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Centers for Disease Control & Prevention

Syphilis Elimination & STD Disparities Unit
Division of STD Prevention, NCHHSTP

STD/STI Framing Conversation Report

March 2010

Consultation Report

Framing Conversation on Sexually Transmitted Diseases Disparities: What's wrong? Why does it matter? And, What should be done about it?[1]

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Disclaimer

The opinions reflected in this report are those of the participants of the "STD/STI Framing session and the authors.

1 Framing Public Health Messages: http://www.bmsg.org/documents/6HEB-Dorfman.pdf.

Executive Summary

The Sexually Transmitted Diseases (STDs) Disparities Stakeholders Group, convened by the CDC and composed of representatives of governmental agencies, non-governmental organizations and non-traditional partners, met in conjunction with the 2010 National STD Prevention Conference to conduct a "values strategy" (framing) conversation on the issue of the disproportionate burden of Sexually Transmitted Diseases (STDs) within the African American community[2]. Participants worked in small, facilitated groups to discuss the situation and provide CDC with suggestions and actionable items for consideration.

The framing conversation produced three major themes:

- **CDC's internal communications and external relationships:** STDs should be addressed in concert with HIV/AIDS in the context of health in general. CDC should increase support for initiatives addressing STDs, improve coordination among divisions with overlapping activities, and, partner with external agencies and organizations that address health disparities.
- **The role of community and others in preventing and treating STDs[3]:** CDC should engage with the community to reach at-risk populations through culturally appropriate media, respected institutions and leaders, and health care providers. Messages need to discourage risky behaviors while avoiding stigmatization and increasing community buy-in and treatment seeking.[4]
- **Needed research and tools development:** A national plan to address STD disparities needs to clarify the goals, strategies, and measures of success based on the best practices and lessons learned by other initiatives. In framing such a national plan, CDC should draw upon the National AIDS Action Plan and relevant clinical and preventive guidelines. Additional research should be conducted and new guidelines and toolkits developed as needed to fill the gaps.

The small group discussions were organized around a series of questions regarding CDC's recommended role in the response to the disproportionate STD burden. The questions and key findings are included below.

1. Given that African Americans are overrepresented in STD morbidity data, how should CDC be addressing this disproportionate burden?

- Federal policy and structure: STDs need to be incorporated into an all-systems approach in order to address the range of determinants of risk, including social and economic factors

2 Dorfman, L, Wallack, L, Woodruff, K. More Than A Message: Framing Public Health Advocacy to Change Corporate Practices. Health Education & Behavior, Vol. 32(3): 320-336 (June 2005).

3 Community: a body of persons or nations having a common history or common social, economic, and political interests (Merriam Webster Online Dictionary).

4 Community buy-in: before a nonprofit or organization can be effective the community has to get connected and desire the change. http://www.helium.com/knowledge/123478-how-do-nonprofits-gain-community-buy-in; http://www.smarte.org/smarte/dynamic/resource/sn-community.xml.pdf.

such as poverty, education, and access to health care. Federal agencies should work together to develop consistent messages and guidelines.

- Research: Population data need to reflect the diversity within the African American community. A deeper and more nuanced understanding of the physiological and social determinants of increased risk to some populations is needed to better tailor interventions.
- Focus and construction of prevention and treatment programs: In order to effectively engage with the community to address the problem, collaboration among stakeholders and gatekeepers needs to be encouraged.

2. How could CDC better engage with communities, community and academic leadership, health leadership, and governmental agencies?

- Communities: Outreach to the community should include working with both health and non-health related organizations in order to reach members of the at-risk groups who might otherwise be missed.
- Community and academic leadership: CDC should engage with Black churches and Historically Black Colleges and Universities (HBCUs) while remaining cognizant that the religious underpinnings of these organizations might limit their contribution to discussions of sex, sexuality, and related issues.
- Health leadership: Outreach to health care providers could be conducted via professional organizations and through organizations with active affiliations such as Health Resources and Services Administration's (HRSA) federally funded community health centers.
- Government leadership: CDC should work with and draw on the expertise of other agencies within the Department of Health and Human Services, such as the National Institutes of Health and the Health Resources and Services Administration. It should also make the effort to move information and resources from the national level to the state and local levels.
- Thoughts on messaging: CDC should consider innovative media and methods for reaching the at-risk communities, including social networking (e.g., Facebook), the entertainment industry, and face-to-face meetings (e.g., town halls).

3. Who else needs to be engaged and how?

- CDC should engage with a variety of stakeholders in the effort to reduce the disproportionate burden, including national organizations, federal agencies, and local governments. Entities that offer health care such as colleges and universities and correctional facilities should be encouraged to standardize STD testing on an opt-out basis.

4. What are the priority steps that CDC should take?

- Actions steps that CDC should consider a priority include normalizing and integrating sexual health into its overall health agenda and integrating HIV with STD/STI issues; collaborating with other agencies to expand epidemiologic and biologic research; actively engaging diverse organizations throughout the community; developing the health care system's capacity by establishing a standard of care and other guidelines; and addressing the issue of stigma through education and messaging.

5. What will be the challenges and opportunities, and how can CDC prepare for them?

- Challenges faced by CDC include addressing the stigma attached to the issue of STDs, ensuring that messages are relevant to diverse communities within the African American population, and, ensuring that testing and treatment are covered by insurance.
- Opportunities include drawing on the community for assistance with developing relevant messages, partnering with nationally-known organizations (e.g., NAACP), and, working with groups that target youth to spread the message.

Conclusions

The participants were clear that CDC needs to play a central role in an expanded, integrated effort to address the disproportionate burden of STDs among African Americans. In addition to partnering with national, state, and local organizations, both health- and non-health related, CDC needs to work on its own internal communications and collaborative efforts. A national STD/STI agenda addressing prevention, diagnosis, treatment, and research should include the development of clinical guidelines and an outreach campaign. Above all, any effort must directly address stigmatization, have community buy-in, engage relevant stakeholders, and meet the specific needs of a diverse African American population.

Consultation Report
Framing Conversation on Sexually Transmitted Diseases Disparities: What's wrong? Why does it matter? And, What should be done about it?[5]

Introduction

In 2007, CDC established an STD Disparities Workgroup charged with initiating and expanding communication and collaboration with other governmental agencies, and with non-governmental organizations, and non-traditional partners to reduce STD disparities among African Americans. As part of the work of this group, a conversation intended to frame moving forward in addressing the disproportionate burden of STDs in African American communities was proposed. This framing conversation was intended to be a step toward engaging thought leaders to discuss the overwhelming evidence of the prevalence of STDs and HIV in the African American community and enhanced ways for CDC to address the problem. The framing conversation was held in conjunction with the 2010 National STD Prevention Conference held in Atlanta, Georgia. In this report, the process and outcomes of the framing conversation are summarized.

The Process

The framing conversation was held prior to the official opening of the Conference, following a meeting of the Sexually Transmitted Infections Curriculum: Education & Research (STICER) Coalition meeting. In addition to the STICER Coalition members, CDC staff and other experts were invited to attend the conversation. The list of participants is provided as **Attachment 1**.

The participants were welcomed by CDC staff and the purpose of the meeting was outlined. All participants then introduced themselves. It was noted that a number of the CDC staff in attendance would participate in the group discussions. It was stated that the desired outcome of the session would be to develop creative ideas and actionable items to address STD disparities. Participants were told that smaller group discussions would form the majority of the time in order to maximize the input of each of the professionals in attendance and the smaller work groups would come together to share results. It was acknowledged that the questions could easily take a day or more to discuss in-depth.

Participants were divided into four groups and charged with discussing five questions. These questions were the result of many conversations, consultations, and meetings. The anticipation was that the results of the discussion would provide CDC with suggestions and actionable ideas for consideration. The questions that were discussed were:

1. **Given that African Americans are overrepresented in STD morbidity data, how should CDC be addressing this disproportionate burden?**
2. **How could CDC better engage with:**
    a. **Communities?**
    b. **Community and academic leadership?**
    c. **Health leadership?**
    d. **Governmental agencies?**

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3. **Who else needs to be engaged and how?**
4. **What are the priority steps that CDC should take?**
5. **What will be the challenges and opportunities and how should CDC prepare for them?**

Each group was facilitated by a member of the facilitation staff whose purpose was to guide the discussion in order to move through the questions and ensure that all had an opportunity to participate fully. At the end of the small group sessions, each group reported their major ideas and issues to the full group.

Overview of the Results

As noted, five questions were addressed in the framing conversation. In this section, an overview of the results of the framing session is provided. In the next section, a detailed review of the results of discussions of each of the questions will be presented, and, in the final section of the report, a summary and conclusions of the discussions will be presented. Several themes were pervasive in the discussions: CDC's internal communications and external relationships; the role of community and others in preventing and treating STDs; and, needed research and tools development. The issues below are organized by those themes. In this report, the findings are derived directly from the discussions and an effort has been made to maintain the voice of the participants in presenting the work and outcomes of the conversation. Therefore, some points may appear in abbreviated form or in informal language; these were derived directly from participants' responses.

CDC's Internal Communications and External Relationships

- STDs are not given the same emphasis as HIV/AIDS, and the fiscal response has been poor. STDs should at minimum be addressed in concert with HIV/AIDS, and, more appropriately, within the general context of health.
- CDC is encouraged to hold better discussions within the DSTDP and between divisions that have over-lapping initiatives. For example, STD/STI testing could be included within the HIV testing grants.
- Many governmental agencies address disparities. STD/STI should be included in all health messages, particularly those addressing health disparities.
- CDC should reach out to organizations that serve populations at risk for STDs. CDC could collaborate with many of these organizations to integrate a strong public health message on STI/STD prevention. Such agencies include those listed below.
    - Federal agencies: Departments of Housing and Urban Development, Education, and Justice; HRSA's Federally Qualified Health Centers; and, the Centers for Medicare and Medicaid Services
    - State and local health agencies
    - Correctional facilities
    - Head Start, Planned Parenthood, wellness centers
    - American Social Health Association, National Action Network
    - Colleges and universities

The Role of Community and Others in Preventing and Treating STDs/STIs

- CDC must engage with the community in delivering the message to at-risk populations.

- Population outreach efforts must work through culturally appropriate and respected leaders and institutions.
- CDC should tap into community groups with a "family-centered" approach to sexual health, sex, sexuality, and relationships.[6] It was deemed important to engage the community on several levels; having community "buy-in" leads to inroads with other community resources and networks. The media, entertainment industry (MTV, BET), and social networks such as Facebook and YouTube would be avenues for getting the message out to diverse populations. There was concern noted that a few of the social networks depict risky behaviors and this needs to be actively addressed.
- National spokespersons representative of the populations at risk can bring awareness to the morbidity data, however, the message would need to be culturally relevant and avoid stigmatization.
- Clinicians must be reached and educated in order to advance prevention, treatment, and reporting.
- The stigma associated with STDs/STIs must be sensitively and systematically addressed.

Needed Research and Tools Development

- CDC should review the National AIDS Action Plan to identify lessons learned, best practices and goals as they continue to frame the issues as a part of a national plan to address STD disparities.
- CDC should review the HIV/AIDS plan and consider having "3 pillars" for achieving STD reduction.[7] Currently there is not a straightforward and simple understanding about what is trying to be accomplished. Identify:
  - Targets – what are they?
  - Success – what is achievable? What are the goals?
  - Understanding – what is it that CDC wants the general public to know about STDs?
  - National Plan – work to develop a national plan to address STD disparities.
- Understanding and accounting for the diversity of populations within African American communities are essential for success in engaging with these groups and for the prevention and treatment of STDs.
- Additional in-depth needs assessments would assist CDC in determining what would work in African American communities and address the needs of these communities.
- CDC should develop tools such as guidelines. The US Preventive Services Task Force has issued a protocol for STI screening since CDC has no specific screening guidelines. [8] [9] [10] [11]

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6 Family-centered: refers to an approach to child welfare social work in which the family is seen as the primary unit of attention. Respecting, strengthening, and supporting the family—while guaranteeing child safety—are the hallmarks of this method. National Child Welfare Resource Center for Family-Centered Practice. (2002). Program improvement plans: An agenda for change. Best Practice/Next Practice (Summer 2002), 1–6. Online.

7 National HIV/AIDS Strategy Three Pillars (Goals): Reducing HIV incidence, Increasing access to care and optimizing health outcomes, Reducing HIV-related health disparities. http://www.whitehouse.gov/administration/eop/onap/nhas.

8 U.S. Preventive Services Task Force has screening guidelines for STIs - http://www.ahrq.gov/clinic/uspstf/uspstopics.htm.

9 CDC has STD guidelines and recommendations that include but are not limited to hepatitis B vaccination recommendations, and expedited partner therapy (EPT). http://www.cdcnpin.org/scripts/std/cdc.asp.

10 National Guidelines for Internet Partner Services: http://www.ncsddc.org/upload/wysiwyg/documents/IGE.pdf.

11 On the CDC Division of STD Prevention website (http://www.cdc.gov/std/), there are guidelines for many STDs. However, there is a paucity of guidelines related to community engagement and behavioral interventions specific to preventing STDs.

- CDC should develop a clear message for treatment and the standard of care for STDs/STIs by issuing guidelines with an accompanying toolkit.
- Communications should build on the latest technology as well as on low technological means.

In this section, the outcomes of the small group discussions are presented in greater detail; full data from the groups may be found in **Attachment 2.**

Question 1: Given that African Americans are overrepresented in STD morbidity data, how should CDC be addressing this disproportionate burden?

The groups provided a wide variety of ideas for addressing the disproportionate burden of STDs/STIs in African American communities. Three core areas were identified that must be addressed: 1) federal policy and structure; 2) the focus and functions of research; and, 3) the focus and construction of prevention and treatment programs. Key ideas are provided below.

Federal Policy and Structure

- Work across federal agencies and across all levels to address social determinants that potentiate increased risk and those that are protective. These must include:
  - Poverty;
  - Employment;
  - Incarceration;
  - Education; and,
  - Access to appropriate and acceptable care.
- Give STDs/STIs the same level of focus as HIV. Such focus should include increased funding for STD/STI prevention, screening, and treatment and increased levels of activity.
- Address stigma as a core issue that must be considered in order for prevention efforts to be most effective.
- Move from a public health approach to an all systems approach; broadening agenda beyond health.
- Work with other federal agencies to fund regular screening for STDs.
- Develop templates and guidelines for prevention programs to reach out to African American communities.
- Ensure that messages are accurate while being sensitive to culture; the balance is critical for credibility and fairness.
- Normalize communications around STDs/STIs across all stakeholders.

Research

- Refine the ways in which data are collected on populations to reflect the complexity of "African American" communities; this should include being able to depict the variety of people and their differing cultures.
- Develop a better understanding of the biologic/genomic factors that affect risk and protection.
- Develop clearer and better segmented understanding of the social determinants that affect risk and protection.

- Develop better understanding of why STDs affect some populations more than they affect others.
- Conduct more in-depth needs assessments in order to understand what will work; needs to take a tailored approach to learn how to deal with communities.

Focus and Construction of Prevention and Treatment Programs

- Engage with communities actively, including gatekeepers, to determine what will work best.
- Encourage collaboration of all stakeholders.

Question 2: How should CDC better engage with: Communities? Community and academic leadership? Health leadership? Governmental agencies?

Participants addressed each constituency and provided both ideas on how to engage as well as issues that may facilitate or impede engagement. Key ideas are presented by constituency below, followed by thoughts about communication. The concern about siloed funding, programs, and policies was highlighted and discussed.

Communities

- Increase efforts to engage with affected communities about STD disparities and prevention efforts.
- Work with community health centers and other neighborhood clinics to provide STD services.
- "Tap" into community groups by having a "family-centered" approach to sex, sexuality, and relationships. Also, allow community members to define the "family structure". In some communities, the family structure may not be defined biologically.
- Establish clearer lines of communication needed between communities and CDC. Each needs to be more willing in engaging with the other.
- Build capacity among community based organizations (CBOs) already funded for other purposes.
- Consider partnering with non-traditional CBOs, i.e., athletic leagues, Boys and Girls Clubs, etc.
- Determine how to access single parent households and young parents for prevention messages.
- Determine where to find and how to reach young people who are about to reach sexual maturity.

Community and Academic Leadership

- While it is important to engage with churches, it cannot be assumed that all Black churches are progressive. It was noted that there is an ongoing struggle with issues of sex and sexuality, and homophobia persists.
- Progressive churches and ministers who are supportive and sensitive to the needs of disparate groups (e.g. gay and lesbian) should be identified.
- Many of the HBCUs were founded by religious groups; it is unrealistic to expect that all will be progressive around issues of sex and sexuality.
- Determine how HBCUs can be more progressive in their approach to HIV/STD prevention (e.g. condom promotion).
- CDC may need to reach out to a variety of institutions of higher education to reach and influence students.

Health Leadership

- Physicians should be engaged with and educated on reporting and treatment of STDs through professional organizations such as the American Medical Association, the National Medical Association, and the American Congress of Obstetricians and Gynecologists.
- The private sector could be engaged by working with insurers, community health centers, and Federally Qualified Health Centers.
- If testing is combined with outreach, the cost for expanded testing must be considered.

Government Leadership

- CDC could engage with other agencies within the Department of Health and Human Services (DHHS), including the Office of Minority Health (OMH), Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH).
- NIH should be responsible for research on genomic/biologic influences on disparities.
- CDC needs to collaborate actively within the Division of Sexually Transmitted Disease and Prevention (DSTDP) and among divisions.
- Because of the stigma associated with being a patient at the health department, local health departments may not be the most appropriate advocates for reaching into and engaging communities of color.
- CDC, working on national level shares information with states. States should utilize that information to work with local level resources, and in turn, local information should be reported to CDC. Local providers should also share information with communities. Standards for such information sharing need to be developed.

In addition to the ideas above, the groups shared thoughts about methods for reaching out and promoting prevention messages.

- When using media, the message must be rotated.
- New sources of media, Facebook, MTV, BET, should be included.
- The entertainment industry could also be engaged.
- National campaigns help at the state and local levels because states do not have the capacity to develop.
- CDC consultation meetings help; small meetings are best.
- Town hall meetings may bring community together.

It was noted that silo funding and poor data are barriers to effective STD prevention, testing, and treatment. Data is an area in which communities of color may believe that they are not well represented. It is especially important that the data effectively represent the complexity of people who are generally captured under “African American”. Accounting for the differences and similarities among segments of the population is essential to developing and implementing effective policies and programs. Such segmentation will also allow CDC and its partners to determine the best ways to deliver effective messages. The identification of spokespersons who have sufficient visibility and influence with the populations was seen as an important issue. It was also noted that better prevalence data be collected and that geocoding be done to identify high burden areas without racial coding.

Question 3: Who else needs to be engaged and how?
Discussion groups identified the following lists/organizations/facilities/groups to be engaged by CDC in preventing and treating STDs/STIs; some overlap with groups identified in Question two. Addressing stigma and overcoming silos to work across health issues was again highlighted.

- National Organizations:
  - American Social Health Association;
  - HRSA's Federally Qualified Health Centers;
  - Head Start; and,
  - Planned Parenthood.
- Federal Agencies:
  - Department of Education;
  - Department of Justice; and,
  - Department of Housing and Urban Development.
- Local Governments:
  - Municipalities; and,
  - Include cities in the Urban Health Initiative.
- Colleges and universities:
  - Wellness centers on campuses; and,
  - Social organizations on campuses that can promote prevention and intervention strategies.
- Private Sector:
  - Internet service providers, particularly those that implicitly or explicitly condone high-risk sexual behaviors.

Several additional ideas were proposed by the group discussion. First, correctional facilities at all levels should be encouraged and supported to screen both men and women for STDs. However, they will need dedicated resources in order to support screening. It was suggested that CDC make this a standard of care for jails and prisons, which will then provide leverage for incorporating screening into jail and prison health protocols.

Stigma was again noted as a persistent barrier to testing. It was suggested that if STD/STI testing became part of a standard package of testing for those under the age of 30 and paid for routinely by insurers, testing would be less likely to be stigmatized. This suggestion is in line with the current movement to offer HIV testing as a regular part of health care on an opt-out basis. It was again noted that HIV and STDs/STIs are clearly related and yet addressed separately; HIV should be integrated into all STD work and STDs/STIs into all HIV work.

Question 4: What are the priority steps that CDC should take?
While there are many action steps included in the earlier questions, participants provided a number of suggestions for immediate steps that the CDC should undertake.

- Make sure that HIV is integrated with STD issues.
- Work with CMS to increase screening age to 30.
- Focus on better internal collaboration and increased collaboration with other agencies.

- Engage with future health leadership through the Student National Medical Association and HBCUs.
- Engage with and promote the communication of STD/STI issues with the Surgeon General.
- Seek to normalize sexual health as part of CDC's priorities.
- Develop a standard of care for STDs for correctional facilities to put them in a better position for obtaining resources.
- Actively engage with religious communities.
- Improve surveillance/data.
- Urge NIH to do biologic/genomic research.
- Actively engage with community; structure activities to allow for continuous and ongoing engagement.
- Engage with diverse organizations and address stigma through education.

It was suggested that CDC undertake the following in support of moving forward with an enhanced prevention and treatment agenda:

- Review the National AIDS Action Plan to see how that plan is framing issues.
- Review the HIV/AIDS plan and consider having "3 pillars" for STD achievement – currently in STD, there is not a straightforward and simple understanding about what is trying to be accomplished. Identify:
  - Targets – what are they?
  - Success – what is achievable? What are the goals?
  - Understanding – what is it that CDC wants the general public to know about STDs
  - National Plan – work to develop a national plan to address STD disparities.

Question 5: What will be the challenges and opportunities and how do we prepare for them?
The groups identified a few additional challenges and opportunities.

- Consider how to address STDs and race without stigma. The whole sexual health conversation needs to be normalized.
- Make sure tests are covered by insurance.
- Reach out to groups that work with other groups of youth (i.e., sexual abuse groups).
- Let the community craft the message so it is relevant to them.
- Partner with nationally recognized organizations such as National Association for the Advancement of Colored People (NAACP), and fraternities and sororities.
- Message must be relevant to African Americans (African American women that have same risk level of other women, but have increased incidence of disease).

Conclusions

The framing conversation generated rich information that CDC may use to strengthen and expand its prevention, diagnostic, and treatment efforts. Several themes were prominent in the discussions and are highlighted here.

Participants were clear that CDC is the key to the prevention, diagnosing, and treating of STDs/STIs. They were equally clear that CDC, and in particular, the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), must be in an open partnership with others and that the divisions within CDC and with other organizations are impeding successful prevention and treatment. It is through such partnerships that STDs/STIs will lose their stigma and become a routine part of wellness.

In reaching out to communities, participants were focused on the appropriateness of the understanding of the populations that comprise "African American" communities and the need to better focus prevention and treatment efforts. Engaging communities must be a process in which the gatekeepers and opinion makers in these communities are actively involved in opening doors, creating and supporting messages, and changing the culture(s) that impede prevention. A national STD agenda could include developing other guidelines for behavioral intervention, community engagement, and an outreach campaign to broaden message delivery. The communities would become collaborators. The communities must have buy-in and be willing to engage with CDC in the message delivery. The communities have many components: local grass roots and community-based organizations, government agencies, academia, churches, and professional organizations. All can play a role in the development and dissemination of information, and in opening lines of communication on the topics of STD/STI prevention, overall sexual health, sex, and sexuality.

The need for ongoing research, cultural, contextual, behavioral, and biological, to best understand the etiology and means of affecting the prevention and treatment of STDs must be pursued. This research must be rooted in a clear understanding of the communities within the population and needs to be translated into information resources and guidelines that can be rapidly and widely disseminated.

Participants were pleased with the opportunity to engage with CDC and others in this conversation. It was noted in participant evaluations that the conversation was brief and that continuing such conversations could help to inform ongoing efforts. The results of participant evaluations are provided as **Attachment 3.**

Attachment 1

List of Participants

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Attachment 2

Full Group Data

Question 1 – All Answers by Group
Given that African Americans are overrepresented in STD morbidity data, how should CDC be addressing this disproportionate burden?

	Discussion	Follow-Up Steps
Group 1	Has to 1st address the why before it can be addressed. There are some things we do know – it's not just due to behavior. There is a greater burden of infection in African American populations; issues of access to health care; social determinants contribute to the why (poverty, incarceration, joblessness); another why is AA seeking services and overrepresented; distrust of health care system and the govt; prevention agenda and increase the capacity and look to places that are not getting this message out; broaden approach beyond health-to other services; self esteem; more out of public health approach into an all systems approach; broaden prevention agenda beyond health; biologic/genomic factor in disparities	
Group 2	From the data presented by T. Gift, it would have been beneficial to see corresponding data on males Male Screening: • African American (AA) males have high levels of sexual activity; should there be more of a focus on men? • How can the cost of screening men be covered? Larger structural issues: • Need to address incarceration rates of black males, along with unemployment and education.	Provide data on male screening, where are men being screened, who is screened, and what is the outcome Develop plans and strategies to start "tackling" the structural issues
Group 3	• Support media campaigns that are community based (CDC) • Not just AA; HIV over represented in Florida • Addressing stigmas around STD/HIV • Want to avoid things like what happened to Haitians (Haitian as risk factor) • Must be careful to not promote stigmatizing information (STIGMA) • PA around Gonorrhea/Chlamydia data, took census data to community meeting, approaching geographically can assist. • More in-depth needs assessments to determine what will work; tailored approach to learn how to deal w/ community • Once you define the area, determine gate keepers to community to find out what will work • Look @ subgroups of AA (Caribbean, African) • CDDC would help come up w/ templates • Access to services, # of factors impact • # of social determinants to access to care • How do we know what impacts this? • Why is this an issue in one population than another? (CDC) • Try to find a common denominator that is not stigmatizing (CDC) • Normalizing communications	

Question 1 – All Answers by Group
Given that African Americans are overrepresented in STD morbidity data, how should CDC be addressing this disproportionate burden?

	Discussion	Follow-Up Steps
Group 4 Guidelines, policy, vocabulary in the msg.	• Launch serious effort like HIV. • STD's have not given the same respect. • Fiscal response to STD has been dismal • Stigma what is it… • Blacks are not getting fair/equitable treatment based on being PC • Credibility could be an issue if the msg is PC or correct…balance • Stake holder should/could take more effort. May not be possible b/c of affluent blacks don't want that word out (precursors to AA HIV) • US preventative task force issue protocol for STD b/c CDC has no specific guidelines.	CDC clean up your backyard

Group 4 Notes: Fund prevention programs – providing direct services – collaborate w/ other entities to public/private surveillance, issue guidelines (STD, program) i.e., high risk is explored, training providers, public education, raise awareness, STD no recognition for STD.

Question 2 – All Answers by Group
How do we better engage with: Communities? Community & Academic leadership? Health leadership? Governmental agencies?

Group	Discussion	Follow-Up Steps
Group 1	• How to better engage in other gov't agencies? • CDC could better engage w/ other agencies in HHS, OMS, HRSA, NIH • Health in all policies approach • CDC division does not engage with a group that provides services for low income groups • Need to engage NIH in terms research to determine genomic/biologic influence on disparities • Need to pull details from the data as AA is a heterogeneous group – you have blacks and recent immigrants but you never see that in the data; mixed race sometimes put into the "don't know" group; need to understand also how immigrant groups integrate into these networks • Better discussions within the DSTDP and between divisions • Integration is good but there are funding issues (disparities w/ other diseases) – siloed funding is a barrier • Include urban & suburban areas	• Health leadership – engaging doctors (AMA) (NMA) to educate about the disease – morbidity moving out of clinics and into private practices – need educated about reporting and treatment of STDs – (ACOG) • Need better prevalence data • Geo-coding to show what areas have high burden and target by area and not by race – even though the area is one race • Need culturally relevant messages to address various groups with "black" population • Who delivers the message is important.
Group 2	Perception: • Communities of color distrust data, often feel that data is incorrect Churches: • Are they progressive, cannot assume that all black churches are progressive. • Struggle with the issue of sex/sexuality. Pervasive homophobia within Black churches Community & Academic Leadership: Where are social networks for single parent households and where would you access that population? Where do you find young parents? How do you reach children that about to reach sexual maturity? Most of the HBCUs founded by religious institutions – hard to expect that these same institutions would be progressive related to sex Other universities are more progressive in their efforts to sustain health prevention (e.g. University of Miami) Governmental Agencies: Stigma associated with being at the health department – health departments may not be the best advocate for communities of color	Double efforts to engage affected communities about STD disparities and prevention efforts. Identify progressive churches and ministers who are supportive and sensitive to the needs of disparate groups (e.g. gay and lesbian). "Tap" into community groups by having a "family-centered" approach to sex, sexuality, and relationships. Also allow community members to define the "family structure". In some communities, the family structure may not be defined biologically. Determine how HBCUs can be more progressive in their approach to HIV/STD prevention (e.g. condom promotion). Work with community health centers and other neighborhood clinics to provide STD services.

Question 2 – All Answers by Group
How do we better engage with: Communities? Community & Academic leadership? Health leadership? Governmental agencies?

Group	Discussion	Follow-Up Steps
Group 3	• Faith based community ??? action → Nashville • Promoting Pastors to develop health initiatives to promote sexual health; lasted about • 14 months → ??? comfort level of pastors talking about sex, MSM issues from the pulpit. • Build capacity up among CBOs already funded for other purposes (CDC) • Look to partner w/ non-traditional CBOs → Athletic leagues, youth → (CDC + State Level) • Combine testing w/ outreach must consider cost factor for expanded testing • If using media, must rotate message; (CDC) • Must include new sources of media, Facebook, MTV, BET • Get a spokesperson: Bill Cosby, Think about cancer promotion (Tony Dungy) → (CDC) • Discuss with Dr. Satcher – Focus on the Family. Gay & Lesbian (how he brought these groups together) • Must have spokespersons that are also a part of the target audience. • Need more clear lines of communication, less bureaucratic red tape between community and CDC • The community must engage w/ CDC and be receptive to engagement • Engage entertainment industry • The community should attempt to engage CDC also • CDC works on the national level "Community", States would work w/ local level; local level → Community • Pastors for prevention in Nashville → when mayor was involved, Pastors engaged more • Information should be shared from CDC to States, to local community • National campaigns help states & local levels because states don't have the capacity to develop • CDC consultation meetings help; small meetings • Townhall meetings may bring community together for Information sharing, ideas around certain topics • Private sector engagement; HEDIS, work w/ insurers, CHCs (community health centers), federally qualified health centers • Develop standards to pass on to the above groups • Clear line of communication from CDC to community (not necessary to be present throughout engagement)	

Question 2 – All Answers by Group
How do we better engage with: Communities? Community & Academic leadership? Health leadership? Governmental agencies?

Group	Discussion	Follow-Up Steps
Group 4	External • Prevention • Screening Stake holders National Action Network that could • Get Maxine (CA) help • Preacher • Socially conscious Issue: • Community are already doing some of on the ground. They are already doing CDC could help. • CDC is not really looking at the community.. • CDC playing supportive role not the lead. • Believes that CDC (academics) don't want (to support) them.	• Engage major stakeholder in the community. • Combine HIV/STD. • CDC can collaborate more effectively & look like a partner. • Go directly to the consumer w/ msg The MSG • Raise awareness & use a grassroots impact empower individuals which would generate leadership buy in • academics

Question 3 – All Answers by Group
Who else needs to be engaged and how?

	Discussion	Follow-Up Steps
Group 1 Access to care issue	• CDC collaborate w/ other organizations like HUD to address health disparities. • Health leadership • Corrections – screen men & women • Bathhouse, internet service providers – engage those that allow for high risk sex – dist. Condoms; chat lines • Engage religious community – to overcome the stigma • Internet – Adam for Adam - primarily for AA but we can't engage them (like manhunt) b/c we don't know who owns Adam 4 Adam • Need to overcome the perception of personal responsibility • If insurers paid for standard pkg of testing – to get more people screened while not increasing the stigma – cover up to 30yrs old (CMS) • Make sure HIV integrate all of STD issues	• Corrections needs resources to make the screening occur – to reallocate or raise funds • CDC could make this standard of care – screening in jails (not prison)
Group 2	National Organizations: American Social Health Association (ASHA), Federally Qualified Health Centers (FQHCs), Head Start, Planned Parenthood Federal Agencies: Departments of Education, Justice, and Housing and Urban Development Local Governments: Engage municipalities, bring cities into Urban Health Initiative Colleges & Universities: Engage Wellness Centers on these campuses, engage social organizations on these campuses to help promote prevention & intervention strategies (example given was activities conducted on Univ. of Miami Campus	Work with federal agencies to present at STD conferences that outlines how these agencies can collaborate and integrate with public health
Group 3	Private sector engagement	
Group 4		

Question 4 – All Answers by Group
What are the priority steps that CDC should take?

Group	Discussion	Follow-Up Steps
Group 1	• Make sure HIV integrates STD issues – HIV embrace STDs • CDC work w/ CMS to increase screening to up to age 30 • Better collaborate w/ more agencies and within the CDC • Engage w/ future health leadership SNMA, HBCUs • Communicate issues to the Surgeon General • Normalizing sexual health as part of CDCs priorities (re: Dr Satcher) • Get standard of care for STDs – get a standard for Corrections – to put them in a better position of getting more resources • Engage religious community • Improve surveillance/data • Urge NIH to do research	
Group 2	Community: Structure format to allow for continuous and ongoing engagement with "friendly" faith leadership, HBCUs, and other "key" community groups Engage disparate organizations, address stigma through education	Priorities: Review the National AIDS Action Plan to see how that plan is framing issues Review the HIV/AIDS plan and consider having "3 pillars" for STI achievement – currently in STI, there is not a straightforward and simple understanding about what is trying to be accomplished. Identify: • Targets – what are they? • Success – what is achievable? What are the goals? • Understanding – what is it that CDC wants the general public to know about STIs? • National Plan – work to develop a national plan to address STI disparities

Question 4 – All Answers by Group
What are the priority steps that CDC should take?

Group	Discussion	Follow-Up Steps
Group 3	• Spearhead leadership in community w/ each other (key leaders) • Establish ties w/ leadership, work w/ leaders to determine the social determinants that are leading to ↑ rates (needs assessments would help w/ determining social determinants) • Message must be provocative to be seen on You Tube (CDC normally can't produce these types of videos) • Media messages can be spread using little money • Keep in mind the goal → what are we trying to change? Behaviors, attitudes • Peer to Peer discussions • Add STD testing to HIV testing grants (prisons, jails, CBO grants) • A kit on how to work w/ local Health Departments on how to engage (school boards), how to run that type of meeting to promote discussion, discussion guides, key messages to include • Peer groups discussions should include difference types of students, need student that may be marginalized. • Include/clear up misconceptions around STDs • It's real • Promote other testing → online testing • CDC working w/ AA Radio	
Group 4		

Question 5 – All Answers by Group
What will be the challenges and opportunities and how do we prepare for them?

	Discussion	Follow-Up Steps
Group 1	• How to address STDs and race w/o stigma? – need to normalize the whole sexual health conversation. • You need political spin-make sure tests are covered by insurance.	
Group 2		
Group 3	• Go to groups that work w/ other groups of youth (sexual abuse groups) • Let community craft the message so it is relevant • Partner w/ nationally recognized organizations (also consider private) • Need clarity to data presented • NAACP, Urban League, fraternities & sororities are nationally recognized organization that CDC can engage • Message must be relevant to AA (AA women that have same risk level of other women, have ↑ incidence of disease	
Group 4		

Attachment 3

Participant Meeting Evaluation Data

Attachment 3

STD/STI Framing Conversation Evaluation Results

ID #	GROUP	The objectives of the meeting were clear	The meeting was managed effectively.	The physical arrangements were adequate	The format of the meeting was appropriate and allowed enough time for work groups to be productive	The facilitators were prepared.	The facilitators effectively moved the group through the work session	I was satisfied with the meeting summary and wrap-up
1-1	1	4	4	4	2	4	4	3
1-2	1	4	4	4	4	5	5	5
1-3	1	4	3	2	3	5	4	3
1-4	1	5	4	4	4	5	5	5
2-5	2	5	4	4	4	5	5	5
2-6	2	4	3	4	5	5	4	4
2-7	2	5	4	5	5	5	4	5
2-8	2	4	4	4	4	4	4	4
2-9	2	4	5	3	3	4	4	5
2-10	2	4	4	4	4	4	4	4
2-11	2	4	4	4	5	5	4	4
3-12	3	5	5	5	5	5	5	5
3-13	3	4	5	3	5	5	4	5
3-14	3	3	4	4	3	5	4	4
3-15	3	5	5	5	5	5	5	5
4-16	4	4	4	4	4	5	5	4
4-17	4	5	5	4	5	5	5	5
4-18	4	5	5	5	5	4	4	3
4-19	4	5	4	5	2	4	4	4
4-20	4	5	5	5	4	5	5	5
4-21	4	4	4	3	4	4	3	4
0-22	UNK	4	5	4	4	5	4	4
0-23	UNK	5	4	5	5	5	5	5
0-24	UNK	5	4	4	4	4	4	4
AVERAGE		4.42	4.25	4.08	4.08	4.67	4.33	4.33
AVERAGE BY GROUP								
1		4.25	3.75	3.50	3.25	4.75	4.50	4.00
2		4.29	4.00	4.00	4.29	4.57	4.14	4.43
3		4.25	4.75	4.25	4.50	5.00	4.50	4.75
4		4.67	4.50	4.33	4.00	4.50	4.33	4.17

Scoring Key: 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree