



# A final proposal for a European community health worker survey (ECHOES) (D6.2)

**Contract 2015 71 01** A behavioural survey for HIV/AIDS and associated infections and a survey and tailored training for community based health workers to facilitate access and improve the quality of prevention, diagnosis of HIV/AIDS, STI and viral hepatitis and health care services for men who have sex with men (MSM).



Prepared by: University of Brighton, Brighton, UK

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Consumers, Health, Agriculture and Food Executive Agency  
Unit: Health Unit - B

*Contact:* Chafea

*E-mail:* CHAFEA@ec.europa.eu

*European Commission*

*L-2920 Luxembourg*

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Consumers, Health, Agriculture and Food Executive Agency  
Health Programme 2014-2020, 2015 AWP priority 4.1.3.

July 2017

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## About this report

This report was prepared as part of the ESTICOM (European Surveys and Training to Improve MSM Community Health) Project, which is a three year project from September 2016 to August 2019 funded by the Consumers, Health, Agriculture and Food Executive Agency (Chafea) of the European Commission. The ESTICOM Project involves nine European organisations under a consortium led by the Robert Koch Institute (RKI) in Berlin, Germany.

The purpose of the ESTICOM project is to strengthen the community response and raise awareness about the persisting legal, structural, political and social barriers hindering a more effective response to the syndemics of HIV, hepatitis viruses B and C, and other sexually transmitted infections (STI) among gay, bisexual and other men having sex with men (MSM). To achieve this purpose, the consortium will deliver on three inter-linked projects or objectives over the next three years:

- **Objective 1:** A European online survey of gay, bisexual and other MSM (**EMIS 2017**);
- **Objective 2:** A European online survey of community health workers (CHW) who provide sexual health support in a community setting directly to gay, bisexual and other MSM (**ECHOES**);
- **Objective 3:** Development and piloting of a training programme for MSM-focused CHW to be adaptable for all EU countries.

This report falls under Objective 2 which is built on four Work Packages (WP): a review of CHW knowledge, attitudes and practices relating to the sexual health of gay, bisexual and other MSM, including existing surveys and training materials (WP5); a CHW online survey design (WP6); promotion and execution of the survey (WP7) and; an analysis and survey report (WP8). The tender specification for this report (Work Package 6) was outlined as follows:

**Work Package 6:** To develop a questionnaire that will assess the knowledge, attitudes and practices of community-based health workers (CHW) providing sexual health services to gay men, bisexual men and other MSM.

This report was written and prepared by members of Work Package 6:

- **Dr Nigel Sherriff** and **Professor Jörg Huber** (School of Health Sciences, University of Brighton);
- **Dr Nick McGlynn** (School of Environment and Technology, University of Brighton);
- **Dr Carrie Llewellyn** (Brighton and Sussex Medical School, University of Sussex).

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## Table of Contents

About this report .....	4
Acknowledgements .....	5
List of figures .....	7
List of tables .....	7
Abbreviations .....	7
1. Introduction .....	8
1.2 Aim and structure of the report .....	8
2. Methods .....	9
2.1 Brief scoping exercise (M1-M2 / Sept-Oct 2016).....	9
2.2 Development of conceptual map and logic model (M3 / Nov 2016) .....	9
2.3 Questionnaire design (M0-M11 / Aug 2016-Jul 2017).....	11
2.4 Pre-testing (M6-M7 / Feb-Mar 2017).....	12
2.4.1 Pre-testing methodology (stage 1).....	12
2.4.2 Pre-testing key findings and amendments.....	13
2.5 Cognitive Debriefing Interviews (M8 / May 2017) (stage 2) .....	14
2.5.1 Cognitive debriefing interview methodology .....	14
2.5.2 Cognitive debriefing interviews key findings and amendments.....	15
2.6 Online piloting (M9 / May 2017) (stage 3) .....	17
2.6.1 Online pilot methodology .....	17
2.6.2 Online piloting initial demographic findings and amendments .....	17
2.6.3 Online piloting standardised question testing and initial findings .....	23
2.6.4 Online piloting initial superordinate practice domain findings and amendments .....	26
2.7 Conclusion on methods used to develop ECHOES and pilot findings .....	29
3. Proposal for a European Community Health Worker Survey .....	30
3.1 Final survey - ECHOES .....	30
3.3 Launch and post-launch maintenance .....	33
References.....	34
Appendix A: Cognitive Debriefing Interview Participant Information Sheet .....	36
Appendix B: Cognitive Debriefing Interview Consent Form .....	39
Appendix C: Cognitive Debriefing Semi-Structured Interview Schedule.....	40
Appendix D: Invitation to take part in online piloting.....	41
Appendix E: Comments on pre-pilot following survey completion (n=24).....	43
Appendix F: Proposal for a European online survey of community health workers (CHW) who provide sexual health support in a community setting directly to gay, bisexual and other MSM (ECHOES) .....	45

## List of figures

Figure 1. The ECHOES survey logic model.....	11
Figure 2. Frequency of location by country.....	19
Figure 3. Employment status of CHWs.....	22
Figure 4. Number of CHWs involved in superordinate practice domains. ....	26
Figure 5. Time allocation to superordinate practice domains as a percentage of overall time involved in these activity practices (mean + SD). ....	27
Figure 6. Time allocation (%) to superordinate domains by European region.....	27
Figure 7. Number of CHWs involved in a range of prevention practices. ....	28
Figure 8. Number of CHWs involved in a range of screening and testing practices. ....	28
Figure 9. Number of CHWs involved in a range of treatment practices. ....	29

## List of tables

Table 1. CHW Job Titles.....	21
Table 2. Years working as a CHW .....	22
Table 3. Overview of scales: reliability (Cronbach's alpha), observations and findings. ....	25

## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BSMS	Brighton and Sussex Medical School
Chafea	Consumers, Health, Agriculture and Food Executive Agency
CHW	Community Health Worker
CPD	Continued Professional Development
ECHOES	European Community Health Worker OnlinE survey
EMIS	European online survey among gay, bisexual and other MSM
ESTICOM	European Surveys and Training to Improve MSM community health
HBV	Hepatitis B Virus
HCP	Health Care Providers
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MS	Member States
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
PEP	Post-Exposure Prophylaxis
PLWHA	People Living With HIV/AIDS
PoCT	Point of Care Testing
PrEP	Pre-Exposure Prophylaxis
STI	Sexually Transmitted Infections
UoB	University of Brighton
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WP	Work Package

## 1. Introduction

The overarching task of WP6 is to develop an online survey for people who currently provide sexual health support in community settings directly to gay, bisexual and other men who have sex with men (MSM). Sexual health support in ECHOES includes services related to HIV/STI and/or viral hepatitis (Hep B & C), and other issues which can affect or influence sexual health.

To achieve this, a number of key tasks were identified:

- **A scoping exercise** examining any existing surveys (if available) used to address CHWs providing sexual health services for MSM including questionnaires focusing on outreach workers and community based VCT services for HIV/AIDS, STIs, and viral hepatitis;
- Development of a proposal for a **European CHW survey** (D6.1);
- **Pre-testing** of the initial draft online survey aligned with WP2 (using demographix.com) in English, including a detailed consultation with ESTICOM contacts and an online pre-pilot survey;
- **Cognitive debriefing interviews** to identify comprehension issues and improve the clarity, intelligibility, accessibility and acceptability of the online survey;
- An **online pilot** of a revised draft online survey, including item analysis to test the usefulness of data items;
- Creation of a **final version** of the European Community Health Worker Online Survey (ECHOES) for approval by the Contracting Authority (D6.2);
- Coordinated (with WP2) **online translation** via demographix.com into relevant EU/EEA languages.

ECHOES has been developed by colleagues working at the University of Brighton in the UK, in collaboration with the ESTICOM Consortium and the wider extended network.

### 1.2 Aim and structure of the report

The aims of this brief report are to provide insight into the development of ECHOES since the version submitted as D6.1; and to present a final proposal for ECHOES, as an online survey for people who currently provide sexual health support in community settings directly to gay, bisexual and other men who have sex with men (MSM).

The report comprises three main Sections including this introduction (Section One). Section Two provides detail of the methods utilised in the development of the ECHOES survey since D6.1. Section Three summarises the ECHOES survey and details how it meets the tender agreement. This section also provides the next steps we propose for the translation and launch of ECHOES. A paper version of the final proposed ECHOES survey is included as Appendix F, pending approval by the Contracting Authority.



## 2. Methods

This section outlines the steps taken to develop the ECHOES survey, the final version of which is presented as Appendix F of this report. For full transparency, Subsections 2.1 to 2.4 of this Section replicate information provided in the previous report D6.1, with some additions for additional clarity in this final report. Subsections 2.5 to 2.8 present further steps taken since D6.1 in developing the final version of the ECHOES survey.

### 2.1 Brief scoping exercise (M1-M2 / Sept-Oct 2016)

Within the ESTICOM tender specification for Objective 2, the four work packages (WPs) were designed to complement and inform, and be informed by, each other. For WP6 this meant that ideally the activities and outcomes of WP5 should be available to inform the design of the survey. WP5 aimed to review CHW knowledge, attitudes and practices relating to the sexual health of gay, bisexual and other MSM, including behaviour and lifestyle factors, and the situation with regards to HIV/AIDS, STI, and viral hepatitis in the EU and neighbouring countries (see Folch *et al.*, 2017).

Due to project timelines this meant that WP5 output was only finalised once a draft version of the ECHOES survey was already available for pre-testing, an additional review was conducted by the WP6 team in order to begin the survey development activities and to determine 1) a working definition of CHW for European contexts, and 2) explore any existing CHW surveys in Europe and elsewhere.

Findings from the WP6 scoping activities were broadly in line with the findings of WP5 showing a lack of both peer reviewed and grey literature on CHWs involved in providing sexual health support aimed at gay, bisexual and other MSM in Europe. Moreover, it was clear that the term CHW is not one used routinely across Europe and is more commonly used in the United States and in many African countries. Therefore, this means that close attention will need to be paid during the marketing and promotion of the ECHOES survey (WP7) to ensure it reaches the 'right' people needed to complete it.

### 2.2 Development of conceptual map and logic model (M3 / Nov 2016)

In parallel to the scoping activities above, following the project kick-off meeting (September 2016), work commenced on developing the conceptual map informed by the findings of the WP6 scoping exercise. During this time, within Objective 2 it was agreed to arrange an additional meeting in Berlin (hosted by Deutsche AIDS-Hilfe) during October 2016 in order to finalise a CHW working definition (from WP6 scoping and WP5 scoping), and agree and define the conceptual map for the CHW survey.

Prior to the meeting a brief online survey using Survey Monkey was sent by WP6 to Objective 2 colleagues in order to collate their views as experts on a number of issues including<sup>1</sup>: screening (who to include/exclude), the relative importance of different

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1 [www.surveymonkey.de/r/CHW\\_concept\\_map](http://www.surveymonkey.de/r/CHW_concept_map)

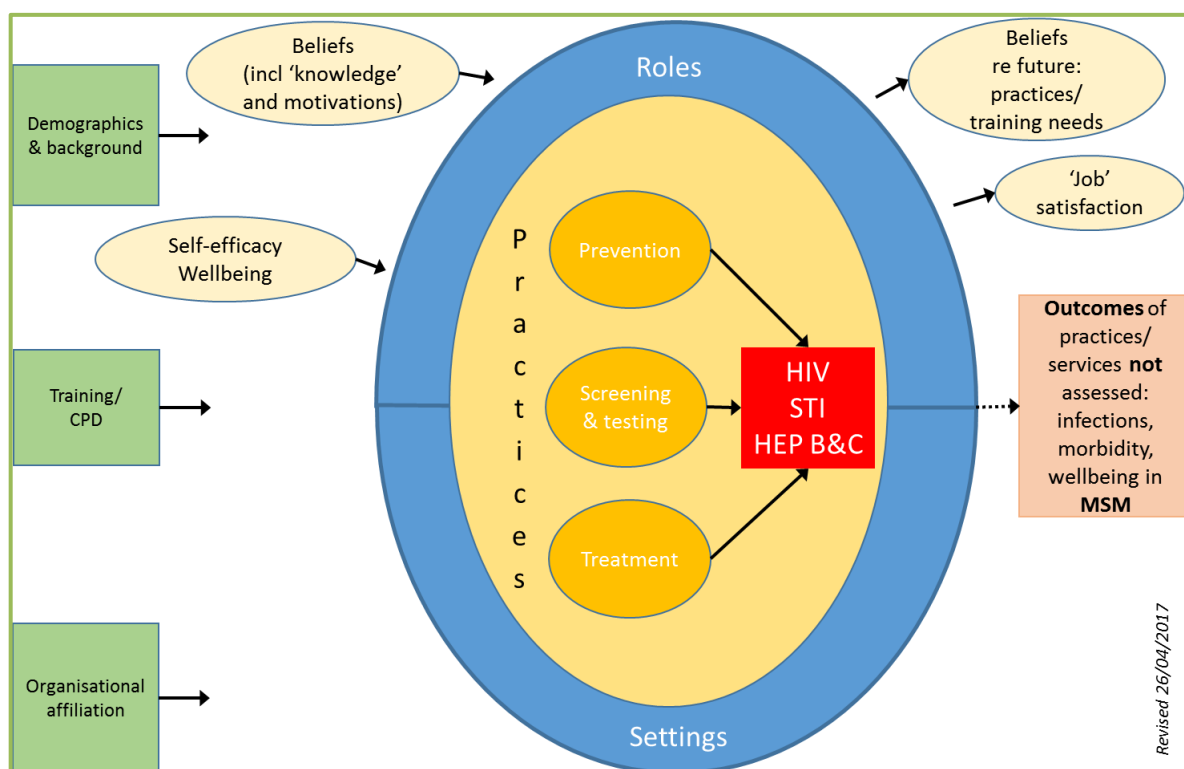
proposed areas of interest for the CHW survey (demographics, CHW activities/roles, settings, motivations, attitudes, knowledge, barriers, CHW development and support, training needs, and open text to propose any additional area), as well as estimates of the extent of data to be collected. Findings of this short survey were presented briefly during the Berlin meeting as an aide to consider and come to broad consensus on the main topic areas via discussion and note-taking, and achieved a good level of consensus, acceptability and prioritisation.

In terms of a working definition it was agreed that in ECHOES the following definition would be used:

Community Health Workers (CHWs) are known by a variety of titles including outreach worker, volunteer, health promoter, peer educator, community health advisor etc., so wherever you see the term 'Community Health Worker' (or 'CHW') in the survey, we mean:

*"Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other Sexually Transmitted Infections (STIs) to gay, bisexual and other men who have sex with men (MSM). A CHW delivers health promotion or public health activities in community settings (non-clinical)."*

With regards to the conceptual map, a first draft was produced for the Berlin meeting as per the project timeline (M3: Creation of conceptual map and consensus on core themes reviewed by the Consortium partners prior to further questionnaire development), and then revised subsequently. A third iteration was developed further during January 2017, later transforming to become the survey logic model (see Figure 1).



**Figure 1.** The ECHOES survey logic model

The ECHOES logic model is informed broadly by ideas coming from the theory of planned behaviour (Ajzen, 1991; Ajzen & Fishbein, 1980) and other conceptual frameworks such as the health belief model (Becker & Maimon, 1975) both used widely in health psychology, public health and health promotion. Figure 1 indicates the key elements to be covered by ECHOES. Practices around prevention, screening and testing, and treatment form the core of the questionnaire. Practices are embedded in roles and settings, and are shaped by beliefs including knowledge and more enduring person characteristics (self-efficacy and wellbeing). Demographics, training and organisational parameters are other factors shaping CHW practices. Experiences of CHWs shape beliefs regarding future and 'job' satisfaction. Ultimate outcomes of CHW practices/services are not assessed as part of the survey as they are out of scope, but may be an important area to consider for a future phase of ECHOES.

### 2.3 Questionnaire design (M0-M11 / Aug 2016-Jul 2017)

Following broad consensus amongst Objective 2 partners on the CHW working definition and conceptual map for the ECHOES survey, it was agreed that there would be five overall aims of the ECHOES survey, to:

- 1) Assess the knowledge, attitudes and practices of CHWs providing sexual health support in a community setting directly to gay, bisexual and other MSM.

- 2) Understand **who** CHWs in Europe are, **what** they do, **where** they do it, **how**, and **why** they do it.
- 3) Identify **gaps** in CHWs' knowledge and skills, and identify **training needs**.
- 4) **Inform the content, structure and approach** of WP9 which involves the design of CHW **training materials**.
- 5) Identify the **barriers and challenges** to CHWs who provide sexual health support in a community setting.

## 2.4 Pre-testing (M6-M7 / Feb-Mar 2017)

### 2.4.1 Pre-testing methodology (stage 1)

With these five aims in mind, an initial first full draft of the survey was developed by the end of February 2017 (M6) both on paper and online via demographix.com. A pre-testing phase was used to make an initial assessment of ECHOES. The first full draft was used for several small rounds of online pre-piloting and a more detailed consultation exercise with key partners.

The iterative rounds of small scale online pre-piloting were undertaken during February-March 2017 (M6-M7), both informally and internally at UoB/BSMS, as well as externally with CHWs known to the research team. The purpose of these pre-pilots was to test out discrete sections of the questionnaire as they became available, checking for acceptability, completeness, comprehension, phrasing, and ease of use. As part of this process, respondents were asked to attempt to answer the draft sections followed by feedback to add/adapt/delete questions as necessary to make them relevant to the target sample.

Following completion of the series of online pre-tests, a broader consultation exercise was conducted utilising ESTICOM's wider networks. In collaboration with WP2 (Objective 1), the draft ECHOES survey was sent out for its first consultation simultaneously with the second round of consultation for EMIS-2017, on the 24<sup>th</sup> March (M7) 2017. It remained open until 10<sup>th</sup> April (M8) 2017 (16:00 hours UK time). The draft survey was emailed (via Objective 1 coordination team) using MailChimp to 412 unique email addresses of ESTICOM subscribers. The consultation document remains available at <http://sigmaresearch.org.uk/files/ECHOES-draft-questionnaire-for-consultation-22032017.docx>. Participants were asked to download the full draft of the proposed questionnaire, and use the 'Review-Comment' tool (Microsoft Word) to answer the following three questions which we reproduce here verbatim:

- 1) Is there anything crucial that we have not asked which you think should be asked bearing in mind the need for the survey to be reasonably short?
- 2) Whether anything should be removed. Please strikethrough (using the Font menu in Word) those questions which you can live without.
- 3) Are there any questions which you do not understand at all, or you cannot follow? Please highlight the questions or words using colour (again using the Font menu) and add comment in CAPITALS.

On the 6<sup>th</sup> April 2017, a reminder email was sent about the consultation to the whole email list, reminding them that the consultation closed on Monday 10<sup>th</sup> April 2017.

### **2.4.2 Pre-testing key findings and amendments**

Overall, 28 responses to the consultation were received from 18 countries representing 25 organisations including European agencies and national government departments as well as specialist NGOs (e.g. in sexual health, HIV, and LGBTI issues), Checkpoints, Public Health agencies, other organisations (see D6.1 for details). The consultation provided a very clear steer on modifying the ECHOES survey to develop it further for online piloting and finalisation. In responding to the outcomes of the consultation, every nomination for amendment (e.g. cut/add/change), comment, and criticism was considered via the WP6 development team. Respondents identified typos and routing errors which were subsequently rectified. Discussion by the research team led to the de-selection, modification and addition of numerous questions which are listed and discussed below. A full itemised list of responses from the pre-testing consultation exercise is available on request.

#### **a) Race/ethnicity**

The initial version of the survey included a demographic question regarding respondents' self-identified race/ethnicity. At this stage the WP6 team already understood that such questions are extremely difficult to implement in an international European context and especially in translation (Simon 2007, 2011). Respondents agreed that this question was at best unwieldy with problematic categories for multiple European contexts. Having received this feedback, the team temporarily removed this question for further consideration. In consultation with the WP2 research team it was later reintroduced as a routed free text question:

*Q6. Do you consider yourself a member of an ethnic or racial minority in the country you live in?*

*1=No*

*2=Yes*

*[If Q6=2]*

*Q6a. What minority are you a member of?*

*[Free text]*

The WP6 team understands that this may result in additional labour for the WP8 analysis team. However we believe this is justified given a) the importance of identifying CHWs from a minority ethnic background in particular countries, and b) the issues involved in universalising diverse socially constructed racial/ethnic categories.

#### **b) Substance use**

The original survey used the term 'substance misuse'. Four respondents suggested that this was a potentially stigmatising term and that 'substance use' is the preferred term amongst CHWs. Two advised that these questions might be perceived as sensitive or prying. The survey was amended to use the term 'substance use' throughout, and these potentially sensitive questions were moved to the final page of the survey to ensure

respondents did not drop out earlier. These questions were also introduced with new text to remind respondents of the survey's anonymity: *'This final section asks just a few more questions about you. Some might seem quite personal. We are trying to understand how you may be connected to the communities you work with. Remember, all of your answers are anonymous and cannot be traced back to you.'*

### **c) Synergy with D2.2 (EMIS)**

Respondents were keen to ensure synergy between this survey (ECHOES) and ESTICOM's other survey, EMIS-2017, which is targeted at gay, bisexual and MSM throughout Europe. Three noted particular areas where identical questions and data items could be used: language fluency, countries of living/working, and currency. It was also suggested that the term 'EU' be minimised as the remit of the survey goes beyond EU Member States.

To implement these suggestions, the WP6 research team consulted with the WP2 team and altered these respective questions. In place of the term 'EU', the survey was amended to refer to the specific countries included – *'EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia, and Switzerland.'*

### **d) PrEP and PEP**

In the pre-testing survey, data items on Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) were placed in Section 3C (Treatment and/or Support). Respondents advised that although the line was blurry they would usually expect these to be placed under Section 3A (Prevention). The survey was revised in line with this.

## **2.5 Cognitive Debriefing Interviews (M8 / May 2017) (stage 2)**

### **2.5.1 Cognitive debriefing interview methodology**

In slight variation to the original timeline, after revisions from the pre-testing phase were implemented, a small number of cognitive debrief interviews (e.g. Beaty & Willis, 2007) were conducted. The aim of these interviews was to gather a richer evidence base to assess and improve the clarity, intelligibility, accessibility and acceptability of the online survey. Data generated from the interviews was used to further revise the online survey before the wider online piloting (Section 2.6).

Seven participants with experience in CHW work/volunteering or appropriate fields of sexual health were asked to complete the revised draft ECHOES survey online. Participants were all aged at least 18 years of age, able to read and speak English, and without any hearing or cognitive impairment which would impede participation.

Participants were sent a URL link to the draft online survey and asked to complete it as though it were the final version. A cognitive debriefing interview was then conducted and audio recorded within two days of completion. Four interviews were conducted in person, and three by telephone or Skype VOIP software. Each interview took between 30 and 45 minutes. Participants were informed of the project's nature in advance with a participant information sheet (Appendix A), and agreed their participation through a signed consent form (Appendix B).

During the interviews participants were asked about their experiences of completing the online survey. They were also asked to identify words, terms, or concepts that they may not have understood (for the schedule of this semi-structured interview see Appendix C). Participants could also provide direct feedback through a final free-text question in the online survey, and when solicited at the end of the interview. As well as audio recording each interview the researcher took written notes to help identify potential issues. A full itemised list of responses from the cognitive debriefing interviews is available on request.

### **2.5.2 Cognitive debriefing interviews key findings and amendments**

Once the interviews were complete, the interviewing researcher compiled a list of key points to be addressed by the WP6 research team. A particular focus was placed on whether:

- Items were interpreted as intended;
- Sufficient response options were provided;
- The recall period was acceptable;
- Questions were perceived as intrusive; and
- The question asked for relevant information.

A number of additional minor issues were addressed by the interviewer on an item-by-item basis. Some other key points were repeated by multiple respondents. The WP6 research team decided on a consensus basis whether to retain, revise or eliminate items, or revise the survey, based on these key points:

#### **a) CHW Roles**

The cognitive debriefing interviews highlighted that CHWs work in a wide variety of organisations, beyond organisations specialising in gay/bisexual/MSM's sexual health and/or HIV/AIDS. For example, one respondent performed their CHW role as part of their work for an organisation supporting those with learning difficulties. Another performed their CHW role in a student union.

Based on this evidence, the wording of questions and data items throughout the survey was reviewed and revised to ensure that it could capture responses from:

- Those who have a CHW role as part of their wider job;
- Those who volunteer unpaid;
- Those who do not currently have a CHW role but did within the past 12 months, and;
- From those whose CHW role involves gay/bi/MSM as well as those who do not fall into this grouping (e.g. heterosexual men, women, etc).

#### **b) CHW Definition**

As CHW is an unfamiliar term to most, it is imperative that its definition in ECHOES is clear and that respondents can easily identify with it. All seven respondents said that

they found the definition easy to understand, that they intuitively identified with it, and that they believed other CHWs they worked with would also identify with it. Three respondents explicitly said that they were pleased the ESTICOM project was pioneering such an encompassing term. Given the diversity of organisations CHWs can work for (as noted above), the WP6 team saw this as an important positive finding emerging from the pre-testing activities.

### **c) Location of CHW Work**

All participants in the cognitive debriefing interviews raised an issue with a question in Section 1 of ECHOES, which asks respondents about the area they do their CHW work in:

*As a CHW, do you work in...*

*1=A very big city or town*

*2=A big city or town*

*3=A medium-sized city or town*

*4=A small town*

*5=A village / the countryside*

Respondents pointed out that the wording of this question would place a very large city such as London (population ~8.8 million) in the same category as the very large town of Milton Keynes (population ~249,000); while the medium sized city of Brighton & Hove (population ~273,000) would be placed in the same category as the medium-sized town of Haywards Heath (population ~34,000). When asked whether adding approximate population sizes for each item would help, only 1 respondent said that they would know this, and 2 respondents suggested this would make them avoid the question for fear of giving an incorrect answer. Accordingly, the question was revised in the final ECHOES survey with revised categories and simplified population sizes:

*As a CHW, do you work in...*

*1=A village/rural area - up to 5,000 people*

*2=A small town - up to 20,000 people*

*3=A large town/small city - up to 100,000 people*

*4=A medium-sized city - up to 500,000 people*

*5=A big city - more than 500,000 people*

This question differs from that used in EMIS 2017 but variable recoding during the analysis phase will enable data comparison.

### **d) Completion Time**

Respondents took between 15 and 30 minutes to complete the survey. Respondents associated scrolling down individual pages with a perception of length. To minimise the necessity to scroll down during completion, several additional page breaks were added to the survey.



### **e) Potentially Sensitive Questions**

Regarding potentially sensitive questions around sexual and gender identity, HIV testing, and illegal drug use, respondents universally said they felt comfortable answering these questions honestly. However they also agreed that it was appropriate to keep the latter two areas of questioning towards the end of the survey, as respondents may drop out when encountering sensitive questions.

### **f) Positive Feedback**

Overall feedback from participants was very positive, particularly regarding the wording of questions, the breadth of questioning, the appearance, and the careful routing. Three respondents offered their impression that the survey had been designed by experts in both sexual health and LGBT issues. The WP6 research team considered this a valuable justification of design choices made, especially given the diverse CHW backgrounds of the participants. This feedback also confirmed that the coverage of topics in the survey was both appropriate and comprehensive.

## **2.6 Online piloting (M9 / May 2017) (stage 3)**

### **2.6.1 Online pilot methodology**

Following the cognitive debriefing interviews, final adjustments were made to the survey and then transferred onto Demographix for the launch of a second pilot survey. An additional final question for this pilot survey solicited feedback about the ECHOES survey. The aims of the pilot survey were to test the ECHOES survey in its most complete form, and to provide sufficient data for validity checking of particular questions. Subsequent revisions could then be implemented before the survey was submitted for approval by the Contracting Authority via this document (D6.2), and circulated for translation. Recruitment for the pilot test aimed for a sample size of 50 with a spread across European regions; however the pilot would be available in English only. The limited sample size was fixed in order not to exhaust the potential CHW population.

The second pilot survey was opened for responses on the 12<sup>th</sup> June (M9) 2017. It remained open until the predetermined closing date of 20<sup>th</sup> June 2017 (10:00 hours UK time). An invitation to complete the pilot survey (see Appendix D) was emailed using MailChimp, and Consortium partners were also asked to circulate the invitation through their own relevant networks. Reminder emails were sent on June 15<sup>th</sup> and June 19<sup>th</sup>. At the time of closing, the survey had achieved 54 responses.

### **2.6.2 Online piloting initial demographic findings and amendments**

The first analysis of the data from the online piloting explored some of the direct feedback from participants (open-text comments) as well as frequencies on demographics to explore briefly the profile of the sample to check the demographic questions were working well and generating useful data. Some of this initial analysis (but not all) is presented here.

### **a) Direct Feedback**

When asked for any comments at the end of the survey, 44% (n=24) of participants provided responses (see Appendix E). Of these 24, half (n=12) explicitly gave positive feedback such as:

- *"It's a good survey".*
- *"Seems comprehensive...hope it helps"*
- *"Thanks for giving us time to be heard"*
- *"The survey made me think about some areas that I should work on a bit more considering HIV prevention and treatment. It was very useful. I liked the form and all the detail in it."*
- *"Good job, well done! Congrats for the initiative :)"*
- *"Great survey!"*

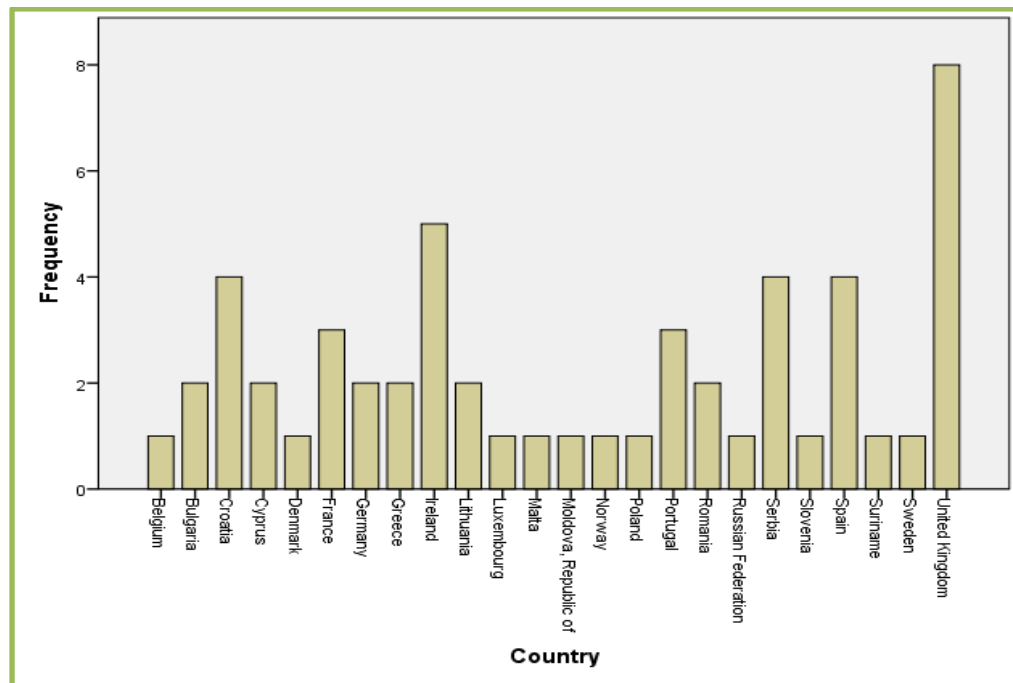
Half (n=12) of those who provided additional comments felt the survey was too long:

- *"Survey is long, there's no denying that, however, I will be interested especially in the results of what connects those working in the area to the people they support. I will be interested to see the findings overall really."*
- *"Too long. I've spent more than 1 hour to do it."*
- *"Very long and sometimes seems a bit repetitive"*
- *"It is a bit too long... But otherwise very good. Thank you!"*
- *"Lengthy survey"*
- *"Way longer than expected :)"*

A number of suggestions and comments were also provided regarding particular additional answer options, question re-phrasing, colour of the status progress bar, additional free text options (e.g. to explain details of CHW work), and the need for the survey to be available in different European languages.

### **c) Source of responses**

The majority of CHWs completed the survey using Windows or Apple desktop PCs (88.9%; n=48) and the remaining proportion using a mobile device (11.1%; n=6). Responses were recorded from 24 different countries within the remit of ECHOES (Figure 2).



**Figure 2.** Frequency of location by country

### e) Age, Gender, Sexual Orientation

CHWs completing the online survey were fairly evenly distributed in terms of age between 25yrs and 63yrs.

Most CHWs identified as men (70.4%; n=38) but a relatively high proportion identified as women (25.9%; n=14) and two identified as non-binary (3.7%; n=2). Of the 52 CHWs who identified as men or women, all reported being assigned this at birth suggesting that none of them were transgender.

Most CHWs identified as being gay (59.3%; n=32) or heterosexual (31.5%; n=17), with 1 CHW identifying as a lesbian (1.9%), 2 as bisexual (3.7%), and 2 reporting that they use another term (3.7%). In terms of 'outness', for those identifying as non-heterosexual the vast majority (85.2%; n=46) reported they were out to all or almost all.

### g) Education

A high proportion of CHWs reported having educational qualifications for which they received a certificate (n=48; 88.9%) and a similar proportion (94.4%) reported that they had a professional, vocational or other work-related qualifications for which they received a certificate. In terms of level, around one half of CHWs reported holding a higher degree (Masters, PhD) or post-graduation qualification (n=30; 55.6), with a further one quarter holding a first degree or equivalent (n=24; 25.9%), 11.1% having a qualification below degree level, and 3.7% other qualification.

These questions were subsequently removed after consultation with the WP2 research team. A replacement question was included:

*Q9. How many years have you spent in full-time education since the age of 16?*

*[drop down list]*

1

2

3

4

5

6

7

8

9

10

More than 10

#### **h) Income**

Similar proportions of CHWs reported that they were currently either living comfortably on their present income (38.9%; n=21) or neither comfortable nor struggling on present income (44.4%; n=24). 11.1% (n=6) reported really struggling on their present income with just 5.6% (n=3) reporting that they were living really comfortably on their present income.

#### **i) Language**

Almost one third of CHWs reported that English was their native/mother tongue (27.8%; n=15). Serbo-Croatian was the next most common mother tongue reported (14.8%/n=8). Almost two thirds those with a non-English mother tongue reported speaking English fluently (64.8%; n=35). The data revealed 5 instances of respondents repeating their mother tongue when answering which other languages they spoke fluently. To minimise the additional recoding labour this would cause for the WP8 analysis team, the question was modified:

*Q12. Aside from your native/mother tongue, which of these most commonly spoken languages do you also speak fluently? (tick all that apply)*

#### **j) CHW Job Titles**

When developing the survey, the WP6 team was aware that the term 'Community Health Worker' is rarely used in Europe. This is evidenced by many anecdotal conversations amongst ESTICOM consortium members, and the fact that the term is not used in scientific literature or advocacy/campaigning materials in Europe. Thus, participants were asked by using free text to answer the following "How would you describe your job title? (e.g. outreach worker, sexual health worker, health promoter, etc.)". The extensive and highly varied range of titles used (see Table 1, below) suggests that the definition of CHW used by ECHOES successfully engages the target population. This supports the findings of the cognitive debriefing interviews (Section 2.5).

Through exploring the findings regarding this question, we noted that the promotion of the pilot using MailChimp, EATG, SIALON II, and ILGA-Europe's networks appears to be reaching CHWs beyond those who work for Checkpoints or HIV/AIDS NGOs. This is a promising finding, and suggests that survey promotion for the main launch would benefit from a myriad of specific strategies to reach CHWs in the various sectors and

organisations hinted at below. This will ensure maximum coverage and variation in the sample, providing the comprehensive picture of CHWs demanded by this research.

**Table 1.** CHW Job Titles

CHW Job Title (alphabetical order)	
Activist or Life Coach or Peer-2-Peer Counsellor	Organizer and host CheckPoint
Community Empowerment Officer	Outreach worker
Community health worker and mobiliser	Outreach worker - VCT counsellor
Community Support Worker	Peer counsellor
Counsellor for VCT, health promoter	Peer educator
Counselling volunteer	Prevention worker
Counsellor or peer to peer worker	Psychologist, VCT counsellor
Health promoter	Scientific officer
Health Promotion	Sexual health counsellor
Health Promotion Practitioner	Sexual health nurse
Health service managers and nurses	Sexual health outreach worker
Health worker	Sexual health worker
HIV testing staff	Social worker
LGBT Health Program coordinator	Support Services Co-ordinator
LGBT Support Project worker	Team Coordinator - HIV counsellor/test operator
Manager	VCT counsellor
Men's Sexual Health Worker	Victim support technician - Psychologist
MSM Outreach Coordinator	Volunteer

#### **k) Time spent as a CHW**

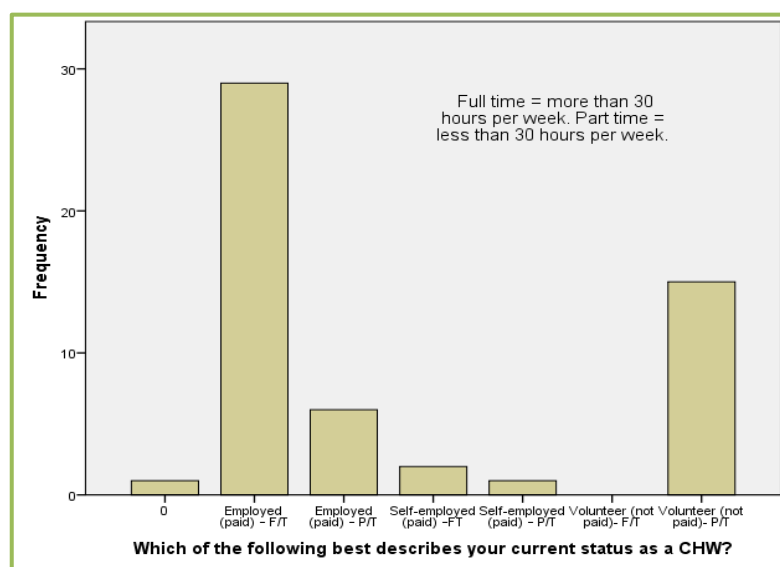
Over half of CHWs in the pilot sample reported that they had been providing sexual health support for gay, bisexual and other MSM regarding HIV or AIDS, viral hepatitis, and or other STIs for between 1-5 years (53.7%; n=29) with almost one third having worked in the role for between 6-20 years (29.7%; n=16). See Table 2, below, for details.

**Table 2.** Years working as a CHW

Years working as a CHW	Frequency	Percentage
Less than 1 year	5	9.3
1 to 5 years	29	53.7
6 to 10 years	9	16.7
11 to 20 years	7	13.0
More than 20 years	3	5.6
No response	1	1.9
<b>Total</b>	<b>54</b>	<b>100.0</b>

### I) Employment and income

Most CHW were either employed (paid) full time (53.7%; n=29) or volunteered (not paid) part time (27.8%; n=15). Of those who were paid and who answered the next question (n=34), most were employed on long-term contracts (88.2%; n=30) compared to short-term/temporary (11.8%; n=4). When looking at those on long-term contracts, most worked for a private not-for-profit organisation such as an NGO, a charity, or a civil society or grassroots organisation (93.3%; n=28). Half of those on these long-term contracts were organisations with a primary purpose of sexual health (n=15; 53.6%).



**Figure 3.** Employment status of CHWs

Overall, the vast majority of paid CHWs reported receiving a fixed income salary (89.5%; n=34) with a minority being paid more variably (e.g. hourly or self-employed). One respondent noted that those working exactly 30 hours per week could not answer this question. Accordingly, the question was reworded:

*Q3. Which of the following best describes your current status as a CHW? Full time = 30 hours per week or more. Part time = less than 30 hours per week.*

No further changes, apart from minor editorial adjustments, were made to questions on demographics and background.

### **2.6.3 Online piloting standardised question testing and initial findings**

A small number of standardised questions (also referred to technically as psychometric scales) were included in the ECHOES survey. These are short questions developed by external researchers and widely used in different research projects. These standardised questions will enable ECHOES to achieve a better understanding of core characteristics of CHWs, and to enable comparisons with normative data sets, e.g. to determine levels of job satisfaction in CHWs relative to other groups. Based on extensive team discussion and consultations with Consortium partners we included questions on job satisfaction, self-efficacy, wellbeing, general health, and items on the acceptance of homosexuality.

Wherever possible we have chosen the scale with the fewest items, but which still ensures high quality measurements. Longer scales provide for better measurement quality, but at the same time create considerable burden for respondents and can dramatically increase the overall survey length and time of completion. We have also shown preference to scales with existing, high quality translations in languages other than English.

For the purposes of this report, we briefly describe and justify the use of each standardised question, and provide some standard evaluation of reliability (a core psychometric parameter). Questions should have high levels of reliability in order to produce accurate measurements; the standard statistical parameter for reliability assessment is Cronbach's alpha ( $\alpha$ ) which should be equal or greater than 0.70 (it can theoretically range from 0.00 to 1.00). An overview of the scales and findings can be found in Table 3.

#### **a) Job satisfaction**

The concept of job satisfaction has been introduced into occupational psychology by Herzberg et al. (1967) who distinguish between satisfaction around intrinsic factors such as recognition, the work tasks themselves and the level of or responsibility, and extrinsic factors including working conditions, and pay. A widely-used standardised question assessing these aspects of satisfaction with work roles has been developed by Warr et al. (1979). The original scale assesses 15 aspects of work plus overall job satisfaction using a single item. We used a shortened version similar to the one used by Goetz et al (2011), but kept an item on opportunities to develop new skills which is of considerable importance working in a dynamic field undergoing change such as the CHW role.

The scale performed very well and the global satisfaction item correlated well the scale summary which is indicative of a high level of reliability. The only item with lower item-total correlations was that addressing satisfaction with pay; this is noteworthy and may reflect that many CHWs are unpaid volunteers and that the lack of pay or issues around low pay are an issue of particular concern, independent of other aspects of the role.

#### **b) Self-efficacy**

Self-efficacy refers to the ability to overcome barriers and show persistence in the face of challenging conditions. Self-efficacy is frequently seen as a core element of

resilience, i.e. the capacity to flourish in the face of adversity. The concept was introduced by Albert Bandura and is described in full in his book with the same title (1980). A widely used self-efficacy scale was developed by Schwartz and colleagues in Berlin, with a slightly shorter 6 item version having been introduced recently by Rompell et al (2013).

This scale, again, proved to be reliable in our pilot sample, in line with its high performance in many other contexts.

### **c) Wellbeing**

Wellbeing or good emotional and mental health assesses positive aspects of mental health, in contrast to the many traditional approaches which may assess distress, depression and anxiety. The most widely used scale is the WHO-5 Brief Wellbeing Scale (Bech, 1998).

This very brief 5 item scale performed exceptionally well in our pilot sample. Initial analysis suggests that possibly around 20% of respondents are at risk of poor mental health. Frequently a low score on this standardised question indicates an increased risk of depression.

### **d) Stigma regarding homosexuality and people living with HIV**

This was assessed using 2 items, covering a sense of feeling comfortable with others knowing that the respondent works with gay, bisexual and MSM, and that the respondent works with people living with HIV. These questions were based on longer scales developed by George Herek (2002), and by Herek, Capitanio and Widaman (2002) respectively. Herek's work is focused on gay men specifically, excluding bisexual men and MSM by default. However his scales are widely used, and there is a dearth of contemporary scales assessing stigma in relation to a broader array of sexual identities, orientations and practices. For this reason the team decided to test these scales only for homosexuality and people living with HIV. Scales designed specifically for gay/bi/MSM do exist and are often said to address 'internalised homophobia', however these scales are not suitable for ECHOES as not all CHWs are gay/bi/MSM.

Not only did these items not discriminate (most pilot respondents found both aspects highly acceptable), but in addition and not surprisingly from a psychometric perspective two-item scales tend to be problematic and this is the case here. The correlation between the items was strong, but failed to reach the standard recommended criterion of 0.70 by a narrow margin.

### **e) Acceptance of gay/bisexual/MSM**

The pilot survey assessed respondents' acceptance of homosexuality using 3 items, covering the moral acceptability of homosexuality, accepting gay/bisexual/MSM neighbours, and gay/bi/MSM living their lives according to their own wishes and norms. These items were taken from the European Commission's large-scale Eurobarometer survey (TNS Opinion & Social 2015). As with Herek's scales on stigma the team followed the Eurobarometer survey in framing one item to discuss only homosexuality. Because gay men, bisexual men and MSM can experience different forms of stigma (including towards one another), the team recognised that this was not an optimal situation. However for pragmatic reasons (including length of the question and the potential need for multiple additional items), this first item remained as in the Eurobarometer survey. However the latter two items these were adapted to include gay/bi/MSM. The



development of a standardised question which addresses differences between gay/bi/MSM would be a useful for future research of this nature.

Again this scale did not discriminate; most people demonstrated low internalised homophobia. The psychometric performance of this short scale did not reach a satisfactory level ( $\alpha$  below 0.70).

Standardised questions on job satisfaction, self-efficacy and wellbeing were kept, with some very minor amendments (e.g. the first item of the short 6-item self-efficacy scale was moved to a later position). However, the scales on stigma regarding homosexuality and people living with HIV, and the scale and acceptance of gay/bisexual/MSM, were modified after consultation with the WP2 team to focus on stigma/acceptance of gay/bisexual/MSM. Table 3 summarises the findings regarding each standardised question used.

**Table 3.** Overview of scales: reliability (Cronbach's alpha), observations and findings.

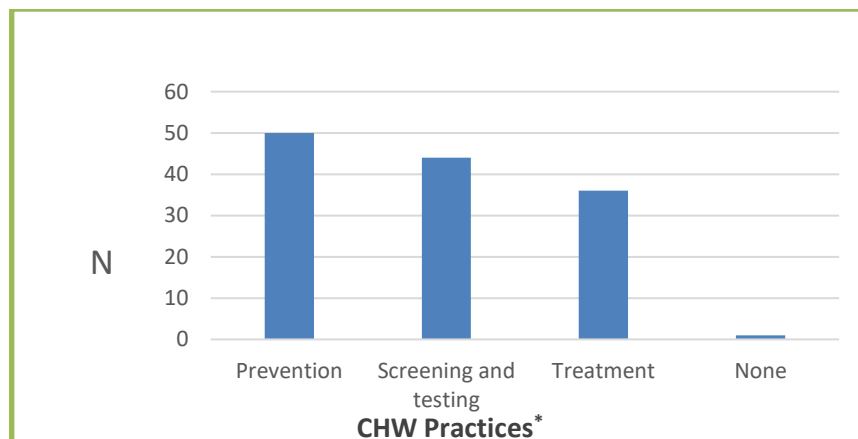
Scale	Reliability	Observations	Findings
<b>WHO-5 Wellbeing (5 items)</b>	Very high ( $\alpha = 0.90$ )		Works well, with close to 1 in 5 participants at risk of poor mental health
<b>Self-efficacy (6 items)</b>	Satisfactory ( $\alpha = 0.75$ )	Overall high, 1 <sup>st</sup> item slightly problematic and should be moved later in the scale	High levels of self-efficacy, with few participants with lower SE
<b>Job satisfaction</b>	Very high ( $\alpha = 0.80$ )	Works well, with the exception of the item on satisfaction with pay which does not correlate with other items	Lowest performing item is pay, but this is not unusual and does not give cause for concern
<b>Job satisfaction – single global item</b>	n/a, but correlates highly with JS scale ( $r = 0.54$ )		Works well
<b>Stigma regarding homosexuality and people living with HIV</b>	Correlation acceptable (2 items only) ( $\alpha = 0.67$ )	2 item scale, with very little variation, and very high/positive values. Perhaps add additional scale point true and very true (I find exactly true problematic from a logical/semantic perspective)	Reliability is acceptable for a 2 item scale
<b>Acceptance of gay/bisexual/MSM</b>	Below satisfactory performance ( $\alpha = 0.65$ )	3 items with alpha at around 0.65 which is below standard quality criterion of 0.70 or higher.  Very little variation, and very high/positive values.	Not satisfactory

#### 2.6.4 Online piloting initial superordinate practice domain findings and amendments

The ECHOES survey organises practices in terms of three superordinate practice domains, in line with the logic model originally developed by WP6 (see Figure 1 earlier). These practice domains are:

- prevention;
- screening and testing;
- treatment and support.

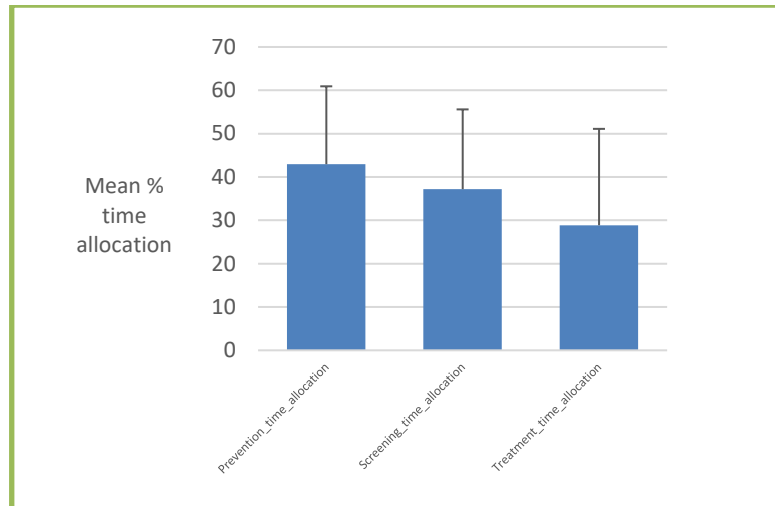
A CHW can be involved in more than one practice domain. Our pilot sample respondents are involved above all in prevention, slightly less so in screening and testing, and considerably less so in treatment and support (see Figure 4).



**Figure 4.** Number of CHWs involved in superordinate practice domains.

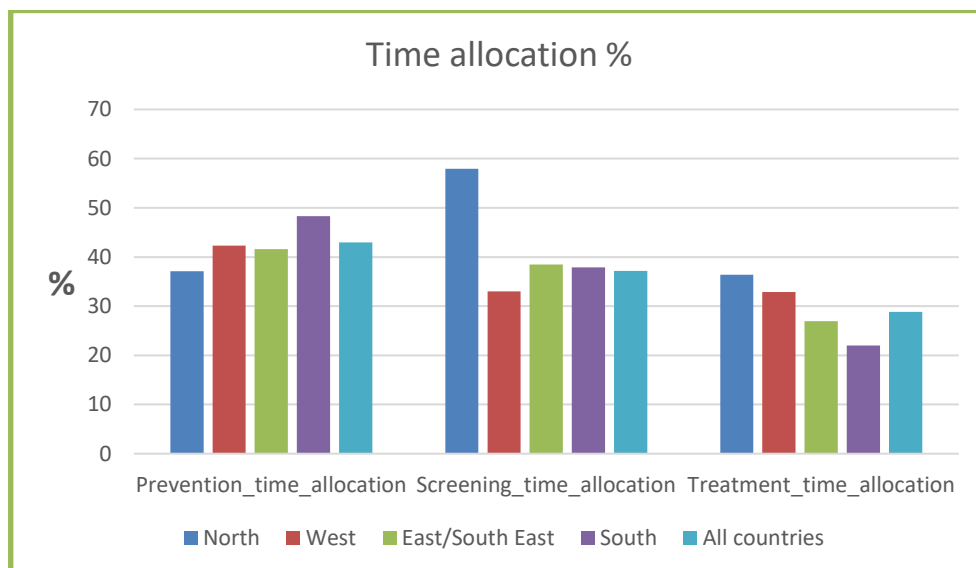
\*Note that a CHW can be involved in more than one practice domain.

Time allocation to superordinate practice domains as a percentage of overall time involved in these activity practices (mean + SD) is presented in Figure 5; respondents could allocate percentages of time, adding up to 100%. To some extent this reflects the differences in terms of involvement (see above). The large standard deviations reflect considerable variability between CHWs.



**Figure 5.** Time allocation to superordinate practice domains as a percentage of overall time involved in these activity practices (mean + SD).

For a very cursory analysis to explore whether these measures showed variation across Europe, we grouped respondents by country as presented in Figure 6. Respondents in Northern countries (Scandinavia) showed more involvement in screening and testing. These findings may indicate considerable variation which would be very useful to know about, but is clearly in need of confirmation by the findings from the full study.

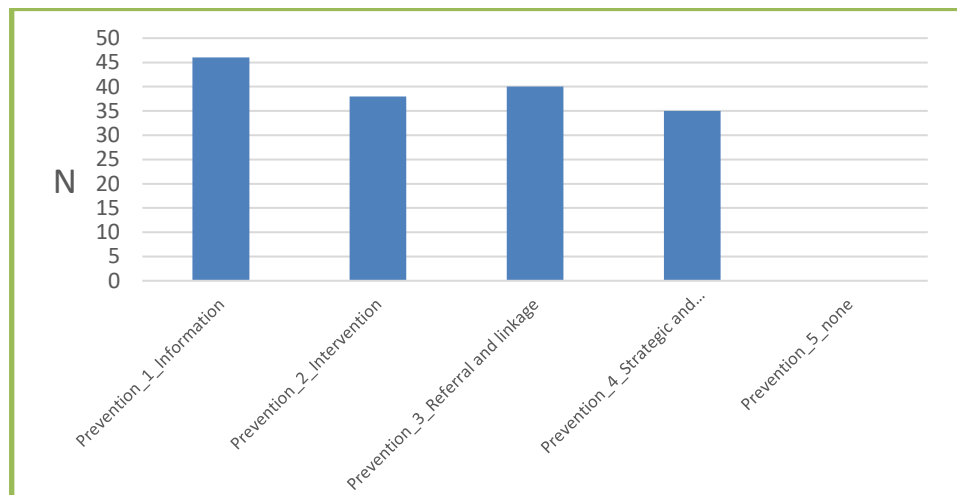


**Figure 6.** Time allocation (%) to superordinate domains by European region.

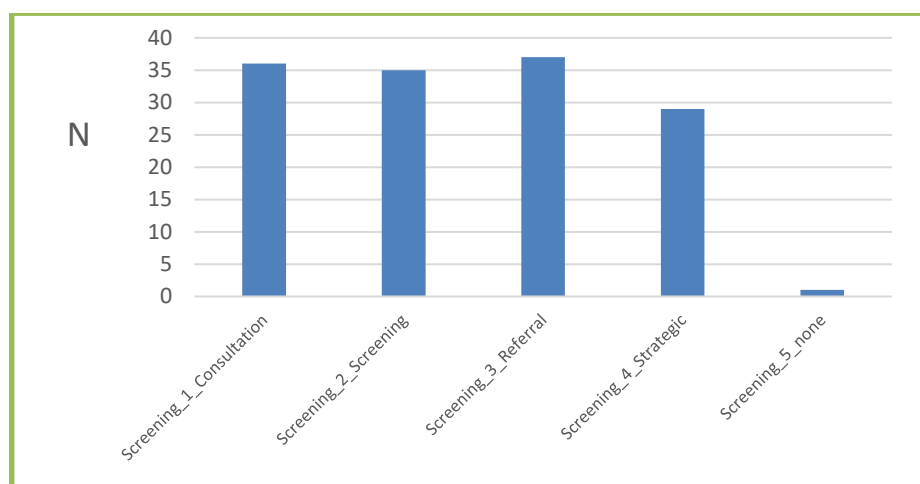
Initial analysis was carried out on the three superordinate practice domains to obtain a picture of the number of CHWS involved in specific practices. Each superordinate practice domain has four sub-domains of core practices occurring within them. Figures

7 to 9 show that all four core practices of prevention are carried out by at least two thirds of the respondents, but for screening and testing involvement in

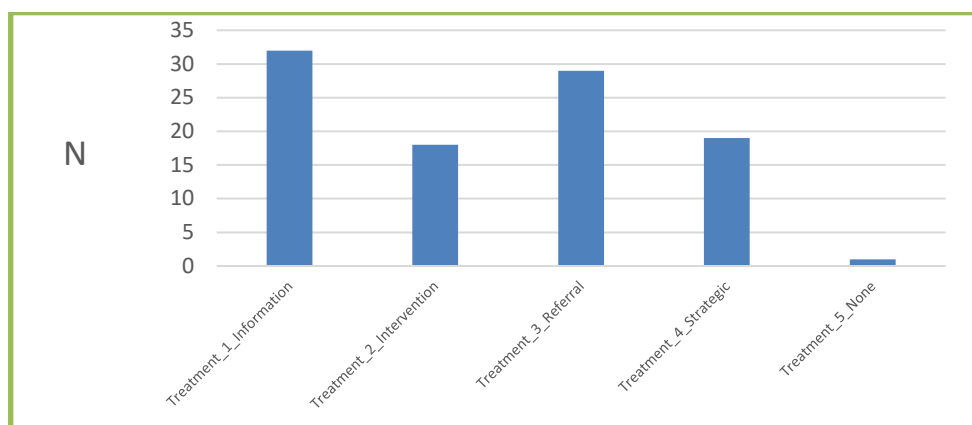
strategic/administrative activities is carried out by about half of the pilot respondents. For treatment the numbers involved are smaller and more variable dependent on specific practice; whilst provision of information and referrals are more frequent, actual delivery of treatment and strategic involvement in treatment are only practiced by around one third of the respondents. The variation across core practices in each of the superordinate practice domains suggests that these will be fruitful questions for the ECHOES survey, and may have implications for the subsequent training modules to be developed in Objective 3. For instance, involvement in treatment could be a smaller specialised training module.



**Figure 7.** Number of CHWs involved in a range of prevention practices.



**Figure 8.** Number of CHWs involved in a range of screening and testing practices.



**Figure 9.** Number of CHWs involved in a range of treatment practices.

Finally, the analyses of the pilot data based on 54 CHWs from a variety of European countries and regions shows that participants did finish the survey. Very few missing data items were found. The standardised question scales were found to work well, with the exceptions of those regarding stigma relating to homosexuality and people living with HIV, and acceptance of homosexuality. These scales have been revised. The pattern of findings, particularly the preliminary analysis by European region, suggests systematic variability, and implies that the questions are sensitive to differences between CHWs and also to variation across Europe.

## 2.7 Conclusion on methods used to develop ECHOES and pilot findings

Since the original draft of the ECHOES survey submitted as D6.1, the WP6 team has organised multiple rounds of testing and revision using different methods of data collection (both quantitative and qualitative). The methods used were:

- Consultation with key contacts
- Online pre-testing
- Cognitive debriefing interviews
- Online piloting

Findings from each of these methods was used to revise and refine the survey. These revisions became increasingly minor after the consultation and online pre-testing. A considerable volume of explicitly positive feedback was also gathered. The preliminary pilot findings outlined in Section 2.6 suggest that the full ECHOES survey will indeed generate data and produce findings of considerable interest to CHWs themselves, to planners in NGOs and sexual health organisations, and also to governments and policymakers across Europe and beyond.

Based on findings described in this section, the WP6 team is confident that this survey will be an effective tool for designing CHW training materials (WP9). ECHOES will allow for the assessment of CHWs' knowledge, attitudes and practices; provide a full picture of the practices in which CHWs are involved; identify areas of training need; and identify barriers face by CHWs. In addition it will allow for the development of profiles of CHWs involved in different practices around prevention, screening and testing, and treatment and support.

## 3. Proposal for a European Community Health Worker Survey

### 3.1 Final survey - ECHOES

Based on the methodology outlined in Section 2, the final ECHOES survey is presented in this report as Appendix F. This survey includes 10 sections and 175 questions for CHW respondents, though through careful routing it is extremely unlikely that respondents will answer every question. Based on feedback and piloting outlined above (see Sections 2.4 to 2.6), it is expected that most respondents will take around 20 minutes to complete ECHOES. The WP6 team is confident that ECHOES effectively balances time spent answering with comprehensiveness.

ECHOES meets the requirements for WP6 as specified in the final tender proposal (Chafea 2016:32-35). The final tender proposal lists items agreed upon by the ESTICOM Consortium of which the WP6 team is a part, and by the commissioners at Chafea. In the rest of this section we detail how ECHOES meets these requirements.

#### a) Survey development

- Tender proposal: WP6 will begin with a scoping exercise of any existing questionnaires.

Response: WP6 undertook a scoping exercise in M1-M2, which found a dearth of literature regarding the survey's target population. See Section 2.1 of this report for more details.

- Tender proposal: WP6 will create a conceptual map of proposed core themes for ECHOES.

Response: A conceptual map and logic model for the survey was developed in M3. See Section 2.2 for details, and Figure 1 for a visual representation of this model.

#### b) Content

- Tender proposal: Generic questions will be used to explore the expected considerable variation between CHW roles.

Response: Questions and text in the ECHOES survey has been carefully and generically worded to be accessible to CHWs from a variety of backgrounds and undertaking a variety of practices. More specific questions are only used in combination with routing techniques. This ensures that CHWs can answer all questions presented to them, and are only presented with questions of relevance to them.

- Tender proposal: If feasible, a small modular set of country-specific questions will be developed.

Response: The idea of country-specific questions was mooted within the WP6 team. However, following initial exploration it quickly became clear that this would not be feasible given that so little is known about CHWs in Europe. Thus, it was agreed that this option may be more appropriate to consider in a potential second phase of ECHOES once there is a baseline of data available.

- Tender proposal: Draft core survey items and indicators will also be informed by the MSM online survey simultaneously developed in WP2, for example emerging issues such as: use of online/mobile technologies; use of (new) psychoactive drugs; pre and post-exposure prophylaxis (PrEP, PEP); viral hepatitis risk management strategies.

Response: The ECHOES development team have worked closely with WP2 to ensure that the ECHOES survey is informed (where appropriate) by the EMIS survey. For example, ECHOES will capture data regarding CHWs' use of online/mobile technologies in their work in each of the three superordinate practice domains (prevention, screening and testing, and treatment and support). The survey also asks respondents about online training they may have received, and whether they would like more training in social media, computer and IT skills. Similarly, as with EMIS, ECHOES also issues of drug use including Chemsex as well as PrEP and PEP e.g. regarding the latter, ECHOES will be able to capture whether CHWs are providing information about PrEP and PEP, and whether they are involved in providing these treatments.

- Tender proposal: Attention will be paid to data comparability with other EU level studies and national datasets and studies, and we will seek to standardise measures wherever possible.

Response: Our scoping activities indicate no relevant EU level studies or datasets are available on CHWs and one of the greatest strengths of ECHOES is that it will address this important gap. However, a number of standardised measures or scales were able to be used where relevant. For testing and some preliminary analysis of these standard measures/scales, see Section 2.6.3.

### **c) Testing**

- Tender proposal: An online pre-test with CHWs will take place in the UK, coordinated with WP2.

Response: This online pre-testing took place in M6-7. See Section 2.4.1 of this report.

- Tender proposal: Cognitive debriefing interviews (~10) will be used.

Response: 7 cognitive debriefing interviews took place in M8. See Section 2.5.

- Tender proposal: A consultation exercise will be conducted through the ESTICOM Consortium's networks.

Response: The consultation with ESTICOM networks took place earlier than planned, in M6-7. This was to ensure that the list of core themes and questions was acceptable as early as possible. See Section 2.4.1.

- Tender proposal: A second online pre-test with CHWs (~100), again coordinated with WP2, will take place across European regions, to allow reliability and validity checks.

Response: This final online piloting took place in M9. Respondents were recorded from 24 different European countries. The WP6 team limited this round of online piloting to only 50 respondents, to ensure that the piloting phase was brief and to avoid potentially exhausting a target population pool of unknown size. 50

responses is still sufficient for the reliability and validity checks performed. See Section 2.6 for details and some preliminary analysis.

#### d) Deliverables

- Tender proposal: The final survey (D6.2) will be presented to Chafea for sign-off in M12.

Response: This report incorporates the final survey as Appendix F. It was initially presented to Chafea on Friday July 14<sup>th</sup> and subsequently signed off at the project's first Interim Meeting (July 17<sup>th</sup> & 18<sup>th</sup>, Brussels), pending minor revisions.

#### e) Translation

- Tender proposal: Translation will be in close collaboration with WP2 using Demographix:
  - Where possible, translation will involve two native speakers;

Response: Translation of the ECHOES survey will involve two or more native speakers where possible, however for some languages with fewer speakers it may be necessary to use only one translator. This is particularly the case as many translators will be undertaking this work free of charge.

- The final survey should be translated into the following languages: Bulgarian (български език), Croatian/Serbian (Hrvatski/Srpski), Czech (Čeština), Danish (Dansk), Dutch (Nederlands), English, Estonian (Eesti keel), Finnish (Suomi), French (Français), German (Deutsch), Greek (Ελληνικά), Hungarian (Magyar nyelv), Italian (Italiano), Latvian (Latviešu valodam), Lithuanian (Lietuvių kalba), Norwegian (Norsk), Polish (Polski), Portuguese (Português), Romanian (Română), Russian (Русский язык), Slovenian (Slovenščina), Spanish (Español), and Swedish (Svenska).

Response: As of July 2017, the survey will be available in the following languages:

- |                              |                                    |
|------------------------------|------------------------------------|
| • Bulgarian (български език) | • Italian (Italiano)               |
| • Czech (Čeština)            | • Polish (Polski)                  |
| • Dutch (Nederlands)         | • Portuguese (Português)           |
| • English                    | • Romanian (Română)                |
| • Estonian (Eesti keel)      | • Russian (Русский язык)           |
| • Finnish (Suomi)            | • Serbo-Croatian (Srpski/Hrvatski) |
| • French (Français)          | • Spanish (Español)                |
| • German (Deutsch)           | • Ukrainian (українська мова)      |
| • Greek (Ελληνικά)           |                                    |
| • Hungarian (Magyar nyelv)   |                                    |

For Danish, Norwegian and Swedish, it is expected that CHWs will be capable of answering in English. For Latvian, Lithuanian and Slovenian, ESTICOM country contacts suggest that CHW numbers in respective countries will be low and that CHWs will be able to answer in English,



Russian, or other available languages. For Ukrainian, as Ukraine is not a country within the remit of the project, a separate analyst will investigate this data in accordance with the data-sharing protocols developed as part of the data management strategy (see following Section 3.3).

### **3.3 Launch and post-launch maintenance**

To maximise time and cost efficiencies as well as simplify the process and reduce the burden on contact points in Member States, translation of the final approved survey will be conducted in close collaboration with the Objective 1 lead and the project coordinator (RKI) using the Demographix platform. Translators will be sent promotional details from WP7 at the same time, to make the most efficient use of translators' capacity.

ECHOES will be uploaded as a new survey on the Demographix platform, with a URL hyperlink to be hosted on a website secured by the WP7 promotion team. The survey will be launched on September 18<sup>th</sup> 2017 (Monday) and remain open until December 18<sup>th</sup> 2017 (Monday) for a total of 13 weeks of data collection. Per the project timeline, WP8 will produce a report of findings from ECHOES in February 2019.

The exit pages of ECHOES include a hyperlinked email address for respondents' queries: [echoessurvey@brighton.ac.uk](mailto:echoessurvey@brighton.ac.uk). During the period of data collection members of the WP6 team will be available daily to read and respond to queries. The team will liaise with the WP7 promotion team if queries relate to promotion or if they could be used to increase coverage.

In agreement with the ESTICOM Consortium, data generated through the ECHOES survey will be owned by the School of Health Sciences at the University of Brighton. A data management plan will be developed to ensure that this data is stored in accordance with UoB procedures as well as the EU Data Protection Directive. In addition, an agreement has also been put in place between UoB and the Centre for Epidemiological Studies on HIV/STI in Catalonia (CEEISCAT), where the WP8 team is based. This agreement concerns how decisions about data sharing will be managed between the two institutions, and eventually, with other Consortium and non-Consortium partners.

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# Appendix A: Cognitive Debriefing Interview Participant Information Sheet

## Participant Information Sheet

### ECHOES: European Community Health worker Online Survey

#### Invitation

You are invited to contribute to the first pre-testing of the draft ECHOES European online survey. You have been invited because you have experience as a community-based sexual health worker with MSM; or you are member of staff or post-graduate student at the University of Brighton or Brighton and Sussex Medical School (BSMS). Before you decide whether to take part or not it is important for you to understand what we are trying to do and what it will involve. Please take time to read the following information carefully and ask any questions you may have about any part of the study.

#### What is the purpose of the online pre-test?

The purpose of the online pre-test is to ensure that the DRAFT ECHOES survey is clear, intelligible, relevant, accessible, understandable and effective, and to get your perspective and opinions about the content of the survey. We will particularly ask you to consider the following indicative areas:

INSTRUCTIONS: Look for problems with any introductions, instructions, or explanations from the respondent's point of view.

CLARITY: Identify problems related to communicating the intent or meaning of the question to the respondent.

ASSUMPTIONS: Determine if there are problems with assumptions made or the underlying logic of the survey questions.

KNOWLEDGE/MEMORY: Check whether respondents are likely to not know or have trouble remembering information.

SENSITIVITY/BIAS: Assess questions for sensitive nature or wording, and/or for bias.

RESPONSE CATEGORIES: Assess the adequacy of the range of responses to be recorded.

OTHER: Look for problems not identified above

#### Can I take part?

You are eligible to take part if you are fluent in English, are 18 years or older, a member of staff or post-graduate student at the University of Brighton or Brighton and Sussex Medical School (BSMS). You will not be able to participate if you have hearing problems or a cognitive impairment that would impede participation in the cognitive debrief interview (in person/by phone).

#### Do I have to take part?

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. If you want to find out more information our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can **opt-out at any time** without stating a reason. You will be asked to complete a consent form prior to completing the survey and interview.

### **What will happen to me if I do decide to take part?**

You will be contacted by a member of the research team to arrange a time and day (suitable to you) when you will complete the on-line survey. At the agreed time you will be sent a link and asked to complete the DRAFT version of the on-line survey one time only. This should take approximately 20 minutes to complete. Up to two days after completing the survey, you will be requested (in person or by phone) to discuss your experience of completing the survey. The interview will last approximately 20 minutes.

### **What are the possible disadvantages and risks of taking part?**

We do not envisage any disadvantages or risks in taking part in this survey pre-testing, but it **will require approximately 40 minutes of your time.**

### **What are the possible benefits of taking part?**

You will not benefit directly from taking part in this study but the information we get will help improve the quality and content of the ECHOES survey.

### **What if something goes wrong?**

We hope nothing will go wrong. If you have any complaint or concern about any part of the study, you can contact **Dr ay De Vries** (Deputy Head of the School of Health Sciences for Research) who also works at the University but is separate from this study. Her details are at the bottom of this sheet.

### **Will my taking part in the study be kept confidential?**

Yes. Any information you provide will be kept confidential. Your contributions will be identifiable to the researcher conducting the de-briefing interviews, who will take written notes. No one else in the study team will know who contributed which comments on the survey. Written notes will not be marked with your name and will not include any potential identifying details. All data information will be stored securely using locked filing cabinets and password and network protected computers.

### **What will happen if I don't want to carry on with the study?**

If you don't want to continue with this pre-testing, you may withdraw at any time and without giving a reason. We can remove any information you have already provided.

### **What will happen to the results of the research study?**

Your contributions to this pre-testing of the draft survey will contribute to the further development of the survey content and process. The final version of the survey will be used to assess the knowledge, attitudes and practices of Community Health Workers (CHW), and will be published in academic journals and conferences.

### **Who has reviewed the study?**

This study has been reviewed and approved by the School of Health Sciences' School Research Ethics and Governance Panel (SREGP) on 5<sup>th</sup> October, 2016. Additional approval has been received from Germans Trias i Pujol Hospital (PI-16-143).

## **Contacts for further information**

### **University of Brighton WP6 Research Team**

Researcher: Nick McGlynn N.Mcglynn2@brighton.ac.uk

Principal Investigator: Nigel Sherriff - n.s.sherriff@brighton.ac.uk

Co - Principal Investigator: Professor Jorg Huber J.Huber@brighton.ac.uk

### **If you have any complaints about the conduct of this research you can contact:**

Kay De Vries: L.K.DeVries@brighton.ac.uk (Tel 01273 643 578)

**Please keep this Participant Information Sheet for your own records.**

**Thank you for considering taking part in this study**

## Appendix B: Cognitive Debriefing Interview Consent Form

### Participant Consent Form

#### ECHOES: European Community Health worker Online Survey

Please tick box

1	I confirm that I have read and understand the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily	
2	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason	
3	I agree to taking part in a cognitive debrief interview either in person or by phone	
4	I understand that I will be asked questions about my experiences of completing the draft survey: ECHOES: European Community Health worker Online Survey	
7	I understand that any information will only be seen or heard by the research team	
8	I understand that I am under no obligation to disclose personal information during the interview	
9	I agree to take part in the above draft survey.	

.....  
Name of Participant (Your name)                      Date                      Signature

.....  
Name of Researcher                      Date                      Signature

## Appendix C: Cognitive Debriefing Semi-Structured Interview Schedule

**What was it like to complete this questionnaire? What was it that you liked or disliked, - if anything?**

**Can we go through questionnaire together to discuss individual questions?**

**What went through your mind when answering this question?**

- Could you follow the instructions?
- Was there any information missing that you think would have helped make the instructions clearer?
- Is there anything you would have added/changed?

**I would like to check with you the different sections of the questionnaire:**

- Background information about yourself (demographics):
  - Were questions ok? Too much detail? Questions intrusive?
- Activities and Practices?
  - Pick one of the more tricky questions and ask: how did you understand this question? Can you tell me what went through your mind when you answered it?
  - Prompts: If different to our intended meaning: we hoped that you would provide information on ..... .
  - How could we improve this question?
- Knowledge?
  - We asked you to ....? How did you answer this question? Again, what went through your mind?
- Standardised questionnaires
  - Could you see why we asked you about wellbeing, your effectiveness in dealing with challenges (what we call self-efficacy) and satisfaction with what you do (your 'job' as a CHW)?

**Example individual questions**

- How would you say this question in your own words? (comprehension)
- How easy or hard was this question to answer? (recall strategy/comprehension).
  - How would you reword the question to make it easier to answer?
- How sure are you of your answer? (confidence probe)
- How well do you remember this?
- How easy or hard was it to tell the difference between each choice? What did your choice of answer mean to you?
- If you could change the possible responses to this question to make them easier to understand, what would you do - if anything?
- When you read the words "*in the past 3 months*", were you able to remember information from the last 3 months?
- Were the lists of response options sufficient for you to comfortably answer? Would you have liked to make an answer that differed from the list of responses available?
- Finally, what could we do, if anything, to improve the questionnaire or specific questions when we use them in the future with other people like you?
- Final question: is there anything you would like to add?



## Appendix D: Invitation to take part in online piloting

# ECHOES: European Community Health Worker Online Survey

### An invitation to help develop vital research

**ECHOES** (European Community Health worker OnlinE Survey) is an upcoming survey for people who provide sexual health support to gay, bisexual and other men who have sex with men. We're using the new term 'Community Health Workers' to describe these people. Community Health Workers are known by a variety of titles such as outreach worker, health promoter, peer educator etc, but in ECHOES we mean:

Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other sexually transmitted infections to gay, bisexual and other MSM. A Community Health Worker delivers health promotion or public health activities in community settings (non-clinical).

ECHOES is designed to find out **who** Community Health Workers are, **what kind of work** they do, **what barriers** they face, and **what support** they need. It will run across 32 European countries, in 24 different languages, and will be the largest ever survey of Community Health Workers.

### How you can help

**We're looking for around 50 Community Health Workers to help test the survey** before it is officially launched. This means simply completing the survey as normal. Your answers will be strictly anonymous and won't be used as part of the final research data. No-one will be able to identify you in any way. It should take 15-20 minutes to complete, and you can do it on a PC, tablet, or smartphone.

### Who we are

We're an international group of researchers and health workers in public health institutes, universities and non-governmental organisations working in HIV, viral hepatitis and other STIs; LGBT health; and human rights, from a number of European countries. The survey is funded by the European Commission Health Programme 2014-2020. To find out more, visit the project website at [www.esticom.eu](http://www.esticom.eu).

**To take part in this test of ECHOES, click the link below:**

<https://www.demographix.com/surveys/3Y9Q-VHRX/P67G3WVY/>

**Please share this link** with others who might be interested in taking part in the test.

Don't worry if the survey closes – you'll have a chance to complete it properly when ECHOES is officially launched!

Yours gratefully,

***The ECHOES team***

Dr Nigel Sherriff

Prof Jorg Huber

Dr Nick McGlynn

If you have any questions, get in touch at [echoessurvey@brighton.ac.uk](mailto:echoessurvey@brighton.ac.uk).

## Appendix E: Comments on pre-pilot following survey completion (n=24)

Serial	Created	Country	Duration (mins)	And finally, we'd like to hear any comments that you have about the survey.	
2	12 Jun 2017 18:10	Ireland	55	its a good survey, but maybe a bit long and can get a bit tedious towards the middle with all the drop-downs	
5	13 Jun 2017 10:01	Serbia	79	It take me about hour to complete the survey. And, in the section with the questions about training in the last six months, I find there is no option for us who didn't receive any training in the last 6 months. My last training related to HIV and LGBT was in 2007/08. The last supervision for VCT counselors was also held in the 2008. However, we held some training for other health workers and social workers.	
8	13 Jun 2017 14:22	Lithuania	27	What is the main purpose of this organisation?: there should be many answers rI'm happy with this survey.	
9	13 Jun 2017 14:26	Ireland	134	seems comprehensive	hope it helps
11	14 Jun 2017 07:57	Ireland	25	Very well laid out and easily completed. Provokes interesting thoughts and perspective on our own work.	
16	14 Jun 2017 16:06	United Kingdom	33	confused me a little as our service as whole provide prevention and support but could only answer in the section I work in which is prevention, may have been better to ask if you don't provide support around treatment, mental health, etc if anyone else in your organisation does	
21	15 Jun 2017 16:30	France	40	It did take just over 20 inutes to reply, but i started to look at the clock more and more as time went by... which isn't a good signe i think\rthere seemed to be a few questions going over the same information, how many years I have been a CHW? or they were so closely worded that it sounded the same.\r\rI din't like the RED bar beacuse it was red... and made me feel under pressure. another colour green ou blue might have been relaxing. or one that changes from Red to green as you progress?\r	
23	15 Jun 2017 18:38	Malta	34	Thanks for giving us time to be heard	
24	16 Jun 2017 10:59	Lithuania	63	Lengthy survey	
25	16 Jun 2017 11:15	Cyprus	61	Way longer than expected :)	
26	16 Jun 2017 12:03	Serbia	119	This questionnaire is good, but I think to wide	For everyone who are not English native speakers takes at least 30 minutes to complete the questionnaire
27	16 Jun 2017 13:14	Croatia	41	Maybe to include a scale of satisfaction with an education that was organized prior to staring working as a CHW? Mine was very bad. I did have other soueces of eduation, though, but it would me important know what CHW's think of the education that was organized/found for them by the organization. To make a text field for "other", maybe? - in the section where we're asked about strategic and administrative activities. Or remove "other". It is meaningless it not specified.	It is a bit too long... But otherwise very good. Thank you!

28	16 Jun 2017 12:47	Ireland	57	<i>You need to have a multi tick option for the type of organisation..our organisation is LGBT and Sexual Health equally. I could not tick just one or the other. There were many questions i did not answer because i am not in a place to be able to think about what else i might do. I understood questions better when there were many options given. Other training i would benefit from would be driving lessons and how to engage male sex workers in rural areas.</i>	<i>It was not possible to remove a tick altogether from a question once it was put in. A few times i wanted to do that because my understanding of the question changed when i read the one after it. More boxes for people to explain the particular peculiarities of their work would be good.</i>
29	16 Jun 2017 12:59	United Kingdom	30	<i>Survey is long, theres no denying that, however, I will be interested especiall in the results of what connects those working in the area to the people they support. I will be interested to see the findings overall really.</i>	
32	16 Jun 2017 19:22	Russian Federation	63	<i>I wrote everything that cause embarrassment on the previous page. I have no any comments.</i>	<i>1. The question where one should show how much time he spend on HIV prevention activities - there are 3 rows and each one you can set up to 100%. Together it can be 300% of the time? That's not clear and somehow confused. Section 4, question 1 - why there is only 3 points maximum. It's hard to choose from the list which should be marked.</i>
34	17 Jun 2017 11:20	Serbia	63	<i>It is very detailed survey, but for some questions I needed option - other any effort must be useful</i>	
37	19 Jun 2017 08:55	Croatia	58	<i>The survey made me think about some areas that I should work on a bit more considering HIV prevention and treatment. It was very useful. I liked the form and all the detail in it.</i>	
38	19 Jun 2017 13:01	Spain	91	<i>Too long. I've spent more than 1 hour to do it.</i>	
43	19 Jun 2017 17:43	Belgium	219	<i>Quite long survey that seems to lose main stream of questions. I would suggest to avoid even simple acronyms such as MSM without explaining when first mentioned.</i>	
44	19 Jun 2017 18:57	Romania	74	<i>Good job, well done! Congrats for the initiative:)</i>	
45	19 Jun 2017 20:51	Serbia	88	<i>I'd like to give more comments on the welfare and the work of those who actually work in the field of health protection of vulnerable groups and to take more account of the seriousness of NGO.</i>	
46	19 Jun 2017 23:32	Spain	92	<i>It is so long, and there is some questions/options which doont apply to my CHW labour.</i>	
47	20 Jun 2017 04:01	Denmark	535	<i>Great survey!</i>	<i>Very long and sometimes seems a bit repetitive</i>
48	20 Jun 2017 07:50	Spain	39	<i>missing availability in diferent european language</i>	

## **Appendix F: Proposal for a European online survey of community health workers (CHW) who provide sexual health support in a community setting directly to gay, bisexual and other MSM (ECHOES)**

The following survey is a full print version produced by Demographix. It includes full routing details and other items which will not be visible to respondents. Images and some aesthetic features are not included.

**The University of Brighton team (Nigel Sherriff and Jörg Huber) welcomes any queries regarding the ECHOES questionnaires. Individuals and organisations are welcome to use individual questions, question sets or whole ECHOES questionnaires, on the understanding that they give due credit: The University of Brighton team developed the ECHOES questionnaire within the framework of the ESTICOM project that was funded by the EU Health Programme 2014-2020 under service contract 2015-71-01.**

# ECHOES: European Community Health Worker Internet Survey

(ECHOES: Final master survey: English language version)

## ECHOES: European Community Health Worker Internet Survey

Welcome to the largest ever survey of Community Health Workers which is taking place all over Europe.

### Please take part if you...

- Are aged 18 or over AND;
- Work with gay, bisexual and other Men who have Sex with Men (MSM) now or in the last 12 months AND;
- Deliver sexual health support for gay, bisexual and other MSM in community settings (not in a hospital or clinic).

### What's it about?

The ECHOES survey asks about the knowledge, attitudes and practices of Community Health Workers (CHWs) who provide sexual health support to gay, bisexual and other MSM. One of the goals is to find out what support, training, and new skills CHWs need and want.

Community Health Workers (CHWs) go by a variety of titles including *outreach worker*, *health promoter*, *peer educator*, *community health advisor* etc., so wherever you see the term 'Community Health Worker' (or 'CHW') in the survey, we mean:

*Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other Sexually Transmitted Infections (STIs), to gay, bisexual and other MSM. A CHW delivers health promotion or public health activities in community settings (not in a hospital or clinic).*

Your answers are strictly **anonymous and confidential**. No one looking at the study findings will be able to identify you in any way.

Your participation is voluntary. Please take time to decide whether you wish to take part.

### How long does it take to complete?

It will take about 15-20 minutes to complete this survey. You can do this on any device with internet access but it may be quicker to complete on a larger screen. There are 10 sections in the survey.

### What about data protection?

We guarantee your anonymity. We will **NOT** collect the IP address of your computer or install any cookies on it. We will not collect any information that would allow anybody to identify you. This means that once you begin the survey, you need to complete all questions in one session. For the research to be most effective please answer ALL questions.

### Who are we?

We are an international group of researchers and health workers in public health institutes, universities and non-governmental organisations working in sexual health and human rights. The project is funded by the European Commission Health Programme 2014-2020 ([http://ec.europa.eu/chafea/health/tender-38-2015\\_en.html](http://ec.europa.eu/chafea/health/tender-38-2015_en.html)). It focuses on EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia, and Switzerland.

### When will the results of the survey be available?

The ECHOES survey results will be available in early 2019. It will be available from the project website [www.esticom.eu](http://www.esticom.eu).

### Consent

Please tick **all three** statements. This will let us know whether you want to take part in the survey and that you understand what is involved.

1)

#### COMPULSORY QUESTION

- ☐ I confirm that I have read and understand the information above. I understand that I will remain anonymous and any information I provide will not be traceable to me. **[tick to agree]**

2)

#### COMPULSORY QUESTION

- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time. **[tick to agree]**

3)

#### COMPULSORY QUESTION

- ☐ By clicking this box, I indicate my agreement to take part in the survey. **[tick to agree]**

**Please complete this survey ONCE ONLY.**

(ECHOES2017)

## [ECHOES]

Please read the following statements carefully.

Have you provided sexual health support for gay, bisexual and other MSM in a **community setting (not in a hospital or clinic)** during the **last 12 months?**

#### COMPULSORY QUESTION

- ☐ No ☐ Yes

During the **last 12 months**, in which country have you **most often worked** providing sexual health support for gay, bisexual and other MSM in a community setting? (country\_worked\_in)

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF YES

COMPULSORY QUESTION

[Please select an answer]

- Belgium
- Bosnia Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Russia
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Ukraine
- United Kingdom
- Any other country

### [Optional exit page - non CHW]

PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO

It looks like you are not eligible to take this survey. This research is about Community Health Workers who have provided sexual health support for gay men, bisexual men and other MSM during the last 12 months. The results will be available across Europe in 2019. You can get more information at [www.esticom.eu](http://www.esticom.eu).

### [Optional exit page - non-eligible country]

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF UNITED KINGDOM

It looks like you are not eligible to take this survey. This research is about CHWs that work in EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia and Switzerland. The results will be available across Europe in 2019. You can get more information at [www.esticom.eu](http://www.esticom.eu).

## SECTION 1: About you

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF BELGIUM, BOSNIA HERZEGOVINA, BULGARIA, CROATIA, CYPRUS, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, IRELAND, ITALY, LATVIA, LITHUANIA, LUXEMBOURG, MALTA, MOLDOVA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, UKRAINE

This section will ask some basic questions about you. This will help us to describe who completed the survey.

How old are you ?

COMPULSORY QUESTION

[Please select an answer]

- 17 or under
- 18
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70  
71  
72  
73  
74  
75 or older

Which of the following best describes how you think of yourself?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

COMPULSORY QUESTION

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Other
- ☐ I prefer not to say

Thinking about your answer to the previous question, is this what you were assigned at birth?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF? IS ANY OF MAN, WOMAN

- ☐ No
- ☐ Yes
- ☐ Don't know/Unsure

Which of the following best describes how you think about yourself?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

COMPULSORY QUESTION

- ☐ Gay
- ☐ Homosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Straight/heterosexual
- ☐ Any other term
- ☐ I don't usually use a term

Thinking about all the people who know you (including family, friends and work or study colleagues), what proportion know this ?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- ☐ All or almost all
- ☐ More than half
- ☐ Less than half
- ☐ Few
- ☐ None

Do you consider yourself a member of an ethnic or racial minority in the country you live in?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- ☐ No



☐ Yes

What minority are you a member of?

QUESTION SHOWN WHEN ANSWER TO QUESTION DO YOU CONSIDER YOURSELF A MEMBER OF AN ETHNIC OR RACIAL MINORITY IN THE COUNTRY YOU LIVE IN? IS ANY OF YES

As a CHW, do you work in...

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- ☐ A village/rural area - up to 5,000 people
- ☐ A small town - up to 20,000 people
- ☐ A large town/small city - up to 100,000 people
- ☐ A medium-sized city - up to 500,000 people
- ☐ A big city - more than 500,000 people

How many years have you spent in full-time education since the age of 16?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

[Please select an answer]

None

1

2

3

4

5

6

7

8

9

10

More than 10

Which of these phrases would you say comes closest to your feelings about your household's income?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- ☐ Living very comfortably on present income
- ☐ Living comfortably on present income
- ☐ Neither comfortable nor struggling on present income
- ☐ Struggling on present income
- ☐ Really struggling on present income

Which language is your native/mother tongue?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

[Please select an answer]

Bulgarian

Czech

Danish

Dutch

English

Estonian

Finnish

French

German

Greek

Hungarian

Italian

Latvian

Lithuanian

Norwegian

Polish

Portuguese

Romanian

Russian

Serbo-Croatian

Slovenian

Spanish

Swedish

Ukrainian

Other language not listed here

Please write in your native/mother tongue.

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH LANGUAGE IS YOUR NATIVE/MOTHER TONGUE? IS ANY OF OTHER LANGUAGE NOT LISTED HERE

Other than your native/mother tongue, which of these languages do you also speak fluently? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- ☐ English
- ☐ French
- ☐ German
- ☐ Italian
- ☐ Polish
- ☐ Russian

- ☐ Spanish
- ☐ None of the above

## [Optional exit page - under 18]

PAGE SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 17 OR UNDER

It looks like you are not eligible to take this survey. This research is about CHWs aged 18 or over. The results will be available across Europe in 2019. You can get more information at [www.esticom.eu](http://www.esticom.eu).

## [Exit page 1 - those who are not eligible]

THIS IS AN EXIT PAGE PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO OR ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF UNITED KINGDOM OR ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 17 OR UNDER

We are sorry you have not been able to complete the ECHOES survey. The survey closes on the **18th December 2017**. You can still help by sharing this link with anyone you think might be interested:

[echoessurvey.eu](http://echoessurvey.eu)

### How can I ask a question about the survey?

The ECHOES team is based at the University of Brighton in the UK. You can email the ECHOES team at [echoessurvey@brighton.ac.uk](mailto:echoessurvey@brighton.ac.uk). We will be happy to discuss the survey with you.

### Where can I find more information when the results of the survey are available?

A report of the survey results will be produced in early 2019. It will be available from the project's website [www.esticom.eu](http://www.esticom.eu).

### How else can I take part?

Are you a gay man, a bisexual man, or a man who has sex with men? If so, check out the EMIS survey which is asking about gay/bisexual/MSM throughout Europe:

[emis2017.eu](http://emis2017.eu)

## SECTION 2: Your job, employment status, and organisation

This section of the survey asks about your **job role** (paid or unpaid) as a CHW providing sexual health support to gay, bisexual and other MSM. This sexual health support may involve HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

**Remember:** By CHW we mean Community Health Worker (or other related term).

We know that many people do not use the term 'Community Health Worker'. How would you describe your job title? - e.g. outreach worker, sexual health worker, health promoter, etc.

COMPULSORY QUESTION

Which of the following best describes your current status as a CHW?

Full time = 30 hours per week or more.

Part time = less than 30 hours per week.

- ☐ Employed (paid) - full-time
- ☐ Employed (paid) - part-time
- ☐ Self-employed (paid) - full-time
- ☐ Self-employed (paid) - part-time
- ☐ Volunteer (unpaid)- full time
- ☐ Volunteer (unpaid)- part time

Is your position...

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME

- ☐ Short-term/temporary ☐ Long-term/permanent

For your work as a CHW, are you on a...

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME

- ☐ Fixed income - e.g. salary ☐ Variable income - e.g. hourly paid

Which of the following best describes your status when **not** working as a CHW?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - PART-TIME, SELF-EMPLOYED (PAID) - FULL-TIME, SELF-EMPLOYED (PAID) - PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME

- ☐ Not applicable (being a CHW is my only job)
- ☐ Employed - full-time or part-time
- ☐ Self-employed - full-time or part-time

- ☐ Unemployed
- ☐ Volunteering (aside from CHW)
- ☐ Retired
- ☐ Student

Which term best describes your job role when **not** working as a CHW? (choose one)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR STATUS WHEN NOT WORKING AS A CHW? IS ANY OF EMPLOYED – FULL-TIME OR PART-TIME, SELF-EMPLOYED – FULL-TIME OR PART-TIME, VOLUNTEERING (ASIDE FROM CHW)

- ☐ Doctor (clinician or other specialist)
- ☐ Doctor (general practitioner)
- ☐ Doctor (HIV or sexual health specialist)
- ☐ Employment worker
- ☐ Family support worker
- ☐ Housing or homelessness worker
- ☐ Mental health worker
- ☐ None of the above
- ☐ Nurse (qualified/registered)
- ☐ Prison/probation
- ☐ Social worker
- ☐ Substance use worker
- ☐ Teacher or other education worker
- ☐ Youth worker
- ☐ Another term not listed here

Please write in your job role when **not** working as a CHW.

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH TERM BEST DESCRIBES YOUR JOB ROLE WHEN NOT WORKING AS A CHW? (CHOOSE ONE) IS ANY OF ANOTHER TERM NOT LISTED HERE

## SECTION 2 (continued):

PAGE SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) – FULL-TIME, EMPLOYED (PAID) – PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME

### About your organisation

When working as a CHW, which of the following best describes the type of organisation you work for/with? If you work for more than one organisation as a CHW, please answer regarding your main organisation.

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) – FULL-TIME, EMPLOYED (PAID) – PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME

- ☐ Private not-for-profit - e.g. non-governmental organisation, charity, community, civil society, grassroots organisation
- ☐ Private for-profit/commercial organisation
- ☐ Government/local authority/public organisation
- ☐ Other

What is the main purpose of this organisation?

- ☐ Sexual health
- ☐ General health - e.g. hospital, clinic, community health, GP
- ☐ LGBT specific needs
- ☐ Mental health and/or wellbeing
- ☐ Substance use support
- ☐ Religion
- ☐ Education - e.g. school, college or university
- ☐ Housing and/or homelessness
- ☐ Advocacy
- ☐ Transport
- ☐ Prison/probation
- ☐ Other

Approximately, what is the size of the organisation in terms of the numbers of people who work there (both paid and unpaid)?

- ☐ Up to 5 people
- ☐ 6 to 9 people
- ☐ 10 to 49 people
- ☐ 50 to 249 people
- ☐ 250 people or more
- ☐ Don't know

As far as you know, who funds this organisation? (tick all that apply)

- ☐ Grants from national government and/or local authority
- ☐ Charitable/private donation
- ☐ Fundraising activities
- ☐ European funding
- ☐ Fees from services provided - e.g. training
- ☐ Other
- ☐ Don't know

## SECTION 3: In your role as a CHW, what do you do?

One of the aims of this survey is to find out what CHWs actually do. We therefore ask about **your personal involvement** in CHW activities over

the **last 12 months**. These activities refer to the sexual health support you provide gay, bisexual and other MSM around HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

**Note:** You can always go back and modify your responses if you need to. You can untick options if you realise they aren't right for you.

I am involved in... (tick all which apply, even if your involvement is minor)

**COMPULSORY QUESTION**

- ☐ **Prevention** of HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, condoms, safe sex practices, vaccinations, PrEP, PEP, substance use, mental health, etc.)
- ☐ **Screening and/or testing** of HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, the importance of screening/testing, pre- and post-test discussion, performing testing/screening procedures, etc.)
- ☐ **Treatment and/or support** for HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, HIV/AIDS treatments, viral hepatitis and other STI treatments, adherence support, referring to health services, etc.)
- ☐ None of the above

What CHW activities are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF NONE OF THE ABOVE

## Prevention of HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF PREVENTION OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONDOMS, SAFE SEX PRACTICES, VACCINATIONS, PREP, PEP, SUBSTANCE USE, MENTAL HEALTH, ETC.)

The following questions refer to **PREVENTION** activities that you may **personally be involved in** as part of sexual health support for gay, bisexual and other MSM regarding HIV, viral hepatitis and other STIs during the **last 12 months**.

For the purposes of prevention, I am involved in the following activities... (tick all that apply)

- ☐ Information provision
- ☐ Intervention - e.g. outreach activities
- ☐ Referral and linkage to care
- ☐ Strategic and administrative activities - e.g. reports, management
- ☐ I am not involved in prevention

For the purposes of prevention, I am involved in **providing information about**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Transmission of HIV, viral hepatitis and/or other STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer sex practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing and knowing your status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations and preventative medication (such as hepatitis vaccination, PrEP, or PEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment/medication for HIV/AIDS, viral hepatitis and/or other STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to treatment/medication for HIV/ AIDS, viral hepatitis and/or other STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other substance use - e.g. alcohol, marijuana, cocaine, ketamine, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemsex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General physical health and healthy living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health including counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposting to e.g. testing, gay-friendly support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activity or issue not listed here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which other activity or issue not listed here are you involved in providing information about?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF OTHER ACTIVITY OR ISSUE NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in **providing these intervention activities...**

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INTERVENTION - E.G. OUTREACH ACTIVITIES

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Sexual health support - e.g. condoms and lubricant provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use support - e.g. clean needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support using or accessing Pre-Exposure Prophylaxis (PrEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support using or accessing Post-Exposure Prophylaxis (PEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food, water and other essentials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support around work, home, and finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support around physical health and healthy living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behaviour change support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support including counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online and social media support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activity not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other intervention activities not listed here are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN PROVIDING THESE INTERVENTION ACTIVITIES... IS ANY OF OTHER ACTIVITY NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITY NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITY NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in **referring** gay, bisexual and other MSM to... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Hospital, clinic, or GP or other health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support services including counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary- or community-based health and social care organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police - e.g. hate crime reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious/spiritual services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social clubs or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service or organisation not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of prevention, which other services or organisations not listed here are you involved in referring to?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN REFERRING GAY, BISEXUAL AND OTHER MSM TO... (TICK ALL THAT APPLY) IS ANY OF OTHER SERVICE OR ORGANISATION NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in the following **strategic and administrative activities...** (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interventions, outreach and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing, advertising and media activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring, evaluation and reporting of organisation's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other strategic and administrative activities relating to prevention are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER ACTIVITIES NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITIES NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITIES NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITIES NOT LISTED HERE=ONCE A MONTH OR LESS

## [Prevention settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF PREVENTION OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONDOMS, SAFE SEX PRACTICES, VACCINATIONS, PREP, PEP, SUBSTANCE USE, MENTAL HEALTH, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **PREVENTION** practices...

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Where do you deliver **PREVENTION** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

- ☐ Gay/gay friendly entertainment venue - e.g. bar, club
- ☐ Community setting - e.g. drop-in, shelter
- ☐ Outdoor setting - e.g. cruising ground
- ☐ State/public sector setting - e.g. education, prison
- ☐ Private setting - e.g. private home, hotel
- ☐ Online or via mail - e.g. website, mobile phone apps, postal service
- ☐ Other
- ☐ None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- ☐ Café/restaurant
- ☐ Bar/pub/club/party
- ☐ Porn cinema
- ☐ Shops - e.g. fetish, books, video
- ☐ Sauna
- ☐ Male brothel
- ☐ Other
- ☐ None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- ☐ Drop-in, community centre or community organisation
- ☐ Migrant camp
- ☐ Shelter/refuge
- ☐ Foodbank

- ☐ Social club
- ☐ Pride events and marches
- ☐ Other
- ☐ None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- ☐ Mobile outreach - e.g. bus, van
- ☐ Streets or public space
- ☐ Cruising ground
- ☐ Sporting event
- ☐ Other
- ☐ None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which state/public sector settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- ☐ Education
- ☐ Prison
- ☐ State social services
- ☐ Other
- ☐ None of these

Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which private settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- ☐ Private home/dwelling
- ☐ Residential care home
- ☐ Hotel
- ☐ Other
- ☐ None of these

Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which online or mail settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- ☐ Website or online chat
- ☐ Mobile phone apps
- ☐ Telephone helpline
- ☐ Social media
- ☐ Postal/mail service - e.g. posting condoms, test kits
- ☐ Other
- ☐ None of these

Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which other setting, not listed here, do you deliver prevention activities in?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER

## Screening and/or testing of HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

The following questions refer to **SCREENING AND/OR TESTING** activities that you may **personally be involved in** as part of sexual health support



for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the **last 12 months**.

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

For the purposes of screening and/or testing, I am involved in the following activities... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

- ☐ Consultation and counselling
- ☐ Screening and/or testing procedures
- ☐ Referral and linkage to care
- ☐ Strategic and administrative activities - e.g. reports, management
- ☐ I am not involved in screening and/or testing

For the purposes of screening and/or testing, I am involved in the following **consultation and counselling activities**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Providing consultation, information or advice relating to screening and/or testing for HIV/Hepatitis/STIs - e.g. importance of regular testing, knowing your status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing consultation, information or advice, regarding adherence to medication/treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting pre/post-test discussions and counselling regarding HIV/Hepatitis/STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I perform the following **screening and/or testing procedures**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF SCREENING AND/OR TESTING PROCEDURES

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
I screen and/or test for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I screen and/or test for viral hepatitis (B and/or C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I screen and/or test for other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which samples do you use to screen and/or test for HIV, viral hepatitis, and other STIs? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF SCREENING AND/OR TESTING PROCEDURES

	I take the sample and test it immediately (rapid-test)	I take the sample and send to a lab for testing	I provide a self-sampling kit for men to take their own samples	I don't do this screening and/or testing
Blood sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swab sample (urethral, rectal, mouth, throat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am involved in **referring or linking gay, bisexual and other MSM to care** for the purposes of screening and/or testing at... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

- ☐ A hospital, clinic, or GP or other health professional
- ☐ A voluntary- or community-based health and social care organisation
- ☐ Other services or support
- ☐ I don't refer people to screening and/or testing

For the purposes of screening and/or testing, I am involved in the following **strategic and administrative activities**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interventions, outreach and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



assessments

Marketing, advertising and media activities

Monitoring, evaluation and reporting of organisation's activities

Fundraising

Management

Staff development

Other

Which other strategic and administrative activities relating to screening and/or testing are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST DAILY, OTHER=ONCE A WEEK OR MORE, OTHER=ONCE EVERY TWO WEEKS OR MORE, OTHER=ONCE A MONTH OR LESS

## [Screening and/or testing settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **SCREENING AND/OR TESTING** activities...

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Where do you do these **SCREENING AND/OR TESTING** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

- ☐ Gay/gay friendly entertainment venue - e.g. bar, club
- ☐ Community setting - e.g. drop-in, shelter
- ☐ Outdoor setting - e.g. cruising ground
- ☐ State/public sector setting - e.g. education, prison
- ☐ Private setting - e.g. private home, hotel
- ☐ Online or via mail - e.g. website, mobile phone apps, postal service
- ☐ Other
- ☐ None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- ☐ Café/restaurant
- ☐ Bar/pub/club/party
- ☐ Porn cinema
- ☐ Shops - e.g. fetish, books, video
- ☐ Sauna
- ☐ Male brothel
- ☐ Other
- ☐ None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- ☐ Drop-in, community centre or community organisation
- ☐ Migrant camp
- ☐ Shelter/refuge
- ☐ Foodbank
- ☐ Social club
- ☐ Pride events and marches
- ☐ Other
- ☐ None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- ☐ Mobile outreach - e.g. bus, van
- ☐ Streets or public space
- ☐ Cruising ground
- ☐ Sporting event
- ☐ Other
- ☐ None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which state/public sector settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- ☐ Education
- ☐ Prison
- ☐ State social services
- ☐ Other
- ☐ None of these

Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which private settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- ☐ Private home/dwelling
- ☐ Residential care home
- ☐ Hotel
- ☐ Other
- ☐ None of these

Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which online or mail settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- ☐ Website or online chat
- ☐ Mobile phone apps
- ☐ Telephone helpline
- ☐ Social media
- ☐ Postal/mail service - e.g. posting condoms, test kits
- ☐ Other
- ☐ None of these

Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Is there another setting, not listed previously, where you deliver screening and/or testing activities?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS

## Treatment and/or support regarding HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

The following questions refer to **TREATMENT AND/OR SUPPORT** activities that you may **personally be involved in** as part of sexual health support for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the **last 12 months**.

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

For the purposes of treatment and/or support, I am involved in the following activities... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

- ☐ Information provision

- ☐ Intervention - e.g. adherence support
- ☐ Referral and linkage to care
- ☐ Strategic and administrative activities - e.g. reports, management
- ☒ I am not involved in treatment and/or support

I am involved in **providing information** about... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION

- ☐ Treatments for HIV/AIDS
- ☐ Treatments for viral hepatitis
- ☐ Treatments for other STIs
- ☐ Counselling and mental health support

I provide information about these HIV/AIDS treatments (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR HIV/AIDS

- ☐ Single anti-retroviral (ARV) medications
- ☐ Combination anti-retroviral (ARV) therapy
- ☐ Other
- ☒ None of these treatments

I provide information about these viral hepatitis treatments (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR VIRAL HEPATITIS

- ☐ Hepatitis A/B vaccine
- ☐ Pegylated interferon
- ☐ Hepatitis C combination therapy/DAA's
- ☐ Painkillers - e.g. ibuprofen, paracetamol
- ☐ Other
- ☒ None of these treatments

I provide information about these treatments for other STIs (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR OTHER STIS

- ☐ Antibiotic medications
- ☐ Antiviral medications
- ☐ Topical creams
- ☐ Painkillers e.g. ibuprofen, paracetamol
- ☐ Other
- ☒ None of these treatments

For the purposes of treatment and/or support, I am involved in **providing these intervention activities**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INTERVENTION - E.G. ADHERENCE SUPPORT

- ☐ Support with time planning for treatment/medication
- ☐ Supporting clients to adhere to treatment/medication
- ☐ Accompanying clients to get treatment/medication
- ☐ Assisting with sourcing and accessing treatment/medication
- ☐ Other

Which other intervention activities not listed here are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN PROVIDING THESE INTERVENTION ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER

I am involved in **referring** gay, bisexual and other MSM for treatment and/or support at... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

- ☐ A hospital, clinic, or GP or other health professional
- ☐ A voluntary or community-based health and social care organisation
- ☐ Other service or support
- ☒ I don't refer people for treatment or support

For the purposes of treatment and/or support, I am involved in the following **strategic and administrative activities**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interventions and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing, advertising and media activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring, evaluation and reporting of organisation's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

Which other strategic and administrative activities relating to screening and/or testing are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST DAILY, OTHER=ONCE A WEEK OR MORE, OTHER=ONCE EVERY TWO WEEKS OR MORE, OTHER=ONCE A MONTH OR LESS

## [Treatment and/or support settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **TREATMENT AND/OR SUPPORT** activities...

Where do you do these **TREATMENT AND/OR SUPPORT** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

- ☐ Gay/gay friendly entertainment venue - e.g. bar, club
- ☐ Community setting - e.g. drop-in, shelter
- ☐ Outdoor setting - e.g. cruising ground
- ☐ State/public sector setting - e.g. education, prison
- ☐ Private setting - e.g. private home, hotel
- ☐ Online or via mail - e.g. website, mobile phone apps, postal service
- ☐ Other
- ☒ None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- ☐ Café/restaurant
- ☐ Bar/pub/club/party
- ☐ Porn cinema
- ☐ Shops (e.g. fetish, books, video)
- ☐ Sauna
- ☐ Male brothel
- ☐ Other
- ☒ None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- ☐ Drop-in, community centre or community organisation
- ☐ Migrant camp
- ☐ Shelter/refuge
- ☐ Foodbank
- ☐ Social club
- ☐ Pride events and marches
- ☐ Other
- ☒ None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- ☐ Mobile outreach - e.g. bus, van
- ☐ Streets or public space
- ☐ Cruising ground
- ☐ Sporting event
- ☐ Other
- ☒ None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

--

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

\_\_\_\_\_

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

\_\_\_\_\_

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS

\_\_\_\_\_

PAGE SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Over the last 12 months, approximately what amount of your CHW time has been spent on...

**Note:** This should add up to around 100% but it doesn't need to be perfect.

### Prevention of HIV, viral hepatitis and/or other STIs

**Screening and/or testing** of HIV, viral hepatitis and/or other STIs

**Treatment and/or support** for HIV, viral hepatitis and/or other STIs



ECHOES: European Community Health Worker Internet Survey (ECHOES: Final master survey: English language version)  
Page 16 of 24

This section asks about the people you work with and your relationship with them. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Which three of these populations of people do you **most often** work with in your CHW activities? (tick up to three)

**MAXIMUM OF 3 ANSWERS CAN BE SELECTED**

- ☐ Gay, bisexual and other MSM
- ☐ Lesbian/bisexual women and other women who have sex with women (WSW)
- ☐ Trans people
- ☐ Adolescents/young people
- ☐ Students
- ☐ Ethnic minorities
- ☐ Religious or faith groups/individuals
- ☐ Disabled people or people with learning disabilities
- ☐ Migrants
- ☐ Sex workers
- ☐ Homeless
- ☐ People living with HIV/AIDS
- ☐ Drug users (injecting or otherwise)
- ☐ General population but including gay, bisexual and other MSM
- ☐ Offenders/prisons/probation
- ☐ Elderly
- ☐ Parents, children, and families

Thinking now **only** about your work with gay, bisexual and other MSM regarding delivering sexual health support on HIV, viral hepatitis and other STIs, what age group do you **most often** work with?

- ☐ Mostly people younger than 25
- ☐ Mostly people older than 25
- ☐ Even mix

In a usual 7-day period, approximately how many gay, bisexual and other MSM do you work with directly, providing sexual health support on HIV, viral hepatitis and other STIs?

- ☐ Up to 5 people
- ☐ 6 to 9 people
- ☐ 10 to 49 people
- ☐ 50 to 249 people
- ☐ 250 people or more
- ☐ Don't know

To what extent do you think gay, bisexual and other MSM 'trust' or feel confident about the CHW support that **you** are delivering?

- ☐ Not at all
- ☐ Hardly
- ☐ Moderately
- ☐ Extremely
- ☐ Don't know

To what extent do you think gay, bisexual and other MSM 'trust' or feel confident about **your CHW organisation**?

- ☐ Not at all
- ☐ Hardly
- ☐ Moderately
- ☐ Extremely
- ☐ Don't know

## SECTION 5: Barriers to performing CHW activities

In this section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Think about all the activities you do in your role as a CHW. Please tick **the main issues for you as an individual** which hinder your activities. (chwIssues\_individual)

- ☐ I lack enough time to work/volunteer as a CHW
- ☐ I work/volunteer long or difficult hours as a CHW
- ☐ I have a lack of knowledge
- ☐ I have personal concerns or fears about being a CHW
- ☐ I am not from gay/bisexual/MSM communities
- ☐ I have a low salary or no salary
- ☐ None of the above

Please tick **the main issues from your organisation** which hinder your activities. (chwIssues\_organisation)

- ☐ Shortage of funding/resources
- ☐ Lack of space for organisation's activities
- ☐ Lack of clear goals or aims
- ☐ Limited or no access to training
- ☐ Disagreement within organisation
- ☐ Poor coordination of activities
- ☐ Poor communication within organisation
- ☐ Lack of appropriate supervision
- ☐ Shortage of CHWs/colleagues/staff

- ☐ Limited or inaccessible healthcare services (doctors, nurses, clinics)
- ☐ Poor cooperation with healthcare services (doctors, nurses, clinics)
- ☐ Confidentiality and anonymity issues
- ☐ Poor knowledge of sexuality/LGBT issues in healthcare services
- ☐ None of the above

Please tick **the main issues from local communities** which hinder your activities. (chwIssues\_communities)

- ☐ Lack of interest from gay, bisexual or other MSM
- ☐ Lack of support from gay/bisexual businesses and/or venues
- ☐ None of the above

Please tick **the main issues from wider society** which hinder your activities. (chwIssues\_society)

- ☐ Lack of funding for CHW organisations
- ☐ Legal constraints/regulations
- ☐ Lack of or poor national HIV strategy
- ☐ Stigma around homosexuality and bisexuality
- ☐ Stigma around HIV/AIDS
- ☐ Stigma around hepatitis
- ☐ Stigma around STIs
- ☐ None of the above

## SECTION 5 (continued):

Of these main issues you selected, which hinder your activities the most? (tick up to **three**) (chwIssues\_consolidated)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINK ABOUT ALL THE ACTIVITIES YOU DO IN YOUR ROLE AS A CHW. PLEASE TICK THE MAIN ISSUES FOR YOU AS AN INDIVIDUAL WHICH HINDER YOUR ACTIVITIES. IS ANY OF I LACK ENOUGH TIME TO WORK/VOLUNTEER AS A CHW, I WORK/VOLUNTEER LONG OR DIFFICULT HOURS AS A CHW, I HAVE A LACK OF KNOWLEDGE, I HAVE PERSONAL CONCERNS OR FEARS ABOUT BEING A CHW, I AM NOT FROM GAY/BISEXUAL/MSM COMMUNITIES, I HAVE A LOW SALARY OR NO SALARY OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM YOUR ORGANISATION WHICH HINDER YOUR ACTIVITIES. IS ANY OF SHORTAGE OF FUNDING/RESOURCES, LACK OF SPACE FOR ORGANISATION'S ACTIVITIES, LACK OF CLEAR GOALS OR AIMS, LIMITED OR NO ACCESS TO TRAINING, DISAGREEMENT WITHIN ORGANISATION, POOR COORDINATION OF ACTIVITIES, POOR COMMUNICATION WITHIN ORGANISATION, LACK OF APPROPRIATE SUPERVISION, SHORTAGE OF CHWS/COLLEAGUES/STAFF, LIMITED OR INACCESSIBLE HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), POOR COOPERATION WITH HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), CONFIDENTIALITY AND ANONYMITY ISSUES, POOR KNOWLEDGE OF SEXUALITY/LGBT ISSUES IN HEALTHCARE SERVICES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM LOCAL COMMUNITIES WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF INTEREST FROM GAY, BISEXUAL OR OTHER MSM, LACK OF SUPPORT FROM GAY/BISEXUAL BUSINESSES AND/OR VENUES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM WIDER SOCIETY WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF FUNDING FOR CHW ORGANISATIONS, LEGAL CONSTRAINTS/REGULATIONS, LACK OF OR POOR NATIONAL HIV STRATEGY, STIGMA AROUND HOMOSEXUALITY AND BISEXUALITY, STIGMA AROUND HIV/AIDS, STIGMA AROUND HEPATITIS, STIGMA AROUND STIS

MAXIMUM OF 3 ANSWERS CAN BE SELECTED

- ☐ I lack enough time to work/volunteer as a CHW
- ☐ I work/volunteer long or difficult hours as a CHW
- ☐ I have a lack of knowledge
- ☐ I have personal concerns or fears about being a CHW
- ☐ I am not from gay/bisexual/MSM communities
- ☐ I have a low salary or no salary
- ☐ Shortage of funding/resources
- ☐ Lack of space for organisation's activities
- ☐ Lack of clear goals or aims
- ☐ Limited or no access to training
- ☐ Disagreement within organisation
- ☐ Poor coordination of activities
- ☐ Poor communication within organisation
- ☐ Lack of appropriate supervision
- ☐ Shortage of CHWs/colleagues/staff
- ☐ Limited or inaccessible healthcare services (doctors, nurses, clinics)
- ☐ Poor cooperation with healthcare services (doctors, nurses, clinics)
- ☐ Confidentiality and anonymity issues
- ☐ Poor knowledge of sexuality/LGBT issues in healthcare services
- ☐ Lack of interest from gay, bisexual or other MSM
- ☐ Lack of support from gay/bisexual businesses and/or venues
- ☐ Lack of funding for CHW organisations
- ☐ Legal constraints/regulations
- ☐ Lack of or poor national HIV strategy
- ☐ Stigma around homosexuality and bisexuality
- ☐ Stigma around HIV/AIDS
- ☐ Stigma around hepatitis
- ☐ Stigma around STIs

In your own words, what **three things** would make your CHW work more effective over the next 12 months?

First thing:

Second thing:

Third thing:



## SECTION 6: Recruitment as a CHW

This section asks how you were recruited to be a CHW. Please think back to the time when you started as a CHW, or got involved with activities supporting gay, bisexual, and other MSM.

Why did you start to work/volunteer as a CHW? (tick all that apply)

- ☐ Wanted to support gay, bisexual and other MSM
- ☐ Wanted to support people living with HIV/AIDS, viral hepatitis and/or STIs
- ☐ Wanted access to training
- ☐ Needed employment
- ☐ Good income
- ☐ Opportunities for career development
- ☐ Socialising
- ☐ Networking
- ☐ Gaining access to particular scenes or spaces
- ☐ Personal learning and development
- ☐ Wanted to help prevent HIV, viral hepatitis and/or other STIs
- ☐ Teaching and educating others
- ☐ Other

For what other reason did you start to work as a CHW?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHY DID YOU START TO WORK/VOLUNTEER AS A CHW? (TICK ALL THAT APPLY) IS ANY OF TEACHING AND EDUCATING OTHERS

How did you first become a CHW?

- ☐ I approached an organisation to volunteer
- ☐ I applied for a formally advertised volunteer post
- ☐ I applied for a formally advertised paid post
- ☐ I was already working for the organisation in a different capacity
- ☐ I was head-hunted/recommended by colleagues/friends
- ☐ Other

How many CHW jobs/volunteering posts have you had specifically providing sexual health support for gay, bisexual and other MSM?

- ☐ One
- ☐ Two or three
- ☐ Four or five
- ☐ Six or more

Adding all of these CHW jobs/volunteering posts together, approximately how long have you been a CHW?

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 20 years
- ☐ More than 20 years

When you started your current CHW role, were there any requirements for prior **training or qualifications**?

- ☐ No
- ☐ Yes
- ☐ Don't know / don't remember

What were the requirements for prior training or qualifications?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR PRIOR TRAINING OR QUALIFICATIONS? IS ANY OF YES

When you started your current CHW role, were there any requirements for **relevant experience**?

- ☐ No
- ☐ Yes
- ☐ Don't know / don't remember

Approximately how much prior relevant experience was required?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR RELEVANT EXPERIENCE? IS ANY OF YES

- ☐ No experience
- ☐ Up to one month
- ☐ Up to three months
- ☐ Up to six months
- ☐ Up to 12 months
- ☐ More than 12 months

## SECTION 7: Training and skills

This section asks about your skills, and about what kind of training (if any) you have had during your work as a CHW. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.



Thinking about your current role as a CHW, have you received training in this role?

- ☐ No
- ☐ Yes – **internal** / in house /on the job training from my CHW organisation
- ☐ Yes - **external** training - e.g. from a consulting company, training company, external event
- ☐ Yes – **both** internal and external training

What kind of training have you received? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ Online course - e.g. webinars, online training programmes/courses, online lectures
- ☐ Face-to-face - e.g. seminars, workshops, lectures, group work, peer learning, residential, conferences, events
- ☐ Structured support - e.g. supervision, guidance, mentoring
- ☐ Structured observation - e.g. shadowing a colleague, following a role model
- ☐ Other kind of training

What areas did this training cover? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ Prevention of HIV, viral hepatitis, and other STIs
- ☐ Screening and/or testing of HIV, viral hepatitis, and other STIs
- ☐ Treatment and/or support of HIV, viral hepatitis, and other STIs
- ☐ Substance use - e.g. Chemsex, alcohol
- ☐ Mental health support
- ☐ General health support
- ☐ First aid/personal safety/cardiopulmonary resuscitation (CPR)
- ☐ Signposting to other support and services
- ☐ Peer support
- ☐ Counselling
- ☐ Advocacy
- ☐ Networking
- ☐ Capacity building
- ☐ Report writing
- ☐ Research skills
- ☐ Fundraising/grant writing
- ☐ Social media/computer/IT skills
- ☐ Languages - e.g. being bi-lingual
- ☐ Leadership/management skills
- ☐ Communication skills - e.g. writing, speaking
- ☐ Interpersonal skills and relationship building
- ☐ Administrative skills
- ☐ Teaching skills
- ☐ Budgeting/financial skills
- ☐ Understanding of diverse sexual orientations and gender identities
- ☐ Knowledge of diverse sexual acts and practices
- ☐ LGBT-specific health needs
- ☐ Other areas of training

What other areas did this training cover?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHAT AREAS DID THIS TRAINING COVER? (TICK ALL THAT APPLY) IS ANY OF OTHER AREAS OF TRAINING

Approximately how much of this training have you completed in the last 12 months?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ None
- ☐ Up to a few hours
- ☐ Up to 1 day
- ☐ Up to 1 week
- ☐ Up to 4 weeks
- ☐ More than 4 weeks

Which individuals or organisations provided this training? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ My own organisation
- ☐ HIV/hepatitis/STI or sexual health community organisation, charity, NGO etc.
- ☐ LGBT community organisation, charity, NGO etc.
- ☐ Health sector - e.g. hospital, clinic, GP or other health professional, etc.
- ☐ Religious organisations
- ☐ Government - e.g. national, regional or local
- ☐ Private organisation - e.g. for profit business
- ☐ Education - e.g. school, college or university
- ☐ Individual consultant

☐ Other

Who paid for this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE / ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ I paid by myself
- ☐ My organisation paid
- ☐ Both me and my organisation paid
- ☐ Other

Who paid for this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHO PAID FOR THIS TRAINING? IS ANY OF OTHER

Who found or identified this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE / ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ I found this training by myself
- ☐ My organisation found this training
- ☐ Both me and my organisation found this training
- ☐ Other

Who found or identified this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHO FOUND OR IDENTIFIED THIS TRAINING? IS ANY OF OTHER

Were you allowed to participate in this training as part of your CHW work time?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE / ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- ☐ No
- ☐ Yes
- ☐ Sometimes

## SECTION 7 (continued):

Are further training opportunities for you as a CHW available or ongoing?

COMPULSORY QUESTION

- ☐ No
- ☐ Yes
- ☐ Don't know

In order to be as effective as possible in your current role, which areas would you **most benefit** from additional training in? (Please choose up to 5)

COMPULSORY QUESTION

MAXIMUM OF 5 ANSWERS CAN BE SELECTED

- ☐ Prevention of HIV, viral hepatitis, and other STIs
- ☐ Screening and/or testing of HIV, viral hepatitis, and other STIs
- ☐ Treatment and/or support of HIV, viral hepatitis, and other STIs
- ☐ Substance use - e.g. Chemsex, alcohol
- ☐ Mental health support
- ☐ General health support
- ☐ First aid/personal safety/cardiopulmonary resuscitation (CPR)
- ☐ Signposting to other support and services
- ☐ Peer support
- ☐ Counselling
- ☐ Advocacy
- ☐ Networking
- ☐ Capacity building
- ☐ Report writing
- ☐ Research skills
- ☐ Fundraising/grant writing
- ☐ Social media/computer/IT skills
- ☐ Languages - e.g. being bi-lingual
- ☐ Leadership/management skills
- ☐ Communication skills - e.g. writing, speaking
- ☐ Interpersonal skills and relationship building
- ☐ Administrative skills
- ☐ Teaching skills
- ☐ Budgeting/financial skills
- ☐ Understanding of diverse sexual orientations and gender identities
- ☐ Knowledge of diverse sexual acts and practices
- ☐ LGBT-specific health needs

## Other knowledges and skills

Of these answers, please rank them in order of priority with the most important at the top.

ANSWERS/ROWS LINKED TO QUESTION: IN ORDER TO BE AS EFFECTIVE AS POSSIBLE IN YOUR CURRENT ROLE, WHICH AREAS WOULD YOU MOST BENEFIT FROM ADDITIONAL TRAINING IN? (PLEASE CHOOSE UP TO 5)

== MOVE ABOVE THIS LINE TO RANK ==

Prevention of HIV, viral hepatitis, and other STIs  
Screening and/or testing of HIV, viral hepatitis, and other STIs  
Treatment and/or support of HIV, viral hepatitis, and other STIs  
Substance use - e.g. Chemsex, alcohol  
Mental health support  
General health support  
First aid/personal safety/cardiopulmonary resuscitation (CPR)  
Signposting to other support and services  
Peer support  
Counselling  
Advocacy  
Networking  
Capacity building  
Report writing  
Research skills  
Fundraising/grant writing  
Social media/computer/IT skills  
Languages - e.g. being bi-lingual  
Leadership/management skills  
Communication skills - e.g. writing, speaking  
Interpersonal skills and relationship building  
Administrative skills  
Teaching skills  
Budgeting/financial skills  
Understanding of diverse sexual orientations and gender identities  
Knowledge of diverse sexual acts and practices  
LGBT-specific health needs  
Other knowledges and skills

TO RANK AN ITEM DRAG IT UP AND DOWN WITH THE MOUSE, OR NAVIGATE TO IT WITH THE TAB KEY THEN RE-ARRANGE USING THE ARROW KEYS UNTIL IT IS ABOVE THE SOLID BAR

## SECTION 8: Thoughts and feelings about your role as a CHW

This section asks you to consider your personal thoughts and feelings about being a CHW and the work you do as part of it. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Please don't spent too much time thinking about any one statement.

Please think about your day to day life, including your role as a CHW. How true are the following statements?

	Not at all true	Hardly true	Moderately true	Exactly true
It is easy for me to stick to my aims and accomplish my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could deal efficiently with unexpected events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone opposes me, I can find means and ways to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what comes my way, I'm usually able to handle it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please think about your role as a CHW. How satisfied are you with the following?

Very dissatisfied      Somewhat dissatisfied      Neither satisfied nor dissatisfied      Somewhat satisfied      Very satisfied

Amount of variety in job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to use abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freedom of working method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition for work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colleagues and fellow workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your rate of pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your opportunity to acquire new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, taking everything into consideration, how do you feel about your activities as a CHW as a whole?

- ☐ Very dissatisfied  
☐ Somewhat dissatisfied  
☐ Neither satisfied nor dissatisfied  
☐ Somewhat satisfied  
☐ Very satisfied

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Homosexuality is morally acceptable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be happy with gay, bisexual or other MSM as neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable discussing homosexuality in a public situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION 9: Knowledge

In this section we're interested in your general levels of knowledge around HIV/AIDS, viral hepatitis, and other STIs regarding your role as a CHW.

Regarding HIV/AIDS, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention  
 screening and/or testing  
 treatment and/or support

1  
2  
3  
4  
5

Regarding Hepatitis B and C, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention  
 screening and/or testing  
 treatment and/or support

1  
2  
3  
4  
5

Regarding other STIs, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention  
 screening and/or testing

1  
2  
3

## SECTION 10: SOME FINAL QUESTIONS...

This final section asks just a few more questions about you. Some might seem quite personal. We are trying to understand how you may be connected to the communities you work with. Remember, all of your answers are anonymous and cannot be traced back to you.

Have you ever received an HIV test result?

- ☐ No  
☐ Yes

Have you ever been diagnosed with HIV?

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER RECEIVED AN HIV TEST RESULT? IS ANY OF YES

- ☐ No  
☐ Yes

Have you ever taken any illegal drug?

- ☐ No  
☐ Yes  
☐ I prefer not to answer

Have you ever injected illegal drugs? (other than anabolic steroids or medicines)

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER TAKEN ANY ILLEGAL DRUG? IS ANY OF YES

- ☐ No, never  
☐ Yes, more than 12 months ago  
☐ Yes, within the last 12 months

Have you ever used any illegal, non-injected recreational drugs - e.g. marijuana, cocaine, GHB, ketamine?

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER TAKEN ANY ILLEGAL DRUG? IS ANY OF YES

- ☐ No, never  
☐ Yes, within the last 12 months  
☐ Yes, more than 12 months ago

How good is your health in general? Is it...

- ☐ Very good  
☐ Good  
☐ Fair  
☐ Bad  
☐ Very bad

We'd like to know how you're doing at the moment. For each of the five statements, please indicate which is closest to how you've been feeling over the last two weeks.

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

And finally, we'd like to hear any comments that you have about the survey.

## [Ending Pages]

**[It's time to submit your answers!](#)**

You made it! Thank you for taking the time to complete this survey. We'll use your information to understand what support and training CHWs need. You might also be interested in the EMIS survey which is asking about gay/bisexual/MSM throughout Europe: [emis2017.eu](http://emis2017.eu)

**Now please press 'submit answers'.**



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