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# A Private Organization and Public Agency Partnership in Community Health Education

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## Synopsis .....

*The authors address a unique partnership among private and public organizations, that of the American Red Cross and the Centers for Disease Control of the Public Health Service. The partnership stimulates an integrated community response to preventing and controlling human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) at the local level.*

*The partnership channels information and provides education to local communities through the efforts of volunteers and staff members. Information is made available as well through other partnerships established under the cooperative agreement between the American Red Cross and the Centers for Disease Control. These partnerships include other national organizations, such as the National Leadership Coalition on AIDS, the National Association of People with AIDS, the National Urban League, and the National Council of La Raza.*

*Education and information messages are designed to complement and be consistent with information and messages from the Public Health Service through the National AIDS Information and Education Program and the "America Responds to AIDS" public information campaign. The objectives are to mobilize local community support for efforts for HIV infection and AIDS prevention and services, as well as to heighten public awareness of the issues.*

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**I**N "The Future of Public Health," the Institute of Medicine wrote its own prescription for the ailing public health community. The report noted that "Organized community efforts to prevent disease and promote health involve private organizations and individuals, working on their own or in partnership with the public sector" (1).

Partnerships of public and private interests created to address national health problems need to be at the community level and to include local community organizations. Partnerships evolve from a recognition that resource constraints limit government response in research, health care, prevention, and other services. Therefore, the commitment of private resources is required to address local health problems adequately. Local private and public partnerships to address health problems will become increasingly important, especially those that include efforts that are sustainable.

A unique public and private partnership exists between a community-based, national, nongovernment organization, the American Red Cross (ARC), and a Federal agency, the Centers for

Disease Control (CDC) of the Public Health Service. The two organizations are working jointly to stimulate integrated community responses to local health problems. The developing and changing relationship between ARC and CDC is a successful example of how a private, voluntary, nongovernment organization and a government agency can jointly address a critical health issue in a manner that enhances the effectiveness of each partner.

## The Voluntary Community

The importance of private sector efforts to public health are commensurate with the private sector's significant human and financial resources. For example, a Gallup Organization poll found that nearly half of the American population ages 14 years and older in 1985, 45 percent male and 51 percent female, volunteered to perform community activities (2). They contributed an average of 3.5 hours per week, up from 2.6 hours in 1980. Volunteers were engaged in an average of more than two assignments per year.

The proportion of those volunteering was highest among those 25 through 49 years of age, and it was somewhat lower among those older than 50 years and those 18 through 24 years. The typical volunteer tended to be a person of above average income and education, middle aged, and married, often with a child (2).

The most common reason given by volunteers who join an organization is that they want to do something useful to help others. The second reason is that they have an interest in the work or activity (personal communication, Max Larsen, Vice President, Gallup Organization, Regional Office, Omaha, NE, August 5, 1991).

The financial contributions of the private sector are substantial. Total annual giving in the United States was estimated at \$122.57 billion for 1990, with more than 80 percent of all contributions coming from individuals.

Individual charitable giving in the United States has doubled in the last 7 years (3). More than \$9.93 billion (8.1 percent) was estimated to be contributed to health services and programs and \$11.82 billion (9.6 percent) to human services in 1990.

The total philanthropic support for health services, excluding volunteer support, is a significant portion of the private sector's contribution to health, enabling public health agencies to coordinate activities and, where appropriate, to encourage public and private partnerships.

The magnitude of public contributions to the religious community is shown in the figure. While some religious communities choose to use these funds to provide direct health services, the majority of congregation-associated religious groups provide human services that can be in support of public health prevention efforts. In comparison, private sector giving to health, estimated at \$10.04 billion for 1989, is 100 times greater than CDC's total 1989 budget of \$100 million for disease prevention activities.

### **The ARC and CDC Partnership**

CDC provided ARC with nearly \$7 million to fund programs to educate the public, members of racial or ethnic minorities, youth, and workers about human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS). CDC funds ARC under a cooperative agreement, an instrument that requires closer collaboration between the partners than does a traditional grant. The agreement made it possible for the two types of organizations to work together,

and enabled the program to address widely differing constituencies within the communities.

The main goal of the partnership between ARC and CDC is to provide a communication program to inform and educate the general public and selected groups about HIV infection and AIDS. Another goal is to support and enhance ARC and CDC objectives for HIV infection prevention through shared responsibilities and collaboration to enhance the effectiveness of such efforts.

### **CDC Partnership Objectives**

Dr. William L. Roper, Director of CDC, noted the importance of public and private organization partnerships in the beginning of the 1990 "CDC HIV/AIDS Prevention Fact Book." He said, "We are facing a critical public health challenge in the 1990s—control of HIV infection and AIDS. Although we can hope for major medical breakthroughs in this next decade, prevention remains the cornerstone of this important effort. Prevention, which is possible only through education to effect behavioral change, depends on close partnerships between our public health and medical care systems and the people of this nation" (4).

Partnerships must be addressed within the context of CDC's mission to prevent illness and death, and, with regard to HIV, to prevent HIV infection and reduce associated illness.

CDC operates and supports prevention programs through its traditional partners, the State and local health agencies, which provide counseling and testing, partner notification, and health education directed to those at highest risk of infection.

The National Partnerships Development (NPD) activity of CDC's National AIDS Information and Education Program (NAIEP) is the focal point of efforts to develop new private sector partners for HIV infection and AIDS prevention efforts. National Partnerships Development efforts focus on national organizations that have communication systems, networks, or structures that can be accessed to promote collaboration at the local level among public, private, and voluntary organizations. Efforts are focused on establishing collaborative relationships with national organizations associated with the voluntary (social and civic), business, and religious sectors of society.

### **ARC as a Partner**

Like CDC, ARC is a large organization, having about 1.19 million volunteers. Funding for ARC

programs is provided through public support, consolidated fund-raising efforts such as local United Way campaigns, and assessments of local chapters for national headquarters operations. Only about 25,000 staff members within ARC are paid. ARC, which is congressionally chartered, is governed by a 50-person Board of Governors; eight members are chosen by the President of the United States, who serves as Chairman of the Board of Governors. One of these eight is the Secretary of the Department of Health and Human Services.

The mission of ARC is to improve the quality of human life; to enhance self-reliance and concern for others; and to help people avoid, prepare for, and cope with emergencies. Largely, it does so through services that are governed and directed by volunteers. ARC is divided into five service areas: health and safety, military and social, disaster, tissue, and blood services. HIV infection prevention and education programs are the responsibility of the health and safety area.

During its fiscal year from July 1989 to June 1990, ARC received more than 350,598 requests for HIV and AIDS information from individuals, groups, and organizations. A total of 95,394 requests went to ARC-operated AIDS hotlines, and more than 23,835 AIDS community awareness sessions were held. More than 2,500 instructors were trained to provide HIV education programs in communities nationwide.

## Goals

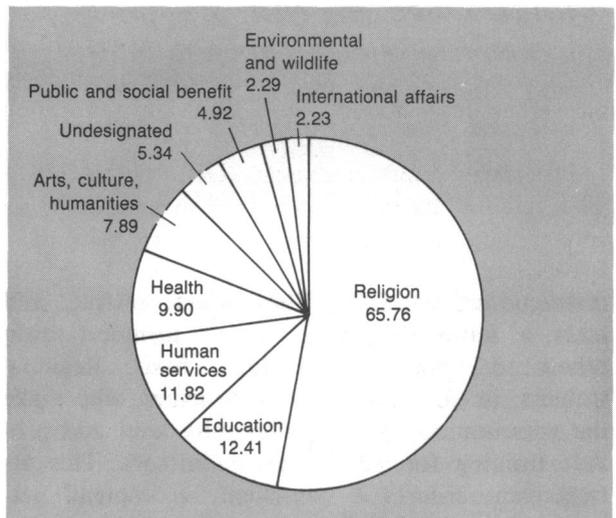
The ARC and CDC partnership has produced a comprehensive communication program, including information and education components, directed to the general population as well as to minority groups at high risk.

In many cases, new relationships have been forged with other organizations and agencies. These include the National Academy of Sciences; the National Urban League; the National Coalition of Hispanic Health and Human Services Organizations; Hispanic Designers, Inc.; the National Council of La Raza; and the National Leadership Coalition on AIDS.

In the 3 years of the CDC and ARC partnership, about \$19 million has been allocated to accomplishing three joint goals, which are to

- Provide effective community education about how to stop the transmission of HIV,
- Reduce unreasonable fear of HIV infection and AIDS through community education, and

Uses of \$122.57 billion of philanthropic contributions, United States, 1990 (dollars in billions)



SOURCE: Reference 3a.

- Demonstrate and promote compassion and humanity toward HIV-positive persons and their families.

Other ARC goals related to HIV infection and AIDS issues include

- Increase the capacity of communities and ARC units to deliver or integrate HIV and AIDS education within communities;
- Design and deliver HIV and AIDS education programs to specific groups; and
- Support the League of Red Cross and Red Crescent Societies and cooperate with international organizations in efforts to contribute to the global strategy on AIDS.

Specific projects developed to address these goals fall into three general categories: educational systems, field support, and evaluation.

**Educational systems.** Educational systems were designed to ensure that appropriate educational programs on HIV infection and AIDS are available and that there are sufficient, adequately trained instructors to provide the programs at the local community level. The education systems include the core HIV infection and AIDS training program, with adaptations for educational programs designed for Hispanic, black, and workplace audiences.

These systems use a hierarchical network within ARC's educational system to disseminate the programs nationwide. Under this system, ARC's national headquarters develops the programs and

*'The main goal of the partnership between ARC and CDC is to provide a communication program to inform and educate the general public and selected groups about HIV infection and AIDS.'*

instructional materials. They select, recruit, and train a national faculty, whose members train others to train on a regional basis. Regional trainers, in turn, train local instructors, who make the presentations at the community level and provide training for other local instructors. This arrangement ensures a consistent, widespread network of qualified trainers throughout the country. The diversity of the materials used in these presentations reflects the diversity of audiences.

**Field support programs.** Field support programs include chapter grant programs, distribution of materials and brochures, statewide HIV and AIDS communication networks, and information updates. Each is designed to supply local chapters with up-to-date information about HIV infection and AIDS, and to support local chapter efforts to prevent HIV infection.

Chapter grants are designed to provide individual chapters with financial support to devise or adapt and implement specific programs to meet local needs. Each year local chapters compete for up to \$20,000 in funds for local educational projects. To date, 64 innovative grants of up to \$20,000 each and 72 mini-grants of \$2,000 each have been awarded to different local communities.

Audiences for these programs have included prisoners, youth, drug abusers, teachers and school personnel, low-literacy populations, migrant workers, community leaders, police, minority women, shelter staff, college students, and church members. Local chapters use a variety of innovative techniques, including board games, plays, street dances, murals, videos, and rap dances, as well as more traditional educational approaches. Educational interventions have been conducted in settings as diverse as low-income housing units, homeless shelters, schools, churches, training centers for the hearing impaired, theaters, colleges, workplaces, and prisons.

A major component of the field support program is the distribution of materials, including

updated HIV and AIDS information, information on innovative projects underway across the country, and evaluation data that may be useful to local chapters. Not surprisingly, this is the most expensive component of the ARC program. From July 1, 1988, to September 30, 1990, ARC

- Developed and updated 15 AIDS brochures and distributed 40 million copies at no charge.
- Produced and distributed 8 educational videos. Overall distribution of videos included 25,123 copies intended for the general population. Among them were "Beyond Fear" and "Working Beyond Fear," designed for workplace programs; a general youth video, "Letter from Brian"; and videos for minority groups, such as "Don't Forget Sherrie" for blacks and "Mi Hermano" for Hispanics. Another 58,619 loans of videos were made to communities at no charge. "Reasons to Care" is the newest community video on AIDS being distributed.
- Produced and distributed 21 educational program items, including instructors' manuals and trainers' guides; a total of 1,194,522 items were distributed.
- Exhibited AIDS education materials at 9 major national conferences; 564,780 persons were estimated to have viewed the exhibits.

The total reach of the ARC distribution system is not fully known, since many organizations and groups receive published information from different sources. For example, many State and local health departments and community-based organizations request such materials from local chapters. Materials used in schools and colleges are traditionally photocopied. Videos can be duplicated locally and are available free of charge at many video rental shops, including the Blockbuster Video stores nationwide.

Since the Red Cross is not organized along State boundaries, and the CDC and ARC needed to provide communication and services within States, statewide systems of communication, Statewide HIV/AIDS Networks, were established. They include local Red Cross chapters, State and local health departments and education agencies, people living with AIDS, and other HIV infection and AIDS-related agencies. Forty-one States and Puerto Rico now have established networks for serving State and local needs.

These networks take various forms. For example, Connecticut, Vermont, and New Hampshire have formed one network. Texas has two networks to

serve community needs. Red Cross chapters in Pennsylvania were divided into 12 service regions to coordinate chapter efforts and to provide educational programs to schools through the State. Another contract was for providing HIV and AIDS education to State employees through the network.

A newsletter, "The HIV/AIDS Information Updates," alerted chapters to new information, to campaign materials from the America Responds to AIDS Program, and updated training information.

**Evaluation.** Each ARC educational program goes through an initial process of needs assessment prior to actual development or production. CDC advisors worked with each ARC committee to set up the design and development of training materials. Formative and process evaluations are conducted throughout the development and implementation phases of all programs. Process evaluation of the implementation of new programs is the next step in the evaluation process. Outcome evaluation measures are being developed, and will be finished by the end of the third project year. The activities of all chapters conducting HIV and AIDS programs are assessed by AIDS coordinators in an annual survey. In summary, the comprehensive program addresses the communication issues and strategies concerning HIV and AIDS education.

An external and internal evaluation of the first 3 years of the collaboration program is being conducted to provide information needed to direct and refine plans for the next 5 years of the partnership. A summary of the projected expenditure of \$19.2 million during the 3 fiscal years ending in 1991 is shown by functional area in the table.

**Other benefits.** ARC has compiled summary analyses of the public opinion surveys about HIV infection and AIDS conducted between 1985 and 1989. These are available from ARC in its publication series "AIDS Information Monitor: a Summary of National Public Opinion Surveys on AIDS (5)."

### Impact of the ARC and CDC Partnership

The impact of the partnership has been to improve coordination of HIV and AIDS information and education efforts and stimulate community participation in these efforts, with ARC augmenting local public health efforts. For example, in Kansas, the State health department has adopted the core AIDS training program for staff members statewide and for community-based organizations. Staff members refer public requests for courses to

Projected expenditures for community efforts to prevent HIV infection and AIDS by the partnership of the American Red Cross and the Centers for Disease Control, by functional areas for combined fiscal years 1988-91

Functional area	Dollars (millions)
Total .....	19.2
Field support .....	9.4
Evaluation .....	1.0
Educational systems .....	3.7
Direct labor .....	2.5
Indirect costs .....	1.8
General administration .....	0.8

SOURCE: Reference 3a (amounts rounded).

the speaker's bureau of the Red Cross chapter in Topeka, which has identified speakers throughout the State.

Projects have resulted from other external partnerships; for example, data from ARC's survey of more than a thousand small business owners about their needs for HIV education resulted in a decision to fund another partner, the National Leadership Coalition on AIDS, which is to develop educational materials useful to the business community. ARC has distributed an award-winning video, "The Los Altos Story," produced by the Rotary Club of Los Altos, CA, a local group of Rotary International, to all ARC chapters for use in community education intervention. National Partnerships Development staff members facilitated the identification of private sector funding to support distribution of the video to Rotary club chapters nationwide.

CDC facilitated efforts of ARC and the National Urban League, resulting in Red Cross training for more than 150 league community instructors in conducting HIV and AIDS education at the community level. ARC chapters provide educational materials at no charge to local league affiliates.

Future efforts will focus on providing technical assistance for community-based organizations in such areas as evaluation of HIV and AIDS programs, and offering instructional programs in fund-raising, work group functioning, providing home care for AIDS patients, and other topics already available through ARC. Program components will augment existing efforts directed toward minority group communities by local ARC chapters and local affiliates of minority group organizations, such as Urban League, National Partnerships Development, the National Coalition of Hispanic Health and Human Services Organizations, and La Raza. ARC will coordinate with parent and school organizations in delivering a comprehensive school health education program that includes HIV educa-

tion components. These efforts will enhance community-level HIV infection prevention and service programs. New programs will be developed for the general public, school-age youth, minority groups, and low-literacy level audiences.

The partnership shows how a comprehensive program for communication about preventing HIV infection can be integrated into an existing national network whose primary emphasis is not on HIV and AIDS. By design, the messages are consistent with the messages of CDC and the Public Health Service. A national working body is needed to implement a strategy for communicating information on preventing HIV infection.

This approach was suggested by the World Health Organization in a 1988 report (6), which said that the working committee "should be broad enough to ensure the representation of all important sectors and organizations, including health, education, social, and counselling services; religious, insurance, legal, and political bodies; communications media; nongovernmental organizations; international organizations; and research institutions."

The ARC and CDC collaboration will lay the foundation for a national effort and demonstrate that such partnerships can help moderate the impact of HIV infection and AIDS in America.

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## Improving Community Support for HIV and AIDS Prevention Through National Partnerships

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**Synopsis**.....

*If the transmission of human immunodeficiency virus (HIV) is to be prevented, the environment in*

*which people live should predispose them to engage in and sustain safe behaviors. Too often in public health, the range of organizations that make up that environment are overlooked, and prevention strategies are limited to familiar medical and public health institutions.*

*Improvement in public health does not occur in isolation, apart from the other institutions of society—and so it is with the HIV-AIDS epidemic. Education; business and labor; religion; government; voluntary, civic, and social organizations; and the media can all serve as facilitators or as barriers to creating the environment—at the national, regional, State, or local level—that will prevent and control the spread of HIV infection and AIDS and support the needs of those already infected. Collectively, they become a comprehensive HIV prevention network with access to and influence on the total public. One of the most significant benefits of this network is the multiplier effect on the limited resources of public health.*

*Therefore, as part of its HIV and AIDS prevention strategy, the Centers for Disease Control*