A Key Approach: Engaging Communities to Reduce Syphilis

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Introduction

Community engagement is the process of fostering collaborative partnerships in which community members are actively involved in identifying needs, setting priorities, and participating in decision-making processes.[1] Local health departments (LHDs) can make more efficient use of resources by engaging the community in identifying local knowledge gaps, attitudes, and healthcare access barriers, which is ever more important amid declining funding. This collaboration enables joint action to better target public health priorities while fostering trust, commitment, and collective solutions to challenges including insurance coverage, transportation, and housing instability. Additionally, community engagement cultivates strong connections and buy-in for collaboration to address the unique challenges faced by the community.

A successful community engagement process requires a thorough understanding of the historical and local context of the community, strategic partnerships, and engaged and empowered community members to bring their needed voices and community insights to the table. Community engagement should be ongoing. With strong partnerships and consistent planning, integrating the community into program functions can be impactful. Building relationships takes time, which will require health departments, as the convener of different community stakeholders, to be committed to and consistent in engagement efforts.

> **"Relationships will always take longer than you think, and it's always worth it."— Participating Health Department**

Community Engagement to Decrease Syphilis

From 2019 to 2023, reported cases of sexually transmitted infections (STIs) increased annually, with millions of cases each year. Within these years, there has been a 61.2% increase in Primary and Secondary (P&S) syphilis[2] cases and a 106.1% rise in congenital syphilis (CS) cases nationwide.[3] The rise in syphilis has resulted in significant costs to the health or people and communities.[4] This syphilis epidemic significantly and disproportionately affects specific populations.[5]

Traditional public health approaches[6] to addressing syphilis like partner notification, screening, and surveillance have been insufficient to halt the rise in syphilis and CS cases. Involving community members with lived experience and an understanding of the challenges that contribute to the rise in syphilis could create opportunities for developing or improving interventions that promote better sexual health outcomes.[7] In 2023, the National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), funded fourteen jurisdictions, twelve local health departments (LHDs), and two Tribal 638[8] facilities to conduct community engagement activities designed to enhance their efforts to reduce syphilis in their communities. A total of eight sites initially received funding (Cohort 1), and six additional sites were awarded funding later in the year (Cohort 2). All community engagement activities were intended to inform the development of a syphilis reduction plan tailored to the needs of the groups and communities impacted by syphilis morbidity. Activities that sites proposed and implemented included hosting town hall meetings, organizing focus groups, developing and disseminating surveys, conducting interviews, and forming community advisory boards.

Community Engagement: Key Takeaways

From August 15, 2023 to July 31, 2024, funded health departments and clinics collaborated with key stakeholders to create community engagement plans. Their efforts focused on forming and strengthening strategic partnerships with individuals and organizations to better understand community needs, enhance outreach, and build trust.

They employed various outreach methods, including windshield and walking surveys in encampments, establishing community advisory boards, and providing targeted incentives to encourage community involvement.[9] Throughout this process, they maintained flexibility and adaptability in their community engagement activities. Health departments pivoted when facing challenges, such as shifts in program priorities, staff transitions, or unexpected events. They aimed to meet communities where they are, educate them on syphilis, share local syphilis data trends, gather insights, prioritize strategies, and ultimately develop effective plans for syphilis reduction. While the health departments, the communities they engaged with, their methods of engagement, and their prior relationships varied, valuable insights and common themes emerged across the sites.[10]

Data

Existing data was used to determine whom and where to focus sites' engagement efforts. Most sites re-purposed or established a coalition or advisory board of community partners that reviewed existing local epidemiologic and/or needs assessment data, which guided the development of the community engagement plan. Epidemiological and surveillance data helped to determine who needs outreach and services and where to provide them, while community assessments or environmental scans helped identify the opportunities that exist to bridge gaps in needs, and determine what education is needed by the community to adequately provide services. In other cases, new data needed to be collected. In both cases, the data guided the community engagement efforts to address where syphilis service gaps exist, and tailor interventions to address the needs of disproportionately affected populations.

Partnerships

Identifying viable partners—including local nonprofit organizations, academic institutions, and healthcare organizations—improved the success of community engagement activities. Partners helped raise awareness about the project among their constituents, supported community engagement recruitment efforts, and ensured community members felt heard and validated. Establishing consistent communication and clearly defining roles, responsibilities, and goals for the project was essential to strengthening and sustaining these relationships. Health departments also focused on collaborative efforts such as developing and distributing surveys together, co-facilitating focus groups, and providing incentives, thereby promoting transparency, humility, accountability, and sustainability.

Methodology

The findings in this report are drawn from the site-specific implementation and evaluation plans, interim reports, monthly check-in calls held with NACCHO and CDC, quarterly all-site meetings, and interim and final reports. For more details, see Appendix on page 27 for the Community Engagement for Syphilis Reduction Evaluation Summary.

Accessibility

Health departments considered logistical factors, including location, timing, transportation access, food, incentives, and childcare services. As much as possible, activities were planned to be easily accessible to the populations they aimed to reach. For example, when practicable, they were held at venues along public transportation routes, offered ample parking, scheduled after-work hours, and provided childcare services.

Shifting from in-person to hybrid or virtual formats was also necessary in some cases to accommodate schedules, but doing so required factoring in participant Internet access and technology proficiency.

Many sites recognized the importance of providing access to activities in alignment with the community's health literacy and preferred languages and modes of communication.[11] Click **here** to access the resource Tailoring Health Communications Materials for RIM Communities. Sharing stories in native languages and having trained staff conduct culturally sensitive outreach helped to ensure successful engagement.

Encouraging Participation

Compensating participants and community champions supported their active participation and recognized their contributions; this was crucial to create an inclusive environment. During community engagement activities, there was a noticeable increase in participation with incentives, which acknowledged community contributions and helped address the needs of community members.

Suitable incentives included gift cards or hygiene kits—but it was important to know what the specific community needs were to be sure that the incentives addressed needs and desires. There was also interest in receiving rapid syphilis tests as an incentive at events such as at health fairs.

Challenges

The most cited challenge to conducting community engagement activities was building relationships with communities and organizations where long-term partnerships did not previously exist. Consulting with community partners first when a health department approached a new community or reengaged with one increased the success of these activities. Leveraging support from staff with existing community relationships, such as Community Health Workers (CHWs) and Health Educators, yielded positive outcomes. Outreach through local organizations and engagement activities in community spaces, such as homeless encampments, increased participation by meeting people where they already were, and encouraged open dialogue and feedback. Connecting with community champions—individuals with relevant lived experiences or trusted messengers—was also crucial for fostering trust and ensuring that the health department's messaging resonated with the community. Establishing or strengthening these relationships took considerable time and trust.

Some participants felt uncomfortable participating fully in public settings and factors like this can be a significant challenge to the success of community engagement. Sites had to consider the population that they were intending to engage and whether this may be an issue and if so, make changes to their approach. For example, one site decided to switch to anonymous key informant interview calls. Another site initially collected personal information when distributing incentives, but they found this created a barrier for populations burdened by syphilis. As a result, they changed their policy to improve participation. A commitment to ensuring confidentiality was also essential. This was achieved by avoiding the collection of identifying information, disseminating surveys anonymously, or using various engagement polls that do not require personal details, even when distributing incentives.

> **"Incentives played a crucial role in encouraging participation in our outreach activities. We offered gift cards, goodie bags, and food to motivate individuals to engage in discussions and provide feedback. These incentives not only increased participation rates but also helped build trust and rapport with the community."—Participating Health Department**

These measures helped to increase participants' comfort levels, encouraging them to be more open and candid during the process. Mitigating stigma related to STIs, including syphilis, was a barrier that had to be overcome to support safer and more impactful public health programming. Challenges to stigma reduction efforts include prevailing cultural norms and negative societal stereotypes. Community engagement activities had to overcome this stigma to increase participation.

Adequate training in community engagement principles, cultural sensitivity, and trauma-informed care was essential for project staff. Many sites encountered challenges in capturing and categorizing their qualitative data and training should have occurred before implementing community engagement initiatives to maximize their effectiveness. During this project, to address this knowledge gap, NACCHO and CDC staff provided all the sites with technical support on community engagement principles and how to transform their collected data into actionable plans.

Syphilis Reduction Plans: Key Strategies

Strategy Area	Key Approaches	Examples/Details	Intended Outcomes
Public Awareness	• Community and provider campaigns • Address stigma • Target high-risk groups	• Social media, dating apps, community events • Partner with influencers/ community leaders • Multilingual, culturally relevant educational materials	• Raise awareness of syphilis rates, prevention, and treatment • Reduce stigma surrounding STIs • Encourage proactive sexual health behaviors
Training for Providers	• Updated clinical guidance • Cultural competency and trauma-informed training	• Academic detailing on testing, treatment, reporting • Sensitivity training • Specialized training for diverse populations	• Equip providers with current knowledge • Improve quality of sexual healthcare • Ensure respectful, understanding patient care
Funding	• Secure dedicated funding • Expand consistent community engagement • Support prenatal-focused efforts	• Dedicated teams for outreach, education, testing • Partnerships with prenatal care organizations and CBOs	• Increase awareness • Boost testing and treatment rates • Strengthen prevention campaigns
Services Outside of the Clinic	• Provide testing, treatment, and education in community settings • Remove barriers to access • Ensure confidentiality and convenience	• Mobile units • Street-based outreach • Address transportation, housing, insurance, and other challenges	• Increase access to services • Enable earlier diagnosis and treatment • Curb syphilis spread
Partnerships	• Strengthen collaboration across sectors • Support community-led initiatives • Enhance coordination and data sharing	• Referral networks between providers and CBOs • Engage jails, EDs, pharmacies, schools • Collaborate with local, state, tribal, national partners	• Expand service delivery and accessibility • Coordinate syphilis response efforts • Improve tracking and monitoring of cases

Syphilis reduction plans were developed by each jurisdiction in partnership with their community stakeholders based on what was learned during the engagement activities. Strategies from the plans included working with partners to raise awareness, including campaigns targeting the community and providers; using multi-pronged approaches and addressing the syphilis epidemic on multiple fronts and with multiple audiences including with healthcare providers; increasing testing and treatment by expanding services to where people already are; and increasing and strengthening partnerships.

Public Awareness

The reduction plans acknowledged that many individuals hesitate to seek syphilis testing or treatment due to stigma or a lack of information. Many proposed campaigns to raise awareness about syphilis rates, prevention, and treatment in the community as well as among community service providers. These public activities can also help address the stigma surrounding STIs.

To broaden the reach of awareness campaigns, health departments proposed using various platforms, including social media, dating apps, and local community events and identified how essential it is to understand how the community interacts with these platforms. For example, developing engaging content that speaks directly to different demographics, such as sexually active young adults, or those who identify as gay or bisexual men, can improve the impact of the messages. Targeted social media ads on platforms frequented by your target audience(s) can effectively promote STI testing events, share impactful stories, and provide educational materials within those communities. Partnering with local influencers or community leaders may also lend credibility to the message and encourage individuals to participate in awareness activities. The creation of engaging and informative campaigns can help debunk myths surrounding STIs and encourage individuals to take proactive steps to support their sexual health.

The plans also identified the need to create educational materials for their community to promote syphilis prevention approaches and ensure effective treatment. This would provide community members with easy access to accurate information regarding syphilis transmission, symptoms, and the importance of regular health check-ups. Educational materials should be easy to digest, culturally relevant, and available in multiple languages to cater to diverse populations.

Training for Providers

Plans also suggested the need to develop educational materials and provide training for service providers to equip them to offer the best quality sexual healthcare possible. These proposed activities included the development of academic detailing, providing information on updated guidelines on syphilis testing, treatment, and reporting, and offering sensitivity training for providers to ensure that all patients are treated with respect and understanding. Also highlighted in plans was specialized training in cultural competency and trauma-informed care to prepare providers to engage effectively with diverse populations.

Funding

Health departments repeatedly identified the need to find additional funding to dedicate to syphilis reduction activities, including expanding their engagement activities to make their presence more consistent in the community. This would allow for better implementation of community-responsive strategies to reduce syphilis. Plans called for dedicated teams focused on working with the community to develop prevention campaigns, educational outreach, testing initiatives, and supportive resources, resulting in increased awareness and hopefully higher testing and treatment rates. Some plans also focused on the need to identify funding to work with organizations that provide prenatal care or interact in other ways with pregnant people to encourage them to do syphilis testing.

Services Outside of the Clinic

Based on their community engagement activities, many jurisdictions identified provision of syphilis testing, treatment, and education to settings outside of the clinic. They recognized that moving services from brick-and-mortar clinic sites may increase access to these services and eliminate barriers to care. Mobile units and street-based services placed in high-traffic areas identified by community members were repeatedly identified as important strategies to bring testing and treatment directly to where people are, wherever they are. Health departments recognized that individuals not engaged with sexual health services may be experiencing other challenges that if not addressed, may prevent them from receiving syphilis testing and treatment. These challenges include living in historically underserved communities, lack of transportation, unstable housing, the absence of medical insurance, unemployment, and substance use, among other factors. They hope this approach can lead to earlier diagnosis and treatment, ultimately helping to curb the spread of syphilis within the community. The plans consistently also called out that testing and treatment must be convenient and confidential.

Partnerships

Plans identified partnerships as essential and that collaborative efforts are more impactful in reducing syphilis. An often-cited example of this was health departments working with healthcare providers and community-based organizations (CBOs) to create a referral network of support and resources that enhanced service delivery and accessibility. Partnerships can facilitate joint outreach efforts, share resources for educational campaigns, and provide a comprehensive response to the syphilis epidemic. Leveraging existing infrastructure and expertise from diverse organizations can lead to innovative solutions and a more coordinated approach. Some plans recognized the need to have community partners take the lead in syphilis reduction effort to strengthen their investment and trust.

Many plans also highlighted the need to strengthen relationships between local, state, national, and tribal health to ensure that communities know current data and trends related to STI rates and can coordinate activities and responses. Additionally, these partnerships could enhance data sharing, enabling better tracking of syphilis cases and monitoring intervention outcomes.

Plans also identified the need for strong community partnerships to ensure that the highest-burdened groups are engaged both in services and strategies for future activities. For example, partnering with non-traditional partners such as jails, emergency departments, pharmacies, and schools to increase immediate STI testing and treatment could be effective in curbing the rise of syphilis in these jurisdictions.

Conclusion

The sites participating in this project used community engagement as an approach/strategy to develop or enhance a plan to reduce syphilis in their communities. Their success relied on data use, partnerships, accessibility, enhanced communication, incentives, and trust-building to develop implementable plans with actionable strategies to reduce syphilis and address community needs.

Community engagement is more crucial now than ever. With limited funding, local health departments cannot afford to invest in services that do not efficiently and effectively meet the needs of people most at risk. Health departments demonstrated that with limited resources, they can collaborate with health care providers, local organizations, and community champions to devise engagement activities that empowered communities to participate in public health planning and identify strategies they believe will most assist them.

Through the resulting syphilis reduction plans, communities informed public health agencies of the importance of adopting holistic and expansive strategies that address community contextual factors as well as the clinical services traditionally provided by healthcare providers. Community members want more awareness of syphilis and sexual health services in their communities; they want better access to testing and treatment, with services available where they already go, at trusted locations, and provided through mobile sites or mail order; they want services to be affordable, with same-day testing and treatment, and help in navigating healthcare systems. They want services to be delivered by better trained healthcare providers who are culturally competent and can speak their languages.

Engagement activities challenged assumptions, built trust, strengthened relationships, and resulted in better-informed and more inclusive syphilis reduction plans and future health department activities.

Project Summaries

Cohort 1

Detroit City Health Department, Michigan

In 2023, Detroit's syphilis rate was four times the state average (33.8 vs. 8.4 per 100,000). Total P&S syphilis increased by 175% since 2017. In 2023, there were 55 confirmed cases of congenital syphilis, but only 62% of pregnant women received prenatal care, and 38% did not receive care during their third trimester. Residents in specific zip codes and those who identify as Black Indigenous People of Color (BIPOC) women with the highest prevalence or increase in syphilis were targeted for community engagement activities. The health department's community engagement goals were to facilitate listening sessions to engage with women who were most vulnerable to syphilis to gather insight into risks, barriers, opportunities, and promising practices related to syphilis education, testing, care, and treatment, and to distribute surveys to health professionals to assess syphilis knowledge, medical training, experience, and patient or provider challenges.

Detroit partnered with two local organizations: one providing pregnancy and birth services and another supporting through prevention, treatment, and community education those individuals facing substance use challenges. Through these organizations, they recruited a community advisory board (CAB) that supported the HIV/STI staff in determining the best ways to engage the priority population. They conducted listening sessions with a demographic survey for participants, a physician survey, and initiated a Photovoice[1] project, which uses photography and storytelling to capture lived experience with the purpose of action or change.[2] The use of Photovoice in this project was designed to center a stakeholder vision of an equitable and culturally safe sexual health ecosystem for BIPOC women who are vulnerable to syphilis. However, engagement was limited by challenges in coordinating transportation and childcare.

Based on their community engagement, including work with local physicians, Detroit developed their syphilis reduction plan. The plan focuses on two core questions: 1) why aren't pregnant women accessing care?, and 2) how does the healthcare landscape contribute to this disparity? The next steps they identified were to:

1. Empower people of childbearing age with knowledge to navigate healthcare systems and advocate for themselves by partnering with organizations and creating a perinatal care toolkit.
2. Increase provider awareness of congenital syphilis trends, community risk, screening, and treatment through targeted academic detailing to health professionals.
3. Improve community and provider awareness of syphilis and rising rates of both syphilis and congenital syphilis by developing a sexual health training program and offering school training for parents, children, expecting parents, and seniors to promote protective behaviors like testing.

Marion County Public Health Department (MCPHD), Indiana

In 2021, Black, non-Hispanic individuals accounted for 51% of all early syphilis cases. Approximately 40% of these cases were among individuals aged 25–34. Men represented 83% of all early syphilis cases that year, with men who have sex with men or have same-gender-loving partners making up about 54% of early syphilis cases in Marion County.[3] As a result, MCPHD focused its community engagement on Black men who are gay, bisexual, or men who have sex with men (GBMSM) in the zip codes that consistently recorded the highest counts of syphilis since 2019.

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To prepare for community engagement, Marion County planned to conduct a scan of sexual healthcare resources and barriers experienced by Black GBMSM accessing STI/HIV care to increase uptake. They fielded two online surveys to gather perceptions on syphilis, barriers to care, clinical service delivery, and necessary actions to reduce syphilis. One survey was for medical providers and the other for consumers. They used social media marketing tailored for Black GBMSM to invite them to join the Community Advisory Board (CAB) and solicit responses to the consumer survey. MCPHD's online survey for providers collected 44 responses and the consumer survey received 131 responses. Marion County also wanted to form an eight-person CAB exclusively comprising Black GBMSM.

Consumer recruitment for both survey responses and participation in the CAB occurred in various ways. The department attended community events focused on Black GBMSM and reached out to various medical providers and organizations to promote recruitment. Ads were also shared through different dating apps.

Because of delays in the project due to the restrictions around providing incentives and conflicting partner needs, Marion County could not complete their syphilis reduction plan, but did identify four strategies from their survey responses, which they believe will be the foundation of that plan. The identified strategies to reduce syphilis were:

1. Increase promotion and education about condom use and safe sex practices, with a focus on educational materials for Black GBMSM.
2. Enhance community and provider education on syphilis through an educational presentation and a radio segment on MCPHD's local health station.
3. Improve STI testing accessibility by onboarding a new agency to perform testing in the field.
4. Boost syphilis communication via social media.

Pima County Health Department (PCHD), Arizona

PIMA COUNTY
HEALTH DEPARTMENT

The incidence of P&S syphilis among women increased by 164% in the region, rising from 7.42 cases per 100,000 people in 2018 to 19.6 in 2022. During this period, an average of 33% of these women reported substance use, with 76% specifically using methamphetamines. In 2022, the incidence among men was 67.43 cases per 100,000, with 56% of cases in men identifying as Hispanic. 64% reported sexual activity with women or with individuals of both genders. Pima County Health Department focused on cisgender women of childbearing age (15–49 years) who use substances and Hispanic/Latinx individuals in specific zip codes with the highest syphilis rates.

PCHD designed a community needs assessment survey in partnership with a nonprofit, Health Access. The survey was administered during scheduled community outreach and HIV/STI testing events. It was also promoted at the two PCHD STI clinics. Paper surveys could be completed in English and Spanish, and the English version could also be completed online. Survey instrument limitations did not allow the Spanish version to be accessible online. Individuals who completed the survey could receive a $10 gift card. PCHD also conducted key informant interviews. Participants in the interviews could receive a $50 gift card. The surveys and key informant interviews were used to assess awareness of syphilis trends and understand barriers to accessing STI care, and information on sexual health education. They also sought feedback on PCHD's recent syphilis campaign. A total of 199 surveys were received, and 40 interviews were completed.

PCHD felt that the most important recommendations that they identified from their community engagement activities were:

1. Improve outreach and education by increasing visibility of STI information, using digital media, creating culturally sensitive materials, offering comprehensive sex education, and promoting sexual health resources.
2. Improve healthcare access and inclusivity by expanding the number of healthcare providers, ensuring affordable care, addressing logistical barriers, offering multilingual services, and training healthcare staff.
3. Support high-risk populations by increasing syringe exchange programs, expanding Naloxone training and distribution, providing targeted support to vulnerable individuals, and offering substance use disorder treatments.
4. Strengthen partner notification and follow-up with consistent, confidential practices, support self-initiated partner notification, make testing and treatment more accessible, and simplify testing procedures.
5. Promote a sex-positive environment by encouraging open discussions in various settings; providing training for educators and healthcare providers; involving community members; and creating support networks and peer-led programs.

PCHD intends to engage CABs in the future, aimed at implementing these strategies to reduce syphilis.

Schenectady County Public Health Services (SCPHS), New York

In 2021, there were ninety-eight reported syphilis cases in the county, resulting in a rate of 63.1 cases per 100,000 people, the highest rate in ten years. Of these cases, fifty-six were classified as P&S syphilis. There were six congenital syphilis cases, and sixteen pregnant women diagnosed with syphilis. Five of the affected infants were Black, highlighting a concerning trend of Black residents disproportionately accounting for chlamydia, gonorrhea, and syphilis cases (43%) despite representing only 13% of Schenectady's population. Additionally, syphilis rates among men who have sex with men (MSM) were also on the rise. To develop their syphilis reduction plan, the SCPHS team decided to focus on specific zip codes where syphilis and congenital syphilis cases were notably high.

The foundation of Schenectady County Public Health Services' community engagement efforts was the creation of a coalition that served as an advisory board for the project. This group included healthcare providers, community leaders, and representatives from local healthcare, nonprofit, and faith-based organizations, all actively participating in discussions and decision-making. Participants joined monthly meetings and provided a platform for discussing challenges and brainstorming solutions, and coalition members recommended venues for hosting events and appropriate incentives for participants.

To further engage members of the community in their specific targeted zip codes, SCPHS hosted thirteen community listening sessions to gather firsthand feedback about the community's needs, concerns, and suggestions. While the sessions were planned with a narrower focus on syphilis, as SCPHS began hosting the sessions, they evolved into broader discussions of sexual health improvement in Schenectady County. Based on input from the coalition, listening sessions were held in familiar and accessible environments, including a local food pantry and two county public libraries. Coalition members leveraged their established networks and communication channels to advertise the community listening sessions. Originally, SCPHS planned on using radio advertisements to spread the word about the community listening sessions and increase turnout, but they determined advertising was too costly. Instead, they decided to allocate those funds towards gift card incentives. Word of mouth emerged as their most effective recruitment strategy, with community members spreading information about the community conversations to their friends, families, and through their social media channels. This grassroots promotion significantly boosted their engagement numbers and strengthened community ties. They also used bus/bus shelter advertisements, which they felt were very helpful as bus transportation is highly relied upon, and they could be sure that they were seen in the target zip codes.

SCPHS identified the following goals in their syphilis reduction plan:

1. Expand access to sexual health education, especially about syphilis, by providing a comprehensive community resource guide.
2. Lower syphilis and other STIs by increasing access to STI testing through rapid, on-site testing for chlamydia, gonorrhea, and syphilis/HIV.
3. Improve access to STI treatment and provide preventive resources by offering treatment for all STIs and EPT, along with free condoms.
4. Build trust with community members by placing mobile units at community events and assisting with insurance enrollment and other services.

To implement their reduction plan, SCPHS planned to use a mobile unit acquired as part of their response to the COVID-19 pandemic to provide testing, education, and treatment referrals directly in the community. The mobile unit would not only offer sexual health services but also other services, such as immunizations or regular check-ups, to reduce stigma and enhance the privacy of those receiving services. The unit would also serve as an educational platform, disseminating information on sexual health and preventative measures. It would provide educational STI pamphlets and a list of STI resources available in the community and onboard staff would offer education to interested patients. The dual approach of providing both medical services and education was designed to increase STI knowledge and prevention, centering STI prevention and overall well-being. SCPHS hopes the mobile health unit will have a significant impact on the reduction of syphilis and other STIs in their community, while also addressing broader health needs.

Southwest District Health Department (SWDH), Idaho

In 2024 Southwest District Health Department (SWDH) conducted a community survey and observed that there were factors related to rising rates of syphilis, including reported drug use in the past year, recent incarceration, the use of online dating apps, and having multiple or anonymous partners. SWDH decided to focus on individuals who use dating apps, use drugs, or have a history of incarceration within Canyon County.

Southwest District Health Department targeted their community engagement activities to gather data on current syphilis screening practices from community members, partners, and stakeholders to prioritize syphilis health needs. This was done via interviews, a community-based survey, and input from an advisory board. The advisory board consisted of members with content expertise and connection to the communities, such as representatives from health systems, primary care, behavioral health, and the Department of Probation and Parole. After finalizing the survey tool, CAB members helped distribute it in clinic waiting rooms, on community bulletin boards, through Spanish radio, and on social media. There were 111 responses, with 77% from the SWDH footprint and 23% from surrounding counties.

SWHD's reduction plan had two prongs: increasing testing and increasing awareness. To increase testing, they proposed a provider-based goal to change the standard of care for STI testing in the community, including encouraging modifications of EMR systems. SWHD hoped to engage the Idaho Medical Association in this effort. They also noted that many providers do not offer syphilis testing because they are uncomfortable with interpreting test results, so they wanted to create a syphilis testing toolkit for providers to refer to. Finally, in this prong, they determined that increasing capacity to do testing in jails and other incarceration settings was a priority.

In the awareness prong, their reduction plan highlighted the use of regional media campaigns to raise knowledge of STI across the region as well as targeted campaigns for communities deemed at potential higher risk. Based on community feedback, they planned to develop provider and community-based materials to increase knowledge and awareness of syphilis. They also planned to promote activities that reduce risk of contracting syphilis—like condom use and abstinence. They identified promotion of free or low-cost screening in new settings, including mail-order test kits and promoting free condom delivery, particularly in rural areas, as priorities.

Tuba City Regional Health Care Corporation (TCRHCC), Navajo Nation

According to a CDC report requested by the Navajo Nation, the Tuba City Service Area experienced a 500% increase in new syphilis cases from 2019 to 2021. From 2022 to 2023, there was an additional 25% increase in syphilis cases.[4] Women of childbearing age accounted for 49% of new syphilis cases in 2024, marking a significant shift from the previous trend, which primarily affected MSM.[9] In total, there were sixteen infants exposed to syphilis in the womb, resulting in one death. A particular challenge that the Tuba City Regional Health Care Corporation (TCRHCC) has in addressing syphilis and congenital syphilis is that there is frequent movement among community members, from home to home or town to town, and even between Tuba City and Phoenix, Arizona (over 200 miles and 3.5 hours). This mobility makes it difficult to ensure treatment.

TCRHCC's community engagement activities focused on women of childbearing age, adolescents, and high-risk individuals, such as transient individuals and those with a history of STIs. One of TCRHCC's goals for their community engagement was to gain community support to implement a syphilis awareness campaign, including sexual health education and community activities. They also hoped to gather community perspectives on how they could support the community in efforts to reduce syphilis and STIs and identify strategies on how TCRHCC and other health programs can implement sexual health education and communication.

To engage the community in these discussions, they held informal focus group "conversation cafés" (CCs) and key informant interviews to identify STI prevention and treatment challenges and barriers in the Tuba City Service Area. TCRHCC also established a CAB with diverse members—parents, youth, elders, educators, and community leaders—who served as the community's voice in planning grant activities. They conducted five CAB meetings with nine community leaders and members, and twelve CCs, involving a total of ninety-six participants. These meetings focused on sexual health education and were primarily attended by women, taking place in popular, accessible locations. Key informant interviews included individuals with syphilis or other STIs to identify barriers to prevention in the Tuba City Service Area.

The syphilis reduction plan developed by TCRHCC and the community that they serve called for an immense community-based syphilis and STI awareness campaign. They provided health education materials throughout the community, including banners, flyers, brochures, videos, public service announcements, and other avenues of health messaging. TCRHCC acknowledged that they did not have the staff to administer all the community outreach activities as planned/recommended. The syphilis reduction plan called for more community outreach and sexual health education in the schools and community, requiring at least two staff members to provide weekly sexual health education at the 9 schools within the Tuba City area, and monthly community sexual health education presentations at the ten chapters in the Tuba City Service Area. Additionally, staff would need to provide daily services, including serving as a patient support person or navigator to assist with setting up appointments for STI testing or treatment, arranging transportation (if needed) or a home-visit for field treatment (if needed) and covering the STI hotline to answer questions about sexual health. TCRHCC planned to implement part of the plan, offering sexual health education training to other health educators across the Navajo Nation in hopes that they can offer sexual health education to other communities, and implementing a syphilis awareness campaign.

Tulsa City-County Health Department (THD), Oklahoma

Between 2020 and 2021, syphilis cases among women increased by 47%, compared to a 19% increase among men. This contributed to an increase in congenital syphilis (CS). The number of CS cases in Tulsa rose from seventeen to twenty-seven, representing 32% of all cases in Oklahoma. Additionally, in 63% of all CS cases, there was a historical/current drug use. About 44% of CS cases were not diagnosed until delivery, and 22% of infants exhibited symptoms at birth. The Tulsa City-County Health Department (THD) focused on engaging females of childbearing age in South and West Tulsa who experience substance use disorder, have a partner with substance use issues, or face challenges engaging with the healthcare system such as lack of housing or transportation or immigration status. They selected these groups based on data from the Tulsa Fetal and Infant Mortality Review (TFIMR).

Initially, THD planned to host events at local libraries in the target areas, but pivoted to attending community events that were tailored to reach their priority population in partnership with organizations that already had built trust in the community. THD highlighted that utilizing these built relationships allowed the project staff to engage with the population without having to prove their intentions—they were deemed as trustworthy because the partner organizations worked with them. THD provided incentives to those who completed their survey, which they used to assess awareness of syphilis trends and understand barriers to accessing STI care. THD had previously required individuals receiving incentives to provide social security numbers, phone numbers, and addresses. Understanding the needs of the population that they were hoping to work with, the project team was able to change agency-wide requirements to improve their ability to use incentives not only for this project, but for future community engagement efforts.

THD also learned that when working across various areas of the city/county, having different incentive options available was important. In South Tulsa where transportation is limited, bus passes were favored, while in West Tulsa and Downtown where there is a larger unhoused population, the gift cards and physical items were more popular. THC also relied on community champions to help develop the survey and the consent form, as well as collecting survey responses. The community champions were essential in supporting individuals in their responses because they were able to answer questions or address concerns as participants worked their way through the survey. From their community engagement activities, THD developed their reduction plan based on the feedback of their CAB and their community champions and was written by the syphilis reduction task force comprising public health service providers.

The plan focuses on several syphilis mitigation strategies:

1. Promote syphilis awareness and education by partnering with the Oklahoma State Department of Health (OSDH) to provide cultural and clinical learning opportunities, maintain an updated website on treatment awareness, and develop a syphilis awareness campaign with information available at various community locations, such as libraries and pharmacies, as well as local high schools.
2. Work with the OK Perinatal Quality Improvement Collaborative to develop a Tulsa-specific STI sample care plan to offer to providers as a resource and identify appropriate screening, testing, and treatment services/information to promote to providers in partnership with other parts of THD.

3. Increase accessibility of syphilis screening, testing, and treatment by collaborating with community health workers, the Tulsa Transit system, and other partners to develop a resource list on how and where to get services and identify gaps in services provided by current community partners.
4. Partner with jail/prison systems for education and testing, and identifying new locations for screening.
5. Increase accessibility of syphilis screening, testing, and treatment among pregnant individuals
6. by establishing a perinatal hotline with the OSHDH to assess care for congenital syphilis and pregnancy-related syphilis.

A challenge that THD encountered during their community engagement activities was that a community partner who they had planned to work with decided to launch their own STI community plan. This meant that their work became competing rather than complementing until they were able to solve the issue. To resolve this issue, THD relinquished some of the control of the plan, which also meant that it was less community-owned, and the plan is not available on their website for community-wide feedback.

Winslow Indian Health Care Center (WIHCC), Navajo Nation

In 2022, Arizona had 3,042 reported cases of syphilis. Among those cases, 14.2% were American Indian individuals.[16] The number of cases in the Navajo Nation has tripled, increasing from 232 in 2019 to 700 in 2021. WIHCC serves the southwestern rural communities of the Navajo Nation reservation, covering an area of 1,600 square miles. The service area also encompasses many different rural communities. In 2022, the number of syphilis cases at WIHCC rose from twelve in 2020 to twenty-six, and the number of male and female patients who tested positive for syphilis was equal. Additionally, the number of congenital syphilis cases reported at WIHCC increased from zero in 2020 to a clinic high of four in 2021. WIHCC focused on engaging adult Navajo community members.

To understand community needs, WIHCC started a "Community Core" group to engage partners, held events, and developed and implemented a questionnaire. The Community Core Group was used to gather community members' perspectives on increasing access to testing, treatment, case management, and education. They were also charged with understanding more about how these services should be offered, especially considering community preference, and assuring that services were offered in culturally sensitive way that minimized stigma. The two sexual health fairs that they organized were the first in the facility's history and had more than seventy-five participants at each event. Discussion at events and in the questionnaire used by WIHCC to gather information focused on community members' knowledge level and preference for receiving services surrounding STIs and to gain insight into who would be willing to fill out a questionnaire or discuss STIs to inform future STI prevention engagement and access to services. Everything was provided in English and Navajo. The WIHCC team collected 275 complete questionnaires and had over thirty participants in focus groups/community events. Incentives were key to increasing engagement, doubling the attendance at the Community Core group from meeting the first to the last meeting.

From the community engagement activities, WIHCC identified some key needs which informed the strategies of the reduction plan:

1. STI education in the community via multiple avenues, including social media, posters, etc.
3. Cultural sensitivity to the fact that sexual health is not openly discussed in the Navajo Nation community.
4. More information about current STI data and trends—not just county, Navajo Nation, or state-wide data but specific to WIHCC.
4. A trusting relationship based on confidentiality between the staff offering the services and community members receiving the services.
5. Community factors play a huge role in whether individuals can prioritize and access sexual health services. These include transportation and distance to healthcare sites; food insecurity; and a lack of potable safe water.

Ultimately, WIHCC used the information gathered in their community engagement activities to plan to improve the ways in which they provide STI services across the service area, including how they share information and create awareness about STIs and the services that they offer. Rather than a reduction plan, they developed a service improvement plan which they hope will support reduction of STIs in the community.

Cohort 2

Arapahoe County Public Health (ACPH), Colorado

ACPH's community engagement goal was to increase awareness of syphilis and screening and testing among those most impacted. ACPH focused their efforts on engaging Black/Latinx/Native American people as well as men who have sex with men (MSM), and transgender individuals in the county in their planning process. To do this, they wanted to:

ARAPAHOE COUNTY
PUBLIC HEALTH

1. Create an outreach and marketing campaign to advertise county sexual health services, request feedback on sexual health needs and awareness of services, and recruit focus group members via social media, dating apps, and community partners.
2. Work with community partners to conduct community presentations on syphilis data and resources, recruit participants to focus groups, and receive feedback on how to best engage community members.
3. Conduct community surveys to understand barriers to testing and treatment for patients seeking syphilis services in the sexual health clinics or county harm reduction outreach activities.
4. Conduct focus groups to understand barriers to seeking testing and treatment, community awareness of services availability, and how to improve service delivery to communities most affected by syphilis.

To engage their chosen populations most effectively, they worked with community partners that offer STI testing, HIV linkage to care, PrEP navigation services, and support and social groups. The partners offer many services to the LGBTQ+ people of color in the county. ACPH paid community partners to recruit and facilitate focus groups to ensure that they had participation from their priority populations.

ACPH had hoped to engage the American Indian population because of the disproportionate impact of syphilis in those communities. They attempted to engage agencies that serve those communities to share information about syphilis trends in the county and the services that ACPH provides. Ultimately, they were unable to create interest or identify an organization to work with. They recognize that work must be done to develop better relationships within these communities and with the organizations that serve them.

ACPH wanted to engage even more community agencies and advisory boards, but was unsuccessful, likely due to competing priorities and limited resources. They still planned to engage these groups and other members of the community and continue to build and deepen relationships when the syphilis reduction plan was complete.

ACPH also wanted to better understand the services that the community wanted and whether the community was aware of the county's sexual health services in the clinic. To do this, they placed targeted ads on Grindr to recruit individuals to fill out a survey. They also used these ads to spread the word on the availability of their services, resulting in forty-nine web inquiries, five scheduled appointments, and one rapid test conducted during harm reduction outreach.

ACPH learned that while they were trusted within some communities, there are other communities that do not know about their services. Via the community engagement activities, ACPH learned:

1. Testing activities must be convenient (location, hours, ease of scheduling if appointments are needed).
2. The perceived cost of treatment/care is a significant barrier to testing and treatment.
3. Knowledge of syphilis is low and varies significantly, and may also be impacted by stigma. More education is needed, especially with greater thought to language accessibility.
4. Stigma around STIs remains and there exists a fear of judgment by peers and healthcare providers. People feel their community, however self-defined, can be unfairly maligned or judged, including by healthcare providers.
5. Trust is hugely important when deciding to get tested and where. Prenatal care may be delayed due to fears of justice involvement or child protective services, which impacts testing and treatment for women of reproductive age.

The syphilis reduction plan developed during this project identified three goals with associated activities:

1. Increase community knowledge about syphilis and testing and treatment service availability via a marketing campaign and expanded efforts to leverage word-of-mouth opportunities through engaged community members.

2. Expand and improve services to attract, and better serve, a more diverse patient population by:
    - Providing staff training on serving diverse patients (e.g., in-service training on LGBT+ health).
    - Evaluating adding new services that the community has identified as priority, such as PrEP.
    - Offering services at trusted locations and with trusted partners, such as mobile outreach with harm reduction activities, and co-location with trusted organizations.
    - Prioritizing ongoing community and partner organization feedback opportunities to understand additional ways to improve.
3. Strengthen organizational partnerships to increase referrals for treatment. Identified partners include obstetricians, emergency departments, detention centers, and other parts of the health department (e.g., WIC).

Cherokee County Health Department, Georgia

From 2019 to 2023, syphilis cases increased by 67% in Cherokee County despite access to prevention, testing, and treatment at low cost via the health department. In 2021, there was a 9% increase in STI patients who were unable to pay for their services. In 2023, Cherokee's Hispanic and Black non-Hispanic populations were disproportionately impacted by the syphilis epidemic, making up 20% of cases (while 12.5% of the population) and 22% (while 8.4% of the population) respectively. These populations also do not access services as frequently as other groups less burdened by syphilis. This may be due to barriers in accessing care, such as a lack of transportation or insurance. Given this, the county focused on engaging these populations in their planning process. Their community engagement goals were to determine barriers to accessing syphilis and other STI treatment and resources and increase the utilization of syphilis and STI prevention resources across the county.

To gain insight into the experiences of the community about syphilis prevention and accessing and utilizing syphilis testing and treatment, Cherokee County conducted a community needs assessment consisting of an online survey that was distributed through paid ads on social media platforms and promoted on the North Georgia Health District's website and social media channels. Engagement rates were approximately 2% for Grindr, 2.5% for Snapchat, while X (formerly Twitter) had just below 1%. Although engagement rates varied, the apps with lower rates also had larger audiences, resulting in approximately 100 surveys completed per app. Engagement rates fell within expected ranges. Identified barriers to accessing care included accessibility (e.g., cost/no insurance, difficulties with scheduling, transportation access) and comfort (e.g., needed more education, embarrassment, fear of the test/results). A high number of respondents (48.5%) indicated that they did not perceive themselves as "at risk" for syphilis.

Cherokee County also sought the experience of providers who regularly test and treat for syphilis regarding challenges. Many suggested that more patient and provider education materials were needed. Cherokee County was disappointed not to have more responses from providers and identified that as a future goal.

Cherokee County's syphilis reduction plan identified key next steps for the County to implement immediately:

1. Allocating a portion of their annual budget to advertising their existing resources (including low-cost testing) that are available at the health department, as well as payment plans available for those who self-pay.
2. Conducting more awareness activities such as advertising educational resources and participating in more community events. This included educating the community with easy guides to recognize syphilis and other STIs and when/how to get testing and treatment. They also want to ensure that providers have up-to-date guidance on syphilis and other STIs.
3. Seeking out more community opinions. The health department recognized that there are more opportunities for community engagement and planned to conduct focus groups and expand their needs assessment survey.

New York City Department of Health and Mental Hygiene (NYC DOHMH), New York

Syphilis cases were relatively low in New York City before 2018, but surged 75% from 2018 to 2023. Additionally, there were thirty-five reported cases of congenital syphilis in 2023, which reflects a 66.7% increase from the twenty-one cases reported in 2022. This rise in congenital syphilis cases in recent years has coincided with increases in reported syphilis among women. Black and Latina cisgender women experience disproportionately high rates of syphilis and other health conditions.[10] In response to the rapidly increasing and inequitable case rates of primary and secondary syphilis, the NYC DOHMH designed their community engagement to prioritize the needs and elevate the voices of Black and Latina cisgender women of reproductive age in certain NY neighborhoods. Their community engagement activities fell into four approaches: consult, inform, assess, and collaborate. The activities were intended to allow them to establish a baseline of knowledge, awareness, and perceptions, and identify community assets for syphilis and congenital syphilis reduction.

Community members were actively involved in the development of the syphilis reduction plan. A community advisory work group was recruited with eighty-three community members expressing interest and twenty-three (28%) joining the work group. Monthly meetings were held with at least eight to ten participants. The community needs survey was completed by 186 individuals with 80% completing it in English and the rest in Spanish. Key informant interviews and focus groups were also completed. Key findings from these activities were that the community had low-moderate knowledge and awareness of syphilis, and many did not believe that they had access to quality sexual and reproductive health services. The highest barriers to accessing services were cost, including due to lack of insurance. It was also identified that significant provider education and outreach was needed to address bias and lack of awareness of guidelines on testing and treatment.

The findings were used to guide the development of the syphilis reduction plan which included the following identified goals:

1. Develop and implement a comprehensive internal training program to address institutional gaps in syphilis knowledge within NYC's governmental agencies.
2. Increase awareness and provide education on syphilis prevention, symptoms, testing, and treatment to at least 50,000 individuals in NYC, ensuring educational resources are available in most used languages and outreach conducted in diverse spaces.
3. Ensure access to high-quality and comprehensive health and mental health services, including affordable screening and treatment options, for at least 10,000 individuals in underserved communities.
4. Provide culturally responsive and trauma-informed services to at least 2,000 Black and Latina cisgender women in NYC, ensuring these services address their specific needs and experiences.
5. Advocate for and implement policy measures that improve health insurance coverage for STI prevention, testing, and treatment, ensuring these services are accessible and affordable for 50,000 individuals in NYC.

NYC DOHMH also recognized that while community engagement was successful, more time was needed to provide the community with opportunities to participate in the plan implementation process. And that ongoing efforts for community engagement are essential.

Santa Cruz County Health Services Agency (SCC), California

Since 2019, syphilis cases have increased, with 118 early syphilis cases identified in 2022 compared to fifty-five cases in 2019. People experiencing homelessness (PEH) make up a large portion of the county's population, with over 1,800 individuals experiencing homelessness. In 2023, there were fifteen syphilis cases among PEH, which represented 25% of total cases reported in the County. Therefore, Santa Cruz County (SCC) focused on the PEH community.

SCC focused on entering spaces that were safe and familiar—directly engaging with people at shelters, encampments, and other frequented locations. They used surveys and focus groups to understand community needs related to syphilis. A key strategy was strengthening partnerships within the county structure and specifically with two sections, one focused on the health of homeless people and the other on harm reduction. Both had longstanding relationships with the PEH community through outreach, street medicine, and mobile clinics. These connections helped reach more PEH, resulting in higher response rates and engagements despite challenges caused by both syphilis and shigella outbreaks during the project period. Additionally, these relationships were crucial in overcoming barriers in accessing these hard-to-reach populations and adapting to changing circumstances, including encampment clearing, and the evolving needs of the community.

Incentives played a crucial role in community engagement efforts—encouraging participating in outreach activities. They offered gift cards and goodie bags that included candy, condoms, lube, and food. These incentives not only increased participation rates (especially with participation in surveys) but also helped to build trust and rapport.

Based on the community engagement activities, SCC identified clear takeaways—access to healthcare services is a critical issue and barriers include transportation, lack of health insurance, and distrust of the healthcare system, and the community identified a need to build more trust with providers. Substance use, especially methamphetamine use, was common in the community and often reported as contributing to behaviors that increased their vulnerability to syphilis and other STIs. Addressing substance use in conjunction with syphilis prevention and treatment must happen to effectively meet the needs of the community.

The following strategies were identified in SCC's syphilis reduction plan to address those takeaways:

1. Mobile Health Unit and Street Medicine Services
    a. Offer comprehensive, accessible, and timely prevention, treatment, and education through a mobile health unit staffed with culturally sensitive healthcare professionals.
2. Rapid Testing and Treatment
    a. Strengthen syphilis prevention and treatment efforts with a comprehensive, integrated approach to same-day testing and treatment.
3. Targeted Outreach
    a. Improve syphilis prevention among PEH through targeted outreach that builds trust and engagement, leading to better health outcomes.
4. Community Outreach
    a. Lower syphilis cases and spread by offering accessible, culturally sensitive education and resources.

Tacoma-Pierce County Health Department (TPCHD), Washington

Tacoma-Pierce County Health Department (TPCHD) previously implemented interventions to reduce syphilis rates, including developing a strategic plan to engage populations through syphilis media campaigns; training and education for medical providers and staff; outreach; and offering HIV/STI testing and treatment services. The community engagement activities for this project were designed to receive community feedback on the previous activities, and to update the existing syphilis reduction plan by engaging with impacted populations, both previously engaged and new ones, and specifically, with people impacted by housing instability with recent methamphetamine or fentanyl use receiving services in Pierce County.

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

The first step in their community engagement effort was to form a Collaborative Community Group (CCG) to review draft survey questions and identify collection sites. The goal was for TPCHD's Community Engagement team (community health workers) to invite people to the CCG from the impacted communities or those with lived experience. However, TPCHD misjudged how connected the Community Engagement team was to the community, and most of the CCG members ended up being health department employees, though several of the health department and state employees who attended the CCG had lived experience with substance use or being housing-impacted.

Events were held at locations that provide services to the priority population, such as resource centers and rescue missions and focused on survey responses and providing testing and treatment. Additional surveys were also collected at locations such as the needle exchange, a youth housing complex, the Tahoma Indian Center, and the Sexual Health Clinic.

Use of incentives supported engagement and at some events, even creating a line for individuals to complete the survey. At the events, a gift card was offered for rapid HIV and syphilis testing and an additional one for treatment. This was so popular that testing had to stop before the end of events because staff and supplies could not keep up with demand.

The syphilis reduction plan identified the next steps, focusing on partnership to increase awareness and accessibility of services available across organizations. This included promotion of walk-in clinic opportunities at various organizations, creation and distribution of a schedule of various organizations' mobile unit testing and treatment options, and creating a wallet-sized flyer for distribution by all organizations with information on syphilis testing and treatment. Additional plans, if funding were to be made available, included the creation of a walk-in and/or mobile clinic for prenatal care.

Waco-McLennan County Public Health District (WMPH), Texas

Since 2020, syphilis cases rose 64% in the state. MSM are disproportionately impacted, with more than one-third of total syphilis cases in 2022. That same year, 27% of the cases were in Black populations.[17] WMPH's community engagement focused on Black/African American MSM to increase awareness of syphilis, improve access to services, reduce health inequities, and enhance data collection.

Waco-McLennan
Public Health

WMPH's Community Engagement Goals:

1. Engage the community, including those with lived experience and those most impacted by syphilis, in the planning, implementation, and decision-making processes related to syphilis prevention and control.
2. Increase awareness and knowledge about syphilis among community members, healthcare providers, and at-risk populations.
3. Improve access to syphilis testing and timely treatment for individuals at risk, with a focus on vulnerable populations.
4. Establish and strengthen partnerships with local organizations, academic institutions, and community-based organizations to effectively develop and implement a plan to sustain syphilis prevention efforts.

Given the absence of community spaces openly friendly to this population, Waco used a "community ambassador" model to enhance engagement and increase trust. The eleven community ambassadors (after training) leveraged their existing networks and affiliations within the community. A key approach was to identify potential locations and organizations for outreach activities and collaboration and opportunities for survey distribution and mobile clinics for syphilis testing. Surveys of those "at-risk" for syphilis were intended to help WMPH better understand the population's knowledge, attitudes, and beliefs about syphilis. To maximize impact and ensure better accessibility and inclusivity, targeted ads were developed and placed on MSM-focused dating sites to promote education, testing, and survey completion. WMPH used a community focus group to create the ad campaign and provide feedback on other campaign materials. Individuals who tested positive for syphilis during testing events or in the four months prior to the start of the project were surveyed to better understand their experiences with testing and treatment and potential strategies for preventing new cases.

A total of 185 surveys were completed, with ninety-eight submitted on paper and eighty-seven online. Of those who completed the survey, eighty-five were tested, with seven testing positive: four males and three females. All three females were tested for pregnancy, which returned negative results. The survey results revealed a significant amount of misinformation or a complete lack of information about STIs and testing. Staff and the Community Ambassadors were surprised by the many theories and practices people use to prevent sexually transmitted infections (STIs). Despite widespread educational campaigns and accessible information, many individuals still rely on outdated or incorrect information to guide their decisions about sexual health. Many participants reported no regular STI testing and little engagement by their healthcare providers related to STIs.

WMPH's syphilis reduction plan identified three components from their community engagement—provider education, general outreach integration, and targeted awareness campaigns. The goals are designed to enhance early detection and treatment and public knowledge about syphilis and other STIs; promote prevention and testing; and target awareness campaigns aimed at promoting testing and reducing stigma associated with syphilis. WMPH planned to conduct additional focus group testing of the syphilis reduction plan for feedback from additional stakeholders.

Appendix: Evaluation Summary

Introduction

Program and Evaluation Purpose

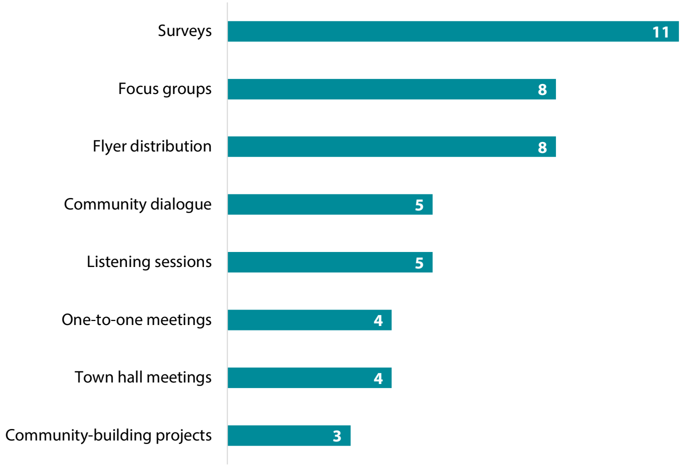
NACCHO, with support from CDC, funded fourteen LHDs to engage their community in the development of a syphilis burden-reduction plan in their jurisdiction. The community engagement activities included participation in focus groups, listening sessions, surveys, community advisory boards, or obtaining feedback from the community.

The evaluation had two primary goals:

1) To understand how the LHDs engaged the community in the development of a syphilis reduction plan, what they learned, how they applied it, and any barriers they encountered.
2) To evaluate the LHDs' experience of the technical assistance and resources provided, as well as recommendations for improvement.

Community engagement events conducted by health department

Count of LHDs conducting each activity



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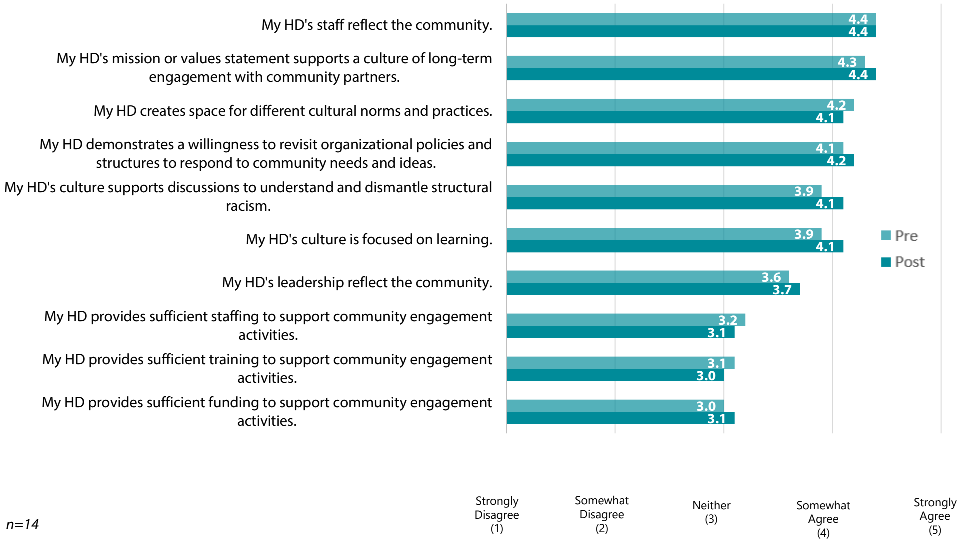
Methods

To assess the impact of participation in the grant, pre- and post-assessment surveys were administered to assess changes in engaging community through capacity changes and activities conducted. The pre-assessment survey was administered in November/December 2023 and a post-assessment survey in July 2024.

Health Departments' level of readiness for community engagement

Level of agreement with the following statements:



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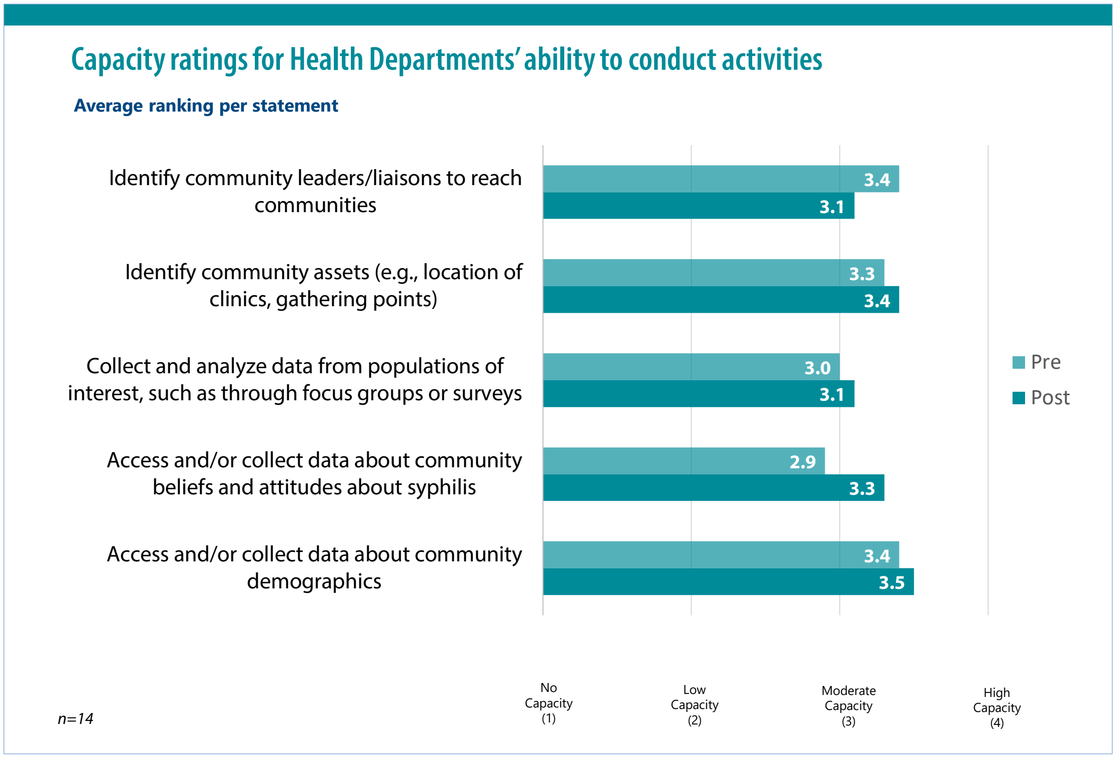
Additionally, key informant interviews were conducted at the end of the project (July–August 2024). These hour-long interviews collected information on how grantees engaged the community; the barriers that they encountered; feedback on TA, tools, or resources; and recommendations for future TA projects. All fourteen sites completed the pre- and post-surveys and key informant interviews.

Results

Community Engagement

Leverage support of people or organizations that have pre-existing relationships with the community

- LHDs formed or deepened partnerships with organizations that already had relationships with the community (e.g., clinics, harm reductions sites, HIV organizations), relying on word of mouth from these organizations, which then created a snowball effect of the participants themselves.



One grantee noted:

> *"Our STI team, they really helped with advertising to their own family and friends. They shared it on social media, they recruited people through text messages, phone calls. I think that was really our biggest highlight; almost eighty percent of our participants were people that the staff knew. So I think that that social capital, that word-of-mouth recruitment was really, really, I guess it worked to our benefit, because that's how we got a lot of our participants."*

- Community health workers who already had contact with related populations, such as HIV+ patients and the unhoused, were successful in meaningfully engaging these groups.

Provide meaningful engagement by being transparent, showing humility, and building trust within the community

Successful approaches included:

- **Sharing information**: Be clear up front about the purpose of the grant, provide information about syphilis rates and STIs, answer questions, and explain how their input would be used.
- **Provide a convenient and comfortable meeting place**: Hold meetings where the community lives
  (to avoid transportation issues) and offer a safe space with childcare.
- **Prepare participants for sensitive content:** Acknowledge that some content is personal and provide on-site mental health services.
- **Be culturally sensitive when discussing syphilis**: Acknowledge historical trauma, such as the Tuskegee study or sexual violence.

As one granted put it: *"Relationships will always take longer than you think, and it's always worth it."*

Provide incentives to compensate participants for their time and feedback

Cash incentives were the most recommended and were perceived to increase participation, not only for the immediate reward, but also by building trust. Gift cards ranged from $10 to $100, with cash cards being preferred over store-specific cards. Other incentives included tote bags, backpacks, water bottles, and bus passes.

One grantee said, "It was the first time we had ever paid people for their lived experiences." Another noted that once they compensated participants, a community organization was more willing to work with them. However, gaining permission to provide cash cards caused delays, as it required approval from both the CDC and the grantee's legal department. Several sites identified providing food at listening sessions as a barrier due to approval processes, even though food was seen as a key way to welcome participants and compensate them for their time.

Implementation and Design of Surveys, Focus Groups, and Listening Sessions

Data Collection

In the year prior to the grant, only one LHD conducted any community engagement events (flyer distribution). By the end of the grant, all sites had conducted at least three types of community events, with surveys, focus groups, community dialogues, and listening sessions being the most popular methods.

Research Expertise

A few LHDs had the internal capacity to design surveys and focus group questions and conduct quantitative and qualitative analyses. Many hired consultants for these tasks, while some took a mixed approach. One grantee noted: *"We had a market research consultant who helped us... and then we also brought in our community champions to help develop some of those questions."*

Some sites felt they needed more research support and training to develop questions, facilitate focus groups, and analyze qualitative data.

Community Input

- **Question development**: Some grantees set up community advisory boards or workgroups to help design the questions. A few sites pilot-tested questions among participants, but in hindsight wished they had asked how participants interpreted the questions rather than just filling out the forms.
- **Focus of questions**: Some grantees took a broad approach, asking, "What would you recommend? How should we focus this? What questions do you still have?" Others took a more targeted approach, such as surveying people in clinics about their knowledge of syphilis and testing.

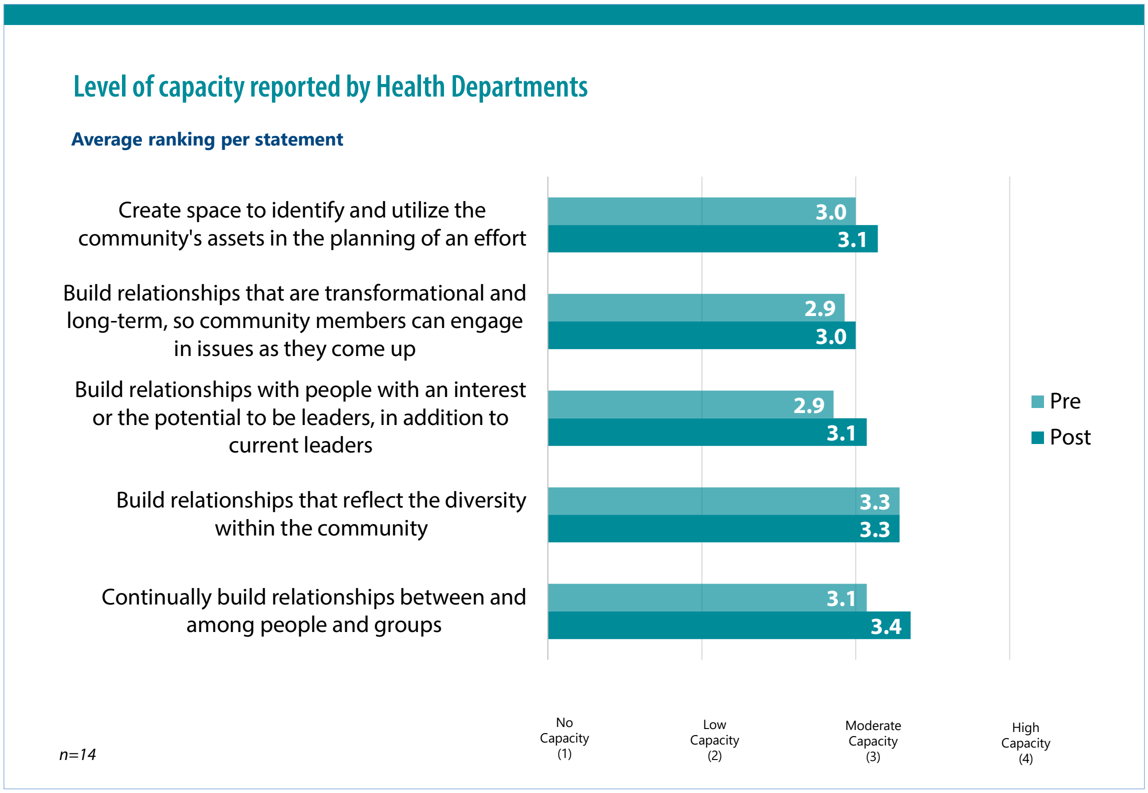
Findings and Lessons Learned

Data Collection and Listening Sessions

Value of community engagement

Grantees took time to intentionally engage the community, genuinely aiming for a community-led syphilis work plan. The following benefits were reported:

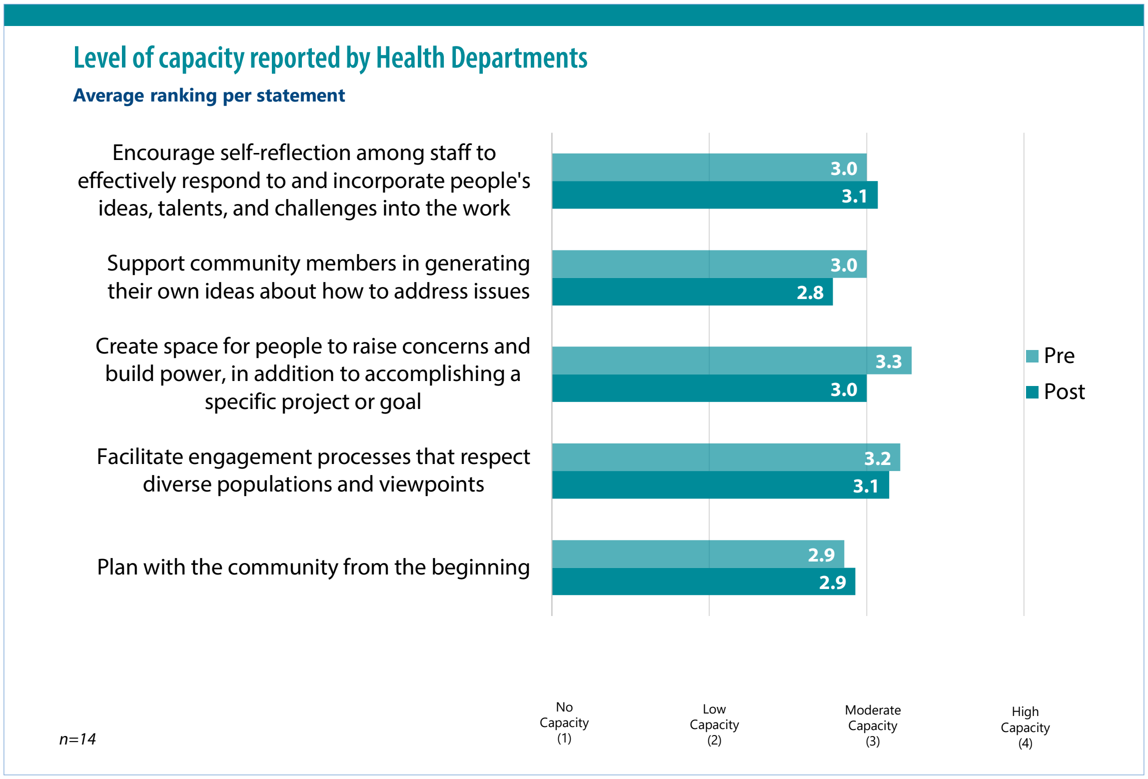
- Data was used to reach populations identified as disproportionately at risk, such as American Indians, the unhoused, men who have sex with men, African Americans, Latinx individuals, women of childbearing age, and substance users.



Level of capacity reported by Health Departments

Average ranking per statement

n=14



Level of capacity reported by Health Departments

Average ranking per statement

- Communities were directly consulted to check assumptions and learn new insights. As one site noted, "*We don't always make that time to actually figure out what the community needs. We do all the research … but I think we have a more difficult time hearing the community or taking those steps to do it versus our smaller local organizations who are actually working with clients all the time.*"
- Silos were broken down by forming community advisory groups, workgroups, and new partnerships, and working across programs.
- The importance of compensating community members for their time was confirmed.
- The need to continue engaging with the community was emphasized. "*In order to really engage community members, you actually have to go into the community and not just survey and then disappear. So I really think, like, it's almost like a values or a guiding principle sort of thing.*"
- Trying new approaches was essential. One grantee noted, *"People were hungrier for information than we expected… our best bet is to just be blunt…We need to just put it out there instead of tiptoeing around."*
- Wider community barriers, such as mental health issues, health education, housing, and access to syphilis testing and treatment, were better understood.
- LHDs increased their presence in the community, built stronger relationships, and gained valuable feedback.

- Sites recognized the value of conducting more outreach and education. One site hired community ambassadors for outreach and survey collection.
- Space was made for community voices to: *"provide feedback and what they were seeing boots-on the-ground or through their lived experiences."*
- There was a recognized need for provider training, "*We learned that they [providers] also need to learn about how to ask the right questions, some cultural humility aspects of not putting more stigma out there when they are asking these questions and having these biases when they're already coming into that interaction with the client."*
- Learned the importance of being good partners to their partners.

Feedback About TA Provided and Grant Administration

Capacity and Readiness for Community Engagement

- While grantees were successful in conducting community engagement and data collection activities, there was little to no reported increase in readiness at the LHD level. Similarly, there was minimal reported growth in capacity or skills related to identifying community leaders, building relationships, collecting data, or engaging in other community-based activities.

Technical Assistance

- Grantees appreciated learning about the work of other funded grantees. However, some mentioned that more interactive discussions would have been beneficial.
- Overall, grantees valued the check-ins with NACCHO and the CDC. They appreciated the flexibility to take risks in their plans and the ability to pivot as needed. They felt encouraged and had an open line of communication.
- Some grantees reported that the resources provided were too generic and that the feedback on surveys lacked substance.
- Grantees valued the funding and found benefits in gathering community input, but felt that clearer guidance would have been helpful. Some noted discrepancies between what NACCHO and the CDC permitted, which caused delays, particularly regarding the funding of incentives.

Grant Administration

- A common barrier mentioned was the significant delays in executing contracts, with some delays extending to six months. Many felt this hindered their ability to engage meaningfully with the community and gather feedback.
- Several grantees noted that expectations seemed to shift, which they attributed to it being a first-time grant. Some also reported last-minute changes to reporting templates and requirements.
- Two sites reported they had expected funding to be linked to plan implementation.
- Several sites recommend extending the project period by three to six months.

Sustainability

- Many sites reported that the information collected and the relationships built would support future syphilis reduction activities.
- Some sites indicated that implementing the syphilis reduction plan would require additional funding.

References

[1] Morales-Garzón, S., Parker, L. A., Hernández-Aguado, I., González-Moro Tolosana, M., Pastor-Valero, M., & Chilet-Rosell, E. Addressing Health Disparities through Community Participation: A Scoping Review of Co-Creation in Public Health. Healthcare. 2023;11(7). https://doi.org/10.3390/healthcare11071034

[2] Centers for Disease Control and Prevention. About Syphilis. Syphilis. Published January 30, 2025. https://www.cdc.gov/syphilis/about/index.html

[3] CDC. Table 2. Trends in Reported Cases and Rates of Reported Cases for Nationally Notifiable STIs, United States. STI Statistics. Published November 4, 2024. https://www.cdc.gov/sti-statistics/data-vis/table-trends.html

[4] Chesson, H. W., Spicknall, I. H., Bingham, A., et al. The Estimated Direct Lifetime Medical Costs of Sexually Transmitted Infections Acquired in the United States in 2018. Sexually Transmitted Diseases, 2021:48(4):215–221. https://doi.org/10.1097/OLQ.0000000000001380

[5] CDC. Sexually Transmitted Infections Surveillance, 2024 (Provisional). STI Statistics. Published September 23, 2025. Accessed October 6, 2025. https://www.cdc.gov/sti-statistics/annual/index.html#cdc_research_or_data_summary_overview-overview

[6] Peterman TA, Furness BW. Public Health Interventions to Control Syphilis. Sexual health. 2015;12(2):126-134. https://doi.org/10.1071/SH14156

[7] Rhodes SD, Daniel-Ulloa J, Wright SS, et al. Critical Elements of Community Engagement to Address Disparities and Related Social Determinants of Health: The Centers of Disease Control and Prevention Community Approaches to Reducing Sexually Transmitted Disease Initiative. Sexually Transmitted Diseases. 2020;48(1):49-55. https://doi.org/10.1097/olq.0000000000001267

[8] Tribal health centers which are operated by Tribes or Tribal organizations and Urban Indian Heath Centers are outpatient facilities that specialize in caring for American Indians and Alaska Natives. They are operated under the Indian Self Determination Act, also known as P.L. 93-638. Title I | Office of Direct Service and Contracting Tribes. Title I | Office of Direct Service and Contracting Tribes. Office of Direct Service and Contracting Tribes. Published 2017. https://www.ihs.gov/odsct/title1/

[9] Rabinowtiz P. Chapter 3. Assessing Community Needs and Resources | Section 21. Windshield and Walking Surveys | Main Section | Community Tool Box. Ku.edu. Published 2018. https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/windshield-walking-surveys/main

[10] To learn more about the community engagement activities and lessons learned for the two American Indian (AI) communities, Tuba City and Winslow, please see pages 15 and 17 in this report.

[11] See Tailoring Health Communications Materials for Refugee, Immigrant, and Migrant (RIM) Communities for more information on language and literacy considerations.

[12] Photovoice is a participatory action research strategy that may offer unique contributions to health. It is a process by which people can identify, represent, and enhance their community through a specific photographic technique. Photovoice has three main goals: to enable people (1) to record and reflect their community's strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through large and small group discussion of their photographs, and (3) to reach policymakers.

[13] Wang C. Photovoice: A Participatory Action Research Strategy Applied to Women's Health. *Journal of Women's Health*. 1999;8(2):185-192. https://doi.org/10.1089/jwh.1999.8.185; Photovoice | Johns Hopkins Center for Health Equity. Johns Hopkins Center for Health Equity. Published 2021. https://publichealth.jhu.edu/center-for-health-equity/photovoice

[14] Marion County. Environmental Scan Summary Report Understanding the Landscape of Marion County Providers of Sexual Healthcare Related to Syphilis July 2024

[15] Tuba City Regional Health Care Corporation 2024 Community Health Assessment and Needs Survey

[16] https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/index.php#reports

[17] https://www.dshs.texas.gov/sites/default/files/hivstd/reports/EpiProfileSTD.pdf

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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