SYPHILIS ELIMINATION PROJECT: FINDINGS FROM CONCEPT TESTING RESEARCH WITH HEALTH CARE PROVIDERS, COMMUNITY REPRESENTATIVES AND POLITICAL LEADERS AND EXPLORATORY RESEARCH WITH AT-RISK POPULATIONS

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Contents

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 form 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.

INTRODUCTION

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.

In the spring of 2001 Prospect conducted formative interviews with HCPs, CRs, and political leaders in several syphilis high morbidity areas (HMAs). The purpose of this exploratory research was to assess the audience's knowledge of and interest in joining CDC's national syphilis elimination effort. The findings from those interviews were used to develop creative briefs and, consequently, concepts to motivate the primary audience of HCPs and CRs to join the effort. Four concepts, with tag lines and logos, were developed in collaboration with the CDC.

The four concepts are named "Achievable Goal," "Pre-AIDS," "Next Generation," and "Disparity." The "Achievable Goal" concept is based on the information that while syphilis rates are high in some communities, the disease is concentrated in certain pockets and with vigilance could be eliminated. The "Pre-AIDS" concept is based on the information that having syphilis makes an individual four to five times more likely to contract HIV. The "Next Generation" concept is based on the information that syphilis is totally curable but that pregnant women nevertheless still pass it on to their children at birth. The "Disparity" concept is based on the information that the syphilis rate is higher in some populations and communities than in others.

Prospect conducted a total of twenty-eight focus groups during October and November 2001 in four select HMA sites. Sixteen concept-testing focus groups were conducted with HCPs and CRs to obtain reactions to the four syphilis elimination concepts. Twelve exploratory focus groups were conducted 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. In addition, these at-risk groups were asked for feedback on the concepts, even though they were not considered the primary audience for these materials.

This report contains the methodology, findings, and recommendations based on the concept-testing focus groups with the primary audience of HCPs and CRs, the exploratory focus groups with the at-risk populations, and the concept-testing interviews with select political leaders. The findings and recommendations from

this report will be used to guide and refine the development of future communications materials for CDC's syphilis elimination plan.

METHODOLOGY

Purpose

The purpose of the concept-testing focus groups with CRs and HCPs and the interviews with political leaders was to assess:

- How participants interpreted the main idea of the concepts
- If concepts were speaking to participants
- If participants found the concepts to be motivational
- If any element of the concepts was confusing or offensive
- If CDC was credible as the source of the concepts
- What other organizations/agencies would be credible sources
- How participants reacted to the tag lines and syphilis elimination effort (SEE) logos

The purpose of the exploratory focus groups with the at-risk populations was to assess:

- Top-priority general health concerns
- General awareness of syphilis
- Perception of STDs (whether grouped individually or as a whole)
- Knowledge of the symptoms of syphilis, the risks of becoming infected, and the protective behaviors
- Perception of the severity of syphilis
- Perception of the severity of the disease among their population and the preferred terminology to refer to their population
- Stigma surrounding syphilis
- Preferences of community based organizations (CBOs)
- Treatment preferences and advice to improve their health care experience
- STD information sources
- Credible sources for STD information
- Credibility of CDC and other groups
- Reactions to concepts, tag lines, and logos

For methodology and findings from the political leaders interviews, please see the section IV, "Political Leader Interviews." The rest of the information in this section pertains to the focus group research.

Focus Group Design

For the primary audience of HCPs and CRs, sixteen concept-testing focus groups were conducted in four HMAs: New York City (NYC), Los Angeles (LA), Memphis, and Detroit. These four cities were chosen because they are syphilis HMAs and because of their geographic and ethnic diversity. The following table presents the focus group design for these primary audiences.

Table 1: Number of Concept -Testing Focus Groups by Audience and Location.

Audience	Location				TOTAL
	LA	NYC	Detroit	Memphis	
Health Care Professionals	2	2	2	2	8
Community Representatives	2	2	2	2	8
TOTAL	4	4	4	4	**16**

Twelve exploratory focus groups were conducted with the following at-risk population segments: male African Americans, female African Americans, male Hispanics, female Hispanics, African American MSM, and Hispanic MSM. Two focus groups were conducted per at-risk segment. Hispanic and MSM groups were conducted in New York and Los Angeles because of the higher concentration of these groups in those cities. African American male and female groups were conducted in Detroit and Memphis because of the higher concentration of African Americans in those cities. The following table contains the research design for the at-risk groups.

Table 2: Number of Exploratory Focus Groups by Audience and Location.

Audience	Location				TOTAL
	LA	NYC	Detroit	Memphis	
African American Males			1	1	2
African American Females			1	1	2
Hispanic Males	1	1			2
Hispanic Females	1	1			2
African American MSM	1	1			2
Hispanic MSM	1	1			2
TOTAL	4	4	2	2	**12**

Recruitment Criteria and Screeners

Participants were recruited by the focus group facility. Incentives for participants varied by location and by audience. Prospect provided segment-specific screening questionnaires to the firms for recruiting participants (copies of the screeners are found in appendix A). The screeners were based on recruitment specifications derived in conjunction with CDC. Screeners for Hispanic groups were translated into Spanish. The following table contains the recruitment specifications for the various audience segments.

Table 3: Recruitment Specifications by Audience Segment.

	Audience	Recruitment Specifications per Focus Group
Primary Target Audiences	Community Representatives	**One-third from the religious community:** mix of ministers, reverends, pastors, rabbis, priests, deacons, church community outreach workers, or youth group leaders **One-third from community based organizations:** mix of members from local and national level organizations that serve the at-risk population **One-third community activists:** anyone who has spoken at a city council meeting, spoken to an elected official about a community issue, or held a leadership position in a local community group
	Health Care Professionals	**Half clinicians:** mix of doctors, nurses, and physician assistants; mix of specialty: primary medicine, family medicine, emergency medicine, OB-GYN, and dermatology; mix from private and public sector **Half public health professionals:** mix of directors, managers/supervisors, health educators, outreach workers, and counselors from departments of health or community based organizations; mix of fields: STD, HIV/AIDS, health promotion, substance abuse, and minority health

Table 3 continued.

	Audience	Recruitment Specifications per Focus Group
At-Risk Populations	African American Males	Over the age of 18, single, sexually active, and having low socioeconomic status
	African American Females	Over the age of 18, single, sexually active, and having low socioeconomic status
	Hispanic Males	Over the age of 18, single, sexually active, having low socioeconomic status, and with Spanish as primary language
	Hispanic Females	Over the age of 18, single, sexually active, low socioeconomic status, and with Spanish as primary language
	African American MSM	Men over the age of 18 and sexually active with men
	Hispanic MSM	Men over the age of 18, sexually active with men, and with Spanish as primary language

For the at-risk groups, "sexually active" was defined as having had intercourse with two or more people within the past year. "Low socioeconomic status" was defined as those making $350 a week or less, or those making between $351 and $750 a week but also raising children. Appendix B contains the detailed summary of participant characteristics for each group.

Twelve participants were recruited for each focus group in an effort to minimize the effects of no-shows. Qualifying respondents were invited by the facilities to participate in a focus groups discussion on the appropriate day and time. They also received confirmation letters and a reminder call either a day before or the day of the session. All recruits who arrived for their scheduled sessions were compensated for their time, but groups were limited to nine participants and the extra recruits were thanked for their time and dismissed.

Moderating and Moderator's Guides

Prospect and CDC worked closely together to develop the moderator's guides for the HCP and CR groups and the at-risk groups. The moderator guides for the Hispanic groups were translated into Spanish. The guides were slightly revised after the first set of focus groups in Memphis, to improve the flow of the discussion. Additional background information about the syphilis elimination project was presented at the onset, and additional background information on each concept was presented at the end. See appendix C for the final version of moderator's guides for the HCP & CR concept-testing groups and the at-risk exploratory groups.

Careful consideration went into the selection of skilled and appropriate moderators. The chosen moderators were provided background material, and

they participated in several conference calls in order to familiarize themselves with the information. The moderator's race and ethnicity matched those of the participants for the at-risk groups. An African American moderator conducted all the African American at-risk groups. A Hispanic moderator, fluent in Spanish and English, conducted all the Hispanic at-risk groups in Spanish. This same bilingual Hispanic moderator conducted the African American MSM groups, as well. A third moderator conducted all the professional groups (HCP and CR), with exception of those in Los Angeles and one set of HCP groups in New York City.

All focus groups were conducted in a professional focus group facility. The final four concepts selected for the focus groups were presented to participants on large color poster boards. The concepts, tag lines, and logos were translated into Spanish for the Hispanic at-risk groups. See appendix D for the English and Spanish versions of the concepts. All groups were audio-taped and video-taped. Groups lasted between 1½ to 2 hours.

Analysis and Reporting of the Results

Two principle researchers conducted the analysis and wrote the findings. These researchers followed a systematic methodology in analyzing the groups. First, notes were taken while the researchers either attended the groups in person or watched the video recording of the groups. Second, the researcher read all the transcripts (Spanish transcripts were translated into English) from each group and coded the transcripts based on recurring themes.

For the concept testing groups, the findings are presented according to concept. Audience-specific findings (HCP versus CR) and regional differences are noted only when pertinent. The exploratory at-risk groups were analyzed by audience segment—African Americans, Hispanics, and MSM. Gender differences (for the African American and Hispanic groups) or race differences (for the MSM groups) are only noted when pertinent.

Preliminary findings were shared with and reviewed by other project staff, most notably the moderators and others present during the groups. The final report was reviewed and edited by several members of the project staff, including staff who attended the groups and senior research staff.

Limitations

The findings presented in this report are based on the opinions expressed during the focus groups and interviews. Care is taken in presenting the results to give an accurate depiction of the degree to which opinions were shared. However, the findings are not quantitative in nature, and they 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. Therefore, while the findings presented in this report accurately reflect

the opinions expressed during the focus groups and interviews, they should be interpreted as suggestive and directional rather than definitive.

DESCRIPTIVE FINDINGS

This section contains the findings from the concept-testing focus group with the primary audience of HCPs and CRs, and the findings from the exploratory focus groups with the at-risk audiences of male and female African Americans, male and female Hispanics, and Hispanic and African American MSM. The concept-testing findings include reactions to the four concepts, tag lines, and logos, as well as other general themes that arose during the groups. Findings from the exploratory groups include knowledge and perception of syphilis, health care treatment behavior and preferences, STD information sources, and reaction to the concepts.

Findings throughout this section are supported by participant quotes. Quotes are verbatim and thus will reflect the participant's wording and grammar. After each quote, the speaker is identified by type of participant (CR—Community Representative, HCP—Health Care Professional, AA—African American, Hispanic, or MSM—Men who have Sex with Men) and location (LA—Los Angeles, NYC—New York City, Detroit, or Memphis).

Participants were shown four concept boards in random order. The moderators had to remind HCP and the CR participants throughout the groups that the concepts were intended for them and not the audience they serve or care for. In addition, participants were repeatedly reminded not to focus on the aesthetics, such as the image, colors, or font, but to focus on the idea or message of the boards.

"Achievable Goal" Concept

Main Idea

Most of the participants interpreted the main idea to be that syphilis elimination was achievable and that it was going to take a collective effort.

> If you work hard on it, you can try to eliminate it. –HCP, NYC
>
> Syphilis is a disease that we can get rid of, just like they think they got rid of polio. –CR, Detroit
>
> We can wipe out syphilis today and maybe later something else. –HCP, Detroit

Many felt that being able to achieve elimination was a positive message that inspired hope. Many CRs dealt with other competing health and social concerns that are difficult to solve.

> I think it speaks to like how many things are frustrating that we can't do anything about in our work and that this is something that we can. –CR, NYC

> What comes up for me is exhale. That if I'm talking in the context of the black church community I'm not selling syphilis, I'm selling cure, I'm selling elimination. It's a different conversation. It's an exhale because there was so much you couldn't do and when I went into the human service community we had to redefine what success is in order to be able to continue to do what you're doing without burning yourself out. So wiping out is exhaling, you know, and most of providers have been waiting to exhale for a long time. –CR, NYC

Some (mostly CRs) questioned whether syphilis elimination was really feasible. Some of those who questioned its feasibility noted that syphilis has remained with us for many years.

> It reminded me that syphilis has been around a long time and they've never been able to completely eradicate it anyway. So, being they have a heading that implies that maybe we can wipe this out, it sort of goes against history. -CR, Memphis

> I don't know it's kind of scary. I did some work with the county last year, and even though the numbers went down, we were reported that there was an outbreak on the West Hollywood community, so it went back up. Are we really wiping it out? -CR, LA

> Is it true, can you wipe out syphilis? I mean is there a possibility that that can be done? –HCP, Detroit

Some HCPs noted that it would not be as easy as was suggested.

> You know to erase a chalkboard is fairly easy but to eliminate syphilis I don't think we're talking ease here. I think it can be eliminated but you're talking some very difficult behaviors, change, and that kind of thing so I wouldn't want people to think it's as easy as erasing a chalk board. –HCP, Memphis

> It sounds very cocky, and it makes the elimination of syphilis sound very easy like you just take an eraser and wipe it off and it's not that easy. It takes way too much coordination of a lot of resources and it's not, I think it

> gives us a false sense of security that it's just going to be wipe it off the board. –HCP, NYC

A small minority interpreted the concept to mean that syphilis elimination has already been achieved.

> That says to me like, It's gone, relax. –HCP, Detroit

Speaking to You

Most of the participants felt that this concept was speaking to them.

> Any type of crusade to band people together to do away with a disease it's going to be [speaking to us]. It will be helpful. –CR, LA

> I think it's a very goal oriented statement. You can wipe out syphilis. You can eradicate it. You can get rid of it. That doesn't say it doesn't take a lot of hard work, but I think we're a pretty goal oriented society, and particularly after the last couple of months, it would be nice to see there is something we can do. It's measurable, it's doable. –HCP, Detroit

A few, however, thought that because of the chalkboard image, it was targeted more to a youth audience.

> I think it's more or less appealing of course to young kids because of the fact that they use the chalkboard and the chalk. I'm just thinking of school. –CR, Memphis

Motivating

Many found the message of hope motivating.

> When I first read it I just thought get active, get proactive, join in, you know help out. –CR, NYC

> It's telling me to work harder and then try to wipe out the disease, in any way I can do it, in any particular way, any way means possible, education, pamphlets, talks, whatever we can come up with, just do whatever I can to help wipe out the disease. Elimination. –HCP, Memphis

Numerous others noted that the tag line "Together We Can" was an empowering message.

Some found the message motivating but didn't like the presentation.

> I mean the idea, the total idea's good. The idea of wiping away the disease, getting rid of something that's harming our people. Yeah I mean

> the total idea is a good idea. We're not arguing I think the idea of it. It's the presentation. –CR, Memphis

Others did not find the concept motivating because they felt that there was not enough substance to it.

> You can't just tell me there is hope. Give me something to go along with it. –CR, Detroit

> As marketing approaches go, that's an approach, but is it of the magnitude that we discussed that would move a person like me who's a community leader, who's very busy? That wouldn't motivate me to do anything. –CR, Detroit

Confusing

Many pointed out that there was an inconsistency between the question—"How many diseases (plural) can we wipe out today?"—and the answer, which presented only one disease, "syphilis."

> It doesn't answer the question how many. –CR, NYC

> OK, there's only one disease there. How many diseases can you wipe out today, but there's only one. –HCP, LA

Offensive

For the most part, no one found this concept offensive. An exception was a participant that found the use of the word "today" offensive.

> Today is very specific, you know, and I can't do anything today. I can start doing something today, but now gives us time to do it. I prefer how many diseases can we wipe out now, it means more to me. –CR, LA

Suggestions To Improve Concept

Some suggested adding a list of other diseases along with syphilis, especially those that have already been eliminated, such as polio.

> You know what would motivate me though is if you had a list of diseases that we had already wiped out but I don't know that many that we have so I mean if I knew that we had wiped out like seven and syphilis was the next on the list. –CR, LA

> I think it would be nice if there was something like with other diseases that have already been wiped out like polio with a slash through it and something else with a slash through it and then syphilis like next on the list to get checked off or whatever. –CR, NYC

Some also noted they would want more information.

> It's like so how, what's the plan, you know? What's the plan to do this? How are we going to do this? I mean we're boasting, let's wipe out syphilis, let's eliminate syphilis. -HCP, NYC

"Pre-AIDS" Concept

Main Idea

Most participants understood the concept to mean that there is a link between syphilis and HIV/AIDS. However, the interpretation of the nature of that link varied. Some interpreted the link to be that syphilis is a gateway disease to HIV (the way it was intended).

> To reduce the spread of AIDS, which is a big thing for me, starts here, meaning I'm just finding out myself that with syphilis, that opens up, you know, that's the welcome-mat for AIDS. I just like it. The idea is perfect for me. –CR, Memphis

> They do mention the fact that if you have had an STD before you are more likely to test positive for HIV so couldn't you see the connection in that way they are linking, they do link other STDs, syphilis included with your predisposition to HIV/AIDS. –CR, NYC

> It communicated the link between syphilis being a co-factor for HIV transmission –HCP, LA

> If you start eliminating certain types of STDs, you eliminate more STDs, and as you educate more people and get people more involved in stuff, eventually the AIDS epidemic will go down, the gonorrhea, everything else will go down along with it. So if you wipe out one, you actually lower the incidents of other ones. –HCP, Detroit

Many others, both HCPs and CRs, interpreted the link to be that both STDs can be caught through risky behavior and both can be prevented through safer sex practices.

> High activity sex, high risk, syphilis, gonorrhea, chlamydia, all these things can lead to, you know, HIV, high risk activity can lead to that. –HCP, Detroit

> In the prevention strategy, don't forget that. They're the same for both. -HCP, NYC

So when you protect yourself from syphilis, you're protecting yourself from everything. –CR, Memphis

We're passing out condoms to prevent AIDS, you're preventing syphilis, you're preventing unwanted pregnancies, so what that condom stops is more than just one disease, or one mishap. –CR, Detroit

It's really the behavior. If you look at what you do that can put you at risk of getting syphilis, those are the things that could lead you to getting AIDS so it's more a behavioral thing. –CR, NYC

Some HCPs interpreted the message as a reminder to test for both.

The message is you need to be talking about both diseases concurrently. If you're diagnosed syphilis you should be testing for HIV. If you're diagnosed HIV positive, you should be tested for syphilis. This is a message that most healthcare provides should have gotten but there are probably some who are still not on this page of connecting those two diseases. –HCP, Memphis

You have to monitor if someone or being tested for one, you really should test the other as well. –HCP, NYC

<u>Speaking to You</u>
Many of the HCP and CR felt that this concept was speaking to them.

Provides us with a platform, a sense of urgency. –CR, Memphis

This one has more power and impact to it. It would peak my curiosity as well as others that I work with and then would motivate me to want to provide whatever means necessary, the materials or information to try to decrease or prevent the spread of syphilis. –HCP, Memphis

I think that it's a good concept to teach people, look now, you know, you don't just have to worry about HIV and AIDS, you'd better start worrying before, you know, and after, I like it. I think it's a good. -CR, Memphis

A notable exception was a religious leader who said that a concept about syphilis and safer sex practices would not be appropriate for her congregation.

I'm struggling here because I'm hard pressed to believe the concept of syphilis as a conversation. I'm in a black church community, and the concept of syphilis has no audience at all. I mean I remember how long it took us to really say something about AIDS even though our membership was dying. It's like first how do you sell syphilis and then the conversation goes from there to how do you package it? –CR, NYC

Motivating

Many HCPs, and some CRs, felt that the concept served as a reminder to not overlook syphilis.

> I don't think about syphilis, I think about AIDS all the time so with this type of advertisement now I'm like wait a minute, syphilis is still real, and I think a lot of people don't think about syphilis today as much as they think about AIDS. –CR, LA

> When I was looking at it I thought about how politically correct it is to talk about HIV now, and everybody's trying to get tested and everybody, we're doing all this stuff. It's like a big media blitz about HIV and doing things, but we, it's like we forget that there are other diseases too, and so it's like, we can't forget about syphilis, and chlamydia, and gonorrhea, and everything else, because all of those go hand in hand with HIV. So when you're going out and educating about HIV, remember to educate also about syphilis. –HCP, Memphis

> Because I think a lot of us, I definitely know for me as a provider, OK, syphilis I have to draw your blood, ah, syphilis isn't that prevalent now and we started dropping off, and we maybe need to think about it again. –HCP, NYC

Many people in both audiences felt that this concept raised the importance of syphilis.

> People don't take other STDs as seriously. Now if you link that with AIDS, people are going to think twice. That's the way I see that. –CR, NYC

> I think the one thing good about it is that even healthcare providers, some may have become complacent about syphilis, but I don't think a lot of healthcare providers have become complacent necessarily about HIV and AIDS, you know, so it sort of hits you in the head and say, well, if there's a connection then maybe syphilis is more serious than I may have thought. –HCP, Memphis

> It also raises the importance and consequences of syphilis. –HCP, LA

> Ties them in together and lets you know that AIDS is big cause everybody says AIDS and goes 'oooh', but you put syphilis on the front page with it and it's going to make them think I didn't know it was as big a concern. –CR, Memphis

Confusing

The implied link between syphilis and HIV/AIDS was an obvious source of confusion for many, especially CRs.

> If you're not coming from an HIV or STD background, this would be confusing and misleading. –CR, Detroit

> I'd like to know how they're connected and in which ways working on syphilis will help AIDS and what could you do to work on syphilis, you know what type of projects or programs are available to work on syphilis. –CR, LA

> You can get too many interpretations out of that. –CR, Detroit

> OK are you saying that everyone who has AIDS or is HIV positive also has syphilis? –CR, NYC

Many CRs noted that the implied link raised more questions than it answered.

> Well, it's not telling you enough because we don't have enough information there. So if you're in the business and if you're a clinician or if you could tie it closer than maybe a layperson even servicing the community could so I think it's presuming that you have a certain amount of knowledge that you're saying you don't have so maybe for a certain group it would hit closer but what's it's doing for you is bringing up more questions than it's answered, I think. –CR, NYC

Several HCPs felt that this link was not well known.

> You know unfortunately not many people realize that the more STDs they have they, the more likely they are to contract and have HIV and then AIDS. So I think it's a teaching tool and makes you think. –HCP, Memphis

> That again, I don't know that that many people who aren't involved in sexually transmitted diseases or healthcare in general know that link. I remember treating a lot of people with gonorrhea or chlamydia or something that wasn't necessarily related to HIV, and they had no idea of, of co-infection, and when I would say, 'oh you need to get an HIV test', they'd be like, 'HIV, but I only have something else.' –HCP, LA

Some, both CRs and HCPs, questioned the truth of a causal relationship between syphilis and HIV/AIDS.

> I'm reading this and it says to reduce the spread of AIDS start here, syphilis and so what do you say, are you saying that syphilis is a

precondition of AIDS, and I mean that's what that says to me, and I'm not buying it. –CR, NYC

For me it implies that syphilis is the gateway to AIDS, but I'm not so sure that that's true. –HCP, LA

If you take someone with syphilis, a population of syphilis and then a population without syphilis and then you let them do their high-risk behavior the population with syphilis is not going to have a higher incidence of AIDS than the population without syphilis when you started out. It's not, there are STDs that wind up happening together but it's all because of the high-risk behavior. It's not because of the actual syphilis itself causing AIDS or any kind of link like that so that is not, if you read it correctly it's not correct. –HCP, NYC

Offensive

For the most part, no one found this concept to be offensive. However, a few felt that the focus should not be limited to syphilis, but should include all STDs.

I think we're loosing a giant opportunity if we just focus on syphilis when we know that chlamydia rates are sky high and gonorrhea and HPV and all of these other things. Because we constantly put diseases in categories, constantly, and I think it's almost detrimental to our efforts that HIV prevention hasn't been coupled with pregnancy prevention, hasn't been coupled with STD or STI prevention just in general. –CR, LA

I mean it's just not accurate, to me it's like this --- you are at risk for HIV, you're also at risk for chlamydia, and gonorrhea, why ignore the others? So what do you mean by let's start here? Is it easier so start here, or is it because, I mean why not the others then? –HCP, Detroit

Can you not just say abstinence or safe sex, I mean why is so much that we're geared in on one particular STD? –CR, Memphis

Conversely, a few others noted that syphilis should be able to stand alone, on its own merits without reference to HIV/AIDS.

What I'm thinking is if you're working to do a campaign to eliminate syphilis, why even have HIV or AIDS up there? Just focus on what you're doing, you know what I mean? Just the syphilis. –HCP, NYC

It almost minimizes the impact of syphilis, which to me that's contrary to what we were talking about. In other words, if you want to stop AIDS, start with syphilis, and I'm thinking AIDS become the focus point instead of syphilis. –CR, Detroit

> I don't like the connection with AIDS. I would rather somebody say to me that syphilis is, you know, that syphilis is an STD that's on the rise and I think that's something by itself. –CR, NYC

Wording Issue

Many CRs and HCPs, most notably in Los Angeles, corrected the wording of the concept from "to reduce the spread of AIDS" to "to reduce the spread of HIV."

> Well, first of all it's not factual. I think after 20 years we've got to stop telling people that we spread AIDS because that's not what happens. You don't spread AIDS. It's HIV and I think that that's first of all for people that are working in the field, I do not respond to that at all because it's not factual. –CR, LA

> Whoever wrote this, I think they miswrote it because to reduce the spread of AIDS, you don't, you cannot reduce the spread of AIDS. You could reduce the spread of HIV, not AIDS. AIDS is acquired. –HCP, NYC

Reaction to Additional Information and Suggestions To Improve Concept

For those who did not understand the link, the additional information that "having syphilis makes you four to five times more likely to contract AIDS" made the link more understandable. These participants suggested that the information be presented this clearly.

> If it's presented that clearly, it would grab my attention much easier than just a play on words you know. Most of us don't have the time in our day to interpret something that's trying to get our attention. –CR, NYC

> People should know that, that should be on that board somewhere, because no one would know. –CR, Detroit

"Next Generation" Concept

Main Idea

This concept was primarily interpreted in one of two ways. Some interpreted it as a reminder of congenital syphilis.

> The children are affected, and we need to do something about it. –HCP, Memphis

> We want our babies to live and not be sick. –HCP, Memphis

> The main idea is to decrease the incidence of mothers passing it to their children. –HCP, LA

Others interpreted it as the desire to leave a legacy of a syphilis-free world to future generations.

> This is saying, hey, wake up. Let's eradicate it. This doesn't need to be passed on generation to generation. They shouldn't be worrying about this, the next generation. Let's get rid of it now. –HCP, NYC

> It makes me feel responsible for my environment and what I'm leaving behind to the children and those that come after me. Just like you're trying to build a better life, a better world for those that come after you and things like and it's saying that you don't if we don't wipe out this disease here, while we're here, all it's going to do is get it worse, and for our children it's going to be an even larger battle ground than what it is for us now. So we need to take action as leaders right now to reduce it. -CR, Memphis

> It plays on people's desires to want to create safe space for children and the notion that we want to leave our children a better world –CR, NYC

> The first thing that comes to my mind is the things that you want to leave your children, you know, I mean a peaceful world where everybody gets along type thing, and that's disease free, and things like that, and it's telling me that we want to eliminate this before they get to that age. –HCP, Detroit

Some saw both interpretations concurrently.

> It's not clear to me if this is a message motivating folks to deal with a significant problem of congenital syphilis among women who are infected with syphilis, or if this is really about imagining a future without syphilis, or both. –CR, LA

> See my brain went a little crazy there because the first time I read it I read it as a perinatal thing, a mother giving it to their child, and then I read the SEE thing again. But then I went back to the top and read it again, and I realized I don't think it's perinatal I think it's just talking about we need to try to work on this within our age group so we don't leave it behind for the new generation coming in. –HCP, NYC

<u>Speaking to You</u>

An overwhelming majority of HCPs and CRs did not feel that this concept spoke to them. Most felt that it was better suited to the patient population.

> I think this message is more for the patients than the practitioners. –HCP, LA

> I think it's geared more towards, like the general population. It's something that would be great, like on a subway, or on a bus. It's not just for our benefit, as community leaders. –CR, Memphis

> I think would work well in like a pre-natal clinic where you've got something on there that should also say get tested, so that when the person is looking at it, they're saying, 'OK, well I thought syphilis was gone a long time ago.' –HCP, Detroit

> I feel like it would be a really good poster if what I was trying to do was promote like prenatal testing and prenatal screening –CR, LA

A few HCPs in New York City and Los Angeles did not even feel that this concept spoke to their MSM patient population.

> Who is most affected by this right now is men who have sex with men, then why are we using a maternal and child health message to get them, to get us to be motivated to do something programmatically to eliminate syphilis. It just seems to go against what our community statistics would tell us. -CR, LA

> It's too specific. I mean for me in particular most of the population I work with are men who have sex with men so this won't grab me because it's not a concept that will work with my population. –CR, NYC

Some CRs, however, usually those from the church or those with children, did feel that the concept was speaking to them.

> That just spoke to me, in terms of a legacy that as people, I don't even have children, but I just thought in terms of, as people, the legacy that we leave for the people, the children, the people that come behind us, you know. Is syphilis what we want to leave? -CR, Memphis

> I've got a 16 month old little girl, so I mean, that right there, you've got a lot of attention, and I mean it's powerful because we're talking about responsibility here, and we also know that we have ownership, and that we play a part in it. –CR, Detroit

A few HCPs whose patient population consisted predominantly of women of childbearing age or pregnant women also felt that the concept was speaking to them.

> It really grabbed my heart. I have a pediatric nurse background so that's part of it. –HCP, Memphis

It's something I could see up in my office, and that's very appropriate for my population because I deal with pregnant women. –HCP, NYC

Motivating

For the most part, because they did not feel that this concept was directed at them, participants did not feel it was motivating or asking them to do anything. A few felt this concept served as a reminder not to forget congenital syphilis.

I mean I agree it's kind of simplistic, but it kind of reminds me, because I mean, most of the syphilis that I've seen has been in gay mean. I mean, I have lots of women patients and that just kind of reminds me it's just as important to screen them. –HCP, LA

But as a physician, this thing grabbed me immediately. This is, to me, very powerful. I mean I see congenital syphilis. –HCP, NYC

A few others felt that this concept motivated them to "protect what you love."

Start with your family, do a household check –CR, Memphis

Confusing

A few CRs found the concept confusing because they were not aware that syphilis could be passed on at birth.

When I think of syphilis I think of sexually transmitted diseases and then I say what does that have to do with a child? You're putting children and sex together, although I know there are some babies born with syphilis, but it's the idea, the main focus to me, when I hear syphilis I always feel like it's a sexually transmitted disease and what does a baby have to do with that that? –CR, LA

But you'd have to know more about it, I mean that might make me inquisitive to find out can I give it to my children, you know, do, like AIDS, I can give it to them while I'm pregnant, but since I don't know enough about syphilis, when I see that, I might say is that true? I can give it to my kids? How would I give it to my kids? That might make me to try go find out some more about it, you know. –CR, Detroit

Offensive

Some participants, notably in Los Angeles, were offended by what they felt was a scare tactic (in reference to the image of a fallen teddy bear).

I find it manipulative. I mean, any time anything tries to tug at my heartstrings purposely I feel manipulated. –CR, LA

No, it would probably motivate me to say a nasty four-letter word under my breath and walk past it and not even pick up the pamphlet. –CR, LA

Suggestions To Improve Concept

Suggestions to improve the concept included adding more information and a call to action.

It's too basic. I as a practitioner would want some, maybe some numbers why I need to, that would make me more aware, something like, I don't know, in the year 2001 in this, in my community maybe out of, you know, if I saw 5 clients, 4 of them will, had some kind of reactive test for syphilis or 3 of the women delivered babies that were, that had reactive serologies or something like that. This just seems really, really simple. I don't know. –HCP, LA

You know what, you could take one sentence and turn this into a professional board from a fluffy board and say 'look for it'. 'There are many things we want to leave our children, syphilis isn't one of them. Look for it.' Because that tells me check your mommies, check your women of childbearing age. Check your gentlemen, and teach. Look for it. –HCP, Detroit

"Disparity" Concept

Main Idea

Participants across all groups, most notably in Detroit and Memphis, had a strong negative reaction to this concept and felt that the main idea was that syphilis targeted the African American community.

It's a shame and blame sort of thing. –CR, Memphis

That syphilis only happens to black people. –CR, Detroit

Some felt that the message was that their area was a syphilis "hot spot."

It's right here right now. –HCP, Detroit

Syphilis prefers some communities, ours is one of them, and if you look at the information that New York State Department of Health has, that's the way they put it down. Actually a report from New York City had broken it down by area code, and one of my area codes, where one of my clinics is, it's very, very high. So I could see how this, someone writing this statement's trying to put out a message. –HCP, NYC

Speaking to You

For the most part, because participants were offended by this concept, they did not feel that it was speaking to them.

> Everything about it turns me off. –CR, LA
>
> If a community leader sees something like this, what I would say, as a community leader, is that I would not want to get involved with this group because this group is not going to be sensitive to my community. –CR, NYC
>
> Plus if you want someone to be a part of your group or join your effort why start off with a negative message? It's like we have enough negativity to deal with. –CR, NYC

Confusing

Many found the use of the word "communities" confusing. Concerns were raised that "communities" could be defined in a variety of ways, including in geographic terms or by race or ethnic composition.

> I think it's ambiguous. It could say some communities, could be communities of color, it could be geographic communities, it could be sexual preference communities, it could be illiterate communities, you know, it could be a lot of communities. –HCP, Detroit
>
> OK well you as community, now do they mean my community? Where am I sitting at this time that you present this? Is this my community I'm sitting in? So a lot of questions came up with community. –HCP, NYC
>
> If this is the only community we have like in this whole Memphis area, are we saying African American community, or are we saying European community, what are we saying when we say community? –CR, Memphis

Offensive

Many participants found this concept offensive because they felt that it singled out certain communities (many inferred the African American community by the choice of colors) and pointed blame.

> I think the message, the words, are pretty offensive. That whole statement is just really off-putting. –CR, LA
>
> I mean we've got enough stuff thrown on us anyway. To give somebody some more ammunition to say there's something else wrong with us.. –CR, Detroit

I mean at first I got a little testy, so I'm sitting here trying to pray myself to some peaceful state. That right there is definitely saying that black people are more promiscuous, because I mean, we're saying that any sexually transmitted disease, if you don't have sex, you won't transmit any sexual diseases. So it's saying to me that if syphilis prefers a certain community, then that's a community that's very promiscuous, and so that right there would be offensive to me, and I wouldn't see any need of using that to inspire or uplift my community and saying hey, we need to do something about this. I mean to me, that's just derogatory. –CR, Detroit

It made me be defensive, you know, it sort of caused you to pull back because OK I'm being targeted again. –CR, NYC

The problem is, is that everyone shuts down, because everyone here, except for the young lady here, has shut down by that message. It's like, I don't want to hear that. As a community leader, you're trying to catch the attention of community leaders. You got their attention, and they're angry by what you've said. –CR, Detroit

You have not come out and said African American community, but you've implied it, in the choice of colors of the target: red, black, and green. –CR, Detroit

Many participants felt that the concept should try to convey the opposite message, that syphilis is an ''equal opportunity disease" and could be present in any community. Participants who shared this view emphasized that risky behavior is what predisposes someone to syphilis.

The message is 100% wrong. Syphilis is spread by very well defined, well known behaviors and is not specific to people of any race. It's not race dependent, it's behavior dependent. There can be clusters of the disease in particular communities, but it has nothing to do with the community. It has things to do with like health disparities, educational levels. I think it's a really misleading and inappropriate message. –CR, LA

It doesn't matter what your sexual preference is, or what, you know, what your ethnic background or color is, syphilis spares no one. If you are not practicing safe sex, you are going to be at risk of catching it. –HPC, Detroit

We've worked so hard to put out the message that illness don't discriminate that I think it works against that. –CR, NYC

The idea to me is to, it can be found anywhere. It's not just in Memphis it can be found anywhere, upscale people making a lot of money can have it too. Look for it. –HCP, Memphis

Many participants also felt that the suggestion that syphilis resides in only some communities could foster an "it's not my problem" mentality.

> I think people define communities very differently, and I think sometimes somebody would say I'm part of the Latino community or I'm part, I live in West Hollywood and that's my community or I'm part of the gay-lesbian bisexual transgender community, I mean people define their communities very differently so when you say it prefers some they can easily say that's not mine and put a division there and I think that's human nature. –CR, LA

> At the same time, other people can see it as kind of discriminatory, kind of like pinpointing to, oh OK, so it's your community, you know, not our community, it's your community. –HCP, NYC

> The biggest thing for me with this one is that this seems to be targeting some community leaders and saying to others this is not your issue or your problem. It's divisive. –CR, NYC

> If you see it and it says it's in community A more than community B you say, OK I'm in community B so I don't have to worry about it. –HCP, Memphis

<u>Wording Issues</u>

Many did not like the suggestion that syphilis actively chooses (by the use of the word "prefers") communities to target.

> I didn't like the word 'prefers.' I don't think syphilis prefers anything. –HCP, LA

> You're personifying syphilis and it's like forming a thing, you remember the Uncle Sam ads. Uncle Sam wants you. Syphilis wants you. I mean I read it that way right from the get-go. Syphilis doesn't discriminate against any community. –HCP, NYC

> It implies it has a choice, like a smart-bomb. –CR, Detroit

Additional Themes

A theme that was heard throughout the groups by both audiences, irrespective of the concept under consideration, was that they wanted more information about syphilis, presented in a clear, succinct, and direct fashion.

> I think fundamental awareness that there is a problem with the, you know, with the facts being presented, would cause us, or me anyway, to want to do something about it. –CR, Detroit

> Direct is a much more effective for professional people, rather than this type of things. –HCP, Detroit

> It needs to be short, because I don't have a lot of time, and it needs to tell me what it needs to do in 4 words or less. Look for it. Test for it. Do it. Hit it. See it. Teach it. Something, because you know, I don't have time, and I don't want to dig through it for your message, you know, give me something bright, give me something that speaks quickly. –HCP, Detroit

Participants wanted information to include a call to action, a directive. They wanted to know what their role in a syphilis elimination effort would be.

> It needs to be more direct. Let's wipe out syphilis, let's wipe it out. More of a call to action as opposed to a general, broad statement... –CR, LA

> What would my role be? You know, if you want to take time away from my clinic to go, maybe you know, once a month I could do it, maybe even twice a month, but you know, more than that, it may be difficult. So I would like to know what my role would be. I would be willing to participate, for sure. –HCP, Detroit

> I would be involved if there was a directive attached to that. So if you were to say there's a leader, we're going to meet at PWI on October 15 to discuss this new directive, and how you can help us launch this, that is something that's already, I know nothing about this topic, but I would not tackle it on my own, because I'm not a health care professional. But, if I knew that there was a directive with that, I would participate in that. There are already plans for that to happen. –CR, Memphis

> I could see the idea of hope if you had a strategy and a plan to follow up with it. If you had me in a room and then you said now --- here's how to, A, B, C, D. In your community, if you do this, if they do that, if you do this, if you do that… –CR, Detroit

Participants also wanted statistics showing that syphilis is on the rise.

> If it said 'Syphilis has increased by 50% within the past 5 years', I'd say oops, you know what I'm saying, or something that should grab the attention –CR, Memphis

> The stats, I mean if somebody could prove to me it was a bigger problem here than other places, or in parts of the city or whatever, that would be compelling. –HCP, Detroit

> A problem would have to be demonstrated. What would work for me is if it was demonstrated that the problem had reached such an epidemic, or such proportions where it really warrants kind of a, some massive efforts, because I already got a full plate. But if you got something that's critical, then you know, I'd make room on the plate. –CR, Detroit

Concerns came up regarding the accuracy of statistics and consistency in reporting, most often in Memphis and Detroit. These participants also cautioned framing syphilis as an African American problem.

> I can tell you where they get the data from. When people go to local Health Departments, and test for STDs, their demographic data is sent to a national database. There are private doctors are supposed to do it to, but you can just be sure that Health Departments do it, and you know, there's a reality, a certain amount of reality that we do contract more STDs than other people, and it has nothing to do with being lazy. What it has to do a lot with is that we don't talk honestly and openly about sex. But because we don't have access to health care that other people do, we are more apt to access public health to deal with STDs, and when you go to private doctors, they don't necessary have to report it. –CR, Detroit

> That's where the bias is. That's what makes the statistics not legitimate, because everybody is not reporting it. The poor people use the Health Department, the more middle class --- use the doctor's office. So all the statistics that you're getting is from the poor people in the inner city. If you get the statistics from the doctor's office, you might find that there are just as many people in that area that have it also, but it's not reported.-CR, Detroit

> One thing that would have to be considered in putting statistics on the board is how, how these statistics are listed. If it's saying Shelby County, versus Dade County or Davidson County in Tennessee… I think a lot of us are kind of zeroing in on black, white, Hispanic, Asian, and others, but if you say… statistically in your community of Memphis and Shelby county, you're number 4 in the nation as far as counties … then that wouldn't be as inflammatory, to me, as it would be if you put on there African American men. –HCP, Memphis

Many participants, especially HCPs, were already "on board." STD prevention and treatment was already part of their job.

> Really, it's for those of us who've been in this for a long, long time we're doing it because we see the need and so it's not really a question of anything is going to make us get up, I mean we're not going to be struck from our horse like Saul, so for me it's preaching to the converted. –HCP, LA

> If this is targeted to health care professionals, tell us what you want us to do. Overall, we're a very cooperative group. –HCP, Detroit

Participants wanted contact information, such as a phone number and/or Web site URL.

> Marry education with action. So if you're going to have that, maybe you should have a number that somebody can call, or a community fair, like if you can look on it and say there's a community fair this Saturday, or go to this Web site, or call this phone number. -CR, Memphis

> I think putting a URL, or a way to get further contacts, but keeping it as simple as possible, you know, that's similar like, you know, for the ads they have for medications. -HCP, NYC

> I said it before, but if you could put something on there like a phone number, a resource, a community health fair, I think that really, as a community leader, that's something that, this is daunting to me to take on by myself at Hands On Memphis. But if I knew that --- was having in in their parking lot, a community fair, I'd call you up and ask you how many volunteers you needed, you know, to help you. That would kind of get me kick started. -CR, Memphis

Some participants wanted the assurance that they would also be provided with resources (user-friendly materials to pass out and also funding to help them in their effort).

> I guess it's like if you get me involved it's making sure I have the resources to do the job. So if it takes a poster for me to be motivated, to get out there then that's what it takes. Basically, it's support, resource support, that you are giving me to do the job to get the message out. –HCP, NYC

> You would have to first of all, bring it to me. Secondly, I don't have to do anything with it. I don't have to revise it, and modify it, do anything like that. Thirdly, it's tailored to the cultural perspective of the people that I work with, and that it's presented in a form that they are used to, such as video. So give me a video I can show. Give me some brochures written at the eighth grade or seventh grade level. Give me a one sheet Q and A, frequently asked questions. What is it? How do you get it? How do you stop it? Where do you get treated by? That kind of thing, so that I don't have to do anything with it except give it to them so then I can take that topic and factor that whole topic into a lesson, or a workshop, or training, or something like that, and I have, at hand, everything I need. –CR, Detroit

Some CRs wanted to know *why* they should get involved. They work with limited resources and deal with many issues.

> And you know with all the things that are going on in our communities right now, especially here in New York City, you're talking about a Syphilis Elimination Project and maybe you need to explain to people who are dealing with HIV, substance abuse, homelessness, and a whole bunch of other ills in the city why should we be concerned about lowering the numbers of syphilis when syphilis is actually treatable and it's not putting such a financial burden on our community, maybe a campaign to actually, to tell a service provider why this is important right now on top of the many other things that are going on. –CR, NYC

> Because of a myriad of so many issues that face our communities and so community organizations are having to deal with so many issues. If there's no money in this for the actual agencies, the service provider can say well how is my program going to benefit. Why should I put staff and time and effort in going down from 25 cases to none for something that is treatable, and you have to really show the provider, I mean everyone knows it's a problem but right now in my particular program HIV is number one, but somewhere else it could be homelessness, it could be substance abuse. –CR, NYC

> I think that's something important that has to happen in terms of why is this something I need to take ownership, why is this important for me and my organization community but this way is not the way to do it. –CR, NYC

Some CRs also wanted to know the specifics of the plan, so that they could be reassured that it was a well-thought-out effort.

> I would need more information also. I feel somewhat suspect when I hear that statement only because there have been so many get on the bandwagon programs. Some of us get burned out because the things weren't really that well thought out. They weren't the best-laid plans so that makes me somewhat suspect. I really would want to know more information before I go spinning my wheels. –CR, LA

> Well, it's a very interesting thing because when you talk about syphilis elimination, which is the goal, I honestly, as someone in public health, I don't know how realistic that goal is. I need a message that will tell me not just, hey it's realistic, thumbs up, so we all smile and go for it. I need to know that it's really realistic and with drug resistant strains of bacteria coming out and with syphilis rates rising I need to learn about how realistic it really is because I'm not going to just buy into the concept that it is. –CR, LA

Participants, especially HCPs, cautioned that they get a lot of "junk" in the mail and that any communication effort would have to break through the clutter.

> I get a lot of mail. That [SEE logo] might get me to pick that one up without, and look at it more closely without throwing it in the garbage, but quickly you would have to get me, to introduce me to what my role would be in the Syphilis Elimination Effort. –HCP, Memphis

> Healthcare providers, I mean we're not much different from the public in terms of reading. I mean I got a lot of junk, and it's going to have to rise above the occasion. –HCP, Memphis

> They need to understand that we are barraged with pictures from drug reps, I mean every day I come home, I have at least 4 journals, minimum, and then you throw those to the side and then you get 4 more next week, and you throw those to the side, and then you have a stack this high, and you're flipping through it. –HCP, Detroit

Many participants said that in their day-to-day lives they heard very little about syphilis.

> The first time I heard anybody mentioned syphilis is today. All I've heard for the last 10 years is HIV and AIDS. Nobody has said anything about syphilis. I haven't heard anybody say anything about syphilis in years. –CR, Memphis

> I think maybe too you should probably say what syphilis is. Syphilis is treatable or something like that, add something to it, get tested. Syphilis is treatable or like she said it's back. I mean something else because, do everybody know what syphilis is? I mean you see AIDS on the TV almost every day. –CR, LA

> I would say probably more data, more information, nationally, publicly, you know, I mean you don't hear about it, and sometimes you don't hear about anything, you feel that there's no need to involve yourself. –CR, Detroit

> Syphilis is not really in the medical community among doctors, it's, I mean when you go to lectures, you rarely ever see anything on syphilis. Nothing, and we used to always have, I mean it's always --- lower diseases, whatever, you know, on the forefront. --- infectious disease, and sometimes they'll have a whole program for a whole week, and there won't be anything on syphilis. –HCP, Detroit

Many CRs and some HCPs said that they and their colleagues knew very little about syphilis, that they had not realized that it was at epidemic proportions in their area.

> Doctors don't know that it's basically on the rise and even how to go about eliminating it. –HCP, NYC

> It's been my experience that providers and community leaders outside of that circle are just astounded that syphilis even exists anymore and have no idea about testing, or the protocols, or anything. –CR, LA

> I do think however that listening to folks, there's still a lot of misunderstanding about Syphilis, we don't know a lot about it. I encounter this all the time with my colleagues and maybe some of you do too. It's like people don't know it's curable, that it's treatable, that it's easy to cure actually in many stages. –CR, LA

> But you would be surprised, when we talk about community leaders. In my experience I look at teachers and principals and they they're just not aware. If you ever recruit schools and you know talk to them, and some of them are like 'wow'. No really, they're so surprised. –CR, Memphis

Logo, Tag Lines, and Source Credibility

<u>SEE</u>
Most participants interpreted the syphilis elimination effort as an ongoing project and felt that syphilis must still be a concern. Participants did not appear to agree on any one presentation of the syphilis elimination effort (SEE) logo. Among the different logos presented, participants tended to prefer the logos that could be easily read (without a stylistic design), with upper case lettering and block letters.

> If you're planning to use that acronym as a part of the marketing campaign, on the end here, you wouldn't necessarily derive SEE from that. That really looks like SCC [In reference to the SEE logo on the Achievable Goal concept]. –CR, Detroit

> The one at the end, something about small case lettering, it's just a psychological thing. I mean people don't really take that as being a serious thing even though it's in bold black.

Many were also drawn to the bolded SEE acronym because they felt it stood out more. Some felt that the wording "syphilis elimination effort" and the acronym should be more prominent. Some felt that the SEE acronym was better suited for a cause that related to optics because it did not seem to relate to syphilis. Only a few participants took issue with the choice of the word "effort," which they felt was not strong enough.

> For me, when I think about syphilis, coming from the community that I come from, there's some history. When I see the word effort, I struggle with that, because I feel that I'm in an area where all these resources are there. If you want to eliminate it, if we want to eliminate something then for me feelings come up that it can be done. –HCP, LA

Tag Lines

Many participants reacted favorably to the "Together We Can" tag line, because they felt that the idea of a collective effort was appealing. Some said that it was inclusive and empowering, and that the notion of not being alone was motivational.

> It engages everyone to a collective effort. –HCP, LA

> Together, that says something about unity. We got to work, together we do this if we work with one another. –CR, Memphis

> That's empowering for me and that I know that I'm not alone. –CR, NYC

Some thought "It's Time To" encouraged action and expressed a sense of urgency.

> It's been around long enough, we need to, it's time to, you know, we've heard about syphilis for a long time. You know what? It's finally time to grab the bull by the horns and do something about it. –HCP, Detroit

Some thought "A Better Future" was positive. Others, however, thought that it was too "corny."

> I think that's strong and that's positive and motivating. –CR, LA

> Hackneyed. Overused. Trite. –HCP, LA

For the most part, participants were not very fond of "We All Must." They felt that it was too condescending.

> Too vigilante. Too Fascist. –CR, LA

A few suggested a combination of two tag lines to read: "Together We Can SEE a Better Future."

Source Credibility

Participants overwhelmingly agreed that the CDC was a credible source for the syphilis elimination effort. They felt that the CDC's name carried "a lot of weight"

and that their involvement suggested a nationwide effort behind syphilis elimination.

> CDC has been around forever trying to control things. It would add credibility, absolutely. –CR, LA

> It gives you a little bit of hope that there's an organized actual elimination scheme, and I have a part in it, you know, that I can now go to the Internet or somewhere and find out exactly what it is that you want me to do. –HCP, Memphis

> Seems like that would validate it more –CR, Detroit

> It definitely adds credibility, and it also makes me think that it's not a bunch of people brainstorming in one room in Los Angeles, it's actually a nationwide effort. –HCP, LA

One dissenting voice noted that, because of the recent events surrounding the anthrax attacks, CDC's credibility was in question.

> I think we all need to kind of see how the anthrax thing plays out because it's not clear to me that the CDC is shining in all of this. –CR, LA

Other national sources considered to be credible were the NIH, Surgeon General and the World Health Organization (WHO). At the local level, the department of health was also consistently cited as a credible source. One participant noted a word of caution with regard to the perception of the local health department.

> The Health Department in some communities is viewed positively and negatively. It's certainly a place that I can go to get help if I need treatment, but it's also a place that I hesitate to go to because I don't feel that confidentiality is something that I can definitely count on. That's just what I've heard from people. –HCP, Memphis

African American Exploratory At-Risk Groups

Disease of Top Concern

Cancer was the most common top health concern named by participants. Other top health concerns mentioned were high blood pressure, heart disease, and diabetes.

> I'd have to say Cancer, the top one. - AA male, Detroit

> I think cancer is a major problem…you hear it a lot. One of my co-workers lost her mother, family friend lost a relative, and you just hear about it a

> lot. It seems as soon as you hear about it the person is long gone…you know. -AA female, Memphis

Other diseases less commonly mentioned were stress, smallpox, arthritis, and bone-related diseases. It is worth noting that, although only one female participant mentioned sexually transmitted diseases, many participants agreed that it was a concern.

> Something that somebody didn't mention and you probably wouldn't even think about, it's honest and it's the truth, sexually transmitted diseases, especially in the younger community, and I'm young myself so I'm just speaking from experience. People in our generation are careless and there's a lot of things that people out there don't know about, and they don't take the time to research and find out about this that and the other, or even to take the time to protect themselves period. It's a lot of stuff out there. -AA female, Memphis

Among the men additional responses included AIDS, terrorist attacks, anthrax, and war.

> Right now it would definitely be something relative to the terrorist attacks.-AA male, Memphis

One group of female participants strongly expressed concern regarding health insurance, cost of prescriptions, diagnoses, and treatment issues.

> Mammograms….or regular health maintenance, I guess you would call it. Just, you know,……. having access to regular health maintenance. -AA female, Detroit

> I'm concerned about seniors and babies having insurance. - AA female, Detroit

<u>General Awareness of Syphilis</u>

When participants were asked how much they knew about syphilis, the majority admitted that they knew very little. A few mentioned that they had heard that the symptoms could go unnoticed, that it could cause infertility and mental illness, and that Al Capone had died from syphilis. Some participants agreed that although syphilis is curable, it is dangerous when it is left untreated. A few participants questioned whether syphilis was curable.

> I just know it can cause infertility in women. Some of the symptoms go unknown. -AA female, Memphis

> OK, when I was going to high school many years ago, they had some kind of government program that in biology and our health classes we, so I had

> to take the class about 3 times about syphilis and gonorrhea. I know syphilis if it goes on it can drive you mad and kill you eventually. -AA female, Detroit

Most participants said that syphilis is not something that they hear or talk about. This is due to less focus being placed on syphilis and more on AIDS/HIV and other diseases throughout the years. A few said that they had never heard of syphilis.

> I think the reason that you don't hear too much about it because each new disease that come up is more like on the forefront, and each of the previous diseases are put like on the back burner. So it cuts down the discussion of the previous disease, and focus more on the present diseases, which all of them are pretty much being occurred around the same time, or probably you just have more people that's affected by a certain disease, which brings it to the top topic. -AA male, Memphis

> … everything has its spell, and even though it was there and it's a problem, it is not one of the domineering diseases right now that is being spoke on. You know, a lot of times if it was discovered or talked about 3 or 4 years ago, even though it's still lurking in our midst, it's not brought up again, because you have new things coming out every day. So I think that's part of it… – AA female, Detroit

> I think it's a generation thing. Like he said, he knew about it [referring to an older participant] --- then the young generation, that's not what we were introduced to…. like he said, we was introduced to AIDS and HIV, and you knew about --- and stuff like that and crabs…. -AA male, Detroit

<u>STD Classification</u>
Most participants viewed sexually transmitted diseases as individual diseases.

> A disease is a disease. -AA female, Memphis

> I think it's a separate group…Yes, because you have different cures for it, if you was taking different medicines for it, so you just can't group them all. -AA female, Detroit

The classification of STDs generated a lot of discussion about categorizing diseases into two categories, treatable or untreatable, or those that you can die from and those that you can live with.

> It's two categories. Those you cure and those you can't. -AA male, Memphis

> I think because like you said --- you can treat it if you catch it in time, but HIV is something you can't treat, so it's high status, and probably a couple of years from now, AIDS is going to be in the middle and something else is going to be ---. -AA male, Detroit
>
> That's {Syphilis} got a cure. There is no cure for herpes, and herpes you can live with, but AIDS, that's a whole different thing, that's a whole, uh huh. -AA female, Detroit

The category of the disease and how much or how little they had heard about that disease, usually through some form of media, appeared to determine its importance.

> Well, I just see on TV, in the news, they talk about high cholesterol, and heart disease being the number 1 killer. I believe if I'm not mistaken. I just go by what the media puts out. –AA female, Memphis
>
> That's the most contact that you see on news is HIV. They don't talk about syphilis and herpes. Even herpes used to be discussed a lot in the late 1980's and early 1990's, but you hardly hear anything about that. –AA male, Memphis

Symptoms of Syphilis

Due to their lack of knowledge about the topic, most participants could not identify the symptoms of syphilis. A few participant mentioned that, if left untreated, syphilis could cause infertility and mental illness.

Risky Behaviors

Participants expressed various views in terms of what behaviors would put a person at risk for contracting syphilis. Some said that someone who lived a promiscuous lifestyle was more at risk.

> Probably somebody that has a very promiscuous type of lifestyle. –AA female, Memphis

Others stated that anyone who indulged in unprotected sex is at risk, including married couples in which one person is being unfaithful.

> I said it can be somebody who have sex a lot, or somebody have sex, unprotected, with the wrong person. –AA male, Memphis
>
> Yeah, it could be your partner. You may be laid back and stay home and, you know, be good, and your partner could be real sneaky. You may, he could be denying his, what he might be doing, or just don't know. ---. You know, you could be married, so if you're married you probably are, doing, having unprotected sex. –AA female, Detroit

Only one participant in all the focus groups mentioned that a mother could pass syphilis on to her child.

Protective Behaviors

When asked what would be the primary manner to prevent getting syphilis, the top-of-mind response for most participants was abstinence. However, when probed on whether abstaining from sex was realistic, many said "No" and then stated that wearing a condom was safe compared to unprotected sex. A few male participants mentioned that even condoms are not 100 percent effective.

Perception of Severity of Syphilis among African Americans

Participants were split on whether syphilis was a problem in the African American community. Participants who felt that syphilis was a serious problem cited the following contributing factors:

- Promiscuous lifestyle/unprotected sex

  Yes. I would say so because a lot of people like to have more than one sexual partner, regular. – AA female, Memphis

- Lack of knowledge

  Because if you look at our statistics, as far as children born out of wedlock, and you can tell there's a lot more carefree sex going on in our community, which increases the chances for disease, and that's also, I --- lack of education, which furthermore promotes the spread of the disease. –AA male, Memphis

- Lack of self-esteem

Participants who did not feel that syphilis was a serious problem in the African American community cited the following reasons for their opinion:

- Anyone can get syphilis.

- Lack of awareness of the syphilis rates within their own race/ethnicity.

  I haven't seen any studies. I haven't seen anything about you know the statistics on African Americans for syphilis. –AA female, Memphis

- Lack of awareness of the syphilis rates among other racial/ethnic groups.

  I would have to say that I would, I would have to disagree. To really know how, you know, our community is affected by, we would have to dwell

> among the other communities, which I don't know too many minorities that dwell a lot, and really get with other minorities. There's just a lack of that in this world, period. You know, usually people stick with their own kind, and the reason why we might see that it is a major thing in the black community, or the African American community, because that's who we dwell in with. But if we were to step outside our walls and --- their communities, they're dealing with it just as we are. –AA male, Memphis

In Detroit a few participants stated that they were aware that syphilis was on the rise in their community: They had read this information in a newspaper.

> I do a lot of reading, so I've been reading, and it's been in the paper in Detroit --- From what I read that the largest amount of cases are in the city of Detroit. I think it's cause there's a lot going on in Detroit. You got all the parties and the people coming from all out of town and everywhere, so to me Detroit is like where everybody comes and dumps everything, all the crime, drugs, diseases, everything end up in the large city. –AA female, Detroit

Level of Concern for an Infected Friend

Most participants agreed that they would be compassionate and sympathetic if a friend told them that he or she had syphilis. These participants said that they would also ask their friend many questions pertaining to his or her sexual practices, and they would advise him or her to see a doctor.

> I would ask a whole lot of questions…. How did you get it? How did you feel? What made you go to the doctor? So what did they say? So what do you do? Then I would probably be sympathetic. I'd have to get my questions out of the way first…. –AA female, Memphis

> You know, that was my time to just listen, you know, because I'm sure thinking all these feelings, but my things are, how do you feel? You know, and if you haven't done anything now, I would, that advice would be, you got to get to the doctor. You have to get treated, but if they know they have it, more than likely, they done already been there, so at this point it's a mental thing, because you just can't diagnose yourself with it. —AA female, Detroit

Some of the participants stated that they would also be concerned about the health of their friend's sexual partner.

> Like I said, I want to know whoever they had sex with cause they should notify that person and they see who they have been, they need to get to the doctor because it's a deadly thing if it's not being treated. –AA female, Memphis

A few said that they would be worried about syphilis being contagious. In one focus group, a few of the male participants initially thought of the situation as taking place in a discussion among a group of friends. In this situation, they said that they would pull a friend aside and tell him that he needed to see a doctor.

> You wonder if you can get it by them touching you. All the time some weird thoughts come to your mind when somebody tell you they got a disease… You're going to start using caution because it's like a self thing. You think about nobody but yourself and protecting yourself so you won't get the disease. –AA male, Detroit

Comfort Level Discussing Syphilis

The responses varied in terms of the participants' comfort level with discussing syphilis. A few participants said that they would find it easy to discuss syphilis with close friends; others said that they would be reluctant to discuss syphilis with their friends or family. However, even the participants who would not discuss syphilis with friends or family would seek treatment.

> I think that's definitely relative to the kind of environment that you grew up in. If you grew up in an awkward situation where there was something discussed with you, but a lot times, you know, we grew up in situations where that's something that's not discussed with sex and STDs. Me personally, I'd probably be somewhat reluctant to discuss it. –AA male, Memphis

Treatment Preferences

Most participants said that they would immediately seek medical treatment if they thought that they had syphilis. A male participant stated that he would seek guidance by faith.

> The main thing you'd want to do is talk to God about certain situations if you feel you can't talk to your mother or father, your best friend, or anyone that's close to you. As far as speaking to God on that level, having faith and knowing that all things will be possible for him as far as cure, certain levels as far as curing it. –AA male, Detroit

The choice of treatment centers seemed to be mostly split between regular physicians and a clinics. Most of the female participants had private doctors, but many of the male participants said that they sought medical treatment from clinics. The participants who preferred their regular doctors (most often described as primary care physicians and/or, among women, gynecologists) had this preference because they trusted their regular physicians and had established histories and rapport with them. The most common reasons participants gave for not seeking medical care at a clinic were lack of personal attention and lack of confidentiality. Some of the participants who received care from clinics stated that they liked the idea of walking in and being treated, and the fact that clinics were less expensive.

To the clinic where it's free. –AA male, Detroit

Most participants stated that they did not have a preference for whether or not a doctor matched their ethic/racial background or gender. However, a few female participants stated that they preferred women doctors because they tended to be more personable. Most participants agreed that good service and treatment preceded all other possible issues.

Satisfaction with Medical Care

Most participants said that they were satisfied with their medical care. A few, however, expressed frustration with certain aspects of their medical care. The following issues were mentioned:

- Difficulty trying to schedule an appointment
- Long waits in the waiting room

Advice to Their HCPs

Participants offered the following suggestions for improving their experience with HCPs. In their opinion, HCPs should

- Provide them with more information
- Build a rapport by talking to their patients
- Listen to their patients
- Not be judgmental and should make their patients feel at ease

CBO Preferences

For the most part, participants did not seem to go to CBOs for support. A few participants mentioned health organizations such as the Kidney Foundation and the Breast Cancer Foundation.

Sources of STD Information

Participants cited the following as sources of information about STDs:

- Medical professional (e.g., a relative that is in the medical profession, their own doctor)
- Clinics/health departments/doctor's office
- Library
- Internet
- Magazines (e.g., *Sports Illustrated, Health Quest, Essence, Body & Soul*)
- Schools
- Media (e.g., newspapers, television shows, cable)

I feel by watching the news or whatever, the news they put out what disease is more contagious and which ones we should be aware of like AIDS….we

know about the disease and know how to protect ourselves from it….so I believe the news is helpful to us knowing about what's contagious and can cause different effects. -AA male, Detroit

Tone

Overwhelmingly, participants wanted the tone of the syphilis materials addressed to them to be serious and direct.

> I think it should be serious, informational, and kind of a fast pace…. make it serious information but also be just like this is syphilis, if you have any questions, such and such number, just run down the sentences. I mean it's just like if I don't know about it, I want to know about it. --AA male, Detroit

> If you come out with the facts, the information, the percentages, don't be [funny], cause then that's when I want to write a letter and say uh uh. You state the facts, you know, you state the symptoms and say, I mean, recommend some places that people need to go if they have these symptoms --.AA female, Detroit

Only a few persons said that they wanted the information to be scary.

> No fear of disease, we take it lightly, and so that's why we're encountering things --- I say a fear tactic. –AA male, Memphis

Trusted Sources of Information

Participants were open to receiving information from various organizations, mainly referring to previously stated sources for STD information. However, many of the participants made it very clear that they would not believe information if the source was the "National Enquirer," the "Jerry Springer Show," or television advertisements for psychic hotlines. When probed, a few participants mentioned that they would trust health information from the Red Cross and the National Association for the Advancement of Colored People (NAACP). Most of the participants felt that the CDC would be a good source of information.

Concepts, Tag Lines, and Logos

The "Next Generation" was the concept that best spoke to both male and female participants.

> The one with the children, that's the one that's like a heart catcher because the other 3, you don't really happen to just look at it and pay attention to it because that probably don't even phase you. That's just some off the wall message a teacher put up. They don't catch your eye, but it's the stuff that has the most meaning to it that really catches your eye. –AA male, Memphis

> When you're dealing with it, thinking about your children to be or the ones that are here already, and not to mention the fact that, I mean that is pretty straight to the point. Syphilis isn't one of them. That's not something we want to leave them, whereas the others are kind of there. –AA female, Detroit

Participants were also drawn to the "Achievable Goal" concept because it gave a positive message of hope. A few participants stated that the chalkboard made it seem as though this concept was intended for children. The "Disparity" concept generated mixed reactions. A few who liked this concept felt that knowing that the rates were higher in their community was an important message. However, some participants described the message as discriminating. The "Pre-AIDS" concept also received mixed reactions. Most participants, whether or not they preferred this concept, did not understand the link between the two diseases. Some of the participants who said that they liked the "Pre-AIDS" concept thought that it was promoting safe sex.

Each of the tag lines received some positive feedback. However, "See a Better Future" seemed to be the most motivating. It is worth noting that this tag line was on the "Next Generation" concept, which participants found the most appealing.

Most participants stated that adding the CDC logo would make the concepts more credible, and agreed that the CDC was a trusted source of information.

Hispanic Exploratory At-Risk Groups

Diseases of Top Concern

HIV/AIDS was the most common top health concern named by participants.

> More than anything, AIDS. –Hispanic male, LA

Other top concerns mentioned were cancer, diabetes, and heart disease. Hepatitis, tuberculosis, asthma, heart disease, malnutrition, and anthrax were also mentioned, but less often. It is notable that, unprompted at this point, a few participants mentioned syphilis.

General Awareness of Syphilis

Overwhelmingly, participants admitted that they knew very little about syphilis.

> Nowadays, I don't know much. But when I was a kid I heard it was a disease of the blood. –Hispanic female, NYC

> Well, I barely know anything about that disease. –Hispanic female, LA

> I really don't know anything about syphilis. –Hispanic male, LA

> I don't know about syphilis. But I have heard, when you have sexual problems, your penis starts to leak, or it reddens, or something like that. But, like everyone says, we don't have a lot sexual information. -Hispanic male, LA

There were even several instances when participants asked the moderator questions about syphilis. The moderator reassured participants that they would receive an informational handout on syphilis at the end of the groups.

> So, how can it be transmitted? Can it be through saliva, or blood, or what? –Hispanic male, LA

A few knew of someone who had had syphilis.

> Yes, a cousin of mine had that. Because he went to a brothel house. And used "one of them." And his urethra got obstructed and he could not urinate. And it filled with pus. And they had to treat the infection with penicillin. And he was in danger of transmitting it to his children, if his wife got pregnant. It was a long, painful treatment, because they had to combine several types of penicillin at the same time to get rid of it. –Hispanic male, LA

There seemed to be a split between those who thought syphilis was curable and those that thought it was only treatable. Among those who thought it was curable, some shared a view that there was less concern about syphilis for this reason.

> It has a cure… even if it has a cure it still shows in the blood, right? –Hispanic female, NYC

> But since it can be cured with antibiotics, they don't give it as much importance. –Hispanic female, LA

> Besides that with antibiotics and timely treatment it can be cured, it's like people don't feel preoccupied about it. –Hispanic female, LA

There were also those who thought syphilis could be cured but that it nonetheless could return in some sort of chronic form.

> They can cure you. But, the disease comes back, because it's in your blood. You can be cured for a while, but it returns. And you have to take penicillin again. –Hispanic male, LA

> Syphilis, it is my understanding, that even if I get cured it can be transmitted to my children. –Hispanic female, NYC

> I know that when you have syphilis, you get welts in your hands and feet and your body. And like this man says, it can only be cured with penicillin. But I have heard that it comes back. Yes, it can come back in five years, and you can be infected again. –Hispanic male, LA

There seemed to be some confusion as to what type of organism causes syphilis.

> Well she [a friend that had syphilis] told me that it was like a parasite in the blood –Hispanic female, NYC

A few participants mentioned that syphilis could cause rashes and blindness. Other comments were that Al Capone had died of it, that it could cause mental illness, that it could recur, that it could cause infertility, and that it was an "old" disease.

> It can be treated if done on time, with medicines. But if you don't take care of yourself, you can get seriously ill and they may even have to take the uterus out. –Hispanic female, LA

> It's a disease of many years ago. That's how I see it. –Hispanic female, LA

A few participants had never heard of syphilis.

> I had never heard that word. –Hispanic male, NYC

<u>STD Classification</u>
There was no consensus among participants as to whether they viewed the various STDs as individual diseases or collectively as a group. Some participants said that they viewed STDs as individual diseases.

> Well, they are different diseases, aren't they? –Hispanic female, LA

Some grouped them together because they are all sexually transmitted; others grouped them by category: those that are curable and those that are incurable.

> They are very similar. They are sexually transmitted, that's why they are similar. –Hispanic male, LA

<u>Symptoms of Syphilis</u>
Most participants said that they did not know what the symptoms of syphilis were. A few said that the symptoms were bad odor, aches and pain, loss of sight, and rashes.

> We really don't know [the symptoms]. –Hispanic female, LA

Risky Behaviors

Most agreed that the primary risk behavior leading to syphilis was unprotected sex. Other risky behaviors mentioned were multiple sex partners, not getting treated for an STD, and being "dirty" or "unhygienic."

> Maybe if they don't get a check up, don't go to the doctor, if they know they are having relations without protection, and they, men or women, don't go and get checked to see what they have, then they can be infected and can sleep with someone else, thinking that they don't have it. –Hispanic female, LA

One female participant noted that people do not have to be promiscuous to be infected. She knew of Hispanic women who had been infected with HIV by their husbands.

> Just because you are having many different partners does not mean you will get an STD. We have to take care of ourselves. You can catch an STD from your own husband. Two of my friends died of AIDS because their husbands infected them. –Hispanic female, NYC

Protective Behaviors

Most all participants agreed that the primary way of preventing syphilis was safer sex practices, such as wearing condoms, reducing the number of sex partners, or practicing abstinence.

> You have to use protection: "sin sombrero, no hay cumbia" (without a hat, there is no music) --Hispanic female, NYC

> The best protection is not sleeping with the whole world. –Hispanic male, NYC

> Not being with a different partner every week. –Hispanic female, NYC

A few participants cautioned that condoms were not 100 percent effective, and some also mentioned that reducing the number of partners and knowing one's partner better were not guarantees, either. A few participants noted that they had gone for STD testing with their partners.

> I will only sleep with a woman I am in love with because I can tell her let's go have an exam. –Hispanic male, NYC

Perception of Severity of Syphilis among Hispanics

Most of the participants felt that syphilis was a serious problem (that the prevalence was high) in the Hispanic community. The following were cited as contributing factors:

- Limited amount of information, compounded by a high illiteracy rate

It's a problem because there are many people who are not educated and they don't know the risks. I mean there are a lot of people that can't read. We learn everything by reading… we truly need a bit more. –Hispanic female, LA

- Lack of resources

I believe that one of the greatest problems in our community is the lack of information and resources. –Hispanic male, NYC

There are no free brochures given out. –Hispanic male, LA

- Reluctance to talk about syphilis

There is still a stigma surrounding syphilis. For that reason people do not speak much about it. –Hispanic female, NYC

- Tendency of Hispanic men to go to prostitutes

Hispanics are the ones who go after prostitutes the most. Since I live in a Hispanic community, you can see it. When you drive through the streets you can see they are going after them. And, you can tell they are Hispanic. –Hispanic male, LA

- Reluctance of Hispanic men to wear condoms

In the Latin community, I have been talking to other women and people think that because they hear 'use a condom' that the whole world is using them and it's not true. I have been discussing this with professional women as well. They are supposedly the ones that know best, and they aren't even using condoms because their partners don't want to use them. Then one must choose between keeping a partner or using a condom. What I want this study to keep in mind is that it is precisely for this reason that diseases continue to propagating more among us. At least I would like that this point be considered. Because campaigns that are targeted at our community are failing and people think that it's because we are not educated. It's the man that has to be educated, then the woman will use it. –Hispanic female, NYC

The issue of male reluctance to wear condoms arose in both female and male groups. The men gave the following reasons for not wanting to wear condoms:

- Less pleasurable

It does not feel the same. I won't climax with a condom. Personally I prefer not to use it. –Hispanic male, NYC

- Fatalistic attitude ("Que sera, sera")

A Latin man thinks that if you are going to die...you are going to die. –Hispanic male, NYC

- Feeling of invincibility

Sometimes we think we are invincible…we believe nothing will happen to us. –Hispanic male, NYC

Look, the Latin man is very "machista" (Macho) and never thinks that things can happen to him. –Hispanic male, NYC

- Partner was on birth control pills

If you trust the other person and she is on the pill… -Hispanic male, LA

- Impulsive tendencies

Well, in the moment, you are there… -Hispanic male, NYC

It should be noted that there were several male participants who were adamant about wearing condoms with their sex partners.

<u>Preferred Descriptor of Race/Ethnicity</u>
Most participants preferred the term "Hispanic" to "Latino/a" mainly because they felt defined by the fact they spoke Spanish (as the name Hispanic implies).

> We are not speaking Latin in America, right? I refer Hispanic because we all are talking in Spanish. Hispanic Americans are all of us that speak Spanish. –Hispanic female, NYC

Also some, notably Dominicans, felt that the term "Hispanic" was more inclusive, since it described people from Caribbean countries, as well as from Latin American ones.

> Latin Americans are those that come from Latin America. Hispanics are those that have a Spanish culture. I am not Latin American; I am Caribbean –Hispanic male, NYC

Level of Concern for an Infected Friend

Most participants agreed that they would be concerned if a friend had syphilis. Some of the concern was for their friend's health and choice of lifestyle, but some of the concern was also for their own health. Some participants were worried that the friend might be contagious through means such as sharing a glass or using the same toilet. Participants admitted that this type of thinking was partially due to the fact that they did not know how syphilis was transmitted. Several participants said that they would try to become more informed to help the friend. Many said that they would provide support, such as driving the friend to a clinic or doctor.

> The first thing I would think is that she got it because she was with someone who sexually transmitted it to her. So the first thing I would ask her would be: who did you sleep with? And does John or Jim Doe or whoever she was with already know that he's infected. And of course, immediately go to the doctor. But no, I would not worry so much that, Oh! She's going to die because she has AIDS. –Hispanic female, LA

> I would get more information about this disease and I would try to help her –Hispanic female, NYC

Comfort Level Discussing Syphilis

Most participants felt that it would be difficult to talk about syphilis. If they had to talk about it, it would preferably be only with close friends and/or family.

> I will have someone I can talk to. Because I know who my true friends are, they support me a whole lot, they are with me in good and bad times. –Hispanic female, NYC

> I wouldn't tell that to any of my friends. Maybe I could tell my mom, or my brothers, so that it doesn't happen to them. But if I learn that a friend has it, I would counsel him to go see a doctor. But if I have something like that, I wouldn't tell anyone, only my family. –Hispanic male, LA

Participants spoke about the reluctance and discomfort of discussing STDs in general within the Hispanic community.

> Maybe that is the reason why the Hispanic Community has all these diseases nowadays. Because they believe it is funny to talk about sexually transmitted diseases and also there are many people that are afraid to talk about them. –Hispanic female, NYC

Again, they felt that the stigma surrounding syphilis in the Hispanic community was compounded by the fact that people know so little about the disease.

> Many people might think like that, because they don't know, if I give you a drink, you will get infected, or if I touch you, that, you know… many people don't know… -Hispanic male, LA

> I believe that people would not treat me well because of their ignorance. Because they might think that it could be transmitted by the air or transmitted by holding hands.. –Hispanic female, NYC

Many participants felt that they would be judged as promiscuous and possibly even be ostracized if they told people that they had syphilis.

> People would think that I got around on the streets. –Hispanic female, LA

> They would say, 'don't come to my house, don't cough, because you are going to infect me.' –Hispanic female, LA

Treatment Preferences

Most of the participants said that they would seek medical treatment if they thought they had syphilis. Some female participants also noted that they would need emotional support first. One said that she would immediately start crying if she found out that she had syphilis, and another said before seeking treatment, she would go to a psychologist.

> I would go to a physiologist and he could refer me… it is very frustrating to find out you have a disease that you are not expecting. –Hispanic female, NYC

> Well I will look for someone that will give me support and will take me to a doctor. –Hispanic female, NYC

> The first thing I would do is cry a lot. I remember when I had the PPD test for tuberculosis. The majority of the people from the Dominican Republic test positive for it because we were vaccinated against it. The first time the nurse informed me of the positive results, she looked at me and said 'you are positive.' To me that was like 'Oh my God, I'm going to die tomorrow!' and I started to cry. Besides crying so much, what I would do next is find a place to get cured and get information. –Hispanic female, NYC

The choice of treatment centers seemed to be mostly split between clinics and regular physicians. A few participants also said that they would go to a hospital because they lacked health insurance.

> Well in my case I do not have medical insurance, I will have to go to the hospital. –Hispanic female, NYC

Those who would prefer a clinic felt that it would be more specialized in sexual health matters, there would be more confidentiality, and the costs would be lower. Men tended to say that they would go to the nearest clinic; women said that they would go to a "clínica de mujer" (a women's clinic).

> Like he said, to the free clinics, because they know how best to check you out, how to find it, things like that. –Hispanic male, LA

> I would go to a women's clinic. It would be safer because they know more about women's diseases, and would know what to do. I mean, all doctors know what to do, but I would feel safer going to a clinic. –Hispanic female, LA

Those who preferred seeing their regular physicians (usually, among women, gynecologists) said that they would do so because they trusted their regular physicians, and had established histories and rapport with them.

> I feel more comfortable with my doctor, because I've been seeing him for a long time. –Hispanic female, NYC

> I have been seeing the same gynecologist for the past 3 years and he has all history of everything that happened to my body related to these 3 years. I consider that he will be the best person, capable of his specialty. –Hispanic female, NYC

> I would go to him because I have confidence in him. I have been here for 11 years and have been going to him the whole time. –Hispanic male, NYC

Many saw Spanish-speaking physicians. Regardless of their fluency in English, many of the participants said they felt more comfortable speaking with a fluent Spanish speaker.

> There are some American doctors that can speak Spanish, they are not fluent but they do speak it. But when they try to explain it in Spanish they have a hard time doing so. –Hispanic female, NYC

> There is more trust towards Hispanic doctors. I have gone to American doctors, Chinese doctors, Hindu Doctors and it is uncomfortable because they treat you like you were naïve and that really bothers me. –Hispanic female, NYC

Many felt uncomfortable using an interpreter because there would be a third person in the room, and because they were not convinced that the interpreter was being faithful in translating what they were saying.

> To have a third person in there to tell them, "I have this and that." I think is more uncomfortable. –Hispanic female, LA
>
> But it seems that the message is not getting to the doctor. Or maybe she [the nurse serving as the interpreter] doesn't give the whole message. –Hispanic male, LA

Finally, there was at least one Hispanic male who said that, if he had syphilis, he would be sure to notify his partner.

> I would also try to find the way to communicate this to whomever I had slept with. That would be a serious and a very difficult discussion… I don't know how this person is going to react but she has to start taking medicine. –Hispanic male, NYC

Satisfaction with Medical Care

Many of the participants were frustrated with certain aspects of their medical care. The issues that upset them were:

- They had to wait a long time to see a physician.

> Sometimes, you go in pain, and the pain is very strong, and you would like to be first, but you can't. If you had money to see a private doctor, it would be much better, because they see you faster. –Hispanic male, LA
>
> If I go to a public hospital and go to the emergency room I will spend approximately six hours in there. –Hispanic male, NYC

- Their time with the physician was too rushed.

> This is what happens with doctors, they are usually very busy and have about 20 patients waiting for them for check-ups, prescriptions etc. My experience with my gynecologist is that sometimes he does take the time to explain things in details But if you don't try to get his attention all he is thinking is that he has 20 more patients out there waiting for him. –Hispanic female, NYC

- The physician did not initiate discussions about sexual health.

Advice to Their HCPs

Participants offered the following suggestions to improve their experience with HCPs. These providers should

- Provide patients with more information.

There are places with brochures, where you can get information, and you don't necessarily have to ask. When they are waiting to be called or whatever, the brochures have information… -Hispanic female, LA

- Initiate discussion about sexual health by asking if the patient is currently sexually active.

Ask whether the patient is sexually active or not, and how frequently. Whether it's with several people, or just with your partner. –Hispanic male, LA

Some participants, however, did not want to be asked about sexual health if they went to the physician for other reasons (i.e., with the flu).

If you go to a check up because you have to, and he asks, "are you sexually active?" if you answer yes, then it would be okay if he gives you some information, "do you know about the risks", "be careful", and things like that. But he shouldn't just start talking about it... –Hispanic female, LA

- Treat every patient individually and not rush through a visit.

Well the first thing I will tell him is to check and treat my case like a unique case. I don't want him to work fast, I want him to take his time analyzing it, and I want to make sure that when I leave his office I have knowledge and understanding of what's going on. –Hispanic female, NYC

- Talk to the patient like a friend and try to establish a rapport, so that broaching more sensitive issues is easier.

More time, more trust. I think what's happening is that we go to the doctor, whichever it is, whether a general practitioner, a gynecologist, you go and say "it hurts here." 'ta-da-ta-da' and 'boom', you are out of there. I little bit more of: "how have you been?", "any problems?". Not just physical, but also emotional. A little bit more attention, questions, and time from the doctor, makes you feel more at ease, more trusting. Therefore, any other problem, if it's sexual or something like that, you have more trust. –Hispanic female, LA

To make the patient feel comfortable since the beginning, be of service and to treat the patient like a friend. –Hispanic male, LA

- Talk to the patient in simple language, not in medical jargon.

To inform me of everything I should know about the disease I'm carrying, but in a language that one understands. Not to speak to you in doctor's terminology, something that one can understand. –Hispanic female, NYC

- Not be too arrogant and listen to the patient. He/she knows his/her body best.

To me it is very rude when the doctor is not really listening to what you are saying. Doctors in this country think they know it all. For example, a doctor who gave me this medicine, I told her that I am allergic to milk. She was giving me intravenous medication that contained milk. She was not listening to me, I said 'doctor take me out of this medicine because I am allergic to it.' They need to listen to what one says to them. They know about medicine… but I know how I feel. –Hispanic female, NYC

- Not be judgmental (especially in tone when asking questions).

Sometimes, it could be that the question is essential, but they talk to you in such an offensive tone, that you feel bad. You are even afraid to answer. – Hispanic female, LA

CBO Preferences

For the most part, participants did not seem to go to CBOs for support or for any other reason. However, there were two exceptions: one person said he or she would go to his or her church and one person said he or she would go to the community center in Los Angeles (BienEstar) for support and education.

Sources of STD Information

Participants cited the following as sources of information about STDs:

- Clinics/doctors (brochures in waiting rooms)
- Television programs (talk shows such as *Jenny Jones, Jerry Springer, Oprah* and *Cristina*)
- Public Service Announcements (on television, radio, billboards, and buses, and in subways)
- Friends
- Magazines (*Maxim*)
- Schools (recent high school graduates or those attending night classes)

Many noted that the majority of the information on STDs was about HIV/AIDS. Only a few participants said that they got STD information from the Web, mostly from doing a keyword search on a term. Many said that they would prefer material in Spanish.

Tone

Overwhelmingly, participants wanted the tone of syphilis materials addressed to them to be serious. Only a few men felt that they would want it to be graphic and alarming.

> Like a picture that has what will happen to you if you have this disease, very graphic. So that people get scared. –Hispanic male, LA

Trusted Sources of Information

For the most part, participants did not seem very concerned about the sources of information.

> I think its not that important where it comes from; instead the important thing is what it is going to teach us. –Hispanic female, LA

Some suggested doctors and clinics as credible sources of health information. A few mentioned local Hispanic groups, and a few mentioned the health department.

> One is the Dominican Alliance, another one is the Center of Development of Dominican Women, another is called Association of Dominican Progressives, and many more are in the area. –Hispanic female, NYC

When asked about the CDC, most participants said they were not familiar with the agency. Those who had heard of the CDC were not sure what exactly the CDC did but assumed that the organization was trustworthy because health was its primary focus.

> Because it is dedicated for that [health issues] only. Then I am going to assume that they must have correct information because it's the only work and obligation they have and nothing else.

One participant said that he would be worried if he got information about syphilis from the CDC because he felt that the organization only dealt with serious, deadly illnesses (such as anthrax).

Concepts, Tag Lines, and Logos

The "Next Generation" was the concept that best spoke to both male and female participants. They were able to interpret the message without a problem.

> This one is better because we are thinking about the future, too. About what we are going to leave our children. –Hispanic female, LA

> Well, in fact I don't want to pass on any sort of disease to my children– Hispanic female, NYC

> I believe that we shouldn't expose the children to suffering. –Hispanic male, NYC

Participants were also drawn to the "Achievable Goal" concept because it gave a positive message of hope. However, some felt that this concept needed more information.

> We can see that it's possible to eliminate that illness. And there are many [diseases] for which nothing can be done. –Hispanic male, LA

> It is interesting to know that a sexual disease can disappear. –Hispanic male, NYC

There were mixed reactions to the "Disparity" concept. Some liked it because they felt that knowing that it was important to know that the rates were higher in their community

> It's makes us see things realistically. We have to be realistic. –Hispanic female, LA

> Like you said, syphilis is more common among Hispanics. It infects us more, as we have talked about, for lack of information. –Hispanic female, LA

Others felt that the message was discriminatory.

> It's almost like it's saying syphilis has the power to choose communities, "I'm going to this community." -Hispanic female, NYC

> In that, we are being told that it's true. But you feel offended, anyways. [It's implying that] we Latinos are more promiscuous. –Hispanic female, LA

There were also mixed reactions to the "Pre-AIDS" concept. Some felt that linking the two diseases was important, but others were very confused by the message and could not determine the connection between the two diseases.

> My question is 'what does AIDS have to do with Syphilis?' OK, both are sexually transmitted diseases. But because I have syphilis it does not mean that I am going to get AIDS. –Hispanic female, NYC

> I don't think that syphilis turns into aids. –Hispanic female, LA

Most of the participants felt that the "Para un futuro major" tag line ("For a Better Future") was motivational, because of the idea of leaving their children a better future. Some were drawn to "Tenemos que hacer MAS" ("We Need To Do More") because they liked the call to action. Participants seemed indifferent to "Nuestra Salud Vale MAS" ("Our Health Is Worth More"). Most did not seem to care for

"Juntos somos MAS" ("Together We Are More"), which some felt had a political overtone.

The majority of participants did not realize that MAS was an acronym that stood for "Movimiento Para Acabar con la Sífilis."

> I didn't know there was a connection, but now that you tell me… -Hispanic male, LA

When the meaning of MAS was pointed out to them, they said they liked the acronym and what it stood for. A few warned that all the MAS logos appeared to be saying "más syphilis," which reads more syphilis.

MSM Exploratory At-Risk Groups

Diseases of Top Concern

HIV/AIDS was the most common top health concern named by participants.

> Actually as a gay man, I have to say HIV infection is probably the main one. -AA MSM, NYC

> AIDS,[because]there is no cure. –Hispanic MSM, NYC

Other top concerns mentioned were cancer, heart diseases, and other STDs in general.

> I'd have to say STDs in general because the information keeps changing about how you can get them and whether they can be cured or not. –AA MSM, LA

> There's so much you have to worry about, and yet we're so inundated with information about HIV as we should be. But it seems there's not as much information about other things [STDs]. –AA MSM, NYC

Syphilis was mentioned by name in the Hispanic groups. Hepatitis, substance abuse, and anthrax were also mentioned, but less often.

When asked specifically how concerned they were about STDs, most participants said that they were very concerned about all of them because the prevalence is high among MSM and because so many STDs are asymptomatic.

> The statistics are saying that a third of gay men in New York are HIV positive. I think we have to worry about it. –AA MSM, NYC

A few participants noted that they were in a monogamous relationship and, therefore, were not currently concerned about STDs.

> I'm not really sexually active. I have a partner for six/seven years now, so I don't go out that boundary. That's a commitment that we have, so I don't, I'm not sexually active. I haven't been for a while, I mean as far as being promiscuous, and so I don't worry. –AA MSM, LA

STD Classification

There was no consensus among participants as to whether they viewed STDs individually or collectively. Some participants said that they viewed STDs as individual diseases, because they have different modes of transmission, manifestations, treatments, and so forth.

> It's kind of like taking them separately because you can get different things different ways. –AA MSM, LA

Others grouped STDs together, because all are transmitted through sexual contact and all are things to be avoided.

> Cluster them as one. I just say they're out there and just avoid everything. –AA MSM, LA

Some grouped HIV in a class of its own versus the rest. Similarly, there were those that grouped STDs as those with a cure and those without a cure.

> I think it's always HIV, and then all the rest of them. I think that's usually how you sort of categorize them. I think it's always HIV, even though it is an STD I guess, and everything else falls into a separate category. –AA MSM, NYC

> The ones that can be cured immediately and the ones that have no cure. --- Hispanic MSM, LA

General Awareness of Syphilis

Participants knew that syphilis was a sexually transmitted disease.

> I just know it's a disease and you can contract it by having sex with somebody that has it. –AA MSM, NYC

Many admitted not knowing much more about syphilis.

> It's a mystery. –Hispanic MSM, LA

Most of the participants seemed to be aware that syphilis was curable.

> There is a treatment of just one injection. And for people like ourselves, who can see a doctor on a regular basis, there are treatments that can

last, I don't know, three injections, something like that. But it's something that has a cure, that can be treated. –Hispanic MSM, LA

However, there were a few, most notably from the New York Hispanic MSM group, who did not believe that syphilis could be cured.

I don't know much about it [syphilis]. It also does not have a cure, like herpes. –Hispanic MSM, NYC

Other comments about syphilis were as follows:

- It is on the rise again.

Well, we have a syphilis epidemic right now. –Hispanic MSM, LA

- It is an old disease.

I haven't heard of syphilis in years. –AA MSM, LA

- It has stages; it is chronic.

What happens is that, let's say, if I don't get the test done and I get syphilis and it goes beyond the latent stage, where there are symptoms, to where there are no symptoms, then syphilis hides within the body and then it can result, many years later, with heart problems, with sight problems, -Hispanic MSM, LA

There seemed to be some confusion as to the organism that causes syphilis. One participant thought it is caused by bacteria that convert into a virus.

And something that people don't understand very well is that, syphilis is a bacteria, but it can also turn into a virus, at a certain stage. And, like, they don't understand that, and when a person hears two different messages, people cover their ears. –Hispanic MSM, LA

One African American participant added with sarcasm, "Tuskegee did a study on it."

Many participants noted that they did not hear as much about syphilis in the news and other media as they did about HIV/AIDS.

You know that's what the media's pushing through. They're not pushing syphilis through. When you turn on the television every single day, that's what you have, HIV… You don't hear syphilis outbreak. –AA MSM, LA

> We need more information. There's always talk about herpes and AIDS, but there are other diseases like syphilis that we don't hear anything about. –Hispanic MSM, NYC

> And, more than anything, you turn the TV on, or read the newspaper and there is nothing about syphilis. –Hispanic MSM, LA

> I think the problem comes from the fact that the information that's given out, the information that's out there, the information that's being pushed in our face very much is all about HIV which we should know about as much as possible. But I don't think the information about syphilis, about gonorrhea, about other things is out there. Every now and then you pick up *John* or *the Advocate* or whatever, whatever magazine du jour you pick up, and there's a little blurb in there,' oh syphilis cases are on the rise among gay men who are 18-45.' OK, that's great, but that doesn't tell me what symptoms I have. It doesn't tell me how to avoid getting it. That doesn't tell me if it stays in my system. That doesn't tell me what the incubation period is. That doesn't tell me how to get treated. That's where the issue comes from the fact that that kind of information is not available. It's not readily available for something other than HIV. –AA MSM, NYC

One of the Los Angeles MSM pointed out that there had been a syphilis campaign a while before but that he had heard nothing since that time.

> About a year ago, there was more information about syphilis and there were announcements on the streets. And I remember I went a year ago to Long Beach for "Gay Pride" and there was a big placard on a truck that was going throughout the whole city. [it read] "Syphilis: get the test done." "Get the test…" And the phone number. I mean, a year ago, there was more information. –Hispanic MSM, LA

Another participant had seen a television show that dealt with syphilis.

> On TV, I was watching *Law and Order* and this guy was like raping people throughout the years and he was married and everything, but there was syphilis and they wanted to know why he was acting this way and they come to find out, they investigated a little further through the Board of Health and the insurance company already knew but they didn't report it to the Board of Health. Come to find out it had already spread to his brain, and once the syphilis spreads to your brain ... –AA MSM, NYC

It should be noted that among all four focus groups only three participants admitted to having had syphilis. One of them was also HIV-positive. One of the participants who had had syphilis seemed to have a very nonchalant attitude about it.

> It wasn't no big deal cause I knew it was treatable, it's like I never had it. I got it, it was treated and it was like I never had it. –AA MSM, NYC

This same participant began antibiotic treatment, but did not complete it. He later found out that it was still in his blood and at that point completed the treatment.

> I got the penicillin shots, but I missed quite a few… I got through the first one, but I missed 2 weeks after that. Then really I got myself together from running the streets and all that, I know that's how I had get it… I never really had the symptoms. It was in my blood and that's the only way they could find out. By the grace of God I've never been sick from it, but through the hospital they found it was in my blood when they did a blood test and they sent me to the neurology floor because they wanted to see if it would go to my brain because they have to check the spinal tap…. Then after that I got 3 shots in a row. –AA MSM, NYC

Symptoms of Syphilis

Many participants said that they did not know much about the symptoms of syphilis.

> I think there are these sores in the region. I'm not exactly sure when that happens. That's the part that scares me. –AA MSM, NYC

A few noted that it could be asymptomatic.

> But I have heard, that, since it doesn't have symptoms, I have heard that if you don't take the appropriate precautions, and it's already in your system, like, it's harder to get rid of it. That's what I heard. –Hispanic MSM, LA

Symptoms that were mentioned were:

- Painful discharge
- Blisters/rashes
- Blindness
- Flu like symptoms

Risky Behaviors

Most agreed that the primary risk behavior leading to syphilis was unprotected sex, either oral or anal. Hispanic MSM added that they were unsure about additional modes of transmission.

> Something else that scares me is not knowing how it's transmitted. A lot of things are said, but I don't know… -Hispanic MSM, LA

Some participants ventured guesses at the modes of transmission, such as:

- Tattoos and syringes
- Kissing and saliva
- Skin-to-skin contact
- Sharing a glass or touching a doorknob

One participant noted that the real danger was the casual attitude surrounding sex and the ease of treatment.

> I'm not sure that the most risky thing involved in it is the actual physical behavior. I think it's all of a sudden when people start saying, oh well it's no worse than getting a cut, and you can just take a pill, take a shot and you're OK. That's not necessarily the way. Viruses change, they mutate, medications that are working for one person aren't working for another. When people start taking sex and sexuality so lightly, OK, put a Band-Aid on it, it will be OK. That, I think, is where the danger comes in much more so than whether or not you put on a condom. –AA MSM, NYC

Protective Behaviors

Most participants agreed that the primary way to prevent syphilis was through safer sexual practices, such as wearing condoms, practicing abstinence, being in a monogamous relationship, and placing limits.

> Not having sex, using condoms. –AA MSM, LA

> When you go to the disco, you get with a guy…the guy wants something with you, you know, you have to set your boundaries. You say 'no, only kisses.' –Hispanic MSM, NYC

> I'm in a nine year-old relationship. And I'm very careful about having sex with other people. More than anything, touching, but other kinds of sexual contact, like penetration or oral [sex], it worries me a bit more. If I end up with somebody, it would be mostly touching. –Hispanic MSM, LA

A few participants noted that they felt safest masturbating and/or participating in cyber-sex.

> I just view them all as diseases and I'm in a phase of my life right now where the safest sex I choose to have right now is with my right hand. I just don't want to be bothered with any of it. I don't like putting myself in positions where I have to constantly keep checking, the doctor's testing and wondering. Of course you die a million times waiting for the results. OK, I have it. If I do I'm not going to tell my family, I'm just going to jump off the bridge and forget about life or whatever, and I just don't want to do that, so it's like forget it. Even the people who say 'oh, well I'm safe, don't worry about it', you know, it's like can you show me a doctor's thing right now saying that and even so, people lie. –AA MSM, NYC

One participant had a hard time believing that gay men were truly monogamous.

> That [being in a monogamous relationship] is almost impossible in the gay world and that's not to stereotype it. I've seen so many cases of --- I will never understand. It's like you meet a guy, they're flirting with you and then they say something like, 'oh I have a boyfriend. But let's go out anyway, I won't tell him'. I just don't understand that. It's like why are you with somebody if you're still fooling around with everybody else, just stay single. It just happens all the time. Maybe it's just a guy thing. Maybe I shouldn't generalize and say it's a gay thing, but I've seen too many situations like that and that baffles me. It's like why even say you're in a relationship if you're just going to be jumping in bed with anybody else that just happened to look good or who you're attracted to? –AA MSM, NYC

Other protective behaviors noted were abstaining from drugs and alcohol to avoid the loss of judgment, and getting to know one's partner better (being more selective).

> Reduce anything that could impair your judgment, drugs, alcohol, and depression. –AA MSM, LA

A few participants noted that reducing the numbers of partners was not a guarantee of safer sex.

> It doesn't matter if you have sex with 50 people or 1, that one person that you have sex with you can get it. –AA MSM, NYC

<u>Perception of Severity of Syphilis among MSM</u>
Most of the participants felt that syphilis was a serious problem in the MSM community. The following reasons were given:

- Unsafe sex is on the rise.

  > Yeah, it's like bare backing [unprotected sex between two HIV+ partners] is really back. –AA, MSM, LA

  > It's easy access to sex now, that's my opinion. It's like everybody is just having sex and that's why there's so much [STDs] out there. –AA MSM, NYC

- STD rates are rising.

  > I think I've been reading little bits and pieces --- and all the other STDs are rising, like gonorrhea. I think syphilis in particular is on the rise.

- Use of drugs is common among MSM.

  Using drugs… in the bathrooms, especially. –Hispanic MSM, LA

One Hispanic group observed that syphilis was not talked about and that this lack of discussion compounded the problem.

> It could be that it's increasing, but the problem is that we don't talk about it much. –Hispanic MSM, NYC

One participant noted that he had read in an article that syphilis was a greater problem in the heterosexual community, and resented the representation of syphilis as a gay disease.

> Exactly a year ago, when they did all those ads, in that campaign against syphilis in the gay community, uh, there was an article with statistics and numbers. And really, syphilis is a bigger problem in the straight community than in the gay community. But, somehow, the state has focused upon the gay community. –Hispanic MSM, LA

<u>Preferred Descriptor of Sexual Orientation</u>
Most participants preferred to be called "gay."

> 'Gay male' is fine with me. –AA MSM, LA

> I like 'gay'. I would prefer nothing. I simply like men. I wouldn't want a word. But since there is one, I'd stay with 'gay'. –Hispanic MSM, LA

The reasons they gave for preferring "gay" were as follows:

- "Homosexual" had a medical connotation.

  I don't like it because it's a very strong word. And it makes me feel like it's clinical, like I'm under a microscope. As though it is something bad. The thing is that the word 'homosexual' has been used before for another kind of campaign. And it has not been as positive and helpful to our community. –Hispanic MSM, LA

- "Gay" is a gentler, friendlier term

- "Gay" is more common

  It ['gay'] is a word that has gone beyond borders throughout the world. –Hispanic MSM, LA

One group preferred the term “homosexual” because they felt “gay” was an insider’s term.

> Like you say the word ‘gay’ is used amongst us. For example within the same race of a person, one can say ‘stupid Dominicans, stupid Puerto Ricans’. But you don’t want people not of your race to say that, because it becomes offensive. Someone who is not homosexual needs to call you ‘homosexual’, if he calls you ‘gay’ and he is not gay, then he is being offensive. –Hispanic MSM, NYC

A few noted that “men who have sex with men” and “same-gender-loving” were also options.

Level of Concern for an Infected Friend

The Hispanic MSM appeared to be more concerned if they thought a friend had syphilis. The African American MSM said that, because it was curable, they would be less concerned about the friend’s health than about his risky behavior.

> I would tell him go get the shot, take care of it, don’t wait because I’ve heard the longer that you wait the worse it is. –AA MSM, NYC

> I would be very concerned only because the activity that lead them to catch syphilis opens them up for like catching other things as well. –AA MSM, LA

Some of the Hispanic MSM were concerned about the friend’s health because they did not think there was a cure, and a few added that they were worried that their friend might be contagious.

> I would be worried, you know, there is no cure for it. I would be concerned for his health. –Hispanic MSM, NYC

> But even if he is your friend you are not just going to go about things like before, having sex and drinking off the same glass because now you know. –Hispanic MSM, NYC

Comfort Level Discussing Syphilis

Most of the participants felt that it would be difficult to talk about syphilis, including a few who noted that it was not good “dinner-table conversation.”

> It’s hard for me to talk about it… because you feel embarrassed that you will be judged. –Hispanic MSM, LA

If participants had to talk about syphilis, the discussion would preferably be only with a close friend and, for a few, family. Participants insisted on being selective

about whom they would tell, for fear that this information would get out and become gossip, and that they might be ostracized.

> Well, I might tell Adam, and he might slip and tell James, and then James might slip and tell... and the next thing you know everybody in the world knows. –AA MSM, LA

> When you least expect it someone is talking about it everywhere. Lets say that I know some people like that and we meet one day at a disco and I am a friend of one of them, in an instant the word spreads. –Hispanic MSM, NYC

> They can start avoiding you. They're embarrassed to even approach you. They heard about it from somebody else, and they don't know how to deal with that, so they sort of see you coming and they go the other way. –AA MSM, LA

Participants felt that there was a stigma around syphilis, based on the following:

- Assumption of promiscuity

> People, when they hear that someone has, it's like they just think you're promiscuous even though you don't necessarily have to be but people just make that assumption. –AA MSM, LA

- Assumption that one is not being selective about sexual partners

> That you don't take care of yourself, that you sleep with anyone. –Hispanic MSM, NYC

- Perception that syphilis is dirty

> It doesn't sound as pretty as the others. Gonorrhea, Chlamydia, those are nice words. Syphilis is like ... There's something about the word syphilis because it seems like I've seen pictures of it and it just seems like there's such a devastation. –AA MSM, NYC

- Possibility that the infected person has some other diseases

> I think if someone says they're cured of this thing now you might want to know what else they could have. Is there something else that he has that I don't know about. –AA MSM, LA

One participant noted that no one wants to admit that he or she was at fault by being unsafe.

> You're sort of admitting you were like at fault but you know, you fucked up… I mean somewhere along the line you let your guard down, and you got burned for it. No one wants to admit to that. –AA MSM, LA

One Hispanic participant noted that, although it would still be difficult to talk about syphilis here in the United States, it would be much harder in his home country of Mexico, where people are more hostile toward gays.

> Here, it's more liberal. I mean, you can express yourselves more with your parents, because they know a little more. But, in Mexico, those who are from a town, they talk with their parents, and, they even throw you out, or send you elsewhere, just so the people of the town don't find out that you have a homosexual son... Many times, you walk down a street, and people say, "there goes that damn faggot, that damn gay." It's what people always say when you are homosexual. They try to insult you to such an extent that.. There are many people who defend themselves against that. They have even beaten up homosexuals for that. Yeah, I've seen it. I have had to see that. –Hispanic MSM, LA

Treatment Preferences

Most of the participants said that they would seek medical treatment if they thought that they had syphilis. The choice of treatment centers seemed to be mostly split between clinics and regular physicians. A few participants mentioned that they would go to a resource center to find out about treatment options. One participant noted that he had called the CDC's hotline to find out information about STDs and to get referrals for local services. Those who preferred a clinic felt it would be more specialized in sexual health matters, there would be more anonymity, and that the costs would be lower.

> I think first of all I want to make sure that it is an STD and there would still be that embarrassment and I'd have to call, like the nurse would want to know what's going on. I see her all the time. So it's much easier to call the CDC hotline, describe the symptoms, and then like they can recommend a free clinic that I can go to, and I'd rather go there and sit a couple of hours with a bunch of people that I'm never going to see again. –AA MSM, LA

> Because they [STD clinic] have more education on it, they know a little more about it then say some doctor that doesn't specialize in it. –AA MSM, NYC

One New York Hispanic participant noted that he would not go to the clinic in his Dominican neighborhood because he feared that the Dominican people who worked there were gossipy.

Some participants said that they would be uncomfortable about talking to their regular physicians about sexual health issues and about their own sexuality.

> Well, I have always seen the same doctor, since I was young. I would go see her, but I would be a little embarrassed. I would still tell her, but I would be a little embarrassed… because she's a woman and she's older. Because, you know, she's like my grandma. –Hispanic MSM, LA

> I don't really want to go into that with my doctor because you know, especially your regular doctor. There's just going to give you this look and then get the lecture, and I don't want to hear it. Even though you get one at the clinic… [but at the clinic, I would be interacting with] someone that doesn't know me and that I won't have to deal with again. –AA MSM, LA

> You won't go to your doctor that you have a relationship with for some years and say 'I have syphilis.' You know, it's embarrassing. –Hispanic MSM, NYC

A few Hispanic participants, however, noted that, if they could afford to, they would go to a private doctor.

Those who preferred seeing their regular physicians said that they would do so because they trusted these doctors and had established histories and rapport with them.

> That's where my medical records are. That's where everything is. You know, if for some reason I have to take some other sort of medication, well you know, I need one physician to understand this is what you're taking for this, this is what you're taking for that. –AA MSM, NYC

> If I didn't feel comfortable with my doctor, what benefit do I get in going to my doctor? I have to tell my doctor everything, so that he can give me the treatment I need. But if I go and tell him lies, or I don't tell him what's happening to me, he can't help me. –Hispanic MSM, LA

These participants also felt that the service was more professional at private doctors' offices. A few participants said that if a doctor was uncomfortable or judgmental with them regarding their sexuality, they would either switch physicians or just ignore the doctor's attitude.

> That's what your doctor is there for. You know, they're bound to not say anything, and if they judge me, they judge me. That's their issue. I don't care if they judge me, I care if they treat me. –AA MSM, NYC

> I have a doctor that I go to for everything. What he thinks about me personally, so what, you know. I would much rather do that than go to a doctor that I never heard of you before. –AA MSM, NYC

> The doctor is not there to judge me, whether my lifestyle is according to his moral standards. The doctor is there to treat you. And if he can't, I get another one. –Hispanic MSM, LA

Satisfaction With Medical Care

Many of the participants, especially those who had regular doctors whom they trusted, were satisfied with their medical care experience.

> My doctor is very knowledgeable about everything, health issues. And she's humble enough to say if she doesn't know something, I don't know this and she refers me to someone who does know. –AA MSM, NYC

However, some noted that getting an appointment in a timely fashion was a problem. One participant observed that sometimes physicians are too paternalistic and that it is important for patients to remember to be proactive about their health.

> You always think they're sort of like God and whatever they say goes. It's just the whole state of the medical system in this country. Sometimes I forget it's my stuff, it's my health, it's my body so it's OK for me to ask for something or say I think that this should be done. –AA MSM, NYC

The following list represents complaints geared mostly toward clinics and hospitals:

- Long waits

  > I was there [clinic] the whole day. I had a urine infection. All day from 7:30 until 3:30 in the afternoon and I am seeing all these patients coming and going from the back door and I said 'what's going on here?' The wretched receptionist says to me, 'you are not dying.' Oh no, I am not dying. I have to be dying for them to see me. Go to hell. I went to Washington Medical Center and in half an hour I was treated and felt great. Safe and private. –Hispanic MSM, NYC

- Rushed time with the physician

- Young inexperienced physicians

  > In hospitals when these new little 21 year-olds trying to stick an IV in me cause they just fresh out of a class and they're going to try and stick an IV, hell no. Give me an old doctor that has many years, been out of school for 12 years, 13 years, let him do my IV. –AA MSM, NYC

- Unprofessional and rude service

It just seems in those clinics, they seem kind of unprofessional, just young, like fresh out of some stupid trade school or something, and they're just there to get a paycheck and really don't care. –AA MSM, LA

If I'm walking into the office, recognize the fact that I might not be feeling too hot. To have somebody rude and crabby at the front desk or something ... taking to friends that go to different clinics, the County Clinic, you know, or actually sitting through their process which was a horrible experience, absolutely horrible. You have people in there that don't really give a fuck about anybody in there because they're there just to get paid and you know "Sit down, nobody's called you yet!" I see people talked to like that, and here this person is damn near bleeding, their arm damn near cut off or something, and they're disrespectful in that manner. I went to Cedars. I went through their Emergency Ward. I mean people are running out, "Sir, is there anything we can help you with, oh, sir, is there something we can do for you?" and it would make you feel like you were welcome and that they were there to serve you. –AA MSM, LA

- Questionable confidentiality

I overheard like nurses talking about you know giving some type of radiation to someone in room three and so I felt like that wasn't very confidential. You know, if I can overhear what their saying then it's not too good. –AA MSM, LA

- Dirty environment

You need to go where the environment is clean. You don't want to walk into dirty offices. I can tell you stories about filthy bathrooms… - Hispanic MSM, NYC

One participant noted that he felt more dissatisfied with the medical insurance system then with the medical care itself.

<u>Advice to Their HCPs</u>
Participants offered the following suggestions to improve their experience with HCPs. These providers should:

- Talk to the patient in simple language that can be understood.

The pamphlet or the literature that they give is complicated like you can't understand. It's like a medical student probably might. I can't. –AA MSM, LA

You're speaking two different languages. We're speaking English and they're speaking something else and you're trying to describe to them

what it is and twitching to me isn't necessarily twitching to someone else. –AA MSM, NYC

- Be respectful and nonjudgmental.

  Make your patient feel comfortable to be able to say whatever is going on and not feel that they're going to be judged or looked down upon. –AA MSM, LA

  The first time I went to see a doctor, and this was a family doctor that was very old, I went for a problem I had, because I was with a guy, with my boyfriend. And the first thing he said, "this happened because you slept with this guy." And, "what is your father going to say, what's your mother going to say…" I told him, "they won't say anything, because you don't have to tell them." That was the day that, as an adult, I changed doctors and got a doctor that my friends saw. I didn't know whether the doctor was a lesbian or heterosexual. But the first thing I liked about the doctor was that she treated me with respect, that she gave me information. And the first thing she asked me was, "do you have sex?" "Are you sexually active?" "Yes." "Do you like men? Do you sleep with women?" "I sleep with men." "Okay, look, this is what you have to do to have sex with men." –Hispanic MSM, LA

- Care about the patient as a person.

  Stop looking at the patient as an object. –Hispanic MSM, LA

- Listen to the patient: He/she knows his/her body best.

  They [physicians] need to understand… I know my body better than they do. –Hispanic MSM, LA

- Take their time with the patient and develop a rapport.

  First you greet the person,' how was your day?' Then start talking about when was the last time you had sex, who are you having sex with and so on. –Hispanic MSM, NYC

  I go in there, you get your blood pressure and temperature taken by the nurse and then 20 minutes later the doctor comes in and then he has to leave you because he's got to finish working with somebody else and he comes back. You want your doctor to spend a certain amount of time with you and if you go to your doctor for a broken wrist, that's all he talks about, that's all he's looking at. You want him to maybe take that extra 5 minutes and say "OK, how's everything else going? Are you feeling healthy

otherwise? Are you OK? Did you quit smoking? Are you still exercising every day?" –AA MSM, NYC

- Be straightforward and open with the patient.

  I think also being straightforward because sometimes there's just like an elephant in the room, and you're not talking about it, your doctor's not talking about it and between the two of you sadly enough it should be the doctor. –AA MSM, LA

- Provide good customer service when treating the patient

  And I think in that field, just as any other form of customer services, it's the ultimate to have your doctor and the nursing staff and reception staff treat you with total respect and treat you with the knowledge that you are in some pain or you're in some discomfort, and we want to make you as comfortable as possible and try and help you as quickly as possible. -AA MSM, LA

- Not make assumptions or "profile" patients

  Some assume that you are, or that you are not [gay]. Sometimes I show it, other times, I don't. But when I don't show it, and I expect to be asked about HIV or syphilis, they don't ask me to get checked for it. When I ask, "I want to get an HIV test done." [they ask] "Why?" "Do you have sex with men?" And that makes me feel bad. Do I have to be gay to have AIDS? [They should] avoid profiling. Because there are many ways for doctors to identify diseases. That is, by skin contact, temperature, vitals. And then, the medical history, what medicines do you take, uh, what substances do you use, what kind of relations do you have, etc, etc. Many doctors don't ask about sexual activity. –Hispanic MSM, LA

- Take the time to explain things properly and provide references

  Here's some information. I'll talk about it quickly. It's written down. If you don't understand it, call me back and let me know, we'll sit down and we'll figure it out. Or, if you don't understand it, call this number. This is the number to such and such clinic or such and such doctor who specializes in something. They'll help you understand it. Or here's a nice Web site you can go to that breaks it down into very simple terms. Here's a magazine article you can look up in the library. –AA MSM, NYC

  When you have something new you will always need an introduction to the issue. It's not like you say I have always had AIDS or syphilis or herpes and talk to me about it. I need some information as an introduction first.

> You have AIDS, I need an introduction to calm me, don't just say you have AIDS do such and such. –Hispanic MSM, NYC

> If you sit down and have a conversation about syphilis, and it's the first time you've heard anything about it, then you just walk away with the information that this person just told you. If they hand you a pamphlet, you have something to refer back to. –AA MSM, LA

Awareness of MSM Sexual Health Issues

Participants seemed to be split between those who felt that their regular doctors were aware and proactive concerning MSM sexual health issues and those who felt that their regular doctors were not. Participants who felt their physicians were aware said that their physicians talked to them about sexually transmitted diseases, relationships, and testing, and provided educational materials. One participant in New York City said that it was almost impossible for physicians there to be unaware of MSM issues. Another participant said that he chose a gay male doctor because he felt more comfortable with him. Others, however, said that they would feel less comfortable with a gay doctor, because they wanted a professional relationship and did not want to risk the possibility of sexual tension.

> To be completely honest I would prefer not to go to a gay doctor. I went to a doctor that was a PPO doctor, and he was a gay doctor. I just didn't feel comfortable with him because if I have a doctor I prefer to have a professional relationship because in that way I feel more comfortable. The doctor that I saw there did some things that I just didn't like… you know, like asking me if I go to certain clubs and stuff like that. –AA MSM, LA

Participants with regular physicians who did not initiate conversations about MSM sexual health issues complained that their physicians were not proactive enough; other participants, most notably Hispanics, were content not to discuss their sexuality.

> He has asked but I don't tell him that I am homosexual, because I don't need to tell the whole world. –Hispanic MSM, NYC

Those who were content not to discuss their sexuality with their regular physicians often were too embarrassed or found those types of questions inappropriate.

> I mean if I go to the doctor because there is something wrong with my foot, of course, I don't tell him I am gay. –Hispanic MSM, NYC

> He [my regular physician] has no business in my personal matters, so I don't have to tell him this or that. –Hispanic MSM, NYC

Some participants cautioned that there should not be too much focus on MSM health issues. These individuals just wanted to be treated like any other sexually active person.

> Gayness is a part of me. It's not all of me, so I don't need to be sectioned off as the gay patient. –AA MSM, LA

> Basically, I'm really wouldn't be concerned with all that. What I'm basically concerned with is how good they are handling issues that you bring to them. What they think and what I think doesn't really matter as long as they take care of what's going on or they can advise me accordingly. Whether they know how to handle gay people or all that kind of stuff, that's irrelevant. –AA MSM, NYC

> Like, for example, like my doctor. When I went, when I met him eight years ago, I told him I was homosexual, and he told me "okay." He gave me information, brochures, what kinds of tests I had to get done. Because he told me homosexuals are not the only ones that are at risks of getting diseases like HIV, hepatitis. All that. People who have sex with women. Men who have sex with women. So he told me it was the same. For him, there was no difference in treating a homosexual and a normal person. We are all human. We all have right to the same information, to know what's happening. What we need to know to take care of ourselves, to try to prevent getting diseases. –Hispanic MSM, LA

<u>CBO Preferences</u>

Participants noted that there was a lack of CBOs dedicated exclusively to either gay African American needs or gay Hispanic needs. An exception that was noted was the *Allianca Dominicana*, a New York City CBO that offered a program for gay Dominican males. Not all participants went to CBOs for support or services. Those who did mention CBOs specified the Gay and Lesbian Center (in LA), AIDS Project Los Angeles, and Gay Men's Health Crisis Center (in NYC). One participant said that he would like CBOs to help him understand his medical insurance.

> For me, how to deal with my damn insurance company because they tell me things on a need to know basis. They tell me their not going to pay for hep B shots which are going to cost me $200 some odd dollars and then I find out later they'll pay for them if my HMO doctor says that I need to have them… -AA MSM, LA

An African American participant in Los Angeles said that he would like to see a black gay community center that offered comprehensive services and that would fit the needs of a diverse African American gay community.

> I think that if there was, I don't know maybe I'm a dreamer, but I know that there's not a homogeneous African American community by no means. In the gay community it's very diverse. The black gay community is extremely diverse but to find a location or an agency that can be comprehensive to fit the needs of like many individuals. We don't need everything to be specifically HIV. We don't need everything to be just specifically STD. We don't need everything to be specifically you know what I am I thinking of the Kwanzaa stuff. You know because everybody's not into all of that. OK but having something that's comprehensive being able to open up doors for everyone to take a piece of it you know because there's a lot of issues in the black gay community that we ourselves have difficulty dealing with you know because I don't like her because she's too this and I don't like him because he's this. –AA MSM, LA

The same participant, who had had a positive experience with the CDC STD hotline, suggested that it would be even better if a local CBO provided a similar service.

> I was going to say I wish there was a community line similar to what the CDC offers because there's still that like you hear stuff about the governments like with oral sex you have to use a condom every time but there haven't been that many cases of HIV transmitted through oral sex. There's just this fear, you know, that they don't want me having sex with other men so their going to make it as uncomfortable an experience as they can using a condom for every single thing. So I just want somebody to be very straight with me and let me know these are the risks and it's up to you. You decide which risks you want to take, and I don't think that I can get that from a government line, and it would be great if there was a community organization that I could call anonymously and find out that information. –AA MSM, LA

<u>Sources of STD Information</u>
Participants cited the following as sources of information about STDs:

- Clinics or doctors (brochures in waiting rooms)
- Public Service Announcements (PSAs) on billboards and buses and in subways
- Internet

> When you open the Internet, you go to Yahoo, it has a window where you can search for a word so you type the disease then press go and the page comes up. –Hispanic MSM, NYC
>
> *GayWired.com* –Hispanic MSM, LA

Center for Disease Control. –Hispanic MSM, LA

- Magazines, both straight and gay

  The *Advocate, Frontiers*. –AA MSM, LA

  There's a new one out that's from the Oakland area... which is an African American gay centered magazine, *Arise*. –AA MSM, LA

  Inches, a gay porno magazines. They deal with sexual issues. That would probably be a perfect place to put it. –AA MSM, NYC

  Frontiers, *Teen Magazine*, *Out*, *Adelante* in Spanish. It's bilingual. –Hispanic MSM, LA

- Clubs or coffee shops

  They hand out condoms and things like that. –AA MSM, LA

  I get it at the clubs. They sometimes have posters and information, you know. They give out condoms. –Hispanic MSM, LA

- Friends and family

Many participants noted that the majority of the information on STDs was about HIV/AIDS.

<u>Tone</u>
There was no consensus on the preferred tone of health education materials on syphilis. Participants seemed evenly divided among serious and fact-filled, humorous, and scary and graphic.

> I'd have to go for funny. I don't think you can scare people into not having sex. –AA MSM, NYC
>
> Probably something straightforward and to the point, nothing sensational. Just you're going to die and these are the statistics, blah, blah, blah. Compassionate with straightforward. This is the way that it is, this is what's going on. –AA MSM, NYC
>
> Serious, but I don't want statistics. Just the facts. –Hispanic MSM, LA

A few participants added that they would want photographs (preferably of attractive men) to grab their attention. One participant stated that he would want an empowering tone ("It's up to you").

One Hispanic participant suggested a combination of humorous and serious.

> The subway had something like that before it was like a soap opera it was about Jose. It was a little humorous, also serious, it was a combination of both. They had episode by episode so it was heavy. But they never do those for gays it's always heterosexual, so it said that the girl went out with such and after three months se was sick and so on and was scared… and she went to get tested for HIV. –Hispanic MSM, NYC

Trusted Sources of Information

Physicians and gay advocacy groups were named as trusted sources of medical information.

> If there were somebody from *Minority AIDS Project* that's telling me about syphilis or whatever. –AA MSM, LA

> *Gay Men of African Descent*. They specifically address the needs for the people of color community. –AA MSM, NYC

> *Gay Men's Health Crisis* –Hispanic MSM, NYC

> *Dominican Alliance* or another group like that. They have a program especially for gays called HOPE, for lesbians and gays. –Hispanic MSM, NYC

> *Altamed.* –Hispanic MSM, LA

Other trusted sources mentioned (but less often) were the CDC, universities, and porn stars.

> The CDC Hotline because I was very impressed with the information and the time that they'll take with you. I called the CDC Hotline because I believed that I had a sexually transmitted disease, and they spent a lot of time listening to me about the symptoms and telling me about what it could be and what it could not be and explained the difference between bacteria and virus and then like giving me the name of clinics locally there, and it was a very good conversation, and they made me feel very comfortable.–AA MSM, LA

> I trust porn stars… I mean they're having sex more than we are, so I mean, hey they know. Really I've gotten some key information from porn stars. –AA MSM, LA

When asked about the CDC directly, a few participants in each group said they had heard of the CDC and felt that it was credible. However, it should be noted that a few participants did not trust the government in general.

> Well, you can trust them [the government] on a certain level but like my grandmother said, she always said 'they want you either sick or fighting in a war' and to a certain extent there's truth in that. You know what I mean, so you have to take everything with a grain of salt. –AA MSM, LA

Concepts, Tag Lines, and Logos

The "Achievable Goal" concept seemed to be the one that best spoke to both African American and Hispanic MSM participants. They were drawn to that concept because it gave a positive message of hope.

> That one seems like the most positive. –AA MSM, LA

> They're approaching it from more of a positive angle I think. Like how many bad things can we get rid of today? -AA MSM, NYC

> I was thinking about a concept like that before you even showed it, just with different words about eliminating it in our lifetime or eliminating it now. –AA MSM, NYC

Most thought the "Disparity" concept was too vague, confusing, or offensive.

> Prefers some communities, which ones? Beverly Hills vs. South Central, which one is it after? –AA MSM, LA

> This poster means absolutely nothing to me because every disease prefers our community because of our health care, so cancer, prostate cancer, breast cancer, everything, HIV, they all prefer our community because of our health care and our education. So it means nothing to me. –AA MSM, NYC

> It's like an attack, for me. –Hispanic MSM, LA

A notable exception was found in one of the Hispanic MSM groups in New York City, which preferred the "Disparity" concept because participants felt it was an important, attention-getting message.

> It's talking about a community, let's say like Dominicans, like the Hispanic community. It is something that we could focus more and pay more attention to. It may be because in this area here there are more people that are infected. I will go get a check up and see what's going on.

Most participants felt confused by the "Pre-AIDS" concept and were not sure what the actual connection between the two diseases was.

> The problem is that it's not very clear, saying how that can happen. –AA MSM, LA

> To start first with syphilis and then move on to AIDS. That it is not too clear. –Hispanic MSM, NYC

Most participants did not feel the "Next Generation" concept spoke to them as MSM, and some thought that it was too negative.

> That's nice for a children's book. That doesn't really say anything for gay men though. –AA MSM, LA

> As soon as I saw it I connected it with the commercial that I saw and there's really not a direct connection with it but I connected it with those commercials about drunk driving and you see the girl doing the back flips and then at the bottom it says, this person was killed by a drunk driver on December 31, and it was just too somber a message. This one just didn't relate to me. –AA MSM, NYC

There was no consensus among the MSM groups as to which tag line they found most motivating. "Juntos somos MAS" ("Together We Are More") appealed to the Hispanic MSM, because they liked the inclusive message.

> Because united, it means all communities, not you not me, all of us together. –Hispanic MSM, NYC

> It would be all of us together, not just the gay community. Like it says, down there, "together, we are more…" Includes [all] in general. Whether straight or gay. That's good. –Hispanic MSM, LA

The African American MSM thought the "Together We Can SEE" was too "happy" or "Disney."

> Like I said it's too happy. It's like together we can see, and we're talking about syphilis so it just doesn't work. –AA MSM, LA

One African American MSM group liked the "For a Better Future" tag line; another African American MSM group did not like any of the tag lines.

The majority of participants did not realize that SEE and MAS were acronyms.

> You see the problems you need to know even though I know it's S-E-E that's what it's supposed to mean, but you don't make that connection right away. –AA MSM, LA
>
> We didn't know what SEE meant and then you got it in big letters and syphilis was more at the bottom, to me it's like a company, a logo company advertising like SEE. –AA MSM, NYC

Most of the participants felt that the actual words "syphilis elimination effort" and "Movimiento para acabar con la sifilis" should be emphasized more and that the acronyms should be made smaller.

> I think that the words, "syphilis elimination effort" are too small, because from afar, [it means] we have to make more syphilis. That's what it seems from afar. –Hispanic MSM, LA
>
> I hated it [SEE] in all of those posters… I think that something else in there should be more bold. Maybe the SEE is good but just to say SEE, no. Maybe focus more on elimination effort and syphilis? –AA MSM, NYC

POLITICAL LEADER INTERVIEWS

Nine political leaders, including local elected officials or members of an elected official's political staff, were interviewed in person to test concepts. Political leaders were interviewed in person because their schedules made it almost impossible to recruit them to participate in focus groups. Two interviews were conducted in Los Angeles, two interviews were conducted in New York, and three interviews were conducted in Detroit. In addition, two interviews were conducted with Memphis political leaders (one in Memphis and one in Washington, DC).

Prospect staff interviewed the political leaders and took notes on their responses. Researchers used a questionnaire with questions identical to the HCP and CR moderator's guide. Smaller color versions of the concepts were presented to the participants during the interviews.

"Achievable Goal" Concept

Many of the participants did not think that this concept spoke to them. The following reasons were given:

- It was overly simplistic.
- It did not communicate how serious syphilis is (it didn't sound off an alarm).
- It was better suited to the health department or constituents.

Some, however, thought it was a positive message that raised awareness of the possibility of syphilis elimination.

"Pre-AIDS" Concept

Most of the participants thought this concept was confusing and that it did not speak to them. The following reasons were given:

- The relationship between AIDS and syphilis was not clear.
- It spoke more to political leaders with MSM constituents.
- It was missing information.

Two of the participants did think that this concept was speaking to them because they felt that AIDS was an important issue.

"Next Generation" Concept

Most of the participants felt this concept spoke to them. The following reasons were given:

- Issues involving children get policy leaders' attention.
- It set off an alarm, raised eyebrows

A few participants noted that they felt this concept would be better suited to their constituents. Neither of the two participants in Los Angeles found that this concept spoke to them because they had a more MSM constituency.

"Disparity" Concept

There were mixed reactions to this concept. Some found it offensive and confusing. Others felt is was an important message but could be improved by removing the word "prefers" and replacing the wording for "our community" with the specific name of the community. The image of the target was a source of confusion for many, who felt that it did not match the text. One participant suggested replacing that image with an image of a map.

Logos, Tag Lines and Other Findings

There were mixed reactions to the SEE logo: Some liked it, some were indifferent to it, and others did not like it. Several participants noted they liked the "Together We Can" tag line because of its inclusive message and the "For a better future" tag line because of its positive tone.

Regardless of concept, political leaders voiced the need for more information, especially information that demonstrated the severity of syphilis. Many suggested adding statistics to the concepts.

One participant suggested that if we wanted to reach political leaders, we should either send an explanation of the effort in a one-page letter, signed by a top CDC official, or consider hiring lobbyists to come speak to officials.

CONCLUSIONS AND RECOMMENDATIONS

General Overarching Themes from the Concept Testing with Primary Audience

The intended primary audience for this effort is composed of HCPs, CRs, and political leaders. Most of the conclusions and recommendations will be drawn from the findings of the HCP and CR focus groups. Conclusions and recommendations specific to political leaders will be noted when pertinent. Most recommendations within this section will pertain to communications efforts. However, broader recommendations (i.e. those that are programmatic in nature) are still included, even though they fall outside the scope of this communications contract.

Lack of awareness of syphilis as a public health issue was apparent among many of the CRs and even among some HCPs. Lack of awareness ranged from not knowing syphilis is at epidemic proportions in their area to not knowing that it is curable. General lack of awareness also included not knowing that there was a national syphilis elimination effort based on a unique window of opportunity to eliminate syphilis. This lack of general awareness is noteworthy considering that all participants were from HMAs for syphilis.

- 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 noted that they had not heard anything about syphilis in the media. Research in agenda setting (Dearing and Rogers, 1996)[1] clearly suggests that perceived importance of a health issue is directly proportional to the amount of media coverage.

HCPs and CRs were interested in information that was presented to them in a clear, direct manner. Many did not feel that a catchy, persuasive "hook" was needed to draw them into this effort. Some participants, notably HCPs, stated that they were already devoted to promoting the health and well-being of the populations that they served.

[1] JW Dearing and EM Rogers, 1996, *Communication Concepts 6: Agenda-Setting,* Sage, Thousand Oaks, CA.

- Communications materials addressed to the primary audiences do not need to be overly persuasive in tone. These audiences want the message to be direct. They simply want to 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.

Many health care professionals and community representatives wanted material directed to them to contain a call to action. They wanted their role in the syphilis elimination effort to be distilled into a quick phrase moving them to action.

- A call to action should be included prominently in any materials directed at the primary audience. Suggestions that arose during the groups included: “Look for it,” Test for it” and “Do your part.” Calls to action should be tailored to each unique audience.

In addition to wanting to know more about the syphilis elimination effort, many primary audience members suggested adding statistics to demonstrate the severity of syphilis in their areas. Political leaders especially felt that this was an important point, particularly as it pertained to congenital syphilis. Some, however, questioned the accuracy of those statistics and cautioned against presenting figures that would suggest that syphilis was wholly an African American problem.

- 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.

- A note of caution about including statistics: Some practitioners might become complacent if numbers start to decrease or if the actual number of cases of syphilis appears to be low. One way to avoid this is to stress the relative impact of syphilis according to county rank. Also, the window of opportunity to eliminate syphilis should be highlighted so that providers begin to interpret low numbers as reason to become more vigilant, not less so.

Across all groups, respondents wanted the materials given to them to contain information on whom to contact for more information.

- Materials directed to primary audience members should contain contact information, such as a Web URL and/or an 800 number, so that the primary audience can learn more about the details of the syphilis elimination plan.

CRs, although they expressed interest in a syphilis elimination effort, also warned that they struggled with many social and public health ills. Some members of this audience made it clear that they would need to know why participation in this effort was important. They often work with limited recourses and deal with many competing issues, such as poverty, HIV/AIDS, homelessness, and so forth.

- Communications efforts targeting CRs should highlight the consequences if this opportunity to eliminate syphilis were missed. One participant suggested using the example of how the public health community became complacent about the HIV/AIDS epidemic and the numbers spiked back up.

In addition, CRs requested assistance in the form of educational materials and funding.

- Community members should be assisted in as many ways as possible if they are to join in the effort. This assistance should come in the form of educational materials tailored to their at-risk population, be it African American, MSM, Hispanic, or any other group. Other forms of assistance could include local informational training sessions and, last but not least, financial support.

It was also clear that some CRs did not feel that the notion of syphilis elimination was truly achievable. Many felt that trying to reach and educate certain members of the at-risk population, and to convince them to adopt certain behaviors, such as consistently using condoms or practicing abstinence, was extremely challenging. Some who had been in the field of community service for years noted that burnout was a risk because their work was so difficult.

- The notion of syphilis elimination seemed daunting for some CRs because they envisioned a plan that entailed primary prevention efforts. It would be very beneficial to make clear to this audience that even though primary prevention efforts (i.e., educating about safer-sex practices) are important, the main thrust of the syphilis elimination plan is dependant on secondary prevention efforts (i.e., improving screening and treatment). The CR's role in improving secondary prevention efforts, such as raising awareness of the symptoms of syphilis and promoting testing, should be encouraged.

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

Generally speaking, the "Achievable Goal" was the concept that resonated most strongly with HCPs and CRs. The "Pre-AIDS" concept was second.

Although there were some exceptions, HCPs and CRs found the "Disparity" concept confusing and offensive and the "Next Generation" concept off target. The political leaders, on the other hand, seemed to be drawn to the "Next Generation" concept because they felt that presenting syphilis in the context of its severity to children was important.

"Achievable Goal" Concept

Many HCPs and CRs were drawn to this concept because they felt it represented a positive message—that syphilis elimination is achievable. Many said that this hopeful message spoke to them and would motivate them to either find out more or get involved in the effort. Some participants took issue with the execution, notwithstanding liking the concept. Some felt that the chalkboard image suggested that the concept was intended for school-aged children. Others were confused by the wording, which posed a question with diseases in plural but only proposed one disease as the answer.

- Because many participants were drawn to the positive message that syphilis elimination is achievable, the final presentation of material to primary audiences should encompass this strategy, with a revision to the execution. Additional information should be added to inform these audiences about the plan, and include statistics, a call to action, and contact information.

"Pre-AIDS" Concept

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 among CRs. The exact link between HIV/AIDS and syphilis was not clear, and many understood it to mean that both could be prevented with the same precautions. Most primary audience members felt that the message was speaking to them, and some HCPs noted that it would remind them not to overlook syphilis. The most common criticism of the presentation was that the language needed to be changed from "reduce the spread of AIDS," to "reduce the spread of HIV."

- After HCPs and CRs were provided with the additional information explaining the link between syphilis and HIV/AIDS, most thought that the pre-AIDS concept conveyed an important message. Therefore communications materials intended for these audiences should include this information somewhere in the body of the text. Obviously, the exact nature of the link between HIV/AIDS and syphilis needs to be explained more clearly.

“Next Generation” Concept

An overwhelming number of primary audience participants did not feel that the “Next Generation” concept was speaking to them. They felt that it would be better suited for the at-risk population, or better yet, at-risk women of childbearing age. The main meaning of the “Next Generation” concept was usually interpreted in one of two ways: Some thought that the main message was to prevent perinatal transmission of syphilis to children, while others thought the message was to try to eliminate syphilis in order to leave behind a better world for future generations. In a few cases—CRs with children, those from the faith-based community, and HCPs with a maternal and child health focus—did think this concept was speaking to them. The most notable exceptions were the views from the political leaders, who appeared to be drawn to this concept because of the focus on child health issues.

- The Next Generation concept should not be used with primary audiences, except maybe with political leaders. The statistics regarding the severity of congenital syphilis should be provided in the body of any information reaching the primary audiences but should not constitute the main message, with exception perhaps to materials directed exclusively to political leaders.

“Disparity” Concept

For the most part, participants from the primary audience found the “Disparity” concept to be offensive because they felt it blamed 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 form leaders in the “other” communities. Needless to say, most did not have a problem interpreting the concept to mean that syphilis rates were higher in their areas. The choice of the word “community” was the source of some confusion, as participants noted that this term was not clearly defined. Because most participants found the concept to be offensive, they did not feel that it was talking to them or that it was motivational.

- The “Disparity” concept, in the form in which it was presented, was found to be offensive and should not be used as a strategy to communicate the importance of the syphilis elimination effort to the primary audiences. Suggestions for revision included avoiding use of the word “prefers” and specifying the geographic community that is intended.

SEE Logos

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.

- The SEE logo in the communications materials intended for the primary audience should be straightforward, in boldface, capital letters. The fact that SEE is an acronym can be clarified by using periods after each letter, and the wording "syphilis elimination effort" should be made more prominent.

Tag Lines

Many participants noted that they preferred the "Together We Can SEE" tag line because they felt it had a positive and inclusive tone. Many participants even acknowledged that they liked this tag line earlier on, when discussing the overall "Achievable Goal" concept.

- Communications materials intended for the primary audience should include the "Together We Can SEE" tag line. This tag line was so well liked that it could even be presented more prominently in the materials.

Source Credibility

CDC was found to be a very credible source for the syphilis elimination message. Many felt that CDC's involvement would suggest that syphilis elimination was a serious nationwide effort. Other national organizations mentioned as credible sources were the National Institutes of Health (NIH), the Surgeon General, and WHO. Many participants named their local department of health as a credible local source. Other local organizations were mentioned, but they varied by location.

- Because so many of the primary audience members found the CDC to be credible, it should be made clear that this organization 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. Other smaller CBOs should also be considered; however, the most appropriate choice will depend largely on the area and the at-risk population most affected.

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. Diseases mentioned often across all groups were cancer, heart disease, diabetes, and STDs in general. When asked how STDs were classified there were mixed responses across all groups. Some viewed them individually, some grouped them together, and some split them into those that are curable and those that are not.

Perceptions and Knowledge of Syphilis

It was very clear that many of the participants from the African American, Hispanic, and MSM at-risk groups knew very little about syphilis. A few admitted that they had never heard of syphilis before they attended the focus groups. Many felt that there was very little information about syphilis in the media and that it was talked about very rarely. A number of at-risk participants also mentioned that HIV/AIDS information was ubiquitous but that there was rarely information on other STDs.

- 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. Specifically, media advocacy efforts have been shown to be successful in raising awareness about health issues (Wallack, 1990)[2].

Many at-risk participants, most notably Hispanics, were not sure if syphilis was curable. There was also a great deal of confusion about the symptoms of syphilis, with most of these participants admitting that they didn't know the symptoms. Almost all participants knew that unprotected sex was the primary risk behavior responsible for syphilis. However, there were those who thought syphilis could be caught through unhygienic practices, sharing a glass, or through IV drug use.

- A media campaign aimed at raising awareness of syphilis should make clear that syphilis is curable and that those at risk should get tested. Information should also include the modes of transmission and the symptoms. By educating the at-risk population, it is more likely that they will become more proactive and request syphilis testing. As one HCP noted, pharmaceutical companies successfully create demand for their products through such media campaigns.

Almost all the participants knew that using condoms and practicing abstinence were the primary means of protecting oneself from becoming infected with syphilis. Participants in all groups warned that condoms were not 100 percent effective and that relying on a monogamous partner was not always safe, either. Some MSM noted that they preferred masturbating to risking having sex. Hispanic men and women stressed that there was a tendency among Hispanic men not to want to wear condoms. Reasons given by Hispanic men were loss of sensation, feelings of invincibility, fatalistic attitude, and a tendency to be impulsive.

- Health education materials intended for the at-risk audience should, of course, include information about protective behaviors but should also

[2] L Wallack, 1990, Two approaches to health promotion in the mass media, *World Health Forum,* 11, 143-164.

note the limitations. Material intended for Hispanics should be in Spanish. Also, information intended for the Hispanic community should address male reluctance 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 their friend was engaging in. Hispanic participants seemed to be more worried about their friend's health. Since participants from all groups were unsure of the exact modes of transmission of syphilis, some expressed concern that an infected friend might be contagious.

Hispanic groups (who generally preferred the term "Hispanic" to "Latino" and MSM groups (who generally preferred the term "gay" to "homosexual") felt that syphilis was a serious concern within their population. African Americans, however, had a mixed reaction to this question. Some African Americans felt it was a serious issue, others thought it was equally serious among all groups. For those who felt that syphilis was a serious issue within their community, unsafe sex practices and lack of information were most often given as the reasons. MSM also noted that rising STD rates and rampant drug use were responsible for the perception that syphilis was a serious problem among the MSM community.

Participants across all groups felt that discussing syphilis would be difficult. Hispanics and MSM spoke about the stigma associated with syphilis and STDs in general. The stigma surrounding syphilis included that notion that an infected person was promiscuous. Some participants were also concerned about gossip. Hispanic participants also noted that the stigma surrounding syphilis was compounded by the fact so many people were ignorant about it.

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

<u>Health Care Treatment and CBO Experiences</u>

Almost all participants said that they would immediately seek treatment if they thought they had syphilis. Some Hispanic women also noted that they would seek emotional support, either through friends or through counseling. Across all groups, participants seemed to be split between those who would go to a clinic for treatment and those who would go to a private physician. A few Hispanics said that they would go to a hospital to receive treatment because they lacked health insurance. Those who preferred a clinic said it would be more specialized in sexual health maters, more confidential, and less expensive. Some

MSM also noted that they would go to a clinic if they thought they had syphilis because they would feel uncomfortable (embarrassed) going to their regular physicians. Those who preferred going to their regular physicians said they would do so because they have histories and rapport with these doctors and trusted them. A few MSM noted that they would first research their options either by calling a hotline or by going to a community resource center.

- Health care professionals from clinics, private offices, and hospitals should be invited to join in the syphilis elimination effort. Educational materials for at-risk populations should also be provided to participating HCPs and resource centers, to assist them in raising awareness of syphilis and educating their patients about it.

Though many participants were generally satisfied with their medical care, some notable grievances were mentioned. Those included long waits, difficulty scheduling appointments, and rushed time with the doctor. MSM groups were more vocal about their grievances, mostly with respect to medial care received in clinics and hospitals. In addition to those complaints already mentioned, MSM noted 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 less judgmental, would take more time with their patients, provide them with more information, become better listeners, and build greater rapport. Both gay and straight Hispanic participants seemed to be more interested in physicians' trying to build rapport with patients, arguing that with time one builds trust and the ability to broach more sensitive topics. Hispanics and MSM noted that they wanted their HCPs to speak to them in simple language. In both the MSM and Hispanic groups, participants spoke about wanting HCPs who were more proactive and who asked whether they were sexually active. A few Hispanics, however, did not want providers to ask them questions about sexual activity if they were visiting the physician for a general health issue, such as the flu.

- 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 to be conscious of tone when speaking to patients. Treatment guidelines specific to the screening and treatment of syphilis could be drafted to include information on how to improve interpersonal communication skills. These guidelines could also be included in continuing medical education (CME) training courses and embedded in medical schools' curricula.

Hispanics also noted that they felt more comfortable talking to a HCP who was fluent in Spanish. Others stated that they did not care for interpreters. They felt

uncomfortable talking about sexual health issues with a third person in the room, and many feared that the interpreter was not translating their words faithfully.

MSM were split between those who felt that their current physicians were aware of MSM sexual health issues and those who felt that their doctors were not. MSM did feel it was necessary to have an MSM doctor. Several of the Hispanic MSM noted that they did not feel comfortable discussing their sexuality with their physicians for fear that of being judged. Others, however preferred to have an open relationship with their physicians and be able to discuss MSM sexual health maters. A few MSM noted that they did not want special treatment from physicians because of their sexual orientation. These participants stated that they wanted to be treated like any person who was sexually active.

- Treatment guidelines should also include information reminding HCPs of the importance of asking all patients about their sexual history during routine exams and of not making assumptions about patients. Physicians should also be advised to try to build rapport with patients, especially Hispanic patients, by asking holistic questions about their health.

Hispanics and African Americans did not seem to go to CBOs for support or services. A few of the MSM groups did mention local organizations that they went to in New York and Los Angeles. A few participants within the African American and Hispanic MSM groups noted that there were no CBOs with comprehensive services that were exclusively devoted to either African American or Hispanic MSM populations.

<u>STD Communication Habits and Preferences</u>

Most at-risk participants gave similar sources for STD information: doctors and clinics, PSAs (TV, radio, and billboard), 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 wanted educational materials pertaining 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 light-hearted and funny in tone.

- Educational material 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.

The most trusted sources of STD information were doctors. MSM also mentioned local gay advocacy groups, and some Hispanics mentioned local Hispanic groups, as trusted sources. Hispanics in general did not seem

very concerned about the source of STD information. A few participants noted that the CDC would be a trusted source.

When probed specifically for CDC's credibility as a source, those who knew of the agency thought it was credible. Many of the African Americans and MSM knew of the CDC, while many of the Hispanics did not.

- For educational materials intended for the African American and MSM groups, doctors and advocacy groups would make good sources. Among 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.

<u>At-Risk Groups' Reaction to the Concepts</u>

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. Some found the message of the "Pre-AIDS " concept difficult to interpret, and some found the "Disparity" concept offensive. There were a few Hispanics and a few African Americans who thought that the message of the "Disparity" concept—that their communities had a high rate of syphilis—was important.

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

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

APPENDIX A

FOCUS GROUP SCREENERS

SYPHILIS ELIMINATION FOCUS GROUPS
CENTERS FOR DISEASE CONTROL AND PREVENTION
HEALTH CARE PROFESSIONAL SCREENER, LA

Interviewer:_____ Date:_____

Hello, my name is _____. I am calling from _____, an independent market research firm in _____.

We are conducting a study on health issues on behalf of the Centers for Disease Control and Prevention. We are not selling anything; this is a study for research purposes only.

1. Do you think that you might be interested?

   a. Yes ___ **(CONTINUE)**
   b. No ___ **(THANK/END)**

In order to determine whether you qualify to participate in the study, I need to ask you a few questions. Please be assured that all of your responses will be kept confidential.

2. Have you ever worked in any of the following fields? **(READ AND RECORD)**

	Yes	*No*	
a. Advertising or public relations?	____	____	**(IF YES, THANK/END**)
b. Marketing or marketing research?	____	____	**(IF YES, THANK/END**)

3. Have you participated in a group research discussion, sometimes called a focus group, within the past three months? **(RECORD)**

   a. Yes ____ **(THANK/END)**
   b. No ____ **(CONTINUE)**

4. *(Record Gender)* **[confirm if any question:** *And you are (female/male?)***]**

   a. Female ____
   b. Male ____

5. What is your age? **(READ AND RECORD)**

   a. Under 18 _____**(THANK/END)**
   b. 18-25 _____**(CONTINUE)**
   c. 26-35 _____**(CONTINUE)**
   d. 36-45 _____**(CONTINUE)**
   e. 46 and over _____**(CONTINUE)**

6. Are you currently employed in the city of Los Angeles? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(THANK/END)**

7. Do you work in the field of medicine or public health? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(THANK/END)**

8. Are you a clinician, do you provide medical care directly to patients? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(SKIP TO QUESTION #15)**

CLINICIANS

9. In which type of setting do you spend the majority of your time? **(READ AND RECORD)**

   a. Private _____ **(SKIP TO QUESTION #12)**
   b. Public/Non-for-profit _____ **(CONTINUE)**

10. What percent of the population you serve is made up of African Americans?

    _____ **(RECORD)** **IF OVER 30% ⇒ CONTINUE**
    IF 30% OR LESS ⇒ THANK/END

11. What percent of the population you serve is made up of Hispanics? _____ **(RECORD)**

12. In which field of medicine do you practice? **(RECORD)**

    a. Family Medicine _____ **(CONTINUE)**
    b. Primary Care _____ **(CONTINUE)**
    c. Obstetrics & Gynecology _____ **(CONTINUE)**
    d. Emergency Medicine _____ **(CONTINUE)**
    e. Dermatology _____ **(CONTINUE)**
    f. Internal Medicine _____ **(THANK/END)**
    g. Pediatrics _____ **(THANK/END)**
    h. Psychiatry _____ **(THANK/END)**
    i. Other:_____ _____ **(THANK/END)**

13. How long have you been practicing medicine? _____ **(RECORD)**

14. What is your occupation? **(RECORD)**

    a. Physician, MD or DO _____
    b. Nurse, RN or NP (Nurse Practitioner) _____
    c. Physician assistant, PA _____

    RECRUIT 6, A MIX OF PRIVATE/PUBLIC & PROCEED TO INVITATION

    d. Nursing assistant _____ **(THANK/END)**
    e. Other:_____ _____ **(THANK/END)**

PUBLIC HEALTH PROFESSIONALS

15. Do you work for a state or local health department? **(RECORD)**

    a. Yes _____**(SKIP TO QUESTION #17)**
    b. No _____**(CONTINUE)**

16. Do you work for a community based organization, hospital or clinic that provides public health services for the indigent? **(RECORD)**

    a. Yes _____**(CONTINUE)**
    b. No _____**(THANK/END)**

17. I'm going to read a list of public health fields. Stop me when I read the category that **most** accurately reflects the area you work in. **(READ AND RECORD)**

    a. Sexually Transmitted Disease _____ **(CONTINUE)**
    b. HIV/AIDS _____ **(CONTINUE)**
    c. Infectious Disease _____ **(CONTINUE)**
    d. Health Promotion _____ **(CONTINUE)**
    e. Minority Health _____ **(CONTINUE)**
    f. Substance Abuse Prevention _____ **(CONTINUE; BUT RECRUIT NO MORE THAN ONE PER GROUP)**
    g. Surveillance _____**(THANK/END)**
    h. Vital Records _____**(THANK/END)**
    i. Epidemiology _____**(THANK/END)**
    j. Health Policy & Planning _____**(THANK/END)**
    k. Environmental Health _____**(THANK/END)**
    l. Mental Health _____**(THANK/END)**
    m. Nutrition Services (WIC) _____**(THANK/END)**
    n. Immunizations _____**(THANK/END)**
    o. Other:_____ _____**(THANK/END)**

18. How long have you been working in the field of public health? _____

19. Which position most accurately describes the work that you do? **(READ AND RECORD)**

    a. Director _____
    b. Manager _____
    c. Health educator _____
    d. Outreach worker _____
    e. Counselor _____

    RECRUIT 6 & PROCEED TO INVITATION

    f. Clerical _____**(THANK/END)**
    g. Epidemiology _____**(THANK/END)**
    h. Lab work _____**(THANK/END)**
    i. Other: _____ _____**(HOLD and consult with Prospect)**

****

(**INVITATION)**

Thank you for answering all of my questions. We would like to invite you to participate in a group discussion sponsored by the Centers for Disease Control and Prevention on importance health issues that affect the people you serve in your community. The other participants will be (men/women) like yourself who are health care professionals. This discussion will take place on:

(LA) *Monday, November 5th* at *5:00 p.m*. and *7:00 p.m.*

at our offices, located at _____. The discussion will last approximately 1.5 hours and there will be no attempt to sell you anything. We are simply interested in your opinions. In return for your time, you will be paid ____. In addition, refreshments will be provided.

Would you be willing to participate? Yes ____ **(CONTINUE)**
No ____ **(THANK/END)**

Great! Which session do you prefer to attend?

SESSION 1 (5:00): _____
SESSION 2 (7:00): _____

Let me mention three additional things: 1) If you wear reading glasses, please be sure to bring them to the discussion, as there may be some reading involved; 2) please be aware that we have a no-smoking policy; and 3) if you care for children please do not bring them with you because we do not provide child-care at our facility.

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions to our offices. **(RECORD RESPONDENT'S INFORMATION)**

Name:_____Telephone:_____

Address:_____

City, State:_____Zip:_____

Employeer:_____Occupation:_____

If you have any questions or find that you can't attend, please call us right away at _____ so that we can find a replacement. Thank you for your time and for agreeing to participate in this study.

SYPHILIS ELIMINATION FOCUS GROUPS
CENTERS FOR DISEASE CONTROL AND PREVENTION
COMMUNITY REPRESENTATIVES SCREENER, LA

Interviewer:_____ Date:_____

Hello, my name is _____. I am calling from _____, an independent market research firm in _____.

We are conducting a study on health issues on behalf of the Centers for Disease Control and Prevention. We are not selling anything; this is a study for research purposes only.

1. Do you think that you might be interested?

   a. Yes ___ **(CONTINUE)**
   b. No ___ **(THANK/END)**

In order to determine whether you qualify to participate in the study, I need to ask you a few questions. Please be assured that all of your responses will be kept confidential.

2. Have you ever worked in any of the following fields? **(READ AND RECORD)**

	Yes	*No*	
a. Advertising or public relations?	____	____	**(IF YES, THANK/END**)
b. Marketing or marketing research?	____	____	**(IF YES, THANK/END**)

3. Have you participated in a group research discussion, sometimes called a focus group, within the past three months? **(RECORD)**

   a. Yes _____**(THANK/END)**
   b. No _____**(CONTINUE)**

4. (Record Gender) **[confirm if any question:** *And you are (female/male?)***]**

   a. Female ____
   b. Male ____

5. What is your age? **(READ & RECORD)**

   a. Under 18 _____**(THANK/END)**
   b. 18-25 _____**(CONTINUE)**
   c. 26-35 _____**(CONTINUE)**
   d. 36-45 _____**(CONTINUE)**
   e. 46 and over _____**(CONTINUE)**

6. Do you currently live in Los Angeles? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(THANK/END)**

7. Are you currently employed by any of the following? **(READ AND RECORD)**

a.	House of worship, such as a church, synagogue, or mosque	Yes ___ **(SKIP TO #9)** No ___ **(CONTINUE)**
b.	A community-based organization that provides outreach/services to the local African American/Hispanic community	Yes ___ **(SKIP TO #12)** No ___ **(CONTINUE)**
c.	A national organization that provides programming, relief, education, outreach or assistance to the local African American/Hispanic community	Yes ___ **(SKIP TO #12)** No ___ **(CONTINUE)**

8. Have you ever participated in any of the following activities? **(READ AND RECORD)**

a.	Met with an elected official to discuss an issue that concerned your community	Yes ___ **(SKIP TO #15)** No ___ **(CONTINUE)**
b.	Spoken at a city council meeting	Yes ___ **(SKIP TO #15)** No ___ **(CONTINUE)**
c.	Held a leadership role as a member of a local community group	Yes ___ **(SKIP TO #15)** No ___ **(THANK/END)**

9. What is your occupation? **(RECORD)**

a.	Minister, reverend, or pastor	_____ **(CONTINUE)**
b.	Priest, rabbi, or deacon	_____ **(CONTINUE)**
c.	Community outreach	_____ **(CONTINUE)**
d.	Youth group services	_____ **(CONTINUE)**
e.	Administrative/clerical services	_____ **(THANK/END)**
f.	Other: _____	_____ **(THANK/END)**

10. Have you ever participated in any of the following activities? **(READ AND RECORD)**

a.	Met with an elected official to discuss an issue that concerned your community	Yes ___ No ___
b.	Spoken at a city council meeting	Yes ___ No ___
c.	Held a leadership role as a member of a local community group	Yes ___ No ___

11. What percent of the population you serve is made up of African Americans?

_____ **(RECORD)** **IF 30% OR LESS ⇒ THANK/END**
IF OVER 30% ⇒ RECRUIT 4 & PROCEED TO INVITATION

12. In your position do you make or contribute to decisions regarding community-based activities? **(RECORD)**

a. Yes _____ **(CONTINUE)**
b. No _____**(THANK/END)**

13. Have you ever participated in any of the following activities? **(READ AND RECORD)**

a.	Met with an elected official to discuss an issue that concerned your community	Yes ___ No ___
b.	Spoken at a city council meeting	Yes ___ No ___
c.	Held a leadership role as a member of a local community group	Yes ___ No ___

14. What percent of the population you serve is made up of African Americans?

_____ **(RECORD)** **IF 30% OR LESS ⇒ THANK/END**
IF OVER 30% ⇒ RECRUIT 4 & PROCEED TO INVITATION

15. What would best describe your community's socio-economic level? **(READ AND RECORD)**

a. Upper _____ **(THANK/END)**
b. Upper to Middle _____ **(THANK/END)**
c. Middle _____ **(THANK/END)**
d. Middle to Lower _____
e. Lower _____

RECRUIT 4 & PROCEED TO INVITATION

****

(**INVITATION)**

Thank you for answering all of my questions. We would like to invite you to participate in a group discussion sponsored by the Centers for Disease Control and Prevention on importance health issues that affect the people you serve in your community. The other participants will be (men/women) like yourself who are community representatives. This discussion will take place on:

(LA) *Tuesday, November 6th at 5:00 p.m*. and 7*:00 p.m.*

at our offices, located at _____. The discussion will last approximately 1.5 hours and there will be no attempt to sell you anything. We are simply interested in your opinions. In return for your time, you will be paid ____. In addition, refreshments will be provided.

Would you be willing to participate? Yes ____ **(CONTINUE)**
No ____ **(THANK/END)**

Great! Which session do you prefer to attend?

SESSION 1 (5:00): _____
SESSION 2 (7:00): _____

Let me mention three additional things: 1) If you wear reading glasses, please be sure to bring them to the discussion, as there may be some reading involved; 2) Please be aware that we have a no-smoking policy; and 3) if you care for children please do not bring them with you because we do not provide child-care at our facility.

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions to our offices. **(RECORD RESPONDENT'S INFORMATION)**

Name:_____Telephone:_____

Address:_____

City,State:_____Zip:_____

Employeer:_____Occupation:_____

If you have any questions or find that you can't attend, please call us right away at _____ so that we can find a replacement. Thank you for your time and for agreeing to participate in this study.

SYPHILIS ELIMINATION FOCUS GROUPS
CENTERS FOR DISEASE CONTROL AND PREVENTION
AT-RISK AFRICAN AMERICAN SCREENER, DETROIT

Interviewer:_____ Date:_____

Hello, my name is _____. I am calling from _____, an independent market research firm in _____.

We are conducting a study on health issues on behalf of a national health agency. We are not selling anything; this is a study for research purposes only.

1. Do you think that you might be interested?

   a. Yes ___ **(CONTINUE)**
   b. No ___ **(THANK/END)**

In order to determine whether you qualify to participate in the study, I need to ask you a few questions. Some questions may be of a sensitive nature. Please be assured that all of your responses will be kept confidential.

2. Have you ever worked in any of the following fields? **(READ AND RECORD)**

	Yes	*No*	
a. Advertising or public relations?	____	____	**(IF YES, THANK/END**)
b. Marketing or marketing research?	____	____	**(IF YES, THANK/END**)

3. Have you participated in a group research discussion, sometimes called a focus group, within the past three months? **(RECORD)**

   a. Yes _____**(THANK/END)**
   b. No _____**(CONTINUE)**

4. *(Record Gender)* **[confirm if any question:** *And you are (female/male?)***]**

   a. Female ____
   b. Male ____

5. What is your age? **(READ & RECORD)**

   a. Under 18 _____**(THANK/END)**
   b. 18-25 _____**(CONTINUE)**
   c. 26-35 _____**(CONTINUE)**
   d. 36-45 _____**(CONTINUE)**
   e. 46 and over _____**(CONTINUE; RECRUIT NO MORE THAN ONE/GROUP)**

(RECRUIT A MIX)

6. Are you currently a full-time student?

a. Yes _____**(THANK/END)**
b. No _____**(CONTINUE)**

7. Do you currently live in Detroit? **(RECORD)**

a. Yes _____**(CONTINUE)**
b. No _____**(THANK/END)**

8. How long have you lived in Detroit? **(READ & RECORD)**

a. Less than a year _____
b. Between 1 and 5 years _____
c. Between 5 and 10 years _____
d. over 10 years _____

9. What racial or ethnic background do you consider yourself to be from? Is it… **(READ AND RECORD)**

a. African-American or Black _____**(CONTINUE)**
b. Asian/Pacific Islander _____**(THANK/END)**
c. Caucasian _____**(THANK/END)**
d. Hispanic/Latino _____**(THANK/END)**
e. Native-American _____**(THANK/END)**
f. Other _____**(THANK/END)**

10. Are you currently married? **(RECORD)**

a. Yes _____**(THANK/END)**
b. No _____**(CONTINUE)**

11. Approximately how much money do you make **per week**? **(READ & RECORD)**

a. $350 or less _____ **(SKIP TO QUESTION #13)**
b. Between $351-$750 _____ **(CONTINUE)**
c. $751 or more a week _____ **(THANK/END)**

12. Are you raising any children at home? **(RECORD)**

a. Yes _____**(CONTINUE)**
b. No _____**(THANK/END)**

Next, we need to ask you a more sensitive question. Again, please be reassured that your answer will remain confidential.

13. In the past year, have you had intercourse with two or more people? **(RECORD)**

a. Yes _____ **(RECRUIT 12 OF EACH GENDER, PROCEED TO INVITATION)**
b. No _____ **(THANK/END)**

****

(**INVITATION)**

Thank you for answering all of my questions. We would like to invite you to participate in a group discussion sponsored by the Centers for Disease Control and Prevention on importance health issues that affect your community. The other participants will be (men/women) like yourself. This discussion will take place on:

(DETROIT) *Thursday, November 8th* at ***5:00 p.m*. -- AA WOMEN**

and **7*:00 p.m.* -- AA MEN**

at our offices, located at _____. The discussion will last approximately 1.5 hours and there will be no attempt to sell you anything. We are simply interested in your opinions. In return for your time, you will be paid ____. In addition, refreshments will be provided.

Would you be willing to participate? Yes ____ **(CONTINUE)**
No ____ **(THANK/END)**

Great! Let me mention three additional things: 1) If you wear reading glasses, please be sure to bring them to the discussion, as there may be some reading involved; 2) Please be aware that we have a no-smoking policy and 3) if you care for children please do not bring them with you because we do not provide child-care at our facility.

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions to our offices. **(RECORD RESPONDENT'S INFORMATION)**

Name:_____Telephone:_____

Address:_____

City,
State:_____Zip:_____

Occupation:_____

If you have any questions or find that you can't attend, please call us right away at _____ so that we can find a replacement. Thank you for your time and for agreeing to participate in this study.

SYPHILIS ELIMINATION FOCUS GROUPS
CENTER FOR DISEASES CONTROL AND PREVENTION
AT-RISK HIPANIC SCREENER, LA
VERSIÓN EN ESPAÑOL PARA USARSE AL RECLUTAR
HOMBRES Y MUJERES

Entrevistador:_____ Fecha:_____

Hola, mi nombre es_____. Estoy llamando desde_____, Una firma de mercadeo independiente en _____.

Estamos realizando un estudio sobre temas de salud. Nosotros no vendemos nada; esto es solamente una investigación sobre salud.

1. ¿Podría estar interesado(a) en participar?

    a. Sí _____ **(continúe)**
    b. No _____ **(agradezca y termine)**

Para determinar si usted califica para este estudio, es necesario hacerle algunas preguntas de carácter personal. Por favor tenga en cuenta que todas sus respuestas son confidenciales.

2. ¿Ha trabajado en alguna de las siguientes profesiones? **(lea las categorías)**

	Sí	No	
a. Agente de publicidad o relaciones públicas	_____	_____	**(si es sí, termine)**
b. Mercadeo o investigador de mercadeo	_____	_____	**(si es sí, termine)**

3. ¿Ha participado en un grupo de discusión o grupo focal, en los pasados 3 meses?

    a. Sí _____ **(agradezca y termine)**
    b. No _____ **(continúe)**

4. (Trate de identificar por la voz, si es hombre o mujer) [**Si tiene dudas pregunte para confirmar:** ¿Sexo, masculino o femenino?]

    a. Femenino _____
    b. Masculino _____

5. ¿En cuál de las siguientes categorías se encuentra su edad? **(lea las categorías)**

a. Menor de 18 años de edad	_____	**(agradezca y termine)**
b. Entre 18 y 25 años	_____	**(continúe)**
c. Entre 26 y 35 años	_____	**(continúe)**
d. Entre 36 y 45 años	_____	**(continúe)**
e. 46 años de edad o más	_____	**(continúe, reclute solo uno por grupo)**

Reclute un grupo mixto de estas tres

6. ¿Actualmente, es estudiante a tiempo completo?

a. Sí _____ **(agradezca y termine)**
b. No _____ **(continúe)**

7. ¿Actualmente esta viviendo en Los Ángeles?

a. Sí _____ **(continúe)**
b. No _____ **(agradezca y termine)**

8. ¿Por cuánto tiempo ha vivido en Los Ángeles? **(lea las categorías)**

a.	Menos de un año	_____
b.	Entre 1 y 5 años	_____
c.	Entre 5 y 10 años	_____
d.	más de 10 años	_____

9. ¿Cuál considera que es su identidad étnica? **(lea las categorías)**

a.	Centroamericano	_____
b.	Cubano	_____
c.	Dominicano	_____
d.	Mexicano	_____
e.	Puertorriqueño	_____
f.	Otro:_____	_____

10. ¿En qué idioma prefiere leer?

a.	Español	_____**(continúe)**
b.	Inglés	_____**(agradezca y termine)**
c.	Español o inglés	_____**(continúe)**
d.	Otros	_____**(agradezca y termine)**

11. ¿Esta actualmente casado?

a. Sí _____ **(agradezca y termine)**
b. No _____ **(continúe)**

12. ¿De las categorías a continuación, aproximadamente cuál es su ingreso semanal? **(lea las categorías)**

a. $350 o menos _____ **(pase a la pregunta #14)**
b. Entre $351 y $750 _____ **(continúe)**
c. $751 o más por semana _____ **(agradezca y termine)**

13. ¿Tiene niños en su casa?

a. Sí _____ **(continúe)**
b. No _____ **(agradezca y termine)**

La siguiente pregunta es de carácter personal, pero nuevamente le reiteramos que su contestación será confidencial.

14. ¿En el último año, ha tenido relaciones sexuales íntimas con más de una persona?

a. Sí _____ **(reclute 12 personas de cada sexo, continúe con la invitación)**
b. No _____ **(agradezca y termine)**

****

(INVITACIÓN)

Muchas gracias por contestar a todas mis preguntas. Nos gustaría invitarlo(a) a participar en un grupo de discusión sobre importantes temas de la salud que afectan a nuestra comunidad, este grupo será patrocinado por los Centros para el Control y la Prevención de enfermedades. Los otros participantes serán hispanos (hombres y mujeres en grupos separados) como usted. La reunión tendrá lugar en:

(LA) Jueves 8 de noviembre a las **5:00 p.m. – Mujeres**
y **7:00 p.m. – Hombres**

Nuestras oficinas están localizadas en __________________________. La reunión durará aproximadamente hora y media y de ninguna manera será para vender nada. Nosotros simplemente estamos interesados en su opinión. En

agradecimiento por su tiempo, le pagaremos $_____. También les serviremos refrescos y bocadillos (refrigerio.)

¿Estaría interesado(a) en participar? Sí _____ **(continúe)**
No _____ **(agradezca y termine)**

¡Muy bien! Permítame mencionarle tres cosas más: 1) Si usa lentes, por favor asegúrese de traerlos a la reunión, pues puede ser que tenga que leer algo; 2) No se permitirá fumar durante la reunión; y 3) Si usted cuida niños por favor no los traiga pues no tendremos servicio de cuidado de niños en nuestro local.

Ahora, permítame verificar como se deletrea su nombre y su dirección, para poderle enviar una carta de confirmación y direcciones para llegar a nuestra oficina. **(Tomar nota de la información.)**

Nombre:_____Teléfono:_____

Dirección:_____

Ciudad, Estado: _____Zona Postal: _____

Ocupación:_____

Si tiene alguna pregunta o si por alguna razón no puede participar, por favor llámenos inmediatamente al _____, para poder conseguir otra persona que lo(a) sustituya. Muchas gracias por su tiempo y por estar de acuerdo en participar en este estudio.

SYPHILIS ELIMINATION FOCUS GROUPS
CENTERS FOR DISEASE CONTROL AND PREVENTION
AT-RISK AFRICAN AMERICAN MSM SCREENER, LA

Interviewer:_____ Date:_____

Hello, my name is _____. I am calling from _____, an independent market research firm in _____.

We are conducting a study on health issues on behalf of a national health agency. We are not selling anything; this is a study for research purposes only.

1. Do you think that you might be interested?

   a. Yes ___ **(CONTINUE)**
   b. No ___ **(THANK/END)**

In order to determine whether you qualify to participate in the study, I need to ask you a few questions. Some questions may be of a sensitive nature. Please be assured that all of your responses will be kept confidential.

2. Have you ever worked in any of the following fields? **(READ AND RECORD)**

	Yes	*No*	
a. Advertising or public relations?	____	____	**(IF YES, THANK/END**)
b. Marketing or marketing research?	____	____	**(IF YES, THANK/END**)

3. Have you participated in a group research discussion, sometimes called a focus group, within the past three months? **(RECORD)**

   a. Yes _____**(THANK/END)**
   b. No _____**(CONTINUE)**

4. *(Record Gender)* **[confirm if any question:** *And you are (female/male?)***]**

   a. Female ____ **(THANK/END)**
   b. Male ____ **(CONTINUE)**

5. What is your age? **(READ & RECORD)**

   a. Under 18 _____**(THANK/END)**
   b. 18-25 _____**(CONTINUE)**
   c. 26-35 _____**(CONTINUE)**
   d. 36-45 _____**(CONTINUE)**
   e. 46 and over _____**(CONTINUE; RECRUIT NO MORE THAN ONE/GROUP)**

(RECRUIT A MIX)

6. Do you currently live in LA? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(THANK/END)**

7. How long have you lived in LA? **(READ AND RECORD)**

   a. Less than a year _____
   b. Between 1 and 5 years _____
   c. Between 5 and 10 years _____
   d. over 10 years _____

8. What racial or ethnic background do you consider yourself to be from? Is it… **(READ AND RECORD)**

   a. African-American or Black _____**(CONTINUE)**
   b. Asian/Pacific Islander _____**(THANK/END)**
   c. Caucasian _____**(THANK/END)**
   d. Hispanic/Latino _____**(THANK/END)**
   e. Native-American _____**(THANK/END)**
   f. Other _____**(THANK/END)**

9. In the past year, have you had a sexual encounter with someone of the same sex as yourself? **(RECORD)**

   a. Yes _____**(CONTINUE)**
   b. No _____**(THANK/END)**

10. What is your approximate yearly income? Is it.. **(READ AND RECORD)**

    a. Less than $20,000 _____
    b. $20,000 to $39,999 _____
    c. $40,000 to $49,999 _____
    d. $50,000 to $75,000 _____
    e. Over $75,000 _____
    f. Currently not employed _____

11. What is the highest level of education you have completed? **(READ AND RECORD)**

    a. Some High School _____
    b. High School graduate/GED _____
    c. Some College/University _____
    d. College/University Graduate _____
    e. Graduate Degree _____

RECRUIT 12 AFRICAN AMERICANS & PROCEED TO INVITATION

****

(**INVITATION)**

Thank you for answering all of my questions. We would like to invite you to participate in a group discussion sponsored by the Centers for Disease Control and Prevention on importance health issues that affect your community. The other participants will be men like yourself. This discussion will take place on:

(LA) Wednesday*, November 7th* at ***5:00 p.m*. -- African American MSM**

at our offices, located at _____. The discussion will last approximately 1.5 hours and there will be no attempt to sell you anything. We are simply interested in your opinions. In return for your time, you will be paid ____. In addition, refreshments will be provided.

Would you be willing to participate? Yes____**(CONTINUE)** No____**(THANK/END)**

Great! Let me mention three additional things: 1) If you wear reading glasses, please be sure to bring them to the discussion, as there may be some reading involved; 2) Please be aware that we have a no-smoking policy; and 3) if you care for children please do not bring them with you because we do not provide child-care at our facility.

Now, let me just verify the spelling of your name and your address, so we can send you a confirmation letter with directions to our offices. **(RECORD RESPONDENT'S INFORMATION)**

Name:_____Telephone:_____

Address:_____

City,
State:_____Zip:_____

Occupation: _____

If you have any questions or find that you can't attend, please call us right away at _____ so that we can find a replacement. Thank you for your time and for agreeing to participate in this study.

SYPHILIS ELIMINATION FOCUS GROUPS
CENTER FOR DISEASES CONTROL AND PREVENTION
AT-RISK HISPANIC MSM SCREENER, LA
VERSIÓN EN ESPAÑOL PARA USARSE AL RECLUTAR HOMBRES

Entrevistador:_____ Fecha:_____

Hola, mi nombre es_____. Estoy llamando desde _____, Una firma de mercadeo independiente en _____.

Estamos realizando un estudio sobre temas de salud. Nosotros no vendemos nada; esto es solamente una investigación sobre salud.

1. ¿Podría estar interesado en participar?
   a. Sí _____ **(continúe)**
   b. No _____ **(agradezca y termine)**

Para determinar si usted califica para este estudio, es necesario hacerle algunas preguntas de carácter personal. Por favor tenga en cuenta que todas sus respuestas son confidenciales.

2. ¿Ha trabajado en alguna de las siguientes profesiones? **(lea las categorías)**

	Sí	No	
a. Agente de publicidad o relaciones públicas	_____	_____	**(sí es sí, termine)**
b. Mercadeo o investigador de mercadeo	_____	_____	**(sí es sí, termine)**

3. ¿Ha participado en un grupo de discusión o grupo focal, en los pasados 3 meses?

   a. Sí _____ **(agradezca y termine)**
   b. No _____ **(continúe)**

4. (Trate de identificar por la voz, si es hombre o mujer) [**Si tiene dudas pregunte para confirmar:** ¿Sexo, masculino o femenino?]

   a. Femenino _____ **(agradezca y termine)**
   b. Masculino _____ **(continúe)**

5. ¿En cuál de las siguientes categorías se encuentra su edad? **(lea las categorías)**

a. Menor de 18 años de edad	_____	**(agradezca y termine)**
b. Entre 18 y 25 años	_____	**(continúe)**
c. Entre 26 y 35 años	_____	**(continúe)**
d. Entre 36 y 45 años	_____	**(continúe)**
e. 46 años de edad o más	_____	**(continúe, reclute solo uno por grupo)**

Reclute un grupo mixto de estas tres

6. ¿Actualmente esta viviendo en Los Ángeles?

a. Sí _____ **(continúe)**
b. No _____ **(agradezca y termine)**

7. ¿Por cuánto tiempo ha vivido en Los Ángeles? **(lea las categorías)**

a.	Menos de un año	_____
b.	Entre 1 y 5 años	_____
c.	Entre 5 y 10 años	_____
d.	mas de 10 años	_____

8. ¿Cuál considera que es su identidad étnica? **(lea las categorías)**

a.	Centroamericano	_____
b.	Cubano	_____
c.	Dominicano	_____
d.	Mexicano	_____
e.	Puertorriqueño	_____
f.	Otro:_____	_____

9. ¿En qué idioma prefiere leer?

a.	Español	_____**(continúe)**
b.	Inglés	_____**(agradezca y termine)**
c.	Español o inglés	_____**(continúe)**
d.	Otros	_____**(agradezca y termine)**

10. ¿En el último año, ha tenido relaciones sexuales íntimas con otra persona de su mismo sexo?

a. Sí _____ **(continúe)**
b. No _____ **(agradezca y termine)**

11. ¿De las categorías a continuación, aproximadamente cuál es su ingreso anual? **(lea las categorías)**

a.	Menos de $20,000	_____
b.	Entre $20,000 y $39,999	_____
c.	Entre $40,000 y $49,999	_____
d.	Entre $50,000 y $75,000	_____
e.	Más de $75,000	_____
f.	Actualmente desempleado	_____

12. ¿De la lista a continuación, cuál es el último grado que usted completó? **(lea las categorías)**

a. Algo de escuela superior o preparatoria	_____
b. Graduado de escuela superior o preparatoria	_____
c. Algo de universidad	_____
d. Graduado de universidad	_____
e. Post-grado (maestría, doctorado)	_____

Reclute 12 hispanos; continúe con la invitación.

****

(INVITACIÓN)

Muchas gracias por contestar a todas mis preguntas. Nos gustaría invitarlo a participar en un grupo de discusión sobre importantes temas de la salud que afectan a nuestra comunidad, este grupo será patrocinado por los Centros para el Control y la Prevención de enfermedades. Los otros participantes serán hombres como usted. La reunión tendrá lugar en:

(LA) Miércoles 7 de noviembre a las **7:00 p.m. – (Latino MSM)**

Nuestras oficinas están localizadas en ___________________________. La reunión durará aproximadamente hora y media y de ninguna manera será para vender nada. Nosotros simplemente estamos interesados en su opinión. En agradecimiento por su tiempo, le pagaremos $______. También les serviremos refrescos y bocadillos (refrigerio.)

¿Estaría interesado en participar? Sí _____ **(continúe)**
No _____ **(agradezca y termine)**

¡Muy bien! Permítame mencionarle tres cosas más: 1) Si usa lentes, por favor asegúrese de traerlos a la reunión, pues puede ser que tenga que leer algo; 2) No se permitirá fumar durante la reunión; y 3) Si usted cuida niños por favor no los traiga pues no tendremos servicio de cuidado de niños en nuestro local.

Ahora, permítame verificar como se deletrea su nombre y su dirección, para poderle enviar una carta de confirmación y direcciones para llegar a nuestra oficina. **(Tomar nota de la información.)**

Nombre:_____Teléfono:_____

Dirección:_____

Ciudad, Estado: _____Zona Postal: _____

Ocupación:_____

Si tiene alguna pregunta o si por alguna razón no puede participar, por favor llámenos inmediatamente al _____, para poder conseguir otra persona que lo sustituya. Muchas gracias por su tiempo y por estar de acuerdo en participar en este estudio.

APPENDIX B

Focus Group Participant Characteristics

Table 4: Participant Characteristics of the Health Care Professional (HCP) Groups. Number of Participants per Group by Site.

	Memphis		LA		Detroit		New York		TOTAL
	G1	G2	G1	G2	G1	G2	G1	G2	
CLINICIANS *(See Table 5 for details)*	5	3	5	6	4	5	6	4	**38**
PUBLIC HEALTH PROFESSIONALS *(See Table 6 for details)*	4	4	4	3	5	4	3	5	**32**
Group Total	**9**	**7**	**9**	**9**	**9**	**9**	**9**	**9**	**70**

Table 5: Characteristics of Clinicians within the HCP Groups.

		Memphis		LA		Detroit		New York	
		G1	G2	G1	G2	G1	G2	G1	G2
Type	Physician (MD/DO)	1	0	3	2	2	3	4	1
	Nurse (RN/NP)	3	2	2	3	2	2	2	1
	Physician Assistant (PA)	1	1	0	1	0	0	0	2
Medical Field	General Medicine /Primary Care	4	0	1	1	0	2	1	0
	Family Practice	1	3	4	4	2	1	1	0
	Emergency Medicine	0	0	0	0	1	1	4	1
	Obstetrics & Gynecology	0	0	0	1	1	0	0	3
	Dermatology	0	0	0	0	0	1	0	0
Sector	Private	0	2	3	1	1	3	1	2
	Public	5	1	2	5	3	2	5	2

Table 6: Characteristics of Public Health Professionals within the HCP Groups.

		Memphis		LA		Detroit		New York	
		G1	G2	G1	G2	G1	G2	G1	G2
Type	Director	1	0	2	1	2	2	2	2
	Manager, Supervisor	1	1	1	1	2	2	1	0
	Outreach Worker	1	0	1	0	1	0	0	1
	Health Educator	1	2	0	0	0	0	0	1
	Counselor	0	1	0	1	0	0	0	1
Field	STD	2	3	2	1	1	0	2	4
	HIV/AIDS	1	0	0	0	2	0	0	1
	Health Promotion	1	0	1	1	2	1	1	0
	Substance Abuse	0	0	1	1	0	1	0	0
	Minority Health	0	1	0	0	0	2	0	0
Sector	Private (CBOs)			3	2	2	2	2	0
	Public (DOH)			1	1	3	2	1	5

Table 7: Participant Characteristics of Community Representatives Focus Groups.

	Memphis		LA		Detroit		New York		TOTAL
	G1	G2	G1	G2	G1	G2	G1	G2	
RELIGIOUS LEDEARS (See Table 8 for details)	3	3	3	3	3	2	2	1	**20**
COMMUNITY-BASED ORGANIZATIONS (See Table 9 for details)	5	3	3	3	2	3	4	4	**27**
COMMUNITY ACTIVISTS	1	3	3	3	2	3	3	4	**22**
Group Total	**9**	**9**	**9**	**9**	**7**	**8**	**9**	**9**	**69**

Table 8: Religious Leader by Type.

		Memphis		LA		Detroit		New York		TOTAL
		G1	G2	G1	G2	G1	G2	G1	G2	
Occupation	Minister, Reverend or Pastor	0	1	1	2	2	0	2	1	**9**
	Priest, Rabbi or Deacon	0	0	1	0	0	0	0	0	**1**
	Community Outreach	1	1	0	0	1	2	0	0	**5**
	Youth Group Services	2	1	1	1	0	0	0	0	**5**
Group Total		**3**	**3**	**3**	**3**	**3**	**2**	**2**	**1**	**20**

Table 9: List of CBOs represented by Site.

Site	CBO
New York	New York Urban League
	New York Civil Liberties Union
	Beacon of Hope
	Partnership for the Homeless
	Gay Men of African Decent
	Argus Community Center
	Miracle Makers
	Gay Men's Health Crisis
LA	Elderly/Disabled Outreach
	Legal Aid
	AIDS Project LA
	LA Gay and Lesbian Center
	United Way
	YMCA
Detroit	National Coalition of 100 Black Women
	AIDS Consortium of SE Michigan
	Men of Color
	Detroit Urban League
	National Council on Alcohol and Substance Abuse
Memphis	NAACP
	Hands on Memphis
	American Red Cross
	Girls Incorporated
	Brothers United
	Southwest Tennessee HIV/AIDS Care Consortium
	African American Pastors Consortium
	Family Link

Table 10: Participant Characteristics of African American At-risk Groups.

AFRICAN AMERICAN GROUPS		Female		Male	
		Memphis (Number in group: 8)	**Detroit** (Number in group: 7)	**Memphis** (Number in group: 9)	**Detroit** (Number in group: 8)
Age	18-25	3	1	4	5
	26-35	2	4	1	2
	36-45	2	1	4	0
	46 and Over	1	1	0	1
Length of time in area	Less than an year	0	0	0	0
	Between 1 and 5 years	0	0	3	0
	Between 5 and 10 years	0	0	0	0
	Over 10 years	8	7	6	8
Weekly Income	$350 or less	4	4	7	7
	Between $351-$750	4	3	2	1

Table 11: Participant Characteristics of Hispanic At-risk Groups.

HISPANIC GROUPS		Male		Female	
		LA (Number in group: 9)	**New York** (Number in group: 8)	**LA** (Number in group: 9)	**New York** (Number in group: 8)
Age	18-25	4	4	3	3
	26-35	4	3	3	3
	36-45	1	0	2	2
	46 and Over	0	1	1	0
Lived in Area	Less than an year	0	0	1	0
	Between 1 and 5 years	1	2	3	1
	Between 5 and 10 years	2	1	2	4
	Over 10 years	6	5	3	3
National Origin	Central American	2	0	3	0
	Cuban	0	0	0	0
	Dominican	1	5	0	3
	Mexican	5	0	5	0
	Puerto Rican	0	1	0	5
	Other	1	2	1	0
Weekly Income	$350 or less	8	4	7	3
	Between $351-$750	1	4	2	5

Table 12: Participant Characteristics of MSM At-risk Groups.

MSM GROUPS		African American		Hispanic	
		New York (Number in group: 9)	**LA** (Number in group: 9)	**New York** (Number in group: 9)	**LA** (Number in group: 7)
Age	18-25	0	2	4	2
	26-35	5	2	4	2
	36-45	4	5	1	3
	46 and Over	0	0	0	0
Lived in Area	Less than an year	0	0	0	0
	Between 1 and 5 years	2	2	3	1
	Between 5 and 10 years	1	3	2	1
	Over 10 years	6	4	4	5
National Origin	Central American			0	1
	Cuban			0	1
	Dominican			6	0
	Mexican			0	5
	Puerto Rican			2	0
	Other			1	0
Yearly Income	Less than $20,000	3	2	3	3
	$20,000 to $39,999	3	4	4	4
	$40,000 to $49,999	3	1	1	0
	$50,000 to $75,000	0	1	1	0
	More than $75,000	0	0	0	0
	Unemployed	0	1	0	0
Educational Level	Some High School	1	2	2	2
	High School graduate/GED	0	0	1	2
	Some college/University	5	4	6	2
	College/University graduate	2	3	0	1
	Graduate Degree	1	0	0	0

APPENDIX C

MODERATOR GUIDES

Syphilis Elimination Focus Groups
Centers for Disease Control and Prevention
Health Care Professionals and Community Representatives
Moderator's Guide

I. EXPLANATION (10 minutes)

A. Introduction

1. My name is ____. I'm an independent research consultant and I have been asked to serve as the moderator for tonight's discussion.

2. Thank you for joining us.

B. Purpose

1. You're here today to take part in a focus group. It's a discussion to find out your opinions – like a survey, but with broad, general questions.

2. We've asked you to be in this discussion because each of you has some professional experience working with the at-risk community. Your experience serving the at-risk population in your community makes your opinion very important to us.

3. The reason your are here is because this city has a high rate of syphilis and we want to get you and others like you involved in helping to eliminate it. We're going to show you some ideas that will be used in areas with a high syphilis rate to motivate others like you to get involved. Based on what you tell us, we'll move forward with one of these ideas, adding facts, and information to help you take action. You are the intended audience for the ideas we will show you, not the populations you work with.

[PRESENT & READ FACT BOARD ON SYPHILIS]

4. I personally had no part in designing the material, so feel free to tell me what you really think of them.

5. All of your comments – both positive and negative – are welcome.

6. Please speak up – even if you disagree with something that's been said. It's important that I hear everyone's point of view.

C. Procedural Details

1. All of your comments will be kept confidential; nothing you say will be connected with your name. Additionally, because you may know one another, we're going to ask that you respect each other's privacy and keep comments shared here tonight confidential as well.

2. We are audio and video taping this discussion because everything you say is important to us. We want to make sure we don't miss any comments.

   Is everyone OK with being taped?

3. I've provided you with some paper and pencil and will occasionally ask you to mark some answers on the sheet as we go along.

4. I want this to be a group discussion, so you needn't wait for me to call on you. Please speak one at a time so the tape recorder can pick up everything that is said.

5. Behind me is a two-way mirror. I have some colleagues back there, following the discussion and taking notes. They're making sure that I cover everything we need to know. They're not in the same room with us because that can be distracting.

6. Because we want to finish on time and have many topics to discuss, I may change the subject or move ahead, but please stop me if you want to add anything.

7. Please feel free to help yourself to refreshments. If you need to step out to use the bathroom, that's fine, but please try to step out one at a time.

II. INTRODUCTIONS (10 minutes)

A. We're going to go around the room briefly to allow everyone to introduce himself/herself. When it's your turn, please tell us:

- Your first name
- How long you've lived in this area
- Do you mostly work with public health populations or privately insured populations?
- Have you ever provided care/services to someone with syphilis?

B. Thank you for those introductions.

C. Before we get started I'd like to know if any of you are currently involved in any local or national syphilis elimination efforts?

IF YES, PROBE: What is your role?
IF NO, PROBE: What would make you get involved?

III. CONCEPT TESTING (60 minutes)

A. Concept Testing

Now, I'm going to show you four "concept boards" that try to get certain ideas across. Keep in mind that these are not actual advertisements or posters, but at this point just represent ideas. They may look like a finished poster, but they are not. They represent a headline, a visual and a tagline. I would like to understand your reaction to them one at a time.

[SHOW CONCEPTS IN RANDOM ORDER, DO NOT READ OUT LOUD]

1. What is the main idea this board is trying to get across to you?

   PROBE: What is it telling you?

2. Is this board speaking to someone like yourself?

3. What, if anything, is it asking you to do?

   PROBE: Is the message motivating? How so?

   IF IT ISN'T, PROBE: What would you need it to tell you to motivate you to get involved?

4. Is there anything confusing or hard to understand?

   PROBE: How would you make it clearer?

5. What would make this concept better?

6. Do you find any part of this board offensive?

B. Presentation of Additional Information

These ideas I've shared with you tonight are based on four concepts. I'd like to provide you with some additional information on each one and then discuss them with you one more time.

[PLACE UP THE DISPARITY CONCEPT *(dartboard)*]

1. DISPARITY: The syphilis rate is higher in some populations and communities than in others. Knowing this information, does that change the meaning of this concept?

[PLACE UP THE PRE-AIDS CONCEPT *(red ribbon)*]

2. PRE-AIDS: Having syphilis makes you 4 to 5 times more likely to contract AIDS. Knowing this information, does that change the meaning of this concept?

[PLACE UP THE NEXT GENERATION CONCEPT *(teddy bear)*]

3. NEXT GENERATION: Syphilis is one of the diseases that is totally curable and preventable. The mother can pass it on to her child at birth. Knowing this information, does that change the meaning of this concept?

[PLACE UP THE ACHIEVABLE GOAL CONCEPT *(chalkboard)*]

4. ACHIEVABLE GOAL: While syphilis rates are high in your community, they are concentrated in certain pockets and with vigilance could be eliminated. Knowing this information, does that change the meaning of this concept?

IV. TESTING OF THE LOGOS (5 minutes)

We have designed some logos to identify this effort. We have created several versions of them. Take a look at them.

[DISPLAY THE LOGOS ONE AT A TIME, DO NOT READ OUT LOUD]

1. Tell me what you it means to you?
   PROBE: What is it telling you?

2. Does this sound like something you would want to get involved in?

[AFTER THEY HAVE SEEN ALL FOUR]

3. Is there any one that would motivate you more?
PROBE: Tell me what you like about it.

V. WRAP-UP (5 minutes)

[HOLD UP CDC'S NAME]

A. If we were to be add this to the boards, would that change how you feel about any of them?
PROBE: Does the message become more or less credible now?

B. What other organizations would be a credible source of this information?
PROBE: National organizations? Local organizations?

C. Before we wrap-up, do you have any further thoughts you want to contribute?

D. Thank you very much for your participation. I've enjoyed talking with you. Your comments have been most helpful.

Syphilis Elimination Focus Groups
Centers for Disease Control and Prevention
At-Risk Populations
Moderator's Guide

I. EXPLANATION (10 minutes)

A. Introduction

1. My name is ____. I'm an independent research consultant and I have been asked to serve as the moderator for tonight's discussion.

2. Thank you for joining us.

B. Purpose

1. You're here today to take part in a focus group. It's a discussion to find out your opinions – like a survey, but with broad, general questions.

2. The purpose of this discussion is to find out how you feel about certain health issues that affect your community. This discussion is being sponsored by a national health agency. By sharing your thoughts and feelings with us, they will be better able to develop education material that is suited to fit your needs.

3. All of your comments – both positive and negative – are welcome.

4. Please speak up – even if you disagree with something that's been said. It's important that I hear everyone's point of view. There are no right or wrong answers.

5. If a question makes you uncomfortable, feel free not to answer it or to let me know. You don't have to reveal anything about yourself that you think is too private or that's going to make you uncomfortable.

6. Lastly, I want you to know that I am not an expert on health issues. I am not a doctor or a nurse. I'm here to listen to you tell me about your thoughts and experiences and simply guide the discussion.

C. Procedural Details

1. All of your comments will be kept confidential; nothing you say will be connected with your name. Additionally, we're going to ask that you respect each other's privacy and keep comments shared here tonight confidential as well.

2. We are audio and video taping this discussion because everything you say is important to us. We want to make sure we don't miss any comments.

   Is everyone OK with being taped?

3. I want this to be a group discussion, so you don't need to wait for me to call on you. Please speak one at a time so the tape recorder can pick up everything that is said.

4. Behind me is a two-way mirror. I have some colleagues back there, following the discussion and taking notes. They're making sure that I cover everything we need to know. They're not in the same room with us because that can be distracting.

5. Because we want to finish on time and have many topics to discuss, I may change the subject or move ahead, but please stop me if you want to add anything.

6. Please feel free to help yourself to refreshments. If you need to step out to use the bathroom, that's fine, but please try to step out one at a time.

II. INTRODUCTIONS (10 minutes)

A. We're going to go around the room briefly to allow everyone to introduce himself/herself. When it's your turn, please tell us:

- Your first name
- How long you've lived in this area
- What you like to do for fun

B. Thank you for those introductions.

III. GENERAL KNOWLEDGE AND PERCEPTIONS OF SYPHILIS
(30 minutes)

A. When you think of health concerns, what are the top three that come to mind?
PROBE: How concerned are you about Sexually Transmitted Diseases or STDs?
PROBE: Do you think of STDs as separate diseases or do you "bunch" them up together?

B. What things have you heard or do you know about syphilis?
PROBE: What are the symptoms?

C. How would you describe someone at risk for syphilis?
PROBE: What sort of behaviors put them at risk?

D. Do you think syphilis is a problem among:
(ask each group only about their own population)

- African Americans?
- Hispanics? (*ask what they prefer to be called – Latino vs. Hispanic*)?
- Gay males (*ask what they prefer to be called*)?

PROBE: How many people that you know have had syphilis?

E. What are ways that someone at risk for syphilis can protect him or herself from getting syphilis?
LISTEN FOR: Condom use/abstinence/getting tested

F. If a friend of yours told you he or she had syphilis, how concerned would you be for his/her health?
PROBE: Is it treatable?
PROBE: Would they be at risk for any other health problems?

G. How comfortable would you be talking to your friends or family about STDs?
PROBE: What about syphilis?
PROBE: What about syphilis makes it hard/easy to discuss?

IV. ACCESS ISSUES/COMMUNICATION PREFERENCES (30 minutes)

A. Access/Treatment Issues

1. If you thought you had a STD, what would you do about it?
   LISTEN FOR "go to doctor/clinic"… PROBE: Tell me more about the type of doctor/clinic (private doctor or the health department?)

2. When you receive medical care, how satisfied are you with the experience in general?
   PROBE: How are you treated? Do they listen to your concerns?

   For Hispanics: Do you and HC provider have problems communicating with each other?
   PROBE: Can you tell me more about it. Do you feel your HC provider understands what you are saying?

   For MSM: Is your health care provider aware of *gay male** sexual health issues?
   PROBE: Do you feel that you are treated differently by your HC provider because of your sexual orientation?

3. If you could give the doctors and nurses advice on how to improve your experience with them, what would you tell them?

4. Are there any local or national organizations that you turn to for services or support, such as the United Way, the YMCA or NAACP?

5. If you could give these organizations advice on how to improve your experience with them, what would you tell them?

B. Communication Preferences

1. In general, how do get information on STDs?
   PROBE: Word of Mouth? Magazines? TV?
   PROBE: Which publications/programs (i.e. *Essence*, local news)?
   IF UNKNOWN SOURCE, PROBE: Are any of these targeted to your culture, race or lifestyle?

2. Who do you trust to provide you with information on STDs?
   PROBE: What people? What about the government? What about the CDC or the Centers for Disease Control and Prevention?

3. If you were to receive information on syphilis, would you prefer that it sound serious, compassionate, funny, or some other way?

V. BRIEF VIEWING OF CONCEPTS/ WRAP-UP (10 minutes)

Now, I'm going to show you four "concept boards". They represent ideas for getting people involved in a national syphilis elimination effort. These are not actual advertisements or posters, but at this point just represent ideas. They may look like a finished poster, but they are not. They represent a headline, a visual and a tagline. I'm going to show all four and then ask you some questions. Also, keep in mind that I did not design these, so feel free to speak your mind.

A. Brief Viewing of Concepts
(*Briefly show the concepts one at a time, do not read them out loud).*

1. Which one of these boards did you find most appealing?
   PROBE: Tell me more about what you found appealing.

2. Of the one you found most appealing, what does it mean to you?
   PROBE: Is the message motivating? How so?

3. Did any of the boards, or any part of them, offend you in any way?
   PROBE: How so?

   (*Now show the board with the four logos)*

4. Looking just at these logos, which do you prefer?
   PROBE: What about it do you prefer?

B. WRAP-UP

1. Do you have any further thoughts you want to contribute to the overall discussion we had tonight?

2. Thank you very much for your participation. I've enjoyed talking with you. Your comments have been most helpful.

3. Lastly, because we spoke a lot about syphilis this evening, we are providing you with fact-sheets on the subject if you wish to learn more. They are in the lobby and feel free to pick them up on your way out.

Grupos Focales sobre la Eliminación de la Sífilis
Centro para el Control y la Prevención de Enfermedades
Población en Riesgo
Guía del Moderador

I. EXPLICACIÓN (10 minutos)

A. Introducción

1. Mi nombre es ____. Soy un(a) consultor(a) independiente de investigación y se me ha pedido que sirva de moderador(a) en la reunión de esta noche.

2. Muchas gracias por compartir esta reunión con nosotros.

B. Propósito

1. Ustedes están aquí para tomar parte en este grupo focal. Esta reunión es para saber su opinión. Es algo así, como una encuesta, con preguntas generales.

2. El propósito de esta discusión es saber que piensan ustedes acerca de ciertos temas sobre la salud que afectan a nuestra comunidad. Esta reunión esta patrocinada por una agencia nacional de la salud. Al ustedes compartir sus pensamientos y sentimientos acerca de estos temas conmigo, ellos (los de la agencia de salud) podrán crear materiales educativos que llenen sus expectativas y necesidades.

3. Todos los comentarios, tanto positivos como negativos, son bienvenidos.

4. Por favor hable con confianza– incluso si usted no está de acuerdo con algo que se haya dicho. Es importante oír todos los puntos de vista. No hay respuestas correctas o incorrectas.

5. Si alguna pregunta le incomoda, no tiene que contestarla o hágamelo saber. Usted no tiene que revelar algo que sienta que es privado o le haga sentir incomodo(a).

6. Por último, quiero que sepan que yo no soy experto(a) en temas de salud. No soy doctor(a) o enfermero(a). Estoy aquí para escuchar sus ideas y pensamientos, o sea, simplemente para dirigir la discusión.

C. Detalles del procedimiento

1. Todos sus comentarios serán confidenciales; nada que usted diga se asociara con su nombre. Además, les voy a pedir a cada uno de ustedes que respeten la privacidad de los aquí presentes, guardando confidencialmente los comentarios que vamos a compartir esta noche. Muchas gracias.

2. Vamos a grabar en video y audio la discusión, porque todo lo que ustedes digan es muy importante para nosotros. Queremos asegurarnos que no vamos a dejar ningún comentario fuera.

   ¿Esta bien para ustedes que grabemos en video?

3. Quiero que éste sea un grupo de discusión, o sea que no espere que yo le indique o pregunte. Pero, por favor, hable uno a la vez para que se entienda lo que se esta diciendo.

4. Atrás de mí se encuentra un espejo. Ese espejo es como una ventana hacia el otro lado. Detrás de ese espejo están unos compañeros de trabajo. Ellos estarán oyendo la discusión y tomando notas. Me estarán ayudando a cubrir todo lo que necesitamos saber. Ellos no entraron a esta sala para no distraerlos a ustedes.

5. Queremos terminar a tiempo y tenemos muchos tópicos que tratar. Posiblemente durante la marcha, cambiaré de tópico o seguiré con lo programado, pero si tiene algo más que agregar al tópico que hemos discutido, hágamelo saber.

6. Tenemos refrigerios para ustedes, por favor siéntase en confianza de servirse lo que quiera. Si necesitan ir al baño, pueden hacerlo. Pero, por favor traten de ir uno a la vez.

II. INTRODUCCIÓN (10 minutos)

A. Vamos a ir alrededor de la sala y nos presentaremos brevemente nosotros mismos. Cuando sea su turno por favor díganos:

- Su primer nombre
- Por cuanto tiempo ha vivido en el área
- Que le gusta hacer para divertirse

B. Gracias por presentarse.

III. CONOCIMIENTOS GENERALES Y PERCEPCION DE LA SIFILIS (30 minutos)

A. ¿Cuándo piensa en las preocupaciones sobre la salud, cuáles son los tres temas más importantes que le vienen a la mente?
INVESTIGUE MÁS A FONDO: ¿Qué tan preocupado está por las enfermedades transmitidas por contacto sexual o sea por las Enfermedades de Transmisión Sexual (ETS)?
INVESTIGUE MÁS A FONDO: ¿Cuándo usted piensa en Enfermedades de Transmisión Sexual, piensa que estamos hablando de dos o tres enfermedades o de muchas enfermedades?

B. ¿Qué ha escuchado o sabe acerca de la sífilis?
INVESTIGUE MÁS A FONDO: ¿Cuáles son los síntomas?

C. ¿Cómo describiría a alguien que está en riesgo de contraer sífilis?
INVESTIGUE MÁS A FONDO: ¿Qué clase de comportamiento pone en riesgo a estas personas?

D. ¿Usted cree que la sífilis es un problema entre los:
(Pregunte a cada grupo solo acerca de su propia población)

- Hispanos? *(Pregúnteles como prefieren que les llamen: latinos o hispanos)*
- Los homosexuales? (*pregúnteles como prefieren que se les llame)*

INVESTIGUE MÁS A FONDO: ¿Cuántas personas que usted conoce han tenido sífilis?

E. ¿De qué manera una persona que esta en riesgo se puede proteger de contraer sífilis?

ESCUCHE SI MENCIONAN: Uso de condones, abstinencia, hacerse exámenes

F. ¿Si un amigo(a) le dice que tiene sífilis, qué tan preocupado(a) se sentiría por su salud?

INVESTIGUE MÁS A FONDO: ¿Es esta enfermedad curable?

INVESTIGUE MÁS A FONDO: ¿Podría estar en riesgo la salud de ellos por alguna otra causa?

G. ¿Qué tan cómodo(a) se sentiría al hablar con sus amigos o familiares acerca del las Enfermedades de Transmisión Sexual?

INVESTIGUE MÁS A FONDO: ¿Qué me puede decir de la sífilis?

INVESTIGUE MÁS A FONDO: ¿Es fácil o difícil hablar de la sífilis?

IV. PROBLEMAS DE ACCESO-PREFERENCIAS DE COMUNICACIÓN (30 minutos)

A. Acceso-Problemas de tratamiento

1. ¿Si pensara que tiene alguna Enfermedad de Transmisión Sexual, qué haría acerca de esto?

   ESCUCHE SI MENCIONAN: "ir al médico o a la clínica" …

   INVESTIGUE MÁS A FONDO: ¿Dígame más acerca de ese médico o clínica (seria un médico privado o uno del departamento de salud pública)?

2. Cuándo recibe ayuda médica, ¿qué tan satisfactoria es la experiencia en general?

   INVESTIGUE MÁS A FONDO: ¿Cómo ha sido el trato? ¿Escuchan ellos sus preocupaciones?

   Para los hispanos: ¿Tiene problemas de idioma, para comunicarse con su médico?
   INVESTIGUE MÁS A FONDO: Me puede decir más acerca de esto. ¿Creen que sus proveedores de salud entienden lo que ustedes les dicen?

   Para los homosexuales: ¿Sabe usted si su proveedor del cuidado de su salud, tiene

conocimiento de los problemas que afectan a la población homosexual?
INVESTIGUE MAS A FONDO: Se siente tratado diferente por sus proveedores de salud, ya sea por su orientación sexual?

3. Si pudiera aconsejar a su médico o enfermera para que su experiencia con ellos mejorara, ¿qué les diría?

4. Existen algunos organisaciones locales o nacionales a las que ustedes consultan o van para obtener servicios o apoyo, tal y como: El Centro (Gay and Lesbian Center), La Raza o United Way.

5. Si le pudieran dar a estos organisaciones un consejp acerca de la manera la cual pueden mejorara la experiencia de ustedes, que le dirian?
   (Que otras necesidades tienen ustedes que no han sido llenados por estas organicasiones?)

B. <u>Preferencias de medios de comunicación</u>

1. ¿En general, cómo obtendría la información sobre las Enfermedades de Transmisión Sexual?
   INVESTIGUE MÁS A FONDO: ¿De persona a persona? ¿Revistas? ¿Televisión?
   INVESTIGUE MÁS A FONDO: ¿Qué tipo de publicación o programas de televisión (ejemplo: Vanidades, noticias locales)?
   SI NO CONOCEN NINGUNA DE ESTAS FUENTES DE INFORMACIÓN, INVESTIGUE MÁS A FONDO: ¿Hay algún medio de comunicación específico que usted prefiera o con el cuál usted se identifique más (ejemplo: Univisión, La Mega, periódico local)?

2. ¿En quién confiaría para que le diera información sobre las Enfermedades de Transmisión Sexual?
   INVESTIGUE MÁS A FONDO: ¿Qué clase de personas? ¿Qué cree si el gobierno le diera la información? ¿Qué piensa si fueran los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés)?

3. ¿Si fuera a recibir información sobre la sífilis, en que tono lo preferiría: serio, compasivo, gracioso, o de algún otro modo?

V. REPASO BREVE DE LOS CONCEPTOS-CONCLUSIÓN

(10 minutos)

Ahora, les voy a mostrar cuatro "conceptos". Estos conceptos representan las ideas para llamar la atención de las personas a que se envuelvan más en el esfuerzo nacional de la eliminación de la sífilis. Estos no son anuncios o posters (pancartas, afiches) solamente son representaciones de ideas. Tal vez se vean como un producto terminado, pero no lo son. Los conceptos representan títulos, algo visual y etiquetas. Les voy a enseñar los cuatro conceptos y luego les voy a hacer algunas preguntas. También, tengan en cuenta que yo no diseñé esto. Por favor siéntanse en libertad de expresar sus opiniones.

A. Repaso breve de los conceptos

(*Brevemente enseñe los conceptos, uno a la vez, no los lea en voz alta.)*

1. ¿Cuál de estos conceptos le gusta más?
   INVESTIGUE MÁS A FONDO: ¿Me puede decir algo más por que le gusta este concepto?

2. ¿En el concepto que más le gusto, me puede decir qué le dice ese concepto?
   INVESTIGUE MÁS A FONDO: ¿Es motivante este mensaje? ¿Cómo es esa motivación?

3. ¿Alguno de estos conceptos o parte de ellos le parece ofensivo de alguna manera?
   INVESTIGUE MÁS A FONDO: ¿De qué manera le parece ofensivo?

   (Ahora enséñeles el cartel con los cuatro logotipos)

4. ¿Vean estos logotipos, cuál les gustaría más?
   INVESTIGUE MÁS A FONDO: ¿Qué es lo que prefieren de este logotipo?

B. Finalice

1. ¿Algo más que deseen agregar y que contribuya a todo lo discutido esta noche?

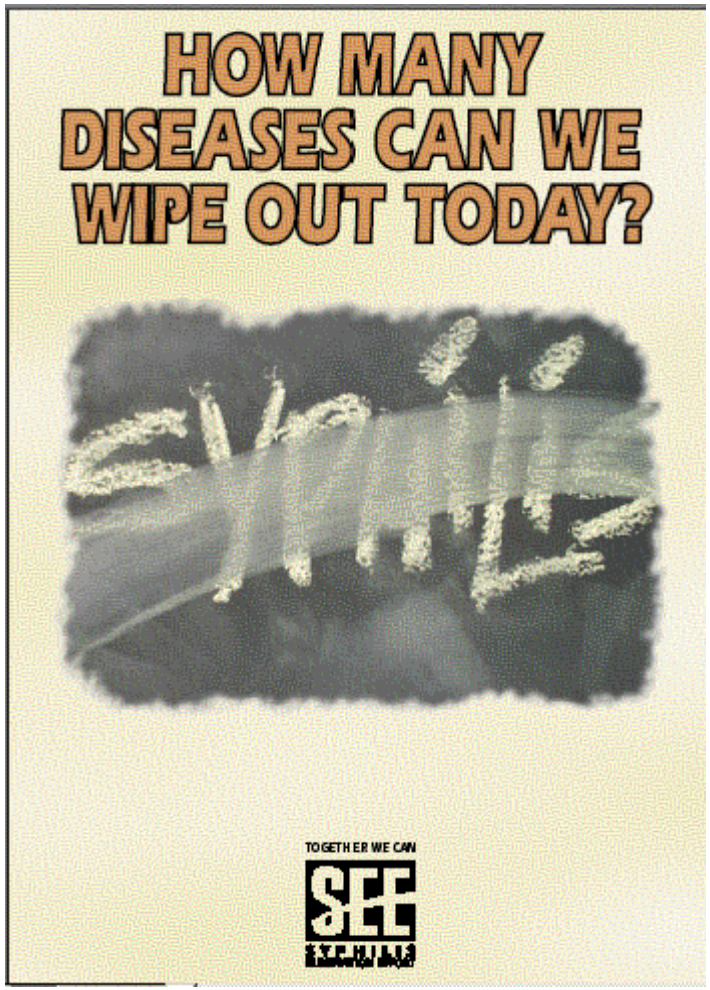
2. Muchísimas gracias por su participación. He disfrutado conversar con ustedes. Sus comentarios han sido de mucha ayuda.

3. Para finalizar, como hemos hablado tanto sobre la sífilis esta noche, nosotros hemos traído unas hojas sobre el tema. Si desean saber más, las hojas están en el pasillo (corredor, vestíbulo), por favor llévese las que quiera al salir.

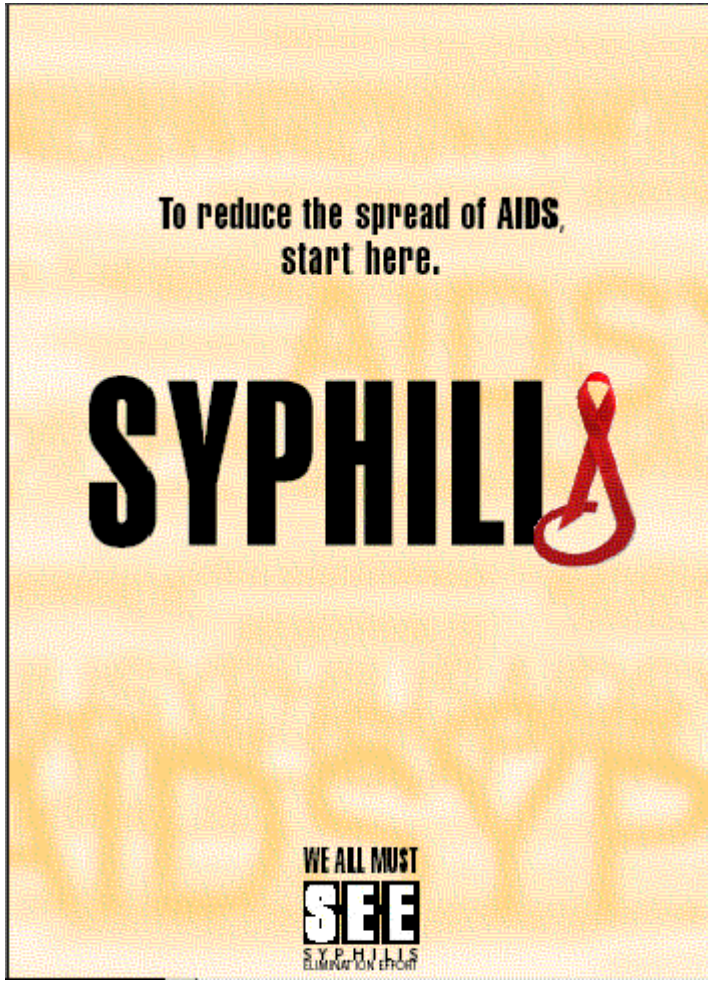
APPENDIX D

CONCEPTS

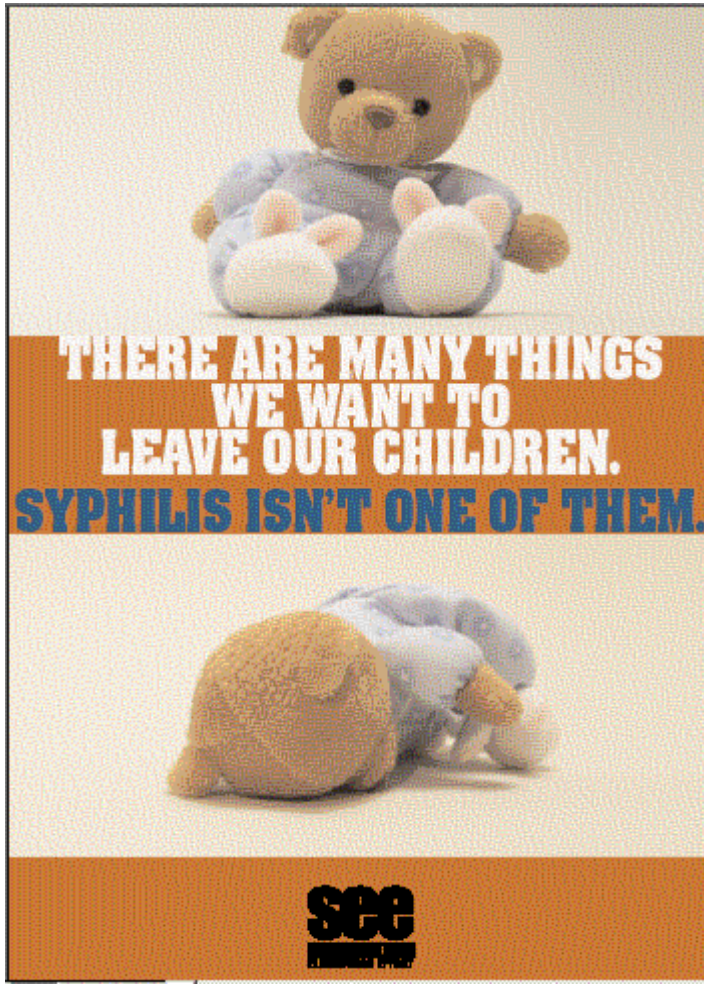
“Achievable Goal”



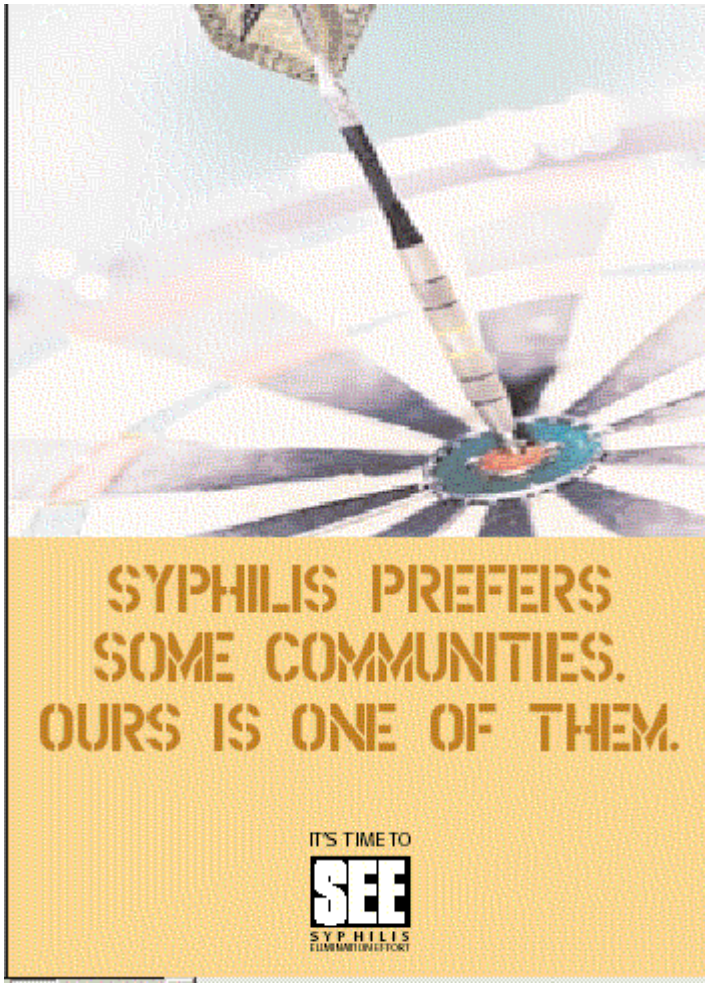
“Pre-AIDS”



“Next Generation”



“Disparity”



¿CUANTAS
ENFERMEDADES
PODEMOS ELIMINAR HOY?
JUNTOS SOMOS
MAS

Para reducir la propagación del SIDA,
empiece aquí.
SIFILIS
TENEMOS QUE HACER
MAS

QUEREMOS DEJARLES MUCHAS COSAS A NUESTROS HIJOS.
LA SIFILIS NO ES UNA DE ELLAS.
Para un futuro mejor.

LA SIFILIS PREFIERE CIERTAS COMUNIDADES.
LA NUESTRA ES UNA DE ELLAS.
NUESTRA SALUD VALE