

Syphilis Elimination Effort

Audience Profile – Representatives of Community Based Organizations and Local Chapters of National Organizations

This audience segment includes religious leaders, executive directors, and health education outreach coordinators (managers) at community-based organizations.

The focus of this segment is on organizations serving the African American community.

Audience Overview

Community-Based Organizations

Leaders of community-based organizations tend to be very dedicated to an issue or cause, and they usually have limited staff and funding to carry out their organization's mission or goals. Furthermore, CBOs focused on improving social and health disparities are usually more prevalent in the communities most affected by these disparities, which coincidentally, also are communities at high-risk for HIV/AIDS and other STDs. Because of their limited resources, CBOs tend to seek and align themselves with other organizations that address similar audiences or health care issues to carry out their mission, thus increasing their professional network and opportunities to accomplish their goals. Because resources are limited, a CBO outreach effort focused on a more specific health issues, such as syphilis could be incorporated into a larger HIV or STD program. Prevention programs usually are funded by grants issued by entities with similar socially responsible goals. Some of these organizations include the U.S. Department of Health and Human Services, the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, the BellSouth Foundation, and the Bill and Melinda Gates Foundation. Typically, continued funding for outreach programs is contingent upon an organization's ability to effectively meet the previous year's program goals under or at budget.

Community-based organizations with a focus on STD education and prevention have been in existence for a number of years, especially since rates of HIV/AIDS have continually increased in the African American community. Many CBO leaders have strong community social networks that often include religious, health, civic, and political leaders.

(Note: The above is based on general knowledge and discussions with CBOs during formative research.)

Religious Organizations

A traditional function of faith-based groups has been to bring people together through a social framework. Religious congregations are often viewed as anchors of their communities, serving spiritual and community needs and fostering social capital. The vast majority of faith-based organizations offer services to anyone in the community who is in need of assistance – few limit their services to members of their congregations.¹ They are increasingly becoming more involved

¹ Carol J. De Vita, Tobi Jennifer Printz Platnick and Eric C. Twombly, *Report to The Human Services Faith-Based Organizations Task Force - Findings from The Survey of Community Services of Faith-Based Organizations in New Jersey (April 1999)*

in disseminating health information to their congregants on such issues as high blood pressure, diabetes, and cancer.

Recent welfare reform legislation and efforts to build stronger neighborhoods have encouraged new partnerships between the public sector and community-based service providers, particularly faith-based organizations. According to the National Congregations Study (NCS), 57 percent of congregations, containing 75 percent of religious service attendees, report participating in or supporting social service projects of some sort.²

Previous work in the metropolitan Washington, D.C. area suggests that smaller and newer congregations are less likely to provide community-based services than larger and older ones because they have fewer resources. Other studies have speculated that religious denomination also may be an important factor in determining the types and extent of community outreach programs offered by congregations or faith-based groups (Cnaan, 1997).

Results of the NCS indicate religious institutions located in low-income neighborhoods tend to do more social service activity than congregations located in higher-income neighborhoods, and middle-class congregations do more social service activity than poorer congregations. Sixty-four percent of predominantly African-American congregations expressed a willingness to apply for government funds, compared with only 28 percent of predominantly white congregations. Additionally, predominantly black congregations are five times more likely than other congregations to seek public support for social service activities that address food, housing/shelter, clothing, homelessness, health, education, domestic violence, tutoring/mentoring, substance abuse, and employment.

Although a majority of congregations participate in or support social service activity at some level, only a small minority of congregations participate extensively in such activities by operating their own programs or projects, having a staff person devote at least 25 percent of work time to those activities, or spending large amounts of money in support of these activities. Congregations also are more likely to provide short-term, small-scale relief of various sorts than to operate ongoing or large-scale programs. When a project involves more than donating money or material goods, small numbers of volunteers typically are mobilized to conduct relatively well-defined, periodic tasks.

Knowledge, Attitudes, and Beliefs Regarding Syphilis

Similar to the other target audiences, our formative research found that CBOs involved in syphilis elimination efforts consider this disease to be more important than CBOs who are not involved in such work. Awareness levels of the consequences and the local rates of syphilis vary depending on their level of involvement with syphilis, HIV/AIDS and STD issues. Similar to opinion leaders, those who view syphilis as less important believe that other public health issues are more of a priority in their community. Like the policy makers and health care providers, most CBO representatives interviewed do not think that syphilis is on their colleagues' agenda.

The formative research also revealed that although church involvement is perceived as an integral part of syphilis elimination efforts, many religious leaders are hesitant to become involved because of the moral/social taboos associated with the disease. Community leaders view the

² Chaves, Mark. *Congregations' Social Service Activities*. The Urban Institute Center on Nonprofits and Philanthropy. No. 6, December 1999.

church as an important partner in syphilis elimination, and churches view CBOs with the same regard.

Barriers

Generally speaking, the formative research also revealed that CBO leaders felt their colleagues would support a syphilis awareness campaign. However, several barriers could affect such support, including lack of resource allocation, political focus, and confusion and competition from other issues, most notably HIV. Syphilis is often represented as one of many STDs and is not singled out unless there is an outbreak.

Another cited barrier was that syphilis does not always “fit” within the mission of certain community based organizations. Some view syphilis as a disease of particular subgroups different from their own, and thus not directly affecting their constituents and/or the populations the organization serves. The groups that syphilis does affect are perceived as not having the power to elevate it on the political agenda.

Faith leaders who promote “abstinence only” messages may not easily accept and communicate safer sex messages. Additionally, some clergy believe the majority of the syphilis problem is not in the church-going population – those at a higher risk for syphilis are believed not to be in church.

Finally, health care marketers increasingly are approaching religious leaders, particularly in the African-American and Latino communities, to promote awareness of certain diseases, such as high blood pressure and diabetes. In turn, religious leaders are becoming more and more particular about what they will and will not communicate to congregants. For those in public health, it is important to clearly articulate to religious leaders why it is important that they support this effort and spread the word.

Framing the Syphilis Elimination Message

CBOs working with HIV need to emphasize the relevance of syphilis elimination to their mission, both as an indication of efficacy of safer sex education intervention and as a co-morbidity issue.

Religious and church leaders need information that allow them to address syphilis with congregants as a matter of public health, rather than as a moral issue. Some churches may not be willing to distribute condoms or provide safer sex information, but may be willing to raise awareness about the issue and provide information about where one could get information or services.

Methods of Communication and Media Channels

CBOs prefer serious, fact-filled messages that emphasize the local prevalence and consequences of syphilis and draw relevance of the problem to their community. Less serious, but factual approaches can be used when addressing the general public and their constituents.

Representatives from CBOs typically rely on local, national newspapers and news programs, as well as the Internet for information relevant to their cause, and to spread the word about syphilis. They tend to generate a “media buzz” through networking and community involvement. They also think that PSAs could be helpful in generating media interest in the issue.

Representatives of local chapters of national organizations, or CBOs that are affiliated with a national organization, prefer newsletters and reports from those organizations. Examples of such organizations are those with an STD/HIV focus, general health and/or non-health focus (e.g., Gay Men of African Descent, South Phoenix Youth Center), and local chapters of national organizations with a health and/or non-health focus (e.g., Urban League, Planned Parenthood, 100 Black Men).

Organizations, such as the Balm in Gilead and the Congress of National Black Churches have been successful in uniting religious leaders in the fight against HIV/AIDS. Such national organizations may be very effective in helping to disseminate syphilis elimination messages to religious leaders and developing methods of addressing syphilis elimination that are acceptable to the faith community. CBOs can work in partnership with religious groups by providing them with information about syphilis and a referral list for people to contact. Churches could speak of “missions” and the need to care for people’s spiritual, physical, and mental health using messages consistent with theological precepts.

Many religious leaders prefer to communicate information to congregants through educational videos and articles in church bulletins because these materials enable them to indirectly address sensitive issues without addressing the moral implications of these issues. For example, a church in the West Village of New York City gave educational videos on HIV/AIDS to its congregation and asked that they watch the videos to learn about this disease. The response from the members was very positive.