

EXECUTIVE SUMMARY

Overview

In 1999 the Centers for Disease Control and Prevention (CDC), Division of Sexually Transmitted Disease (STD) Prevention, announced its goal to eliminate syphilis from the United States by the year 2005. To achieve this goal, CDC developed the National Plan to Eliminate Syphilis from the United States, which called for a communications component aimed at increasing awareness and involvement of health care professionals (HCPs), community representatives (CRs), and political leaders in the syphilis elimination effort. CDC has contracted with Prospect Associates (Prospect) to help develop and test communications materials intended for this purpose. Prospect, in collaboration with the CDC, developed four concepts—"Achievable Goal," "Pre-AIDS," "Next Generation," and "Disparity"—to inform and encourage primary audience members to join in the syphilis elimination effort.

During October and November 2001 Prospect conducted sixteen focus groups to obtain reactions to the four syphilis elimination concepts in four high morbidity areas (HMAs)—New York, Los Angeles, Memphis and Detroit—with the primary audience of health care professionals (HCPs) and community representatives (CRs). Prospect also conducted twelve exploratory focus groups in the same sites with members of at-risk populations— African Americans, Hispanics, and Men Who Have Sex With Men (MSM)—to provide insight into the attitudes, beliefs, and perceptions of syphilis as a health concern, as well as to get general reactions to the concepts. Prospect also conducted nine in-person interviews with political leaders from these same sites to test the concepts.

HCP focus groups were composed of a mix of clinicians and public health professionals from both the private and public sector. CR groups were composed of a mix of religious leaders, community-based organizations, and community activists. Two HCP and two CR groups were conducted in each of the four cities. Exploratory focus groups were conducted with the following at-risk segments: African American females, African American males, Hispanic males, Hispanic females, African American MSM, and Hispanic MSM. Two groups were conducted per segment. African American groups convened in Memphis and Detroit. Hispanic and MSM groups took place in Los Angeles and New York City. Recruitment specifications for the African American and Hispanic participants included low socioeconomic status, single status, and sexual activity. All participants were over the age of 18.

The findings from this research are not quantitative in nature and should be interpreted accordingly. The findings are based on input from a relatively small sample of participants and thus do not provide generalizable views about the audiences examined.

Overarching Findings from the Concept Testing

- Lack of awareness of syphilis as a public health issue was apparent among many of the CRs and even among some HCPs. General lack of awareness included not knowing that there was a national syphilis elimination effort based on a unique window of opportunity to eliminate syphilis.
- HCPs and CRs wanted more information about syphilis, the syphilis elimination effort, and what their role would be, presented to them in a clear and direct manner. Across all groups, respondents wanted a call to action and contact information.
- Many primary audience members, especially political leaders, suggested adding statistics to demonstrate the severity of syphilis in their areas. Some, however, questioned the accuracy of statistics and cautioned against presenting statistics that would suggest that syphilis was wholly an African American problem.
- CRs also warned that, because they dealt with many competing ills, they would need to know why participation in this effort was important. Additionally, these representatives requested assistance in the form of educational materials and funding.
- Some CRs did not feel that the notion of syphilis elimination was truly achievable because they believed that persuading people to adopt safer sex practices was challenging.

Primary Audience Reaction to Concepts, Tag Lines, Logos, and Source Credibility

- “Achievable Goal” was the concept that most strongly resonated with HCPs and CRs. Many were drawn to it because they felt it represented a positive message—that syphilis elimination is achievable. Many said that this positive, hopeful message spoke to them and would motivate them either to find out more or to get involved in the effort. Some participants liked the concept but took issue with the execution.
- For those who understood the intended meaning of the “Pre-AIDS” concept—that syphilis is a gateway disease to HIV/AIDS—most thought that it was an important message because it raised the significance of syphilis. However, this concept and its implied link were the source of confusion for many in the primary audience, most notably CRs, many of whom understood it to mean that both diseases can be prevented with the same precautions. Most primary audience members felt that the message

was speaking to them. HCPs noted that it would remind them not to overlook syphilis.

- Overwhelmingly, primary audience participants did not feel that the “Next Generation” concept was speaking to them. They felt that the concept would be better suited for the at-risk population. The main meaning of this concept was usually interpreted as either preventing congenital syphilis or as leaving a syphilis-free legacy to future generations. In a few cases, community representatives with children, those from the faith-based community, HCPs with a maternal and child health focus, and political leaders appeared to be drawn to this concept because of the child health focus.
- Participants from the primary audience generally found the “Disparity” concept to be offensive because they felt it put blame on select communities, most often interpreted to be the African American community. Many felt this message went against public health efforts to teach that syphilis, like other STDs, could affect anyone who engaged in unprotected sex. Many also felt that it would lead to a “not in my backyard” mentality from leaders in the “other” communities.
- Many participants noted that they preferred the “Together We Can” tag line from the Achievable Goal concept because they felt it had a positive and inclusive tone.
- There was no clear consensus as to which SEE logo HCPs and CRs liked best. Generally, participants tended to like bold lettering, capital lettering, and a simple design without a stylistic accent. Some noted that it was not clear that SEE was an acronym.
- CDC was found to be a very credible source for the syphilis elimination message. Many felt that CDC’s involvement would suggest that the syphilis elimination was a serious, nationwide effort. Many participants named the local department of health as a credible local source.

Findings from the Exploratory At-Risk Groups

- The disease of top concern for Hispanics and MSM was clearly HIV/AIDS. The disease of top concern for the African American participants was cancer.
- Many of the participants from the African American, Hispanic, and MSM at-risk groups knew very little about syphilis. In addition, many felt that there was very little information about syphilis in the media and that it was talked about very rarely.

- Many at-risk participants, most notably Hispanics, were not sure if syphilis was curable, did not know the symptoms, and were not sure about modes of transmission other than unprotected sex.
- Most all participants knew that using condoms and practicing abstinence were the primary means of protecting oneself from becoming infected with syphilis. Hispanic men and women stressed that there was a tendency among Hispanic men not to want to wear condoms.
- The level of concern for an infected friend seemed to correlate with the perception of whether syphilis was curable or not. African American and MSM groups, who had a higher awareness that syphilis was curable, seemed to be less worried about their friend's health and more worried about the behaviors the friend was engaging in. Hispanic participants seemed to be more worried about their friend's health.
- Hispanic groups and MSM groups felt that syphilis was a serious concern within their population. African Americans, however, had a mixed reaction: Some felt it was a serious issue, while others thought it was equally serious among all groups.
- Participants across all groups felt that discussing syphilis would be difficult. Hispanic and MSM groups spoke about the stigma associated with syphilis and STDs in general.
- Most all participants said they would immediately seek treatment if they thought they had syphilis. Across all groups, participants seemed to be split between those who would seek treatment at a clinic (because they are more specialized in sexual health matters, more confidential, and less expensive) and those who would go to private physician (because they have a history or rapport with him or her and because they trusted him or her). A few Hispanics said that they would go to a hospital to receive treatment because they lacked health insurance.
- Many participants were generally satisfied with their medical care. Some grievances that were mentioned were long waits, difficulty scheduling appointments, rushed time with the doctor, young and inexperienced staff, unprofessional and rude service, questionable confidentiality and unclean environment.
- Across all groups, participants suggested that their experience would improve if health care staff were be less judgmental, would take more time with their patients, provide them with more information, become better listeners, build rapport, speak to them in simple language, and ask them questions about their sexual health.

- Hispanics also noted that they felt more comfortable talking to a HCP who was fluent in Spanish. Other participants noted that they did not care for interpreters.
- MSM were split between those who felt their current physicians were aware of MSM sexual health issues and those who felt that they were not. Several of the Hispanic MSM noted that they did not feel comfortable discussing their sexuality with their physicians for fear of being judged. Others however, preferred to have an open relationship with their physician and be able to discuss MSM sexual health matters. A few MSM noted that they did not want special treatment, based on their sexual orientation, from physicians.
- Hispanics and African American participants did not seem to go to CBOs for support or services. A few of the MSM participants did mention local organizations in New York and Los Angeles that they went to.
- Most at-risk participants gave similar sources for STD information: doctors or clinics, television, radio, or billboard public service announcements (PSAs), television shows, magazines, school, Internet, and friends and family. MSM also noted clubs and coffee shops as sources of STD information.
- Hispanic and African American groups tended to agree that they would want educational materials that pertained to syphilis to be fact filled and serious in tone. Some of the Hispanics and some of the MSM also wanted these materials to be scary and graphic. Some of the MSM preferred the tone to be lighthearted and funny.
- The most trusted sources of STD information were doctors. MSM also mentioned local gay advocacy groups, and some Hispanics mentioned local Hispanic groups. Hispanics in general did not seem very concerned about the source of STD information.
- A few participants noted that the CDC would be trusted source. When probed specifically for CDC's credibility, those that knew of it thought it was a credible agency. Many of the African Americans and MSM knew of the CDC, while many of the Hispanics did not.
- Hispanic and African American at-risk participants were most drawn to the "Next Generation" concept. The MSM participants, however, did not feel that this concept was speaking to them. The "Achievable Goal" concept spoke to the MSM groups and some of the Hispanic and African American groups, as well. The "Pre-AIDS" and the "Disparity" concepts got mixed reactions from at-risk participants.

- There was no strong consensus as to which tag lines the at-risk groups liked best. “A Better Future” tended to be the most appealing across the groups. Many of the participants did not understand that SEE was an acronym. Many felt that the actual wording “syphilis elimination effort” should be made more prominent and the acronym should be downplayed.

Recommendations from Concept Testing

Part of the communications effort should entail a broad media campaign to raise awareness about syphilis and this unique window of opportunity to eliminate it from the United States. Several HCPs and CRs, as well as many of the at-risk participants, noted that they had not heard anything about syphilis in the media.

Communications materials addressed to the primary audience of HCPs and CRs do not need to be overly persuasive in tone. These audiences want the message to be direct. They want to simply know that there is a syphilis elimination effort, what the components of this effort are, what their role in it is to be, and that they are needed. Because many participants were drawn to the “Achievable Goal” concept, with its positive message that syphilis elimination is achievable, the final presentation of material to primary audiences should encompass this strategy. A tailored approach to political leaders should highlight the severity of congenital syphilis in children.

The SEE logo in the communications materials intended for the primary audience should be simple, bold, and in capital letters. The fact that SEE is an acronym can be made clearer by using periods after each letter and making the wording “syphilis elimination effort” more prominent. Communications materials intended for the primary audience should include the “Together We Can” tag line. Because so many of the primary audience members found the CDC to be credible, it should be made clear that this agency is the source of the syphilis elimination effort. The local health department should also be included to demonstrate that the effort is a collaboration between national and local agencies.

Statistics about the prevalence of syphilis in the HMAs should be included in communications materials sent to the primary audience. To avoid alienating CRs and HCPs devoted to the African American community, the statistics should be presented by geographic area, such as at the county level.

Communications efforts targeting CRs should highlight the consequences if this opportunity to eliminate syphilis is missed. Community members should also be assisted with educational materials, training, and funding if they are expected to join in the effort. Educational materials should be user-friendly and tailored to their at-risk population, be it African American, MSM, Hispanic, or any other population. The CRs’ role in improving secondary prevention efforts, such as raising awareness of the symptoms of syphilis and promoting testing, should be encouraged.

Recommendations from Exploratory Groups

As was suggested earlier, part of the syphilis elimination effort communications plan should entail a broad media campaign to raise awareness about syphilis and this unique window of opportunity to eliminate it from the United States. A media campaign aimed at raising awareness of syphilis should make clear that the disease is curable and that those at risk should get tested. Health education materials intended for the at-risk audience should, of course, include information about protective behaviors but should also note their limitations. Information intended for the Hispanic community should address male reluctance to wear condoms.

The stigma surrounding syphilis can slowly be tackled by introducing syphilis as a topic into the public forum. This can best be done by launching an awareness campaign and through other public relations efforts employing media advocacy. CRs could be given tips on how to broach a discussion about syphilis with their community.

Materials intended for HCPs should provide them with tips on how to explain syphilis and treatment options in simple layman's terms. Providers should be reminded to treat all patients with respect and be conscious of tone when speaking to patients, to ask all patients about their sexual history during routine exams, to try to build rapport with patients by asking holistic questions about their health (especially with Hispanic patients), and not to make assumptions about patients. These guidelines could also be included in continuing medical education (CME) training courses and embedded in medical schools' curricula.

Educational materials addressed to Hispanic and African American groups should be serious in tone. More research should be conducted to find a tone that is most appropriate for MSM. Doctors and advocacy groups would be good sources of educational materials intended for the African American and MSM groups. For Hispanics, the group sponsoring the message does not seem to be critical. Because CDC was not well known to all participants, the agency should cosponsor messages with other organizations.

It appears that a concept entailing congenital syphilis speaks to Hispanic and African American but not MSM groups. These results show that one overarching message may not be appropriate for each at-risk group.