. The data source for each of the five tables is listed below.

Table	Data Source
1	Census Bureau (including American Community Survey) and other population-based surveys
2	HIV Surveillance System
3	HIV Surveillance System
4	NHBS-MSM1, NHBS-MSM2, NHBS-MSM3, and any other local HIV prevalence studies among MSM
5	NHBS-MSM1, NHBS-MSM2, and NHBS-MSM3

Table 1. Characteristics of the adult population in *[principal city, metropolitan statistical area (MSA), or MSA Division], [data source], [year]* *

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

NOTE: The proportions in the table are column percentages.

*Indicate the project area, the source of the data, and the year the data were collected.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes.

***If the data are available.

Table 2. New HIV diagnoses among adults in *[principal city, metropolitan statistical area (MSA), or MSA Division],* **by selected characteristics, HIV Surveillance System, 2008-12***

CHARACTERISTIC**	Female N (%)	Male N (%)	Total N (%)
Race/Ethnicity			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic			
White			
Multiple			
Age group (years)			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 59			
≥ 60			
Country of birth			
United States			
Other			
[Geographic variable (e.g., county, district, or neighborhood)]* **			
[Selected categories…]			
Highest level of education completed***			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
Annual household income***			
$0 – $19,999			
$20,000 – $39,999			
$40,000 – $74,999			
≥ $75,000			
Transmission category			
Male-to-male sexual contact			
Injection drug use (IDU)			
Heterosexual contact			
Male-to-male sexual contact and IDU			
Other			
TOTAL			

NOTE: The proportions in the table are column percentages.

*Indicate the project area.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes.

***If the data are available.

Table 3. New HIV diagnoses among MSM in *[principal city, metropolitan statistical area (MSA), or MSA Division],* **by selected characteristics, HIV Surveillance System, 2008-12***

CHARACTERISTIC**	N (%)
Race/Ethnicity	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Pacific Islander	
Black	
Hispanic	
White	
Multiple	
Age group (years)	
18 – 19	
20 – 24	
25 – 29	
30 – 34	
35 – 39	
40 – 44	
45 – 49	
50 – 59	
≥60	
Country of birth	
United States	
Other	
[Geographic variable (e.g., county, district, or neighborhood)] ***	
[Selected categories…]	
Highest level of education completed*	
< High school	
High school diploma or equivalent	
Some college or technical degree	
College degree or post-graduate education	
Annual household income*	
$0 – $19,999	
$20,000 – $39,999	
$40,000 – $74,999	
≥ $75,000	
TOTAL	

  NOTE: The proportions in the table are column percentages.
   *Indicate the project area.
  **Categories may be modified as necessary based on the data available or collapsed due to small cell sizes.
***If the data are available.

Table 4. HIV diagnoses and HIV prevalence among MSM in previous NHBS cycles and *[other local studies]* in *[principal city, metropolitan statistical area (MSA), or MSA Division],* by selected characteristics*

CHARACTERISTIC**	NHBS-MSM1***		NHBS-MSM2		NHBS-MSM3		Other Study [dates]	
	N (%)	HIV Prevalence	N (%)	HIV Prevalence	N (%)	HIV Prevalence	N (%)	HIV Prevalence
Race/Ethnicity								
American Indian/Alaska Native								
Asian								
Native Hawaiian/Pacific Islander								
Black								
Hispanic								
White								
Multiple								
Age group (years)								
18 – 19								
20 – 24								
25 – 29								
30 – 34								
35 – 39								
40 – 44								
45 – 49								
50 – 59								
≥ 60								
Country of birth								
United States								
Other								
[Geographic variable (e.g., county, district, or neighborhood)]								
[selected categories…]								
Highest level of education completed								
< High school								
High school diploma or equivalent								
Some college or technical degree								
College degree or post-graduate education								
Annual household income								
$0 – $19,999								
$20,000 – $39,999								
$40,000 – $74,999								
≥ $75,000								
TOTAL								

NOTE: The numbers in the table are the numbers of confirmed HIV+ participants and the proportions are column percentages. HIV prevalence is the number of confirmed HIV+ participants divided by the number of participants with a final HIV test result.

*Indicate the project area and the source of the data from any other local studies.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes.

***If the data are available.

Table 5. Characteristics of MSM in previous NHBS cycles in *[principal city, metropolitan statistical area (MSA), or MSA Division]*

CHARACTERISTIC**	NHBS-MSM1 N (%)	NHBS-MSM2 N (%)	NHBS-MSM3 N (%)
Race/Ethnicity			
American Indian/Alaska Native			
Asian			
Native Hawaiian/Pacific Islander			
Black			
Hispanic			
White			
Multiple			
Age group (years)			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 59			
≥ 60			
Country of birth			
United States			
Other			
***[Geographic variable (e.g., county, district, or neighborhood)]* ***			
[selected categories…]			
Highest level of education completed			
< High school			
High school diploma or equivalent			
Some college or technical degree			
College degree or post-graduate education			
Annual household income			
$0 – $19,999			
$20,000 – $39,999			
$40,000 – $74,999			
≥ $75,000			
TOTAL			

NOTE: The proportions in the table are column percentages.

*Indicate the project area.

**Categories may be modified as necessary based on the data available or collapsed due to small cell sizes.

***If the data are available.

Appendix F   Venue Universe

The Venue Universe is described in **Chapter 5** of this manual and the required variables are outlined in **Section 8.5**. A model Venue Universe is shown divided in two halves on the next page. The Excel file **Appendix F – Venue Universe.xlsx** contains the actual model universe which project sites can modify to meet their local needs.

In the model Venue Universe, all of the fields have been completed for illustrative purposes. However, project sites should only complete the fields needed to determine the eligibility and accessibility of each venue. For example, if sites determine that a venue is not eligible (i.e., < 50% of the men attending the venue are eligible to participate in NHBS-MSM), they do not need to collect the venue characteristics needed to assess the venue for accessibility. Similarly, once sites have sufficient information to determine that a venue is not accessible (i.e., it is not logistically feasible to conduct recruitment events at the venue), they do not need to collect the hours of operation or any of the additional venue characteristics typically needed to assess a venue for accessibility.

Venue Universe (1st Half):

Category	Name	Website	Address	Management Contact	Phone	E-mail	Hours of Operation	Maximum Occupancy	Attendee Characteristics		
									≥ 50% Eligible MSM	Age	Race/ethnicity
Bars	Juniors	www.juniorsbar.com	112 Peachtree ST	John Doe	404-637-8746	jdoe@juniorsbar.com	Sun-Thur Noon-Midnight Fri-Sat Noon-2 AM	250	Yes	< 30	All
Cafes/Restaurants	Starbucks	NA	280 Peachtree CT	Jane Doe	404-456-7324	NA	Sun-Sat 6 AM-10 PM	50	No	All	All
Dance Clubs	Primal	www.primaldance.com	80 Peachtree HWY	Moe Doe	404-347-8972	moed@gmail.com	Sun 9 PM-2 AM	500	Yes (Sundays)	<30	Mostly African-American
Parks/Beaches	Southside Park	NA	Peachtree BLVD & Peachtree Way	NA	NA	NA	Sat-Sun 11 AM-6 PM	NA	Yes	All	All
Sex Environments	Northside Park	NA	Peachtree PKWY & Peachtree DR	Sergeant Pepper 8th Precinct	404-567-7600	spepper@citypd.gov	Sun-Sat 10 PM-2 AM	NA	Yes	Middle Age	Mostly White

Venue Universe (2nd Half):

Category	Name	Venue Characteristics								Eligible Venue	Accessible Venue	Comments
		Safety Concerns	Management Approval	Sufficient Attendance	Barriers to Recruiting	Barriers to Interviewing	Barriers to HIV Testing	Parking	High Attendance Days & Times			
Bars	Juniors	No	Yes	Yes	No	No	No	Yes	Wed-Thur 7 PM-11 PM Fri-Sat 10 PM-2 AM	Yes	Yes	
Cafes/Restaurants	Starbucks	No	Yes	Yes	No	No	No	Yes	Mon-Fri 7 AM-10 AM	No	NA	Large proportion of non-MSM
Dance Clubs	Primal	No	Yes	Yes	No	No	No	Yes	Sun 11 PM-2 AM	Yes	Yes	Gay night on Sundays
Parks/Beaches	Southside Park	No	NA	Yes	No	No	No	Yes	Sat-Sun Noon-4 PM	Yes	Yes	MSM sunbathe in park on weekends
Sex Environments	Northside Park	Yes	NA	Yes	No	No	No	Yes	Fri-Sat 11 PM-1 AM	Yes	No	High rates of violent crime after dark

NA= Not applicable.