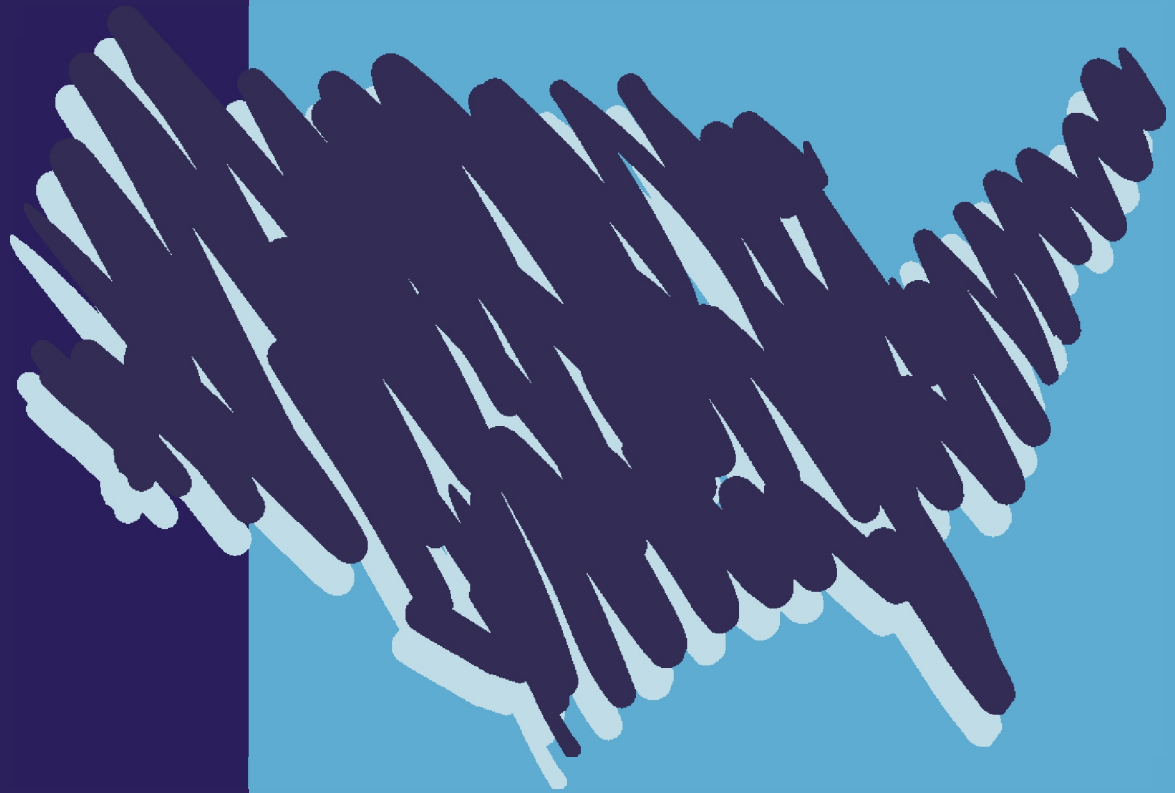


Syphilis Elimination Communication Plan



August 2000

Division of STD Prevention
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Syphilis Elimination Communication Plan

Prepared by:

Division of STD Prevention
National Center for HIV/STD/TB Prevention
Centers for Disease Control and Prevention

August 2000

TABLE OF CONTENTS

A.	INTRODUCTION	p. 3
B.	PURPOSE AND SCOPE OF THE SYPHILIS ELIMINATION COMMUNICATION PLAN	p. 5
C.	TARGET AUDIENCES	
	1. Policymakers	p. 6
	2. Health Care Providers and Associations	p. 10
	3. Community Representatives	p. 13
D.	CROSS-CUTTING TACTIC	p. 17
E.	EVALUATION OF THE COMMUNICATION PLAN	p. 20
E.	APPENDIX 1: COMMUNICATION PLAN IMPLEMENTATION	p. 21

As we approach the end of the 20th century, the United States is faced with a unique opportunity to eliminate syphilis within its borders. Syphilis is easy to detect and cure, given adequate access to and utilization of care.

–The National Plan to Eliminate Syphilis from the United States, CDC, October 1999.

A. Introduction

In October 1999, the Centers for Disease Control and Prevention (CDC), in collaboration with federal, state, and local partners, launched a national plan to eliminate syphilis. In the plan, CDC identified the key strategies needed for elimination, including: expanded surveillance and outbreak response activities, rapid screening in and out of medical settings, expanded laboratory services, strengthened community involvement and agency partnerships, and enhanced health promotion. With the nation's syphilis rate at the lowest level since the government began tracking the disease in 1941, and with syphilis cases reported in only a small number of U.S. counties, the time is right to achieve elimination. The plan calls for eliminating syphilis from the United States by the year 2005.

Who is affected by syphilis? Communities burdened by poverty, racism, unemployment, low rates of health insurance, and inadequate access to health care are most affected. Communities of color, particularly African Americans who are living in poverty, are disproportionately affected. Also affected are persons who engage in high risk sexual behavior.

Syphilis elimination: Why now?

- *Syphilis is a preventable and curable STD.* It's currently at its lowest rate ever reported.
- *Eliminating syphilis will reduce one of the most glaring racial disparities in health.* The rate of infectious syphilis among African Americans is 34 times higher than for White Americans.
- *Eliminating syphilis will decrease the spread of HIV infection.* Syphilis increases HIV transmission at least 2-to-5 fold. Syphilis in men who have sex with men has been increasing in cities across America.
- *Eliminating syphilis will improve infant health.* Syphilis transmission from mother to fetus during pregnancy can cause stillbirths or congenital infection.

- *Eliminating syphilis will strengthen public health capacity.* The persistence of high rates of syphilis is a barometer of community health, indicating a breakdown in the most basic public health capacity to control infectious diseases. Syphilis elimination will help rebuild public health infrastructure, resulting in a positive effect on decreasing other STDs.
- *Syphilis elimination will reduce health care costs.* It will save almost \$1 billion annually in syphilis-associated direct and indirect costs.

Steps in the Health Communication Process

Stage 1: Planning and Strategy Selection

- What do we know about the health problem?
- Who are the target audiences?
- What is known about them?
- What are the program goals?
- What measurable objectives can be established to define success?
- What are the messages?
- How will the initiative be evaluated?

Stage 2: Selecting Channels and Materials

- What are the existing materials that can be utilized or adapted?
- What formats will best suit the channels, messages, and audiences?

Stage 3: Developing Materials and Pretesting

- How can the messages be presented to the target audiences?
- Has message testing been conducted to understand audience reaction, message clarity, recall, acceptance, and value?
- What changes need to be made to the messages or their format, based on testing responses?

Stage 4: Implementation

- Are the messages making it through the channels of communication to the audiences?
- Do any channels need to be changed, or new ones added?
- What modifications need to be implemented?

Stage 5: Assessing Effectiveness

- Were the communication objectives met?
- Were the changes that took place the result of the program, other factors, or a combination of both?

Stage 6: Feedback to Refine Program

- Link lessons learned back into the program; make necessary minor modifications, and use the plan to steer the course, and “move the needle” with the target audiences. Everything in the communication arena must be directed at the target audience and objectives. Channeling messages to reach other audiences will divert them from the target and waste program resources. As more information is gathered about the target audiences, the strategies should be refined to reflect the new information.

A comprehensive health communication plan will help syphilis elimination gain momentum at the national and local levels. Sustained support for the syphilis elimination plan must come from three key target audiences: policymakers, health care providers and associations, and community representatives from affected communities. The communication plan will help develop synergy among syphilis elimination activities across the U.S., at the national, state, and local levels, and among the target audiences.

Health communication programs can be designed to inform, influence, and motivate institutional or public audiences. They can:

- T Increase awareness of a health issue, problem, or solution;
- T Affect attitudes to create support for individual or collective action;
- T Demonstrate or illustrate skills;
- T Increase demand for health services; and
- T Remind or reinforce knowledge, attitudes, or behavior.¹

B. Purpose and Scope of the Syphilis Elimination Communication Plan

This document lays out the communications goal, objectives, target audiences, and key strategies and tactics to support the National Plan to Eliminate Syphilis from the United States. Depending on resources for syphilis elimination communication activities, work with certain segments of the target audiences may need to be phased in over time. This plan is based on a review of the syphilis elimination plan; the literature on syphilis prevention and elimination; media coverage of the syphilis elimination program launch; key informant interviews; and meetings with CDC communications staff from the National Center for HIV, STD, and TB Prevention (NCHSTP), Office of the Director (OD), Division of STD Prevention (DSTD), and meetings of the DSTD Health Communications Working Group.

It is important to keep in mind the following points:

- !** **The objectives, strategies, and tactics all relate to *communications*.** They identify where *communication* can contribute to the overall syphilis elimination program. Programmatic objectives are included in the document only to provide context. Not all programmatic objectives will require communication activities. However, in some instances, programmatic strategies are discussed and may need to be conducted in order to implement the communication objectives.

¹*Making Health Communications Programs Work: Planning Guide*, HHS: April 1992

- ! **The communication plan, while national in scope, focuses primarily on the geographic areas with the most syphilis morbidity (high morbidity areas - HMAs) and those areas where the potential for syphilis re-emergence is high (potential re-emergence areas - PRAs).** As in the syphilis elimination program plan, HMAs may need to focus on all or a majority of the communication objectives. PRAs may need to primarily focus on activities in the enhanced surveillance and rapid outbreak response categories.

- ! **The communication plan must be dynamic and flexible to allow for changes over time.** It must be responsive to changes in syphilis morbidity, to scientific advances in testing and treatment, to changes in resources available for elimination efforts, and to feedback generated throughout the implementation of the communication plan.

- ! **The strategies and tactics proposed are by no means exhaustive.** They provide a framework for action, and are based on experience working with other federal, state, and community-based health communication programs, as well as current available resources. They can be expanded and added to as additional resources become available.

- ! **The implementation of the syphilis elimination communication plan will require the commitment and involvement of many individuals and organizations.** Especially important will be the involvement of staff from state and local health departments, staff from various branches and units within DSTD, NCHSTP, and CDC Office of Communications, as well as national and local partners.

C. Target Audiences

1. **Policymakers** — Audience segments include:

- T National, State, and Local Legislators
- T State and Local Health Officers
- T Policy “Influencers” at National, State, and Local Levels

***Rationale:** For syphilis elimination to become a reality, policymakers and community leaders, including leaders from communities affected by syphilis, need to advocate for community involvement, support, and ownership of syphilis elimination — becoming leaders in the war on syphilis. To ensure sustainability of the syphilis elimination effort, they must advocate for resources to address unmet needs. Without the resources to address the syphilis elimination plan’s five strategies, syphilis elimination will continue to elude the United States.

Policymakers must understand the importance of and the need for syphilis

elimination, and should be armed with the tools to become effective spokespersons for it.

a. *Communication Objectives for Policymakers*

The following objectives are clearly interrelated, and must be addressed simultaneously. Similarly, the strategies and tactics are interwoven, and support the objectives to varying degrees.

Objective 1a: *To increase national and local visibility and salience of the syphilis elimination program and the overarching goal of syphilis elimination.* The visibility of the syphilis elimination program must be raised in order to ensure reaching the program's goal. The key points of the elimination plan must be disseminated widely. In order for policymakers to increase the program's visibility, they must "buy" into it. They must be able to state the program's goal and why syphilis elimination must happen now.

Objective 1b: *To encourage national and community support for the program.* Partnerships with a variety of constituencies need to be cultivated and sustained around the issue of syphilis elimination. National and community support for the program will come from such strategic partnerships. Partners need to "own" and provide leadership on the issue.

Objective 1c: *To increase programmatic resources both nationally and locally.* Policymakers are linchpins in the process of increasing programmatic resources.

Objective 1d: *To encourage support for new testing methods and practices (year two and beyond).* Policymakers will be essential in garnering support for new syphilis testing methods and practices.

b. *Communication Strategies for Policymakers*

- Facilitate networking among policymakers in HMAs.
- Encourage state health officers to dialogue with legislators and community leaders, especially leaders from communities affected by syphilis.

- Increase the issue’s profile with national and state legislators (e.g., National Conference of State Legislators, Congressional Black Caucus).
- Maintain ongoing, systematic communication with policymakers.

c. *Policymaker Tactics*

To meet the policymaker communication objectives and to implement the audience strategies, the following tactics are necessary. Steps are listed under each tactic.

Tactic 1a: Develop routine and coordinated communication to state health officers, STD prevention leaders, and other policy influencers on syphilis elimination efforts.

A tiered-system of communication is useful for this tactic, since some information must be widely disseminated, while other information should be targeted only to HMAs and PRAs. Material communicated to key policymakers can include recently released studies, relevant op-eds, and updates on program successes to keep them informed about the plan’s progress. Recommended activities include:

- *Create or enhance existing mechanisms to rapidly disseminate syphilis information.* The frequency and the method of communication must be tailored to the needs of each target audience segment.
- *Utilize members of the Advisory Committee on HIV and STD Prevention (ACHSP) to serve as ambassadors and spokespersons to assist in marketing and promoting the national plan.*
- *Identify a communications contact person in each of the HMA state health departments.*
- *Network with the National Public Health Information Coalition (NPHIC) and enlist the organization to deliver key messages.*
- *Assist the HMAs and PRAs to identify and utilize coordinated communication mechanisms within their state for*

disseminating syphilis information (e.g., California STD Controller Association newsletter).

- *Identify or create DSTD communication resources for syphilis elimination information (e.g., STD Division routine letter, NCHSTP Quarterly Newsletter, and Thursday Report e-mails from the DSTD Program Development and Support Branch).*
 - < Conduct an inventory of available channels.
 - < Determine priority channels and strategy for each target audience.
- *Create a systematic, yearly plan to highlight syphilis elimination activities at conferences, meetings, and events attended by policymakers and STD prevention leaders.*

Tactic 1b: *Work with state health officers and STD prevention leaders who have expressed an interest in developing strategies and approaches that other states can use.*

- *Gather information about successful syphilis elimination activities and use it to develop tools that other states can use. Examples of tools might include: best practices information; newsletter articles; op-ed pieces; summary results of a brief telephone survey asking what is and is not working in the HMAs.*
- *Host a meeting or session at the National STD Prevention Conference, APHA Annual Meeting, and other key national conferences to showcase best practices and lessons learned, and to disseminate tools so other states can replicate effective action.*

Tactic 1c : *Develop partnerships with national organizations.*

Partnerships help integrate the campaign's messages into the partner organizations' programming, communication vehicles, and advocacy programs, and help to institutionalize them. Partnerships provide the opportunity to extend the messages beyond the life of the program. Criteria for the selection of partner organizations are valuable and might include: organizational credibility with the target audiences; organizational reach; ability of the organization to leverage or mobilize its network;

extent to which the campaign can complement and enhance the organization's existing programs and activities. The level of customized communication programming for each organization will be dictated by programmatic resources.

- *Via environmental scan, including a scan of the existing STD Prevention Partnership members, create a list of the top 10 national organizations to work with on syphilis elimination.*
- *Identify key players within the top 10 national organizations, initiate contact, and assess each group's level of interest and ability to commit to working on the communication campaign.*
- *Work with each national organization to customize key program messages and to develop specific partnership initiatives. Get input from partner organizations before campaign materials are finalized.*
- *Construct a database of partner organizations' capabilities, plans, and avenues for collaboration on communication activities.*

2. Health Care Providers and Associations — Audience segments include:

- T Public and Private Health Care Providers
- T State and Local Health Department Staff
- T Professional and Medical and Nursing Specialty Organizations
- T Public and Private Clinical Laboratories
- T Relevant Federal Agencies

***Rationale:** The syphilis elimination plan calls for enhanced surveillance as a cross-cutting strategy designed to evaluate and direct the intervention strategies of rapid outbreak response, expanded clinical and laboratory services, and enhanced health promotion. Enhanced surveillance requires that health care providers are aware of the importance of syphilis screening, are familiar with testing and reporting procedures, and are motivated to test individuals who are at risk because of their own or their partners' sexual behaviors. It also requires that they report syphilis cases to the health department in a timely fashion, so that a sensitive and accurate surveillance system can be maintained. Providers may

need to be educated about the prevalence of syphilis in their practice areas, about the signs and symptoms of syphilis, and about procedures for reporting syphilis cases, as well as the vital role they play in the process of syphilis elimination. Public and private laboratories need to understand the importance of their role in promptly reporting positive test results to their health departments.

a. *Communication Objectives for Health Care Providers*

Objective 2a: *To increase health care providers' awareness of the need to screen and to test individuals at-risk for syphilis.* Health care providers may be unaware that syphilis is a problem in their communities.

Objective 2b: *To enhance health care providers' ability to provide high-quality syphilis services.* Health care providers must be prepared to appropriately identify, test, treat, and counsel individuals at risk for syphilis.

Objective 2c: *To enable reporting of syphilis cases within one day of test results.* Effective interventions and services are based upon surveillance data that are prompt and accurate.

b. *Communication Strategies for Health Care Providers*

- Inform providers about the importance and benefits of appropriate detection and prompt reporting of syphilis cases.
- Provide clinical and didactic syphilis training to providers in HMAs and PRAs.
- Increase interaction between providers and state and local health departments.
- Identify community models for increasing prompt reporting of syphilis cases.

c. *Health Care Provider Tactics*

To meet the health care provider communication objectives and to implement the audience strategies, the following tactics are needed. Steps are listed under each tactic.

Tactic 2a: *Develop messages to motivate health care providers to appropriately screen, test, and promptly report positive test results.*

- *Conduct formative research to determine health care providers' perceptions of the barriers to and the facilitators of syphilis screening, testing, and reporting.*
 - < *Conduct focus groups to determine providers' knowledge, attitudes, and beliefs about syphilis.*
 - < *Examine national survey information to obtain information to help tailor provider messages.*
 - < *Summarize the information collected and distribute to HMAs and PRAs to support their interventions with health care providers.*

- *Examine the National Laboratory Training Network (NLTN), run by the Association of Public Health Laboratories in collaboration with CDC, for opportunities to involve laboratorians in influencing health care providers to promptly report positive test results.*

- *Alert health care providers in HMAs about the prevalence of syphilis in their practice areas.*

- *Provide feedback to health care providers, and showcase how their reporting efforts have benefitted the syphilis elimination efforts in their areas.*

- *Prepare messages about prompt test reporting for inclusion in the rapid response action plan.*

- *Utilize the structures and communication vehicles of "influencers" of health care providers (e.g., managed care organizations, medical and nursing societies, local chapters of professional organizations) to get the message out about syphilis testing and reporting protocols.*

- *Exhibit and present information on syphilis screening, testing, and reporting at national medical and laboratory meetings.*

***Tactic 2b:** Utilize the STD/HIV Prevention Training Centers to provide clinical and didactic training to providers' in HMAs and PRAs. The training will focus on enhancing providers' skills to diagnose and treat syphilis.*

***Tactic 2c:** Develop and test strategies for making syphilis reporting easier for health care providers.*

- *Utilize information collected in Tactic 2a. to develop strategies for easier reporting.*
- *Pilot test the ideas and mechanisms in two HMAs.*

3. Community Representatives — Audience segments include:

- T Community-based Organization Staff
- T Community Leaders, Stakeholders, and Gatekeepers
- T Community Legislators
- T Local Health Department Staff

***Rationale:** Syphilis elimination will not be possible without significant community buy-in, support, and involvement. One of the plan's cross-cutting strategies is to foster strengthened community involvement and partnerships to facilitate the implementation of rapid outbreak response, expanded clinical and laboratory services, and enhanced health promotion interventions. State and local health departments must build support for the plan within affected communities, develop mechanisms for ongoing communication with community organization staff, community leaders, and community legislators, and encourage the community to join in the elimination effort.

Without community buy-in, there can be no community partnerships. These groups must be equal partners in the process and can provide the necessary linkages between the federal, state, and local efforts (i.e., direct message carriers and communication agents). Community groups will help define community needs and assets, how those needs can be appropriately and effectively addressed, and how assets can be deployed. Community leaders need to be kept informed about syphilis elimination efforts in their communities and actively engaged in identifying what steps need to be taken to support these efforts.

Health care providers and public health department staff should be part of community partnerships and can provide valuable health information to

community leaders and community-based organizations. However, they should be a member of a community partnership and should not assume the leadership role.

a. *Communication Objectives for Community Representatives*

Objective 3a: *To raise awareness and salience of the syphilis elimination plan among community representatives.* A lack of communication and understanding between communities affected by syphilis and public health institutions will impede the success of interventions. Community leaders and groups can carry messages forward, and can validate the importance of the program.

Objective 3b: *To encourage community dialogue about how to address syphilis elimination.* Community dialogue about syphilis elimination will be key to gaining acceptance, support, and involvement of community constituents.

Objective 3c: *To encourage community participation in syphilis elimination activities.* State and local health departments need tools and strategies that will help them gain community participation in their syphilis elimination activities. Community groups will help define community needs and assets, and how best to address and utilize them.

Objective 3d: *To encourage individuals with high-risk behaviors to be tested and treated, as appropriate.* To achieve syphilis elimination, individuals at risk for syphilis must seek testing and clinical services. Credible community leaders, stakeholders, and gatekeepers can play important roles by delivering messages and distributing materials that promote health care-seeking behavior among at-risk populations.

b. *Communication Strategies for Community Representatives*

- Build capacity at the community level for increased dialogue and involvement.
- Identify and promote models of community participation and best practices.

- Link with organizations that can encourage community participation (e.g., 100 Black Men, NAACP, Jackson State, etc.).
- Develop capacity for community participation in outbreak responses.
- Increase capacity among community representatives in HMAS to develop and deliver effective health care-seeking messages and materials to at-risk populations.

c. *Community Representative Tactics*

To meet the community representative communication objectives and implement the audience strategies, the following tactics are necessary. Steps are listed under each tactic.

Tactic 3a: *Develop consistent and routine communication on community participation with state and local health departments.*

- *Create a communication vehicle to provide information to this target audience (e.g., listserv, broadcast fax, or broadcast email). Keep all communications strategic. Use every communication to refer recipients to additional resources and tell them how they may be used. Make it as easy as possible for the recipients to take the information and use it.*
- *Explore the possibility of a CDC clearinghouse on syphilis-related health communication and community participation materials.*

Tactic 3b: *Create unifying syphilis elimination messages and a tool kit for states.*

Disseminating unified, consistent messages about the syphilis elimination program is more likely to result in those messages being heard and embraced by community representatives. The tool kit will contain “how to” materials, including: press releases, message points, media outreach tips, community organizing tips -- all of the things necessary to spread the word on the program. The kit will be re-engineered as the communications campaign unfolds to keep the information current and the approach fresh.

- *Conduct formative research with community representatives to develop strong community involvement messages.*
- *Conduct research to determine if HMA personnel think a visual identity for the syphilis elimination campaign would be useful. If so, conduct formative research and create the identity materials.*
- *Develop a prototype tool kit, guided by the qualitative research findings, and pretest materials. Enlist key community representatives in strategizing, creating, and reviewing contents of the tool kit.*

Tactic 3c: *Provide support to state and local health departments in their efforts to engage community representatives in syphilis elimination activities.*

- *Create mechanisms for dialogue on community participation between community representatives, health departments, and the CDC (e.g., community consultations, listservs, discussions at HIV Community Planning Groups [CPGs]).*
- *Research different models for conceptualizing, planning, and implementing community input mechanisms (e.g., town halls). Identify which models will work for the syphilis elimination program.*
 - < *Examine the use or adaptation of the Popular Opinion Leader (POL) HIV/AIDS prevention intervention package for syphilis elimination.*
 - < *Host small meetings to learn what works in states.*
 - < *Capture lessons from RECAP.*
- *Create a set of materials (e.g., a slide show presentation, informational factsheets, and brochures) that can be used by health departments, as well as by community leaders, to inform community groups, CPGs, managed care organizations, and provider groups about the syphilis elimination effort.*

***Tactic 3d:** Equip community representatives with information to assist them in developing interventions and materials that promote syphilis testing and treatment services to at-risk individuals.*

- *Conduct formative research with at-risk individuals to determine their knowledge, attitudes, and beliefs about syphilis. Research is needed to determine:*
 - < What do people know about syphilis and its sequelae?
 - < What motivates people to be get tested and to seek treatment for syphilis?
 - < What messages resonate?
 - < What are people's perceptions of getting tested for syphilis?
- *Review and incorporate relevant information gleaned from National HIV Testing Day efforts.*
- *Summarize the qualitative research results and suggest possible interventions based on the findings. This information can be included in the tool kit for community representatives noted in Tactic 3b.*
- *Develop and implement a health communication training/technical assistance strategy for community representatives in HMAs and PRAs. Training courses that can enhance syphilis elimination activities include RECAP, EPI-Info, CDCynergy, and PRIZM data analysis. Such training will enhance health communication capacity in the local areas and will extend beyond the syphilis elimination effort.*

- **Cross-Cutting Tactic**

The following tactic applies to each of the three target audiences.

***Tactic D:** Develop and implement a national media plan with appropriate national spokespersons.*

NCHSTP OC will develop and implement a national media strategy. The overarching goal will be to raise national and local awareness (in areas targeted for elimination) of the ongoing toll of syphilis and to create support for elimination efforts. The press coverage can help place the

syphilis elimination issue in the larger social context. Approaches will include:

- *Identify key program messages.* Messages will be created that will carry through the life of the program.
- *Identify and train CDC and third-party spokespersons.* In conjunction with national news releases, appropriate spokespersons from NCHSTP and from state and local elimination efforts, as well as key partners in outreach efforts, will be identified and promoted as spokespersons. For example, if a specific news release focuses on the impact of syphilis on African American populations, spokespersons could include key members of NAACP, Urban League, and other African American issue groups.

Key policymakers from affected states will be recruited to become third-party spokespersons. They can be useful by putting their byline on op-eds or by co-authoring op-eds with CDC.

- *Develop an annual list of key MMWR and medical journal publications.* Working with internal and external partners, develop a yearly calendar of key articles to publish in MMWR and appropriate medical journals that provide information on topics and issues important to achieving syphilis elimination.
- *Create sustained media outreach.* Working with national and local program staff, a calendar of newsworthy publications and events will be developed. Publications and other “news pegs” will be developed and prioritized based on their ability to focus attention on specific problems and/or solutions that must be addressed to achieve communication objectives. The calendar will include scheduled or possible data releases, journal articles, conference abstracts, program milestones, grant awards, and other events of media interest. Media outreach will focus on major national print, electronic, and new media outlets; regional and local outlets in affected areas; African American and Latino media and gay media; and HIV/AIDS media outlets.

- *Develop features.* Opportunities for highlighting local success stories, milestones reached, or outbreak response systems will be examined, as well as how these efforts affect real people and how they can help stop the spread of syphilis.
- *Respond to outbreaks.* CDC will explore how local outbreaks can be used to support local and national communication objectives. The outbreak response protocol will include the mechanism to get information about the outbreak from local health jurisdictions, and then how to pass it to other (particularly neighboring jurisdictions). This information will also be funneled to partners, policymakers, community groups, and community-based organizations. Evaluation components built into the outbreak response mechanism will assess the effectiveness of the communication strategy.
- *Conduct editorial board meetings.* After media materials clearly describing current needs, programs, and gaps are developed, editorial board interviews with key national and local outlets will take place.
- *Develop matte articles/op-eds.* In conjunction with key news releases and matte articles, opinion editorials by CDC and third-party spokespersons will be utilized to extend the impact and reach of news media messages. They will be distributed to partner groups, with recommendations for potential placement venues (e.g., partner newsletters).
- *Develop media materials.* Using the materials from the Fall 1999 launch as the starting point, a comprehensive media kit will be developed that includes: talking points, sample op-eds, letter-to-the-editor templates, press releases, state-by-state factsheets, and templates for holding community events.
- *Use media strategically.* Pursue media advocacy (e.g., success stories to share with national organizations such as the American Social Health Association, and Family Health International). Create a mechanism to rapidly disseminate just-released studies with accompanying op-eds, and messages about how the information can be used in local efforts. The key is getting the information out quickly with specific information on why it is

relevant to the audience. Include clear instructions on what to do with the information.

- *Train key representatives of the three target audiences in media relations and advocacy.* Training sessions will include presentations on best practices and success stories.

E. Evaluation of the Communication Plan

Evaluation of these efforts will not only inform future phases of the program, but will inform other public health and STD focused communication endeavors. Both process and outcome evaluation must be woven into program planning from the outset. The process evaluation tells why the program did or did not accomplish the objectives; the outcome evaluation examines whether the plan met its objectives.

A process evaluation will track how, and how well, the plan is working. It will track work performed, timeline progress, and resource expenditures, as well as participation from partners. Results of the process evaluation will allow program implementors to assess whether activities are on track; whether the target audiences are being reached; whether some strategies are more successful than others; and if some aspects of the program should be re-evaluated. Process measures must conform to the tactics in the communication plan. For example, when a tool kit is developed, a process evaluation will examine the type and number of kits developed, and the venues where kits are disseminated. Progress reports must be scheduled at regular intervals to help keep the plan on target.

To gain a more complete picture of the campaign's accomplishments, an outcome evaluation will accompany the process evaluation. It is important to examine what is expected of the outcome evaluation at the outset of the program. For example, to assess changes in target groups' syphilis-related attitudes, awareness, or practices, information may need to be collected prior to implementation of the communication plan. The evaluation results will be compiled into a lessons learned document that will inform further efforts of this and other campaigns.

Ideally, evaluation findings will be fed into the program so it is improved on an ongoing basis. Evaluation will allow staff to: reassess goals and objectives based on any changes that have occurred, determine areas where additional effort is needed, identify effective activities or strategies, compare costs and results of different tactics and activities, and reaffirm support for the program. A final evaluation report will be important, because of the opportunity for others to learn from this effort.

Appendix 1: Communication Plan Implementation

The focus of Phase 1 of the communication plan will be on the creation of the plan infrastructure. Materials will be developed so that members of the syphilis elimination team can stay abreast of all activities, with the director of the communication effort coordinating forward momentum. Implementation needs to become a turnkey operation so that internal communication happens seamlessly.

Implementation plans should be completed for all strategies and tactics, and should be tracked on a GANTT chart that can reflect any changes in the schedule. Systems to record and track diffusion activities should be put in place. Adding structure and developing systems for activities already underway is vital in ensuring that everyone is clear about responsibilities, schedules, and formats for each plan activity. Substantial work should be completed on any identified research needs as early as possible. A quarterly report could be created to share with external partners, and can chronicle the successes in the field, and increase syphilis elimination plan visibility.