

NetReach

Peer-based sexual health promotion outreach program targeting gay and other men who have sex with men using Internet chat rooms

Process evaluation research project commissioned by the Australian Federation of AIDS Organisations

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Contents

1	NetReach Trial	1
1.1	Overview	1
1.2	Outreach and Data Collection	1
2	Background	2
2.1	The Internet as a Health Promotion Setting	2
2.2	Men who have Sex with Men.....	3
2.3	Opportunity for Peer-based Outreach via the Internet.....	4
3	Who Accessed the Service?	5
3.1	Total Number of Interactions	5
3.2	Interactions by Website	5
3.3	Program Reach	6
3.4	Demographics	6
3.4.1	Gender	6
3.4.2	Feelings.....	7
3.4.3	Behaviour	7
3.4.4	Identity.....	7
3.4.5	Primary Partner	8
3.4.6	Age.....	8
3.4.7	Cultural Background.....	8
3.4.8	Location.....	9
4	What Did Clients Discuss?	10
4.1	Overall	10
4.2	By Agency	10
5	Where Were Clients Referred?	11
5.1	Overall	11
5.2	By Agency	11
5.2.1	ACSA.....	12
5.2.2	QAHC.....	13
5.2.3	TasCAHRD.....	13
5.2.4	VAC.....	14
5.2.5	WAAC.....	14
5.3	Referrals to Websites	15
6	Evaluation	16
6.1	Usefulness of the Interaction to the Chatter	16
6.1.1	Overall.....	16
6.1.2	By Agency	16
6.2	Usefulness of the Interaction by Website	17
6.3	Usefulness of the Interaction by Shift Time	17
6.4	Usefulness of the Interaction by Chat Duration	18
6.5	Average Number of Interactions by Shift Time.....	18
6.6	Chat Duration	19
6.6.1	By Shift Time	19
6.6.2	By Website	20
6.6.3	By Agency	21
6.7	Feedback from the Outreachers – Agency Specific	22
6.7.1	ACSA.....	22
6.7.2	QAHC.....	23
6.7.3	TasCAHRD.....	24

6.7.4	WAAC.....	24
6.7.5	VAC.....	24
6.8	Feedback from the Chatters.....	25
6.9	Internet Outreach Compared to Other Mediums.....	25
6.10	Sustainability of Internet Outreach.....	26
6.11	Training and Quality of Service.....	26
7	Recommendations.....	27
7.1	Program Management.....	27
7.2	Program Delivery.....	27
7.3	Research and Evaluation.....	28
7.4	Other – Recommendations from Individual Outreachers.....	28
A	Appendix.....	29
A1	Frequency of Topics Discussed at each Agency.....	29
A2	Usefulness Ratings by Agency.....	31
	References.....	33

1 NetReach Trial

1.1 Overview

NetReach was a peer-based sexual health promotion outreach program targeting at-risk groups via Internet chat rooms. It was a collaborative effort of the AIDS Councils of Western Australia, South Australia, Victoria, Queensland and Tasmania and the Australian Federation of AIDS Organisations. The primary target group was adult men who have sex with men (MSM) although some states have secondary target groups. For example, same sex attracted youth (SSAY) aged 16 to 24 of any gender are targeted in Western Australia.

Data collection began in April-June 2006 as shown in Table 1. Data collection for this trial ceased on 31 October 2006.

Table 1 Trial Start Dates

Agency	Starting Date
ACSA	3 June
QAHC	10 April
TasCAHRD	20 April
VAC	9 May
WAAC	20 April

1.2 Outreach and Data Collection

Volunteers and staff from each agency logged in to the chat site(s) on which they planned to conduct outreach. Gaydar was utilised by most agencies, although at WAAC outreach was also conducted on Gay.com and via the MSN instant messaging service. After entering the public chat room(s) appropriate for that agency (e.g. *Queensland General* and *Queensland – Rockhampton to Cairns* for QAHC), outreachers posted an introductory message and then waited for chatters to interact with them using private chat. Once engaged, the volunteers provided information and referral around issues of sexuality and health. At the conclusion of an interaction, outreachers completed two information sheets. One of these recorded limited demographic data along with details of the issues discussed and referrals made. The other allowed the outreachers to conduct a brief self-assessment and broader qualitative analysis of the overall shift experience.

The information contained within this report was derived from the data recorded by the outreachers on the information sheets. Where appropriate, this data was supplemented by feedback obtained in semi-structured interviews conducted with outreachers at the conclusion of the trial.

2 Background

2.1 The Internet as a Health Promotion Setting

The Internet is a system of interconnected computers creating a matrix of information exchange, through web sites (static and interactive pages), e-mail (electronic mail) and IRCs (Internet relay chat rooms) creating a virtual environment or cyberspace. This cyberspace is used by people as a place of congregation, communication and the forming of community⁽¹⁾. This opportunity did not exist in the early 1990s, however Internet access and use is currently increasing worldwide at rapid rate^(2, 3).

While access to technical support, technological literacy and cost are barriers to up taking technology-reliant service delivery, there has been a rapid increase in Internet subscribers⁽⁴⁾. Although not all Australians have access to the Internet, the number without access is decreasing and the Internet has become a common method of communication and source of information.

The number of adults who regularly access the Internet has doubled since 1998 for both metropolitan and non-metropolitan adults. In 1998, 35% of metropolitan adults and 25% of non-metropolitan adults had access to the Internet. By 2005, this had increased to 66% and 58% respectively⁽⁴⁾. Whilst younger adults had the highest rate of Internet access (86% of 18-24 year olds by 2002), 68% of 45 – 54 year olds and 49% of 55-64 year olds had access by 2005⁽⁴⁾. The most common use of the Internet was personal or private purposes (97%) with the most popular uses at home being e-mail or chat sites (68%) and general browsing (57%)⁽⁴⁾. Indications are that those groups with lower rates of Internet access (lower income, regional and older age groups) are increasing rapidly with access and household account numbers rising by 50%-80% every two years.

With such relatively widespread access, it has been proposed that cyberspace may act as a "salve" where there is little opportunity or barriers to the development of communities in other contexts⁽¹⁾. For people who are marginalised, the Internet has the capacity to remove barriers associated with geography, age, socioeconomic status, ethnicity and sexuality⁽⁵⁾. The rapid growth of the Internet as a venue or space for communication, particularly on-line chat rooms and networks, demonstrates new ways in which community links can occur or marginalised people can interact.

With the development and uptake of the Internet based communication, a new range of interaction methods has developed, involving its own etiquette, norms and assumptions, which can vary across the different chatrooms and websites⁽⁶⁾. One of the differences, and advantages, to

interaction on the Internet compared to other face-to-face environments is the simultaneous experience of distance and intimacy⁽⁵⁾ which allows individuals safety in conveying their personal, emotional or sexual aspirations without having to risk face-to-face rejection⁽⁷⁾

The Internet is a setting in which people engage for specific social interactions^(2, 3, 6); seek information, knowledge and perspective; and where risk assessments and risk behaviour is facilitated⁽⁸⁻¹²⁾. Isolated or marginalised people in particular, use this space as a source of reference groups and so a range of safe or unsafe cultures and assumed meanings can transfer quickly.

Because of these factors, the Internet has been identified as an important setting to target health promotion programs^(2, 3, 13). In particular, there is an opportunity to develop effective community driven peer based outreach initiatives to determine the appropriate and effective role for health promotion within these online interactive environments.

2.2 Men who have Sex with Men

People with same sex attractions have relatively few places in which they can meet without fear of negative social consequences⁽⁵⁾. The Internet provides a range of settings populated by same sex attracted people who may or may not be gay- or bisexual-identified but exploring or questioning their sexuality. Many of these people are socially isolated, from culturally and linguistically diverse communities, and/or living in rural areas^(14, 15). Because of its anonymity and capacity to reach large numbers of people and cross cultural and geographic barriers, the Internet has become a useful place to facilitate access to other same sex attracted people, form friendship groups, find sexual partners, be socialised into gay community culture, and/or access specific sexual and health information without fear of reprisal⁽¹⁶⁾. This provides a setting where interventions can access previously hard-to-reach populations⁽¹⁷⁾.

Bull, McFarlane and King⁽¹⁸⁾ argue that unlike other health promotion programs that attract the 'worried well' and do not effectively reach those at high risk, the Internet may be of high appeal and an ideal medium to promote effective help seeking and risk reduction. Chat rooms can be issue-specific ('coming out'), desire-specific (looking for relationship, looking for sex), geographic-specific (Perth, South of River) or a combination. Given the specific nature of chat rooms and other Internet-based environments, it is possible to engage and target very specific sub-groups with selectively tailored messages. This allows health promotion interventions to reach some groups more effectively than more traditional venues for mental health promotion or STI/HIV prevention messages targeting these high-risk groups.

2.3 Opportunity for Peer-based Outreach via the Internet

Health promotion initiatives need to approach the Internet in a similar, innovative and community grounded approach that has been utilised in targeting other marginalised or difficult to reach communities. An approach that respects and understands the range of meanings and purposes for the medium and the current culture is required. Peer and participatory approaches to action research that have been highly effective in other areas of HIV prevention⁽¹³⁾ may be very relevant in this context.

Peer support and education are used within health promotion whereby a small number of people from a group or community actively attempt to support, inform and influence the majority. It is commonly used in targeting and supporting marginalised groups regarding issues such as safe sex, suicide prevention, substance use cessation, and chronic disease management amongst other health issues⁽¹⁹⁻²¹⁾. In most cases, the peer supporter had previously gone through the process of dealing with a similar problem themselves. Often in marginalised groups, friends are not a positive source of support or there are no friends available⁽²²⁻²⁴⁾. Professional or institutional support services may not be trusted due to marginalisation issues⁽²³⁾. Peer support and education strengthens the protective role that friends would usually provide in finding safe and satisfying solutions, empathy, understanding, skills development and practical support. Peer support can play a critical role in determining the need for referral to other health or welfare professionals and encouraging the access of such services. What distinguishes peer support and education programs from 'self help' is the training and supervision of peer volunteers by professionals^(22, 25, 26).

Research into Internet based outreach, either by professional educators and clinicians or by trained community peers, has only recently emerged in the literature. Few published examples are available⁽²⁷⁻²⁹⁾. Whilst early findings are promising, and these projects have provided useful experiences to guide the development of this project, there is a need for more rigorous evaluation techniques to develop both effective health promotion practice and sustainable impact.

3 Who Accessed the Service?

This section provides an overview of the chatters who engaged with the peer outreachers online.

3.1 Total Number of Interactions

Across all agencies, a total of 304 shifts of outreach were conducted. Outreachers engaged in private chat with 460 clients. The average number of interactions per shift was 1.51. The number of shifts and interactions reported by each agency are shown below.

Table 2 Interactions per Agency

Agency	Interactions	Shifts	Average Number of Interactions per Shift
ACSA	103	110	0.94
QAHC	193	56	3.45
TasCAHRD	34	29	1.17
VAC	24	26	0.92
WAAC	119	90	1.32

The average number of interactions per shift was similar across the agencies, with the exception of QAHC. At this agency, outreachers interacted with nearly three times as many chatters per shift as the other agencies.

3.2 Interactions by Website

Outreach at WAAC was conducted via three mediums: the Gaydar and Gay.com chat sites and the MSN instant messaging service. The number of interactions per shift differed considerably between the sites, with significantly more clients interacting with the outreachers on the Gaydar site than Gay.com.

Table 3 Interactions by Website

Agency	Interactions	Shifts	Average Number of Interactions per Shift
Gay.com	24	65	0.37
Gaydar	85	77	1.10
MSN	10	9	1.11

3.3 Program Reach

Outreachers recorded the number of people present in the chat rooms at the beginning and end of each shift. The population of Internet chat rooms was transient; often chatters would leave and others arrive during a shift, thus the true number of exposures may be somewhat higher (but not lower) than the figures shown below.

The minimum number of people exposed to the program numbered 27,672 – an average of 60 people per shift. Of these, only a few chose to engage in private chat with the outreachers – an average response rate of 2.51%.

Table 4 Number of Chatters Exposed to the Program

Agency	Total Exposures	Shifts	Avg. Chatters per Shift	Response Rate (%)
ACSA	4,017	110	37	2.56
QAHC	8,871	56	158	2.18
TasCAHRD	193	29	7	17.62
VAC	7,230	26	278	0.33
WAAC	7,361	90	82	1.62

3.4 Demographics

The demographic characteristics of clients accessing the service are presented below. The data sheets for seven shifts (in which thirteen interactions occurred) at ACSA were lost. This missing data was excluded from the tables below.

3.4.1 Gender

The gender of clients was overwhelmingly male.

Agency	Male	Female	Transgender	Not Stated
ACSA	87	0	0	3
QAHC	183	0	0	11
TasCAHRD	34	0	0	0
VAC	22	0	0	2
WAAC	108	1	3	7

3.4.2 Feelings

Most clients reported that they had feelings for men. A much smaller number had feelings for both men and women. However, given the number that chose not to disclose this information, firm conclusions about the clients cannot be drawn.

Agency	Male	Female	Male and Female	Male, Female and Transgender	Not Stated
ACSA	73	0	7	0	10
QAHC	82	1	18	2	91
TasCAHRD	13	0	4	0	17
VAC	16	0	0	0	8
WAAC	62	1	5	0	51

3.4.3 Behaviour

Self-reported behaviour was strongly correlated with self-reported feelings. (Spearman's rho = 0.837 [p < 0.0001]). Two of the chatters interacting with outreachers at QAHC chose not to disclose their sexual behaviour.

Agency	Male	Female	Male and Female	Male, Female and Transgender	Not Having Sex
ACSA	74	0	8	8	0
QAHC	87	0	17	87	1
TasCAHRD	12	0	5	17	0
VAC	16	0	0	8	0
WAAC	54	3	10	52	0

3.4.4 Identity

Most clients identified themselves as gay, although the number identifying as bisexual was significant. However, given the proportion that chose not to disclose this information, firm conclusions about ways in which clients identify themselves cannot be drawn.

Agency	Gay	Bisexual	Straight	Not Sure	Other	Not Stated
ACSA	68	11	0	0	1	10
QAHC	102	25	0	2	1	64
TasCAHRD	5	10	0	1	1	17
VAC	16	0	0	0	0	8
WAAC	47	13	2	1	1	55

3.4.5 Primary Partner

Of the clients who reported being in a relationship, most said that their primary partner was male. A similar number of clients reported being single.

Agency	Male	Transgender Male ¹	Female	Single	More than One	Not Stated
ACSA	23	0	1	18	1	47
QAHC	24	0	6	37	1	126
TasCAHRD	3	0	2	2	0	27
VAC	0	0	0	1	0	23
WAAC	16	2	10	6	2	83

3.4.6 Age

Most chatters accessing the service appeared to be aged older than 25 years. However, given the large number of chatters who did not disclose their age, firm conclusions about age cannot be drawn.

Agency	Under 18	18-25	Over 25	Not Stated
ACSA	0	13	44	33
QAHC	0	32	84	78
TasCAHRD	0	7	5	22
VAC	0	1	0	23
WAAC	1	17	40	61

3.4.7 Cultural Background

At most agencies, this information was not readily disclosed to outreachers, or outreachers did not seek it from chatters. It would appear that people of Anglo-Celtic origin make up the bulk of chatters, but the lack of data makes it difficult to draw conclusions.

Agency	Anglo-Celtic	Asian	ATSI	Other	Not Stated
ACSA	47	4	2	1	36
QAHC	54	0	1	6	133
TasCAHRD	0	0	0	0	34
VAC	0	0	0	0	24
WAAC	55	1	0	0	63

¹ It is assumed that the outreachers who completed the relevant data sheets considered a transgender male to be someone who lives as and identifies as a man. It is possible that the client's relationship was actually with a transgender woman, and this was incorrectly coded as 'transgender male'.

3.4.8 Location

With the exception of QAHC and Tasmania, who encountered a large number of chatters who reported living in a rural area, most of the chatters indicated their location lived in a metropolitan area.

Agency	Metro	Rural	Interstate	Not Stated
ACSA	56	2	7	25
QAHC	44	61	7	82
TasCAHRD	5	16	1	12
VAC	1	0	0	23
WAAC	59	1	1	58

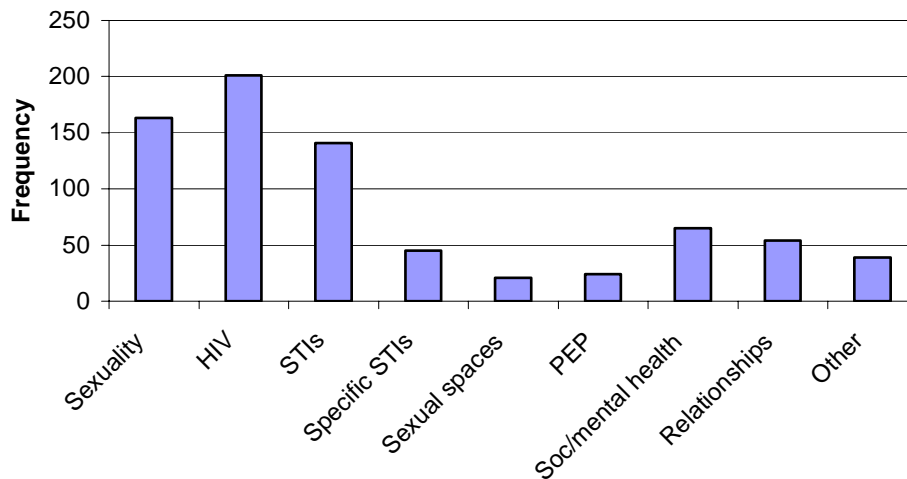
Internet-based interventions appear to have great potential to engage groups from rural areas and other groups with similar barriers. This potential should increase as broadband technologies become more available outside of urban areas.

4 What Did Clients Discuss?

4.1 Overall

Across all agencies, the top three topics discussed were HIV, sexuality and sexually transmissible infections (in that order).

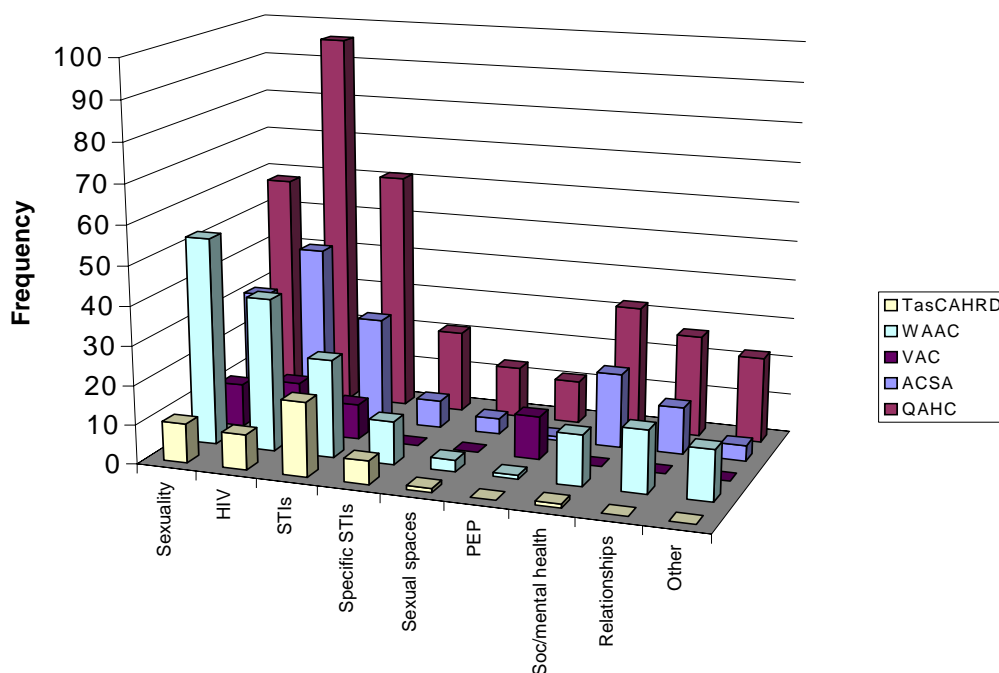
Chart 1 Frequency of Topics Discussed



4.2 By Agency

The top three topics discussed at each agency were similar. HIV, sexuality and STIs were in every agency's top three, with the exception of VAC, where PEP was discussed equally as often as sexuality. Individual graphs for each agency are provided in the appendix.

Chart 2 Frequency of Topics Discussed by Agency

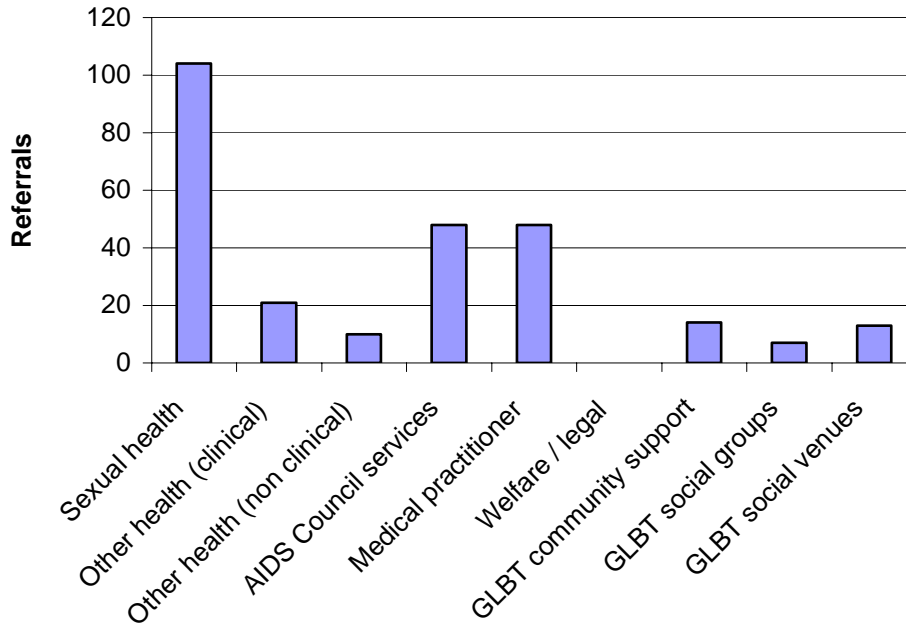


5 Where Were Clients Referred?

5.1 Overall

The three most frequent services referred to were sexual health services, AIDS council services and medical practitioners (in that order). There were no referrals to welfare / legal services.

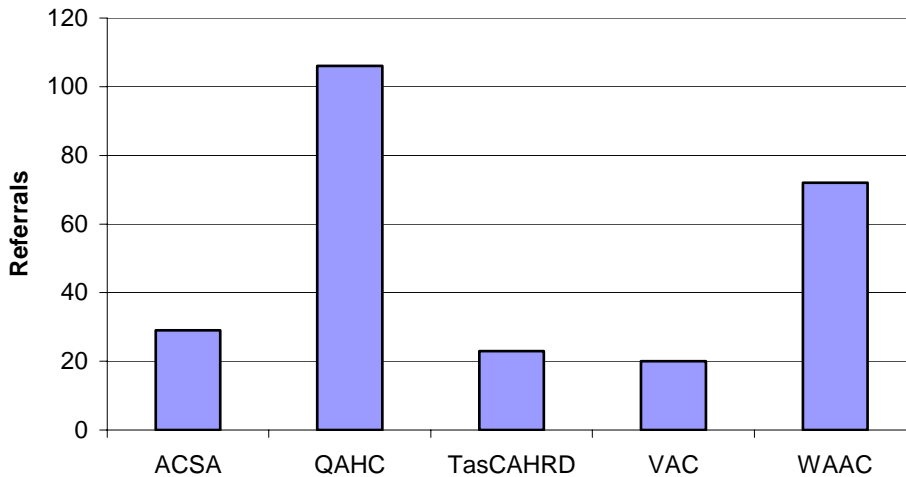
Chart 3 Number and Type of Referrals



5.2 By Agency

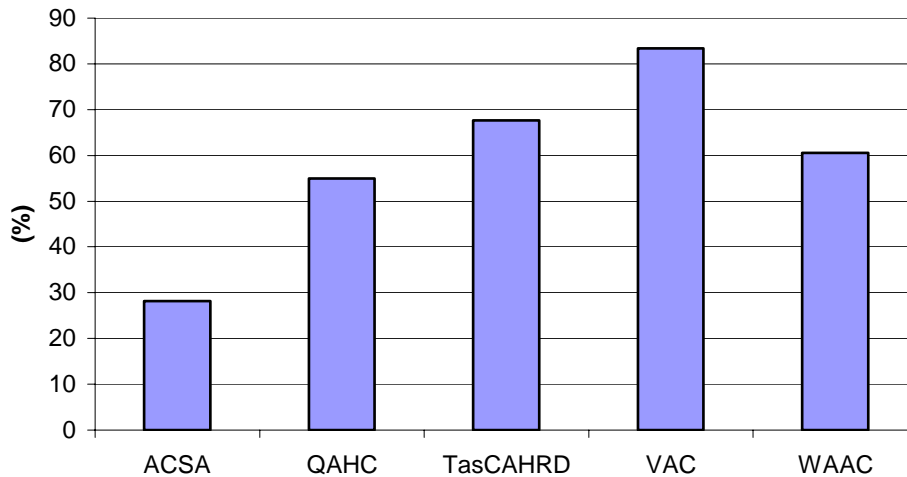
Outreachers at QAHC made the most referrals, although it must be noted that outreachers at QAHC interacted with more chatters than any other agency.

Chart 4 Number of Referrals by Agency



After correcting for the number of interactions, outreachers at VAC provided the greatest number of referrals. A referral was made in 83% of interactions.

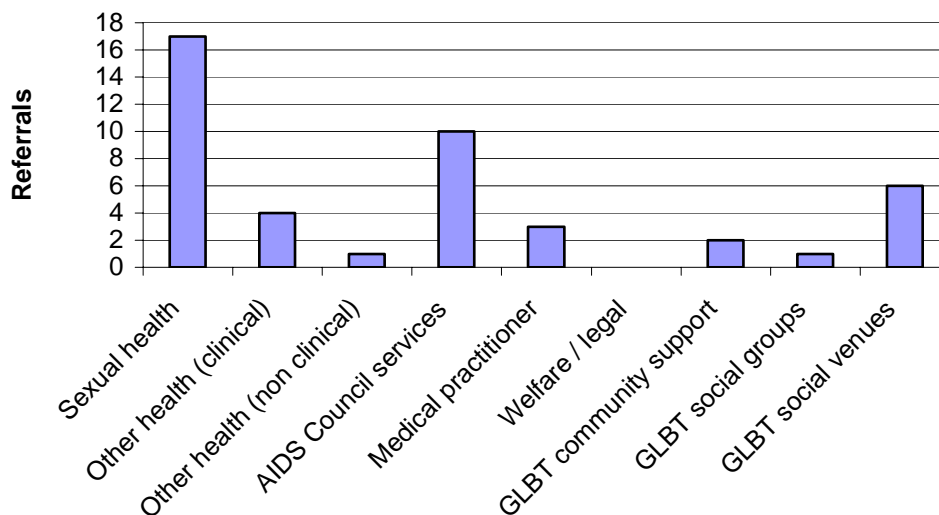
Chart 5 Percentage of Interactions in which a Referral was Made



Despite discussing similar topics with chatters, agencies differed in their choice of referral. This may be due to services available in each state or the way they are categorised. The frequency of each referral type is broken down by agency in the following sections.

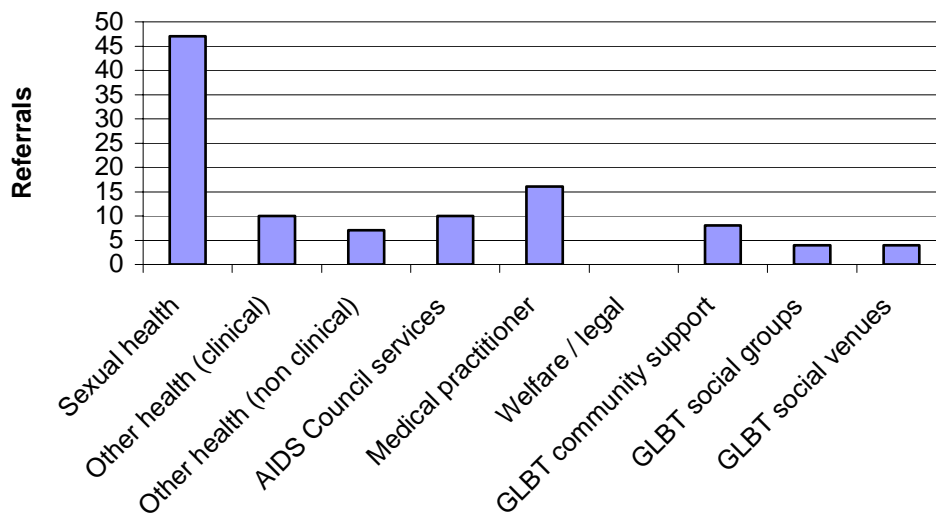
5.2.1 ACSA

Chart 6 Number and Type of Referrals - ACSA



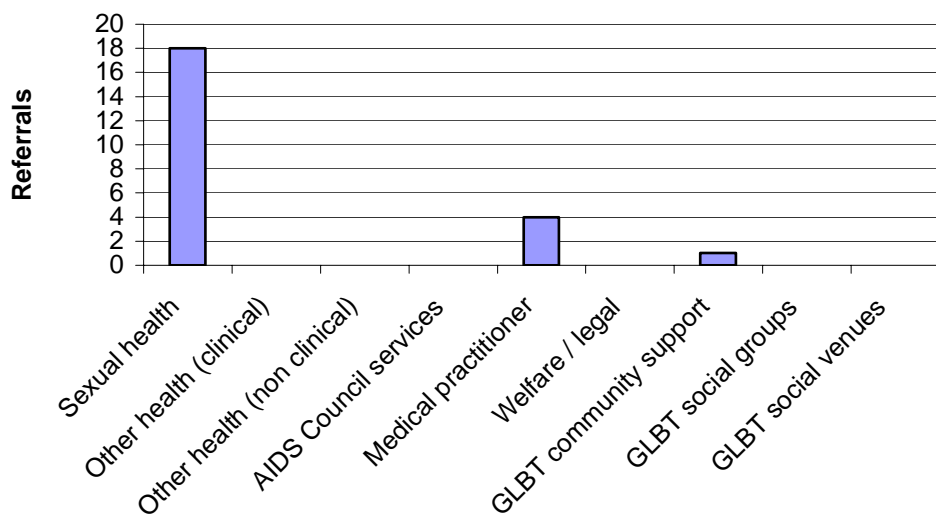
5.2.2 QAHC

Chart 7 Number and Type of Referrals – QAHC



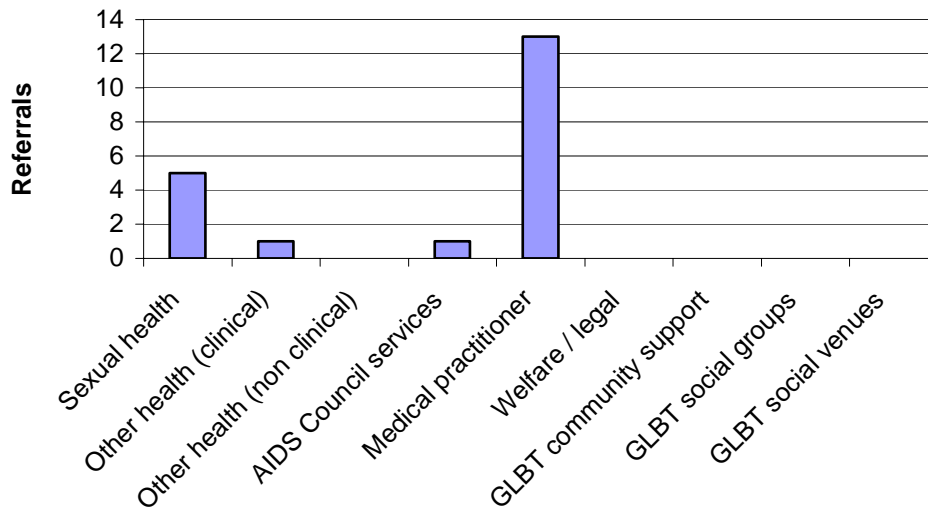
5.2.3 TasCAHRD

Chart 8 Number and Type of Referrals – TasCAHRD



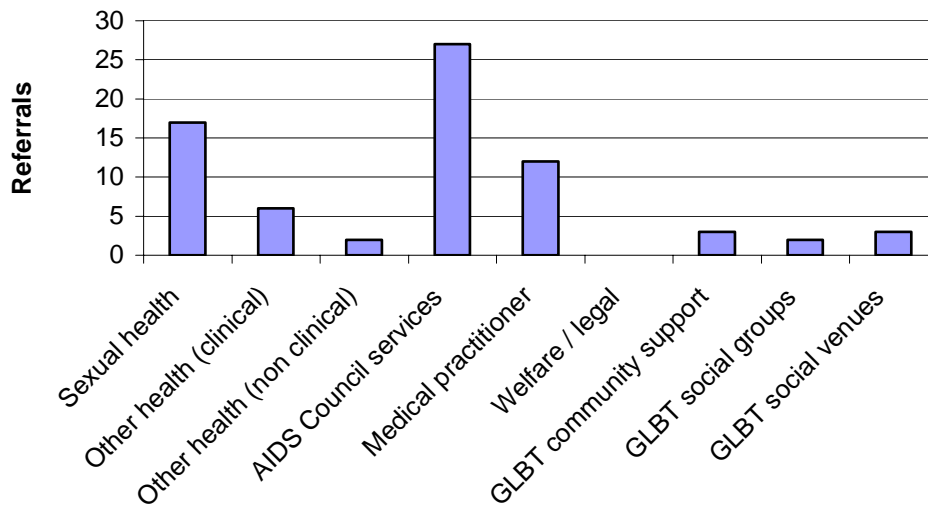
5.2.4 VAC

Chart 9 Number and Type of Referrals – VAC



5.2.5 WAAC

Chart 10 Number and Type of Referrals - WAAC



5.3 Referrals to Websites

With the exception of VAC, who referred chatters to a website in 9 of 24 interactions (38%), chatters were seldom referred to a website by outreachers.

Table 13 Number of Referrals to Websites by Agency

Agency	Sexuality and Sexual Health	Campaign Specific	Other	Total (%)
ACSA	0	0	0	0 (0%)
QAHC	7	1	1	9 (5%)
TasCAHRD	0	1	0	1 (3%)
VAC	8	1	0	9 (38%)
WAAC	1	0	0	1 (1%)

6 Evaluation

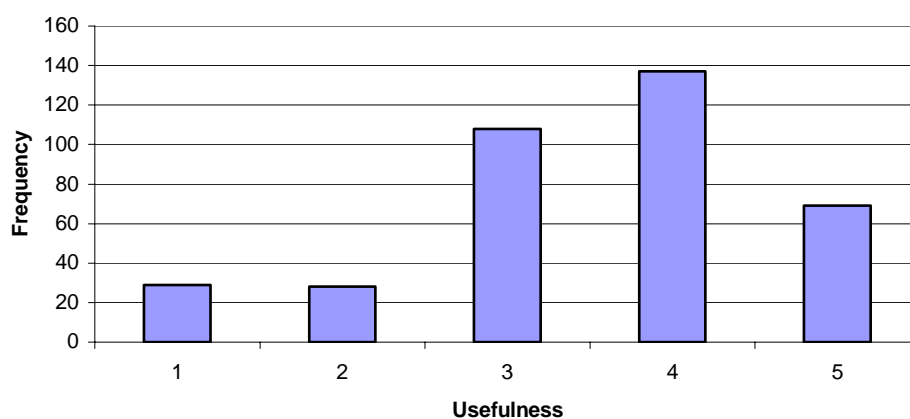
6.1 Usefulness of the Interaction to the Chatter

After engaging in private chat with a client, outreachers recorded their perception of the usefulness of the interaction to the chatter. This was indicated by a 5 point scale, with 1 indicating very little or no use and 5 indicating highly useful to the chatter.

6.1.1 Overall

Results show that outreachers generally thought that the interactions were useful to the clients. Only 29% of interactions were given a rating of less than 3.

Chart 11 Usefulness Ratings – Overall



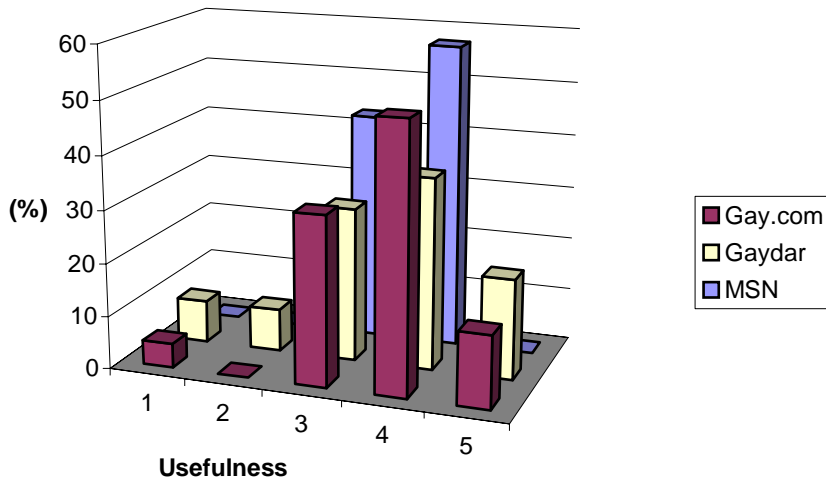
6.1.2 By Agency

Generally interactions were rated similarly across agencies, with the exception of TasCAHRD. At this agency, the majority (90%) of interactions were given a rating of three, whilst ratings of 2 and 4 were each given in 5% of interactions. A breakdown of the ratings given by each agency is provided in the appendix.

6.2 Usefulness of the Interaction by Website

Importantly, interactions were rated similarly, irrespective of the website on which they took place. There was no significant difference between Gaydar and Gay.com (Mann-Whitney U Test, $p > 0.05$).

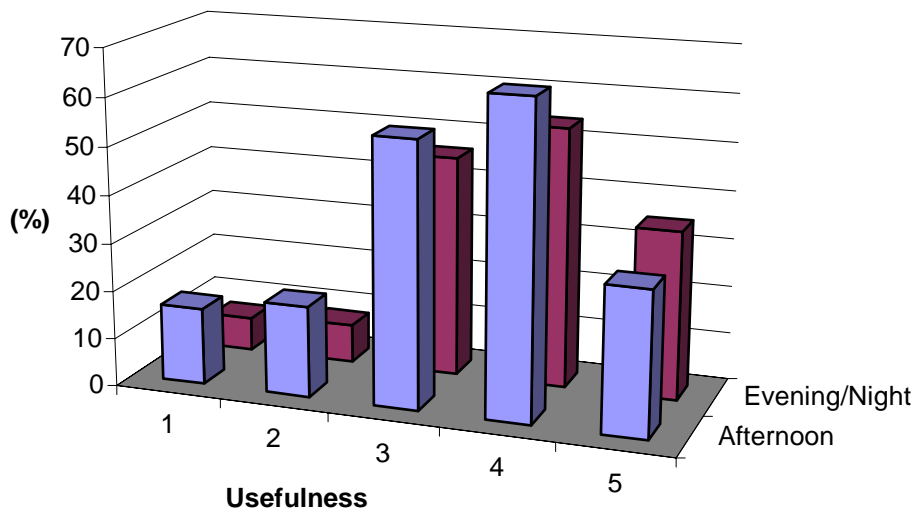
Chart 12 Usefulness Ratings by Website (%)



6.3 Usefulness of the Interaction by Shift Time

The time at which shifts took place did not affect the rating given by the outreachers (Kruskal-Wallis Test, $p = 0.089$).

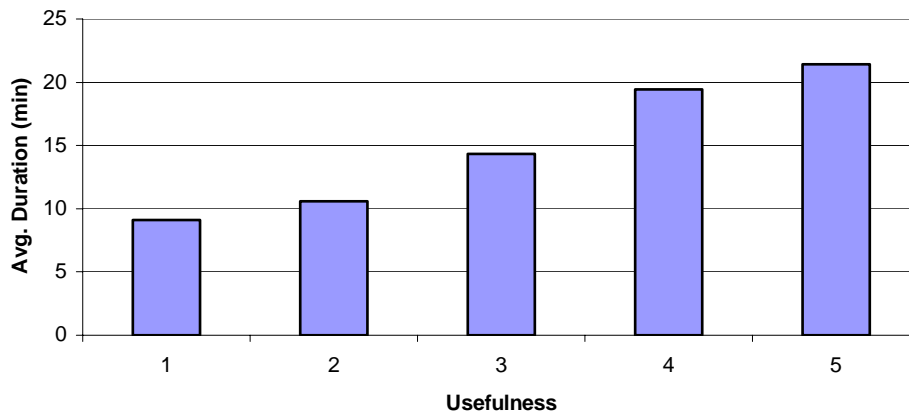
Chart 13 Usefulness Ratings by Shift Time (%)



6.4 Usefulness of the Interaction by Chat Duration

A statistically significant upward trend in the usefulness rating was observed. The longer an interaction lasted, the more likely the outreachers were to rate the interaction as useful to the chatter (Jonckheere-Terpstra test for trend $p < 0.0001$).

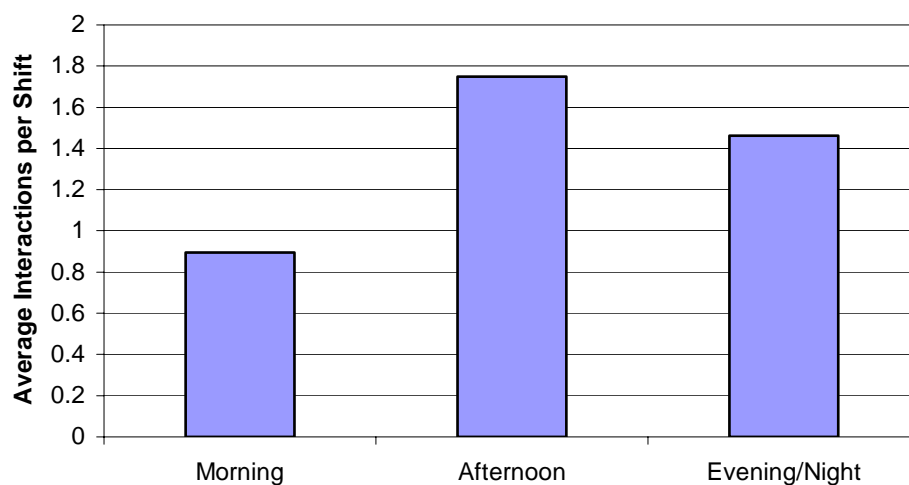
Chart 14 Chat Duration by Usefulness - Overall



6.5 Average Number of Interactions by Shift Time

Overall, the number of interactions that took place during the afternoon was similar to that at night. An average of 1.75 interactions took place each afternoon shift, whilst an average of 1.46 interactions occurred on each evening/night shift. There were fewer interactions during the morning shifts, with an average of 0.9 interactions per shift.

Chart 15 Average Number of Interactions per Shift by Shift Time

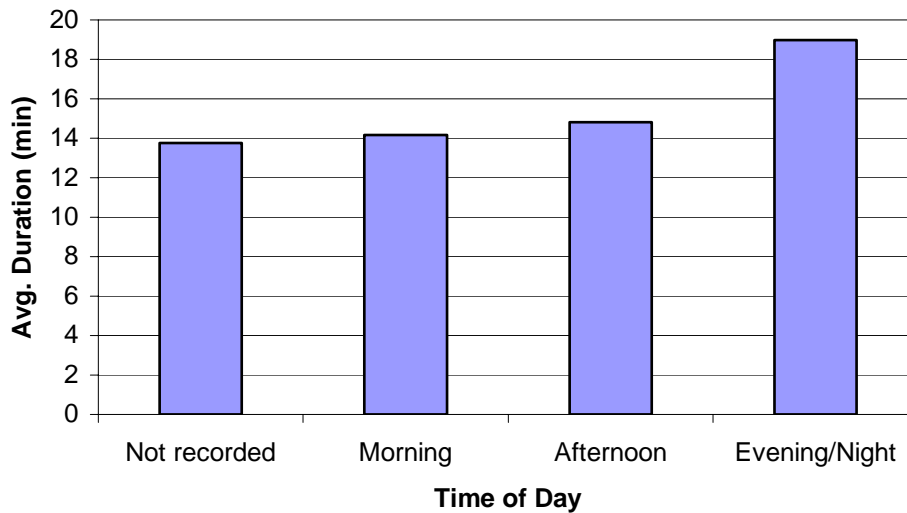


6.6 Chat Duration

6.6.1 By Shift Time

There was a statistically significant difference in the average duration of interactions compared by shift time (Kruskal-Wallis $p = 0.002$). Interactions that occurred in the evening tended to last approximately two minutes longer than those in that occurred in the morning or afternoon.

Chart 16 Average Chat Duration by Shift Time

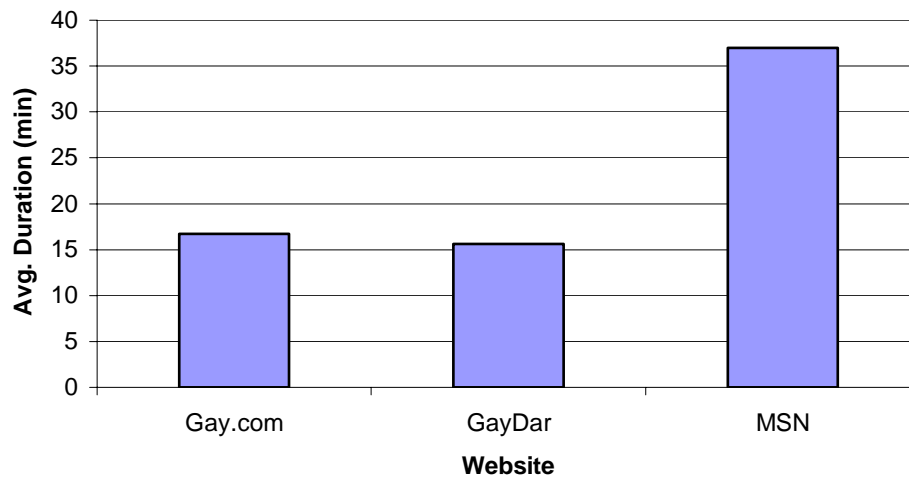


Outreachers at QAHC noted that chatters tended to be more forward during the day; chatters were more likely to talk about an issue that they had been considering for some time. In contrast to the chart above, outreachers at QAHC felt that daytime chats were shorter than those that occurred in the evening, but were just as useful. Outreachers did not observe a difference in the chatter demographic between day and night. This was in contrast to outreachers at WAAC, who believed that the proportion of MSM in the daytime population was considerably higher than that of night. However, outreachers did not observe any difference in the kinds of questions asked between day and night shifts. Whilst there may be differences in the chatter demographic between night and day, the service needs of these populations do not appear to differ.

6.6.2 By Website

There was a significant difference in the average duration of interactions across the different websites, with chats via instant messaging lasting approximately twice as long as those on Gay.com and Gaydar. However, there was no significant difference in the average duration of interactions between Gay.com and Gaydar (Mann-Whitney U Test $p = 0.061$).

Chart 17 Average Chat Duration by Website

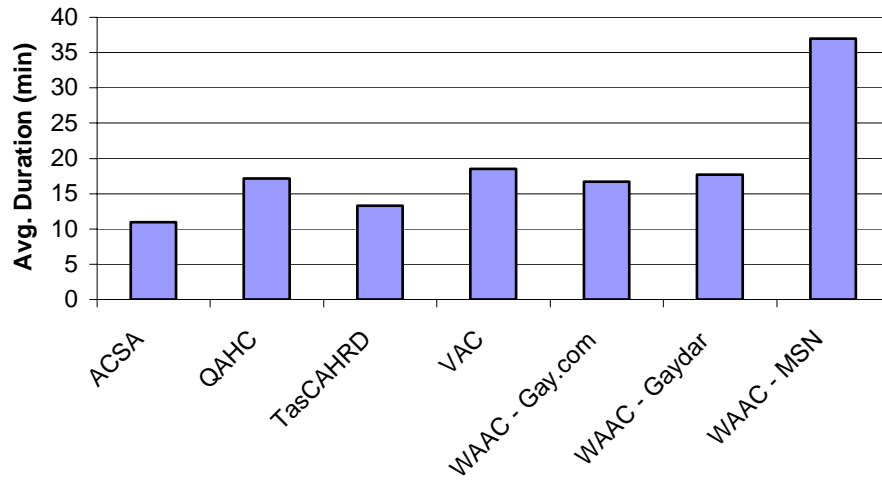


In previous trials⁽³⁰⁾, outreachers at WAAC noticed that the issues discussed in instant messaging interactions tended to be of a more serious nature than those that occurred on either Gaydar or Gay.com and were discussed with greater depth and intensity. Interactions that occurred on Gaydar or Gay.com are more likely to be opportunistic, whilst greater effort may be required from chatters to interact with outreachers via instant messaging. It was possible that chatters who have chosen to interact via instant messaging may have a longer period of time to formulate the questions they wish to ask and this may explain the longer interaction length. Further research is required to explore the nuances of instant messaging outreach.

6.6.3 By Agency

When interactions via instant messaging at WAAC were excluded, the average length of interactions was similar across agencies.

Chart 18 Average Chat Duration by Agency



6.7 Feedback from the Outreachers – Agency Specific

At the end of each shift, outreachers were asked to complete a small qualitative section of the shift record. Outreachers were asked for their overall impression of the shift, aspects of the shift that went well, and aspects that could be performed differently in the future. At QAHC, VAC and WAAC, this section was completed in approximately half of all shifts. At other agencies this data was provided occasionally.

Table 14 Proportion of Shifts where Qualitative Data was Recorded

Agency	Shifts with Qualitative Data	Total Shifts	% with Data
ACSA	10	56	18
QAHC	20	37	54
TasCAHRD	1	15	7
VAC	13	22	59
WAAC	28	54	52

6.7.1 ACSA

Outreachers at ACSA expressed some concern during busy periods. Unlike telephone-based outreach and support, an Internet setting allows more than one client to interact with an outreach worker at the same time. Outreachers commented that “it was ... challenging dealing with 3 chatters simultaneously” and “[when there are multiple chatters] it's very hard to coordinate because chatters expect [a] quick reply”. One outreach worker suggested that a statement should be added to the profile so that chatters would be aware that only one outreach worker was available to answer questions.

Generally chatters understood the nature of the service and respected the boundaries of the outreach worker. There were only a few instances where chatters initiated an interaction with an outreach worker for reasons other than to ask a question about sexual health. One outreach worker described how he felt awkward when a client asked to meet him at the sauna. The outreach worker politely refused the chatter, citing ethics, but the chatter was a little offended.

Despite a few instances where chatters have misunderstood the purpose of the service, outreachers report that NetReach has been generally well received and consider it to be a “valuable avenue for people to access information from trusted peers”.

6.7.2 QAHC

Although early in the project we received some negative feedback about our presence in chat rooms we now receive overwhelmingly positive feedback. Many members make a post in the main rooms saying hello and thanking us for being in the room. Members are used to us being in the chat rooms; or in fact expecting us to be there! We also receive thanks and positive comments during chats with individual members. The volume and quality of interactions on chat has been of a high quality. I believe the nature of chat rooms (and IM) allow guys to think through questions more thoroughly than they would if they rang our service

- Comment by QAHC Outreachers

Chatters in the Rocky-Cairns chat room initially expressed some concern at the presence of outreachers in this space. However, these concerns abated with time. In August, four months after the trial began, one outreachers noted: "people no longer discuss whether we should be in the chat-rooms. People seem to be getting used to us being online. The flip-side is that I think fewer people are private chatting with us". Generally, the service was received well, as exemplified by the following reflection: "generally positive, no negative feedback and a number of guys started conversations once the room got busy. Everybody seemed to understand what the service was for". Although outreachers continued to occasionally encounter instances of chatters objecting to their presence, the majority of the online community was supportive and would often come to the defence of the outreachers when such instances occurred. For example, one outreachers logged the following comment: "good discussions in main chat room. 1 person against QuAC - others defended us, several people said it was good we were in the room".

Most objections originated from chatters in the Far North Queensland room. However, outreachers received twice as many accolades as complaints. At the end of one shift, the outreachers noted: "[the shift was] very positive. I had two people start conversations just to say it was good that QuAC is doing outreach". Generally, the outreachers were well-received and kept busy in satisfying interactions with the chatters, exemplified by the following comments: "kept busy full three hours", "good - useful chats", "had a very in-depth, useful conversation with one user".

Whilst outreachers were generally able to answer the questions posed by the chatters, there were some instances where the outreach protocols kept them from engaging in useful chats. Protocols specified that outreachers could not intervene in conversations in the main room, except in certain circumstances such as where wrong or misleading information was being discussed. For example, one outreachers reported that "the PEP [introduction] line triggered some positive discussion in the

public chat - there were obviously a few guys who didn't know it existed". However, outreachers expressed frustration at not being able to contribute ("it was difficult not being able to feed into the public PEP discussion").

6.7.3 TasCAHRD

According to outreachers, NetReach was received extremely well in Tasmania. Although the number of interactions was significantly lower than other states, the outreachers consistently engaged with chatters on 1-2 occasions in each shift. The outreachers received many compliments on the service and did not receive any negative feedback. TasCAHRD regard NetReach as an invaluable tool for reaching those members of the community that are in rural and isolated areas.

6.7.4 WAAC

Although outreachers at WAAC occasionally encountered some resistance to their presence in the chat rooms, they were generally well received. For example, one outreachers reported that he "had a chatter in the main room say what a great job [NetReach] was doing in trying to keep guys safe".

Probably the most significant challenge for outreachers was the relatively small WA population accessing the chat rooms, which resulted in a low number of interactions (there were no interactions in 29% of shifts). At the end of one such shift, the outreachers commented: "very quiet with little interest. [It is] frustrating doing passive outreach". However, when interactions occurred outreachers felt their presence validated, as illustrated by the following comments: "fairly quiet shift, but one good interaction makes the wait worthwhile"; "again, engaging in the main room of Gaydar was an extremely rewarding and positive peer education experience".

6.7.5 VAC

As with other agencies, outreachers at VAC initially experienced some resistance to their presence. However, outreachers found that other chatters began to defend them when they were attacked. Generally, outreachers found their role to be a rewarding one.

Prior to the NetReach trial, VAC had been conducting outreach on a number of chat sites. VAC report that the trial has been so successful that they have ceased outreach on sites other than Gaydar. They report: "the quality of the chats on Gaydar appear to be of higher quality in comparison with those had on other sites. The structure of Gaydar chat is far more suited to online outreach in comparison to other sites".

6.8 Feedback from the Chatters

It was planned to have a page on the AFAO website through which chatters could provide feedback. Unfortunately this was not implemented during the trial; therefore there was no direct feedback from the chatters than can be analysed. However, outreachers report that chatters thanked them for being in the chat rooms on multiple occasions. For example, one chatter told the outreachers that he “appreciated that [NetReach] is at [his] fingertips if he needed any help re: HIV/STI”. Some agencies encountered chatters who enquired about volunteering. Given the interest in volunteering and a greater number of accolades than complaints, it was thought that the project was well received by the target group.

6.9 Internet Outreach Compared to Other Mediums

Outreachers at QAHC consider that chatters give more information and talk about a broader range of issues when interacting with outreachers via the Internet than by telephone. This was thought to be a function of the perceived anonymity offered by the Internet. Outreachers observed that chatters tend to talk about a single issue when interacting via the Internet. The opportunistic nature of Internet outreach may allow clients to discuss issues soon after they arise – they don’t need to pluck up the courage to make a telephone call, “saving up” many issues in the process. Outreachers at WAAC suggested that it was easier for MSM to interact with outreachers via the Internet than by telephone.

There are particular communication challenges involved in online outreach – for example, the absence of visual clues to aid in assessing how an interaction was progressing, or to assess emphasis or nuances made. When verbal or visual cues are lacking, outreachers must take care to ensure that they do not inadvertently cause offence. Humour may be difficult to convey without such cues. One outreachers reported that he made an incorrect assumption about a user’s nickname and jokingly made a reference to going blind through masturbating. The user replied that he had a vision disability and signed off.

Outreachers reported that people were more likely to thank the outreachers for their help after an Internet-based interaction than by telephone. Outreachers at QAHC reported that positive comments at the end of Internet interactions were common, but telephone callers would usually just say goodbye before hanging up.

6.10 Sustainability of Internet Outreach

All agencies report enough interactions to consider Internet outreach viable. The only significant issues were competing work demands, and at agencies where outreach is heavily volunteer-driven, the availability of volunteers. One outreach worker at WAAC considered the quantity of interactions to have little significance for sustainability. Whilst volunteers may occasionally become frustrated with low levels of engagement, they were sustained by the belief that they were providing an essential service to their peers.

6.11 Training and Quality of Service

The level of knowledge and confidence of volunteers has implications for quality of service. Some outreach workers were skilled at encouraging chatters to ask further questions and were able to provide good amounts of quality information. Volunteers with less experience or less immediate knowledge to draw on may be less able to elicit information from chatters. Ongoing training may be a useful mechanism by which more experienced outreach workers can share tips to maximise effectiveness.

7 Recommendations

The following recommendations are drawn from the results of the NetReach trial, using both the findings of the data sheet analysis as well as the informal interviews conducted with outreachers during and at the end of the trial. They are divided into recommendations relating to program management, program delivery, research and evaluation, as well as other more specific recommendations from outreachers.

7.1 Program Management

- Based on previous Internet outreach⁽³⁰⁾, and affirmed in interviews conducted by this study, outreachers have found that the online environment may change significantly in as little as six months and aspects of programs may need to be modified. Funding and planning groups need to be aware that the environment is dynamic and planning, funding and evaluation arrangements need to reflect this.

7.2 Program Delivery

- The success of outreach interventions lie in accessing pre-existing communities in their own settings, rather than relying on them accessing a service positioned elsewhere. However within this setting programs need to be flexible enough to adapt to changes in site culture and dynamics. For example, there may be differences in the type of engagement between chat room and instant messaging interaction, where some chatters may choose to continue to engage with outreachers without the use of the chat room.
- To stay abreast with current Internet trends and available technologies, and be able to move culturally with the target group, programs need to be firmly connected to the communities they are outreaching and take an ongoing reflexive approach to their methods and assumptions. Having participants from the online community directly involved in the project is critical to the project's capacity to:
 - stay abreast with cultural trends and move with the target group
 - maintain a level of cultural acceptance and credibility
 - reflect and adapt to rapid changes
 - sustain a reflexive approach

A peer-based education component to these types of programs is strongly encouraged.

- It is desirable for all projects ensure that workers or volunteers have experience of online chat environments before undertaking outreach. Experienced online outreach workers/volunteers have an important role to play in training those new to online outreach.

7.3 Research and Evaluation

- A health promotion presence can be experienced as an outsider impinging on a setting's dynamic in unintended ways. Programs need to be aware of the impact outreach and evaluation can have and:
 - be flexible enough with protocols to respond;
 - build and use reputation; and
 - consider carefully the type of data to be collected that respects the environment.

This report is a product of process evaluation and is based on the data sheets completed by outreachers and semi-structured interviews with outreachers at the conclusion of the trial. The impact of NetReach on chatters and the online community has yet to be fully evaluated. Approaches that should be considered include: an online community survey (of possibly one or two month's duration as a general snap shot survey); online or face to face focus group discussion with members of the online communities; and interviews with key stakeholders or opinion leaders within the relevant online communities.

7.4 Other – Recommendations from Individual Outreachers

- Projects should have access to Gaydar and/or MSN instant messaging. It has been suggested that the members that are most sexually active may prefer instant messaging rather than engaging in chat rooms. Access to instant messaging would enhance program reach.
- Projects should have paid membership status. This would allow unlimited instant messaging and may allow outreachers to be placed at the start of results when chatters perform a search. (A search in some rooms may produce a list containing several hundred members and if outreachers are placed at the end it is difficult for chatters to find them).
- Bio lines should be changed regularly to maintain a 'fresh' image and to stimulate interest. In some of the smaller chat rooms, outreachers have found it necessary to change the bio lines frequently in order to stimulate discussion. It may be useful to have an educational message in the bio line, because if chatters choose not to interact with outreachers they are still exposed to a health promotion message.

A Appendix

A1 Frequency of Topics Discussed at each Agency

Chart 19 Frequency of Topics Discussed – ACSA

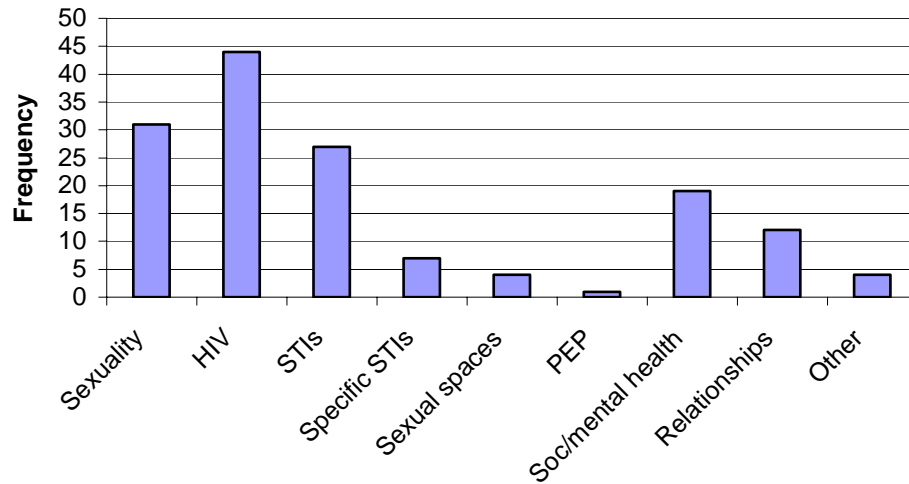


Chart 20 Frequency of Topics Discussed – QAHC

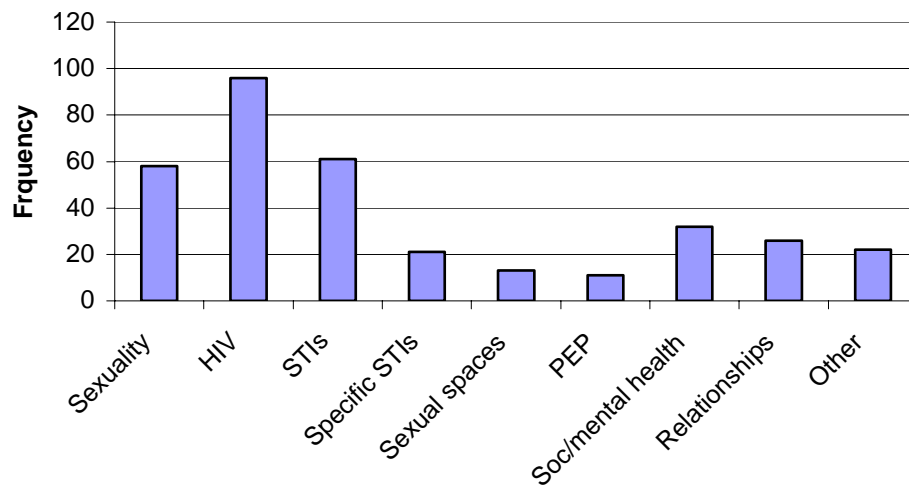


Chart 21 Frequency of Topics Discussed – TasCAHRD

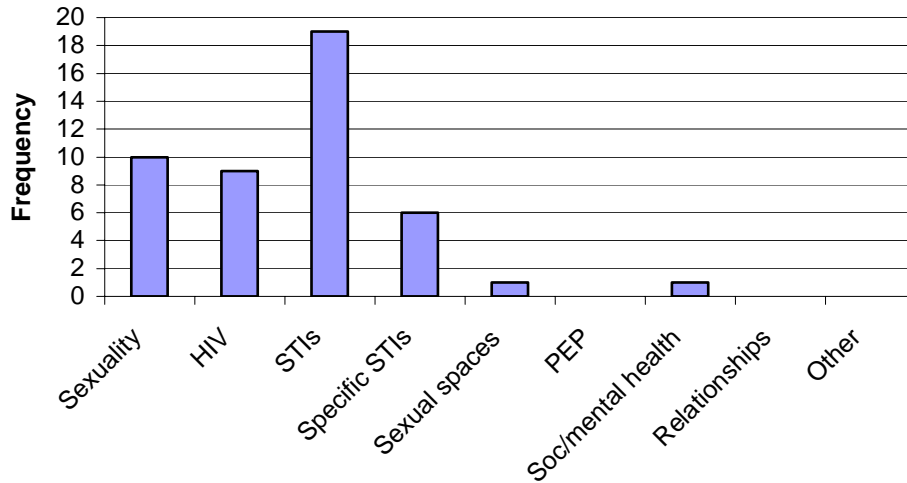


Chart 22 Frequency of Topics Discussed – VAC

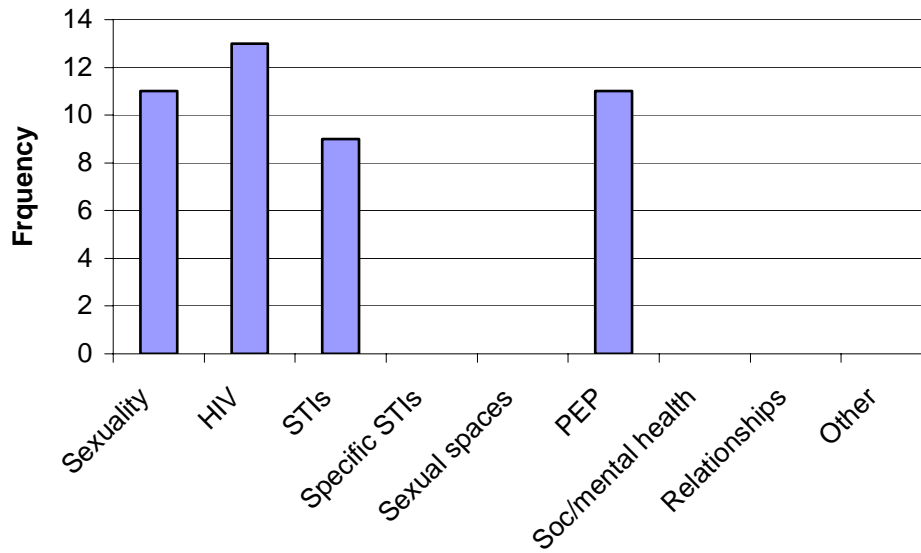
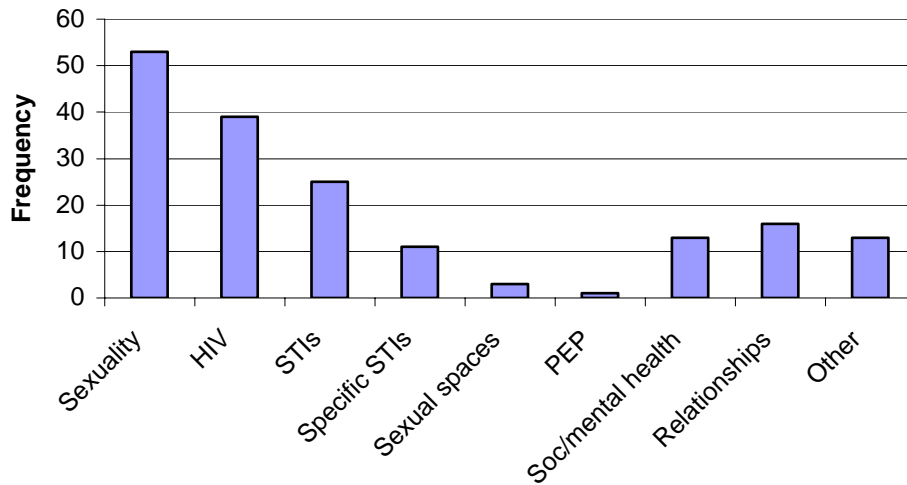


Chart 23 Frequency of Topics Discussed - WAAC



A2 Usefulness Ratings by Agency

Chart 24 Usefulness Ratings – ACSA

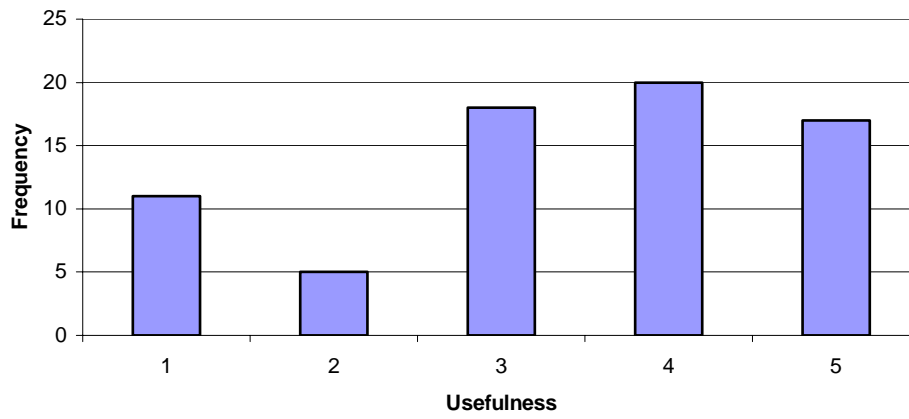


Chart 25 Usefulness Ratings – QAHC

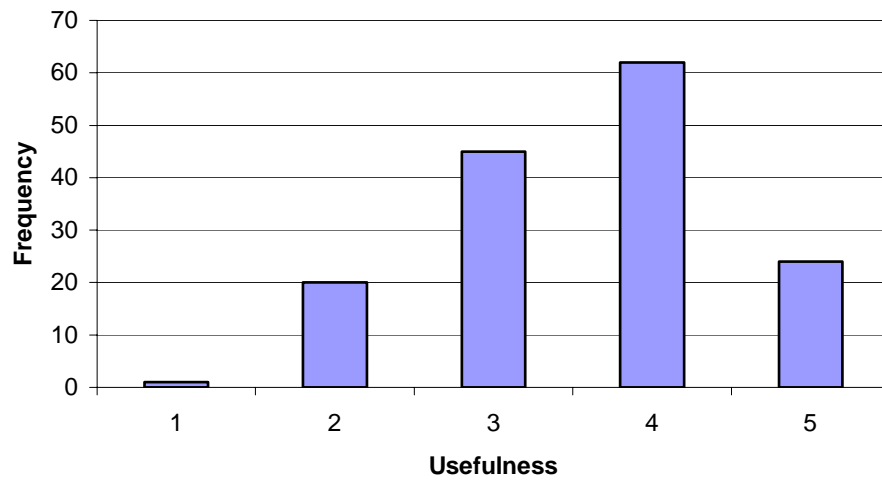


Chart 26 Usefulness Ratings – TasCAHRD

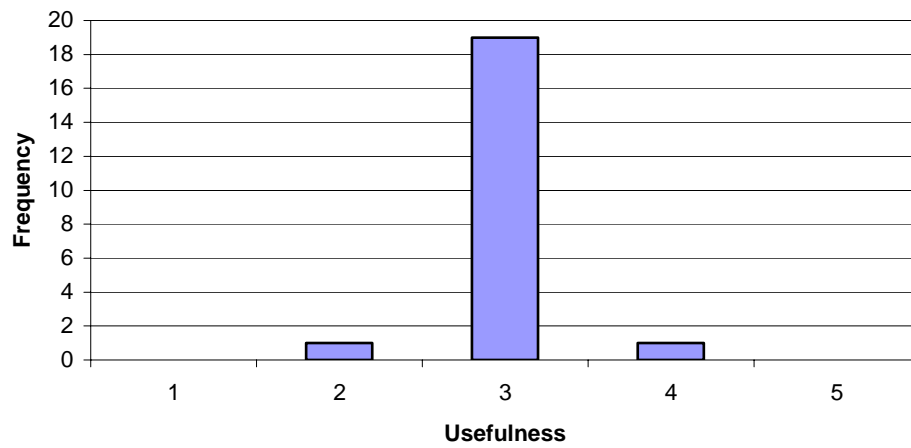


Chart 27 Usefulness Ratings – VAC

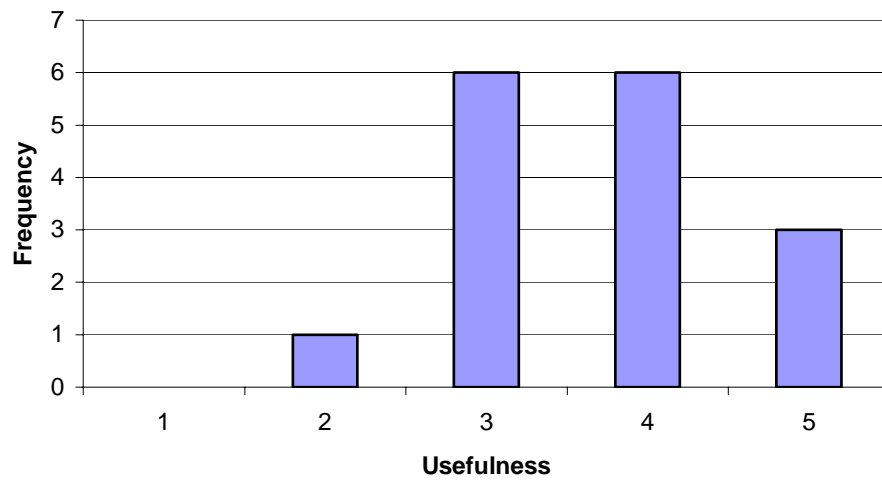
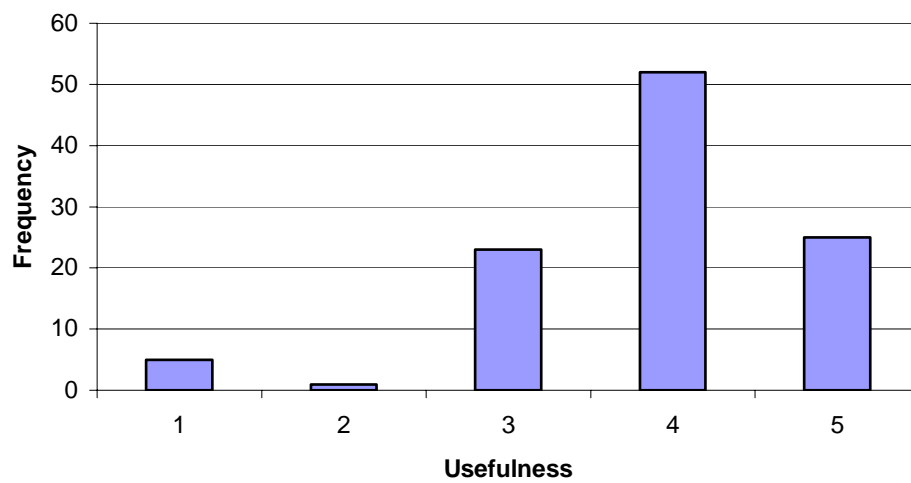


Chart 28 Usefulness Ratings – WAAC



References

1. Reymers K. Identity and the Internet: A symbolic interactionist perspective on computer mediated social networks. In: Association of Internet Researchers 3rd annual conference; 2002; Maastricht, Netherlands; 2002.
2. Kalnins I. Commentary: An environmental perspective on health promotion in the home setting. In: Poland BD, Green LW, Rootman I, editors. Settings for health promotion : linking theory and practice. Thousand Oaks, California: Sage Publications; 2000. p. 76-85.
3. Poland BD, Green LW, Rootman I. The settings approach to health promotion. In: Poland BD, Green LW, Rootman I, editors. Settings for health promotion : linking theory and practice. California: Sage Publications: Thousand Oaks; 2000. p. 1-28.
4. ABS. 8146.0 Household use of information technology: Australian Bureau of Statistics; 2005.
5. Hillier L, Kurdas C, Horsley P. 'It's just easier': The internet as a safety-Net for same sex attracted young people. Melbourne: Australian Research Centre in Sex, Health and Society; 2001.
6. Brown G, Maycock B, Burns S. Your picture is your bait: use and meaning of cyberspace among gay men. *Journal of Sex Research* 2005;42(1):63-73.
7. Longmore M. Symbolic Interactionism and the study of sexuality. *The Journal of Sex Research* 1998;35(1):44-57.
8. Elford J, Bolding G, Sherr L. Seeking sex on the internet and sexual risk behaviour among gay men using London gyms. *Aids* 2001;15(11):1409-1415.
9. Keen P. Cyberspace: Where are we and where to now? What place should internet-based strategies have in future HIV/AIDS and related health promotion work? In: Changing Risks, Changing Communities 2002: The HHARD Social Research and National HIV Educators Conference; 2002; University of NSW: Australian Federation of AIDS Organisations; 2002.
10. Pitts M, Smith A, Grierson J, O'Brien M, Mitchell A, Misson S, et al. LOGGING ON: the relationship between internet use and adverse sexual outcomes. In: XIV International AIDS Conference; 2002; 2002.
11. Rebchook GM, Pollack LM, Kegeles SM. Young gay/bisexual men who use the Internet most frequently are more likely to engage in unprotected sex. In: XIV International AIDS Conference; 2002 July 7-12; Barcelona; 2002.
12. Ciesielski C, Flynn J. Sex and the internet among attendees of the 2001 International Mr. Leather Competition, Chicago, IL. In: XIV International AIDS Conference; 2002 July 7-12; Barcelona; 2002.
13. Moodie R, Edwards A, Payne M. Review of the national HIV/AIDS strategy 1999-2000 to 2003-04 - Getting back on track...Revitalising Australia's response to HIV/AIDS. In: Wilson A, Partridge N, Calzavara L, editors. 2002 reviews of the national HIV/AIDS and hepatitis C strategies and strategic research: Commonwealth of Australia; 2003. p. 39-80.
14. Halkitis P, Parsons J. Intentional unsafe sex (barebacking) among HIV-positive gay men who seek sexual partners on the Internet. *AIDS Care [AIDS Care]* 2003;367.
15. Weatherburn P, Hickson F, Reid D. Net benefits. Gay men's use of the internet and other setting where HIV prevention occurs, briefing paper. London: Terrence Higgins Trust, London & Sigma Research, University of Portsmouth; 2003.
16. Benotsch EG, Kalichman S, Cage M. Men who have met sex partners via the Internet: Prevalence, predictors, and implications for HIV prevention. *Archives of Sexual Behavior* 2002;31(2):177.
17. Coleman E, Gurak L, Konstan J, Rosser BRS, Edwards W, Merino-Espinoza C, et al. Security considerations in Internet studies: The Men's INternet Study (MINTS). In: XIV International AIDS Conference; 2002 July 7-12; Barcelona; 2002.
18. Bull SS, McFarlane M, King D. Barriers to STD/HIV prevention on the Internet. *Health Education Research* 2001;16(6):661.
19. Shepherd J, Turner G, Weare K. A new method of peer-led HIV prevention with gay and bisexual men. In: Aggleton P, Hart G, Davies P, editors. Families and communities responding to AIDS: UCL Press; 1999. p. 163-183.

20. Turner G, Shepherd J. A method in search of a theory: peer education and health promotion. *Health Education Research* 1999;14(2):235-247.
21. Turner G. Peer support and young people's health. *Journal of Adolescence* 1999;22:567-572.
22. Svenson GR. European guidelines for youth AIDS peer education. Malmö, Sweden: Department of Community Medicine, Lund University & The European Commission; 1998.
23. Kegeles S, Hays R, Pollack L, Coates T. Mobilizing young gay and bisexual men for HIV prevention: a two-community study. *AIDS* 1999;13:1753-1762.
24. Shiner M. Doing it for themselves: an evaluation of peer approaches to drug prevention. London: Home Office, UK Home Office Drugs Prevention Advisory Service; 2000.
25. Peer Systems Consulting Group Inc. Peer Resources - Navigation Tools for the Heart, Mind and Soul. Victoria, BC Canada: Peer Systems Consulting Group Inc.; 2003.
26. UNESCO. Peer Approach in Adolescent Reproductive Health Education: Some Lessons Learned. Bangkok: UNESCO; 2003.
27. Cummings R, Hillier L, Price B. Slipping through the NET. Melbourne: Victorian HIV/AIDS Service, Infectious Diseases Unit, The Alfred & Australian Research Centre in Sex, Health and Society; 2003.
28. Harterink PBA. E-Dating: a developing field for HIV prevention. In: XIV International AIDS Conference; 2002 July 7-12; Barcelona; 2002.
29. Rhodes SD, Glorioso J, Hergenrather KC. Use of internet chat rooms for HIV prevention among men who have sex with men in the United States: an evaluation of a community-based initiative. In: XIV International AIDS Conference; 2002 July 7-12; Barcelona; 2002.
30. Hyde Z, Brown G, Hallett J. CyberReach Project: Final report. Perth, Australia: Western Australian AIDS Council; 2006.