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Challenges and approaches to mobilizing communities for HIV prevention among young men who have sex with men of color

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Abstract

Young men who have sex with men (YMSM) of color are disproportionately impacted by HIV/AIDS in the United States. More HIV prevention interventions targeting risk factors of this group are needed, particularly at the structural level. This paper focuses on *Connect to Protect: Partnership for Youth Prevention Interventions* (C2P), a multi-site study employing community mobilization to decrease HIV acquisition and transmission among youth. Seven C2P sites are mobilizing their communities to prevent HIV among YMSM of color. These sites have faced a number of similar challenges. This article uses qualitative data to explore three domains relating to community mobilization at YMSM sites – forming community partnerships, maintaining the coalition, and facilitating structural-level coalition objectives. Challenges and approaches across domains illustrated themes related to stigma and discrimination, mobilization around YMSM of color, coalition participation and funding.

Keywords

community mobilization; young men who have sex with men of color; HIV prevention; coalitions; stigma

Young people aged 13- to 24-years-old accounted for 35% of all new HIV cases in the United States (US) in 2006 (Center for Disease Control and Prevention, 2008; Hall, Song, Rhodes, Prejean, An, Lee, et al., 2008), and the majority of these cases are attributable to male-to-male sexual contact (CDC, 2008). In 2007, male-to-male sexual contact accounted for 53% of HIV/AIDS cases nationally and was the highest transmission category for adolescents and adults (Center for Disease Control and Prevention, 2009a). The Young Men's Survey, a study of over 3000 young men who have sex with men (YMSM), found that Black, Hispanic, and mixed race YMSM between the ages of 15- and 22-years-old were disproportionately infected with HIV compared to their White counterparts (Valleroy, MacKellar, Karon et al., 2000). Specifically, HIV prevalence was 16% for Black and multiethnic Black YMSM participants, 6.9% for Latinos, and 3.3% for Whites (Harawa, Greenland, Bingham et al., 2004). However, analysis shows that these ethnic/racial disparities in HIV prevalence are not directly linked to increased individual risk behavior by YMSM of color (Harawa et al., 2004; Millett, Flores, Peterson, & Bakeman, 2007).

Societal factors, including heterosexism, racism, poverty, and stereotypes of masculinity, may affect the risk of YMSM of color for acquiring HIV and are increasingly identified as factors that impede the success of individual- and group-level HIV prevention interventions for YMSM of color (Harper, 2007; Millett et al., 2007). Stigma against people living with HIV/AIDS and against same sex sexual behaviors may also increase HIV risk for YMSM of color. Some YMSM of color cope with this stigma by seeking support via surrogate family structures such as the House and Ball community (Arnold & Bailey, 2009). Norms within

these communities can also prevent YMSM of color from being linked to HIV prevention resources. Understanding the stigma and discrimination faced by YMSM of color may elucidate how stigma facilitates unsafe sexual behaviors (Millett et al., 2007) or can be leveraged for harm reduction for YMSM of color.

The disproportionate impact of the HIV/AIDS epidemic in the US on YMSM of color highlights the need for effective prevention interventions targeting this population. The Centers for Disease Control and Prevention (CDC) endorses 69 Evidence-Based HIV Prevention Interventions (EBIs), and although seven of these focus on men who have sex with men (MSM), none were explicitly developed to meet the needs of youth of color who are MSM (Center for Disease Control and Prevention, 2009b). Evidence-based HIV prevention interventions are designated as an individual-, group-, or community-level interventions, but they do not focus on altering structural-level factors, such as issues related to poverty, homelessness, or societal homophobia, that have been linked to HIV transmission among YMSM (Center for Disease Control and Prevention, 2008).

Structural-level HIV prevention interventions represent an innovative approach to decreasing rates of HIV infection among YMSM of color. These interventions should decrease social, environmental, policy, and organizational factors that are linked to HIV transmission (Sumartojo, 2000). Laws mandating condoms in bath houses and banning smoking in restaurants are examples of structural-level public health prevention interventions. The call for structural-level HIV prevention interventions has emerged both domestically and internationally (Blankenship, Bray, & Merson, 2000; Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008; Sumartojo, 2000), particularly for homeless youth (Marshall, Kerr, Shoveller, Montaner, & Wood, 2009), and African American MSM (Peterson & Jones, 2009). However, literature on such interventions generally focuses on international contexts (Blankenship, Friedman, Dworkin, & Mantell, 2006; Gupta et al., 2008; Parker, Easton, & Klein, 2000; Pronyk, Hargreaves, Kim et al., 2006) or adults of color in the US (Cohen, Wu, & Farley, 2006; Metayer, Jean-Louis, & Madison, 2004; Young, Washington, Jerman, & Tak, 2007).

Increasingly, coalitions are becoming a mechanism for creating structural-level changes. One promising coalition-based intervention for HIV prevention is *Connect to Protect: Partnership for Youth Prevention Interventions* (C2P) (Ziff, Harper, Chutuape et al., 2006). It is a multi-site (15 sites) study employing community mobilization via coalitions to create structural-level changes intended to decrease HIV acquisition and transmission among youth. Seven C2P sites seek to reduce HIV rates among YMSM of color and are henceforth referred to as “YMSM sites.” Using the term YMSM stresses a shared sexual behavior and not necessarily an identity of young men across C2P sites. The ATN utilizes the term YMSM to refer to gay, bisexual, transgender women, and other male youth who may not identify as any of these terms. It should be noted that this may obscure regional differences in who is considered under the category YMSM, such as if transgender women are included in this term. Nevertheless, data reflect that the majority of YMSM identify as gay or bisexual (Harper, 2007) and that the use of YMSM may be problematic if recognition of LGBTQ (Lesbian, Gay, Bisexual and Transgender) culture is not considered (Young & Myer, 2005). These YMSM sites faced a number of similar challenges and, despite these barriers, developed approaches for moving forward with mobilizing their coalitions. Published literature about C2P has described aspects of the mobilization process and provides background about the coalitions (Chutuape, Willard, Sanchez et al., 2010; Straub, Deeds, Willard et al., 2007; Ziff et al., 2006) but has not probed issues specific to YMSM sites. This article uses qualitative data to explore three domains relating to community mobilization at YMSM sites – forming community partnerships, maintaining the coalition, and facilitating structural-level coalition objectives. Challenges and approaches across

domains illustrated themes related to stigma and discrimination, mobilization around YMSM of color, coalition participation and funding.

Methods

Background

Connect to Protect: Partnerships for Youth Prevention Interventions is a research project of the Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN), which is funded by the National Institutes of Health. All fifteen ATN sites throughout the US and Puerto Rico are implementing C2P. The objective of this research is to determine the effect of community mobilization around HIV prevention on HIV incidence and prevalence among specific subpopulations of youth. Each site completed a community planning process to select a target population within a specific geographic area. This process helped to identify discreet geographic areas and subpopulations at highest risk for HIV and included (1) examining epidemiological data, (2) creating Geographic Information Systems maps of demographic, behavioral, and morbidity data, and (3) administering community resource surveys (Geanuracos, Cunningham, Weiss et al., 2007; Straub et al., 2007). Based on their assessment, seven sites chose to focus on YMSM between 12- to 24- years-old (Baltimore, Chicago, District of Columbia, Los Angeles, Manhattan, Philadelphia, and San Francisco). At each of these sites, YMSM of color were the population most affected and at high risk for HIV. Of the remaining eight sites, seven focused on young women and one focused on injection drug users.

Participants

Implementation of each Connect to Protect (C2P) coalition was a collaborative process involving diverse community partners and C2P staff. Connect to Protect staff members, known as Community Coordinators, are employees of their hospital or center within the ATN. They facilitated the process of forming each local coalition, developing action plans, constructing logic models, convening meetings, and identifying and implementing structural-level objectives with coalition partners (Chutuape et al., 2010; Ziff et al., 2006). In addition, Community Coordinators sought to build new partnerships and maintained the coalitions. There were two Community Coordinators at each YMSM site, except for Chicago where there was one Community Coordinator. Across all sites, coalition partners represented multiple sectors, such as community-based organizations, education, health care, faith, and businesses.

Design and Procedure

Community Coordinators met biannually at ATN network meetings and spoke via monthly conference calls. At the April and October 2009 network meetings, Community Coordinators from the YMSM sites discussed successful strategies, as well as barriers that were encountered in the community mobilization process. From these discussions, it became apparent that these sites had similarities that distinguished them from the non-YMSM sites. It should be noted that not every YMSM coalition targets precisely the same population. For example, some emphasize gay or bisexually-identified young men and some include transgender young women. While these differences among target populations were recognized by Community Coordinators, after several nuanced discussions, they decided that the similarities their sites faced exceeded differences and agreed to use the term of YMSM to refer to their sites.

Community Coordinators agreed to formally study their coalitions and formed a writing team. Community Coordinators from each YMSM site were asked by the writing team to complete a brief survey and submit one set of answers per site. The first and second author

did not respond for their sites. Surveys included a series of open-ended questions that assessed challenges faced and solutions enacted by the Community Coordinators related to various aspects of coalition formation and functioning. Challenges were grouped into three domains: forming community partnerships, maintaining coalitions, and facilitating structural-level coalition objectives. These domains had emerged from discussions among the Community Coordinators of YMSM sites at national ATN meetings and on subsequent conference calls at which the challenges were discussed among the writing team to determine the domains. The domains provide a grouping of activities that reflect the initial chronological process of community mobilization and areas identified by the authors based on their work in the field. For each domain, each site was asked to identify two challenges and detail two approaches that were implemented for each challenge. In addition, the survey offered Community Coordinators an opportunity to identify what they considered to be their coalition's successes. The ATN and each authors' Institutional Review Board approved the survey, and it was distributed to all seven YMSM sites. The survey was administered by email in early 2010, at which time the C2P coalitions were approximately four-years-old.

Following the receipt of completed surveys from the Community Coordinators of all seven YMSM sites, responses were placed in a matrix by site and domain. The matrix was coded by challenge using grounded theory by the first author (Straus and Corbin, 1998) and distributed to the writing team. The writing team provided feedback on the coding. Next, challenges and their common solutions were grouped into themes and placed into tables by domain. The data reduction process involved reviewing the data for common themes and then summarizing those themes for each portion of the survey. The data were analyzed by two of the authors, one Community Coordinator who did not complete the survey for her site and another who is a leader within the community prevention group of the ATN. Themes were summarized into four tables, according to the survey domains and including challenges and approaches, and data reduction was completed.

Results

Responses to the survey illustrated challenges in community mobilization for HIV prevention with YMSM of color and approaches taken to mitigate these challenges. Themes relating to these challenges are presented by survey domain (forming community partnerships, maintaining coalitions and facilitating structural level objectives along with their corresponding approaches. The challenge of focusing coalition efforts on YMSM of color arose across all domains. Other challenges included availability of partners to participate in the coalition; organizational and community politics; funding of coalition partners' organizations; sustainment of coalition momentum; and implementation of structural-level objectives. Coalition successes that were reported by Community Coordinators ranged from increased collaboration and intra-coalition accountability to expansion of a city's HIV prevention agenda.

Forming Community Partnerships

Challenges noted by Community Coordinators with forming community partnerships centered around three areas: (1) recruitment of partners to focus on YMSM, (2) availability of potential partners to participate in the coalition, and (3) organizational and community politics. Although the coalitions themselves had chosen to focus on YMSM of color, recruitment of more coalition partners that supported this decision proved difficult for a number of reasons. Some potential coalition partners lacked knowledge of or interest in serving this population, while others lacked a scope of work that included YMSM of color. Therefore, it was necessary for the Community Coordinators to conduct outreach and share information on YMSM and HIV that built a case for serving this population. For example, in Washington DC, information was shared via meetings, council hearings and pamphlets, and

potential partners were invited to educational trainings. Coalition objectives often impacted broader populations of youth, such as high school students, and this larger population focus was used to leverage interest in joining the coalition for organizations with broader missions, like schools and churches.

Another challenge was the availability of potential partners to participate in the coalitions. Community Coordinators sometimes faced recruitment challenges despite individuals' enthusiasm about the coalition's mission. Some potential partners had competing priorities and lacked the time to participate in the coalition, while their agencies were under-staffed and faced with budget cuts. Coordinators facilitated a distributive leadership process and created opportunities for partners to take on small, discrete tasks. This approach served to ease concerns about time. They also stressed the long-term benefits of collaboration, such as networking, collaborative grant writing, and capacity-building trainings. In addition, many YMSM sites were located in cities with multiple youth-, MSM-, LGBT-, or HIV-focused coalitions. Therefore, it became imperative for coalitions to highlight the singularity of C2P coalitions working towards structural-level objectives across multiple sectors at the intersection of HIV, youth, and MSM.

Organizational and community politics represented a third challenge to forming community partnerships focusing on YMSM of color. The interplay of existing community politics could not be ignored by Coordinators. Gay and bisexual men of color, HIV prevention communities and related organizations have complex histories relating to collaboration and competition for scarce resources. Accordingly, community gatekeepers whose acceptance was regarded by the coalition as influential, like young gay men of color in the House and Ball community and public health officials were recruited to assure representation of important stakeholders. Coordinators worked to create a safe meeting space with a consistent format and ground rules, in order for all voices to be heard and politics among partners to be minimized.

Maintaining Coalitions

Challenges related to the maintenance of coalitions fell in three areas: (1) maintaining a focus on YMSM of color, (2) preserving existing funding and/or obtaining new funding at coalition partners' agencies, and (3) sustaining momentum of coalitions. During the formation of community partnerships, maintaining a focus on YMSM of color continued to be a challenge. The sustained participation of partners whose agencies' missions did not include this population or who had a broader prevention agenda for youth required that the coordinators facilitated objectives that would impact YMSM of color and those that would impact services to youth in general. For example, mandated HIV testing upon intake and discharge from the Department of Juvenile Services would impact all youth in the juvenile justice system, not only YMSM of color. Sites in LA, Baltimore and Philadelphia also found opportunities to include YMSM of color directly in the coalition, which served to focus the coalitions on this population. Coordinators also employed the tactic of increasing their leadership in other coalitions and community activities, thereby strategically extending the focus on YMSM beyond their coalition meetings.

During the project, coalition partners faced, severe HIV prevention budget cuts, staff turnover due to underfunding, and competition with other partners for scarce funding resources. This theme was summarized as economic hardship of partner agencies during the project. In many cities, budget cuts resulted in a decrease of HIV/AIDS programming and staff, including numerous coalition partners. The priority for many partners was to preserve or obtain funding, in order to survive. Community Coordinators responded to funding challenges in a number of ways. In San Francisco, Community Coordinators attended public hearings at the Health Commission and Board of Supervisors to offer support to coalition

partners affected by budget cuts. Others offered technical assistance in the form of financial management workshops and provided time at coalition meetings to share resource opportunities. To maintain the coalition when faced with staff turnover, Coordinators engaged multiple staff members from partner agencies.

The final challenge of coalition maintenance was sustaining coalition momentum towards completing objectives. There were competing priorities among coalition partners, such as the previously noted financial issues and participation in other coalitions, as well as inconsistent meeting attendance. Community Coordinators reported that increasing ownership of the coalition by partners was an important approach. Keeping strategic planning relevant and communication open and informative also served to sustain momentum. To that end, listservs and e-mail groups were effective when partners participated actively in them between meetings. They also developed external communications like newsletters to keep the larger community and partners informed. Finally, collaborating on community events, like World AIDS Day events, kept the coalition active and served to increase C2P's visibility in the community.

Facilitating Structural-Level Objectives

Challenges related to facilitating structural-level coalition objectives included (1) reiterating and broadening the focus on YMSM of color (as in other domains) and (2) implementing structural-level objectives. Community Coordinators dealt with this first challenge by identifying objectives that impacted youth populations but were particularly important for YMSM of color. In LA and NYC, this included access to non-biased, comprehensive sexual health education. Another approach was to continually gather local epidemiological data to monitor emerging trends and opportunities for structural-level HIV prevention for YMSM of color. Coordinators also maintained communication between YMSM of color and partner organizations to ensure that objectives were based in their needs. The second challenge was ensuring that the coalition developed and implemented objectives that met the C2P definition of structural. Some Community Coordinators presented the shared C2P definition of structural-level objectives at each meeting. They also reported directing coalitions away from individual-level solutions, focusing on one objective at a time, and breaking objectives into manageable steps. In Philadelphia, Community Coordinators kept people focused on structural-level objectives rather than behavioral level ones by presenting structural-level objective frameworks in multiple ways. Additionally they supported partner ideas that were the most structural during meetings to steer the coalition in that direction. In Baltimore, the coalition addressed both challenges when working to create more testing opportunities and engage churches in discussions about homophobia. By first allowing for HIV education and the formation of a health team, they created an HIV unit at a local church. Then this church assisted in creating an HIV sensitivity assessment tool for use when approaching other churches, making future structural level objectives in multiple churches easier and included more than only YMSM in the objective.

Successful Outcomes

Successful outcomes of the coalition were identified by Community Coordinators. The majority of sites identified increased collaboration as a successful outcome of C2P coalitions. Specifically coalitions created new opportunities for coalition partners to work together, brokered resources, and addressed specific areas of need for YMSM of color. The Los Angeles coalition received funding to support a coalition objective and helped partner agencies in securing new funding. In Chicago, the coalition provided a platform for community sectors who have not met productively in the past around YMSM to work together and develop a relevant, mutually beneficial objective without creating animosity between sectors. Shared leadership and accountability contributed to changes to the internal

structure and functioning of coalitions, such as the creation of an executive committee to oversee the New York City coalition. External changes regarding the inclusion of structural-level objectives and YMSM of color were noted. Structural-level objectives were included as a component of NYC's HIV prevention planning group's comprehensive plan. In Baltimore, the coalition reported broadening the scope and outcome goals of multiple organizations to include YMSM of color.

Discussion

This study examined themes through a survey of the Community Coordinators of coalitions. Responses to the survey illustrated challenges in community mobilization for HIV prevention with YMSM of color and approaches taken to mitigate these challenges. Each of the three survey areas (forming community partnerships, maintaining coalitions, and facilitating structural-level objectives), involved confronting stigma towards YMSM of color. In addition, other themes that bridged the domains were mobilization around YMSM of color, coalition participation, and funding. The similar challenges and approaches to community mobilization at YMSM sites suggest that despite different geographical and social contexts, there may be similar strategies for community mobilization around this population, such as advocacy during the formation of partnerships and flexibility with expanding the coalitions' focus, in order to accomplish objectives. Any prescriptive or generic community mobilization intervention would overlook societal stigma and discrimination against YMSM of color.

Coalition Accomplishments

During the past four years of community mobilization activities, YMSM sites completed 87 objectives, ranging from inter-organizational collaborations to policy changes in local city governments. Examples of structural-level objectives at YMSM sites include (1) By 2008, 25% of HIV testing programs will have a mobile testing component with relevant hours for YMSM [in the target area] and (2) By June 2010, the Department of Human Services will implement an enforcement plan to address violations of the LGBTQ non-discrimination policy for Youth Services. Overall, 499 community partners directly contributed to objectives at YMSM sites, with active coalition membership varying by site. These coalition accomplishments further support Burns and colleagues' (2010) recognition that the promotion of structural level objectives, including those relating to stigma and discrimination, are essential components for HIV prevention, along with prevention trials and emerging biomedical interventions (Burns, Dieffenbach, & Vermund, 2010).

Stigma and Discrimination

When examining approaches or challenges to community mobilization at YMSM sites, recognizing the influence of stigma is essential in understanding the processes and outcomes of coalition work. Stigma can be defined as "a dynamic process of devaluation that significantly discredits an individual [or group] in the eyes of others" (Goffman, 1963 cited by Ayala et al, 2010). It is expressed through discrimination. Stigma towards YMSM of color may relate to AIDS, same sex behavior, or a combination of factors, such as being young, gay, and a person of color. CDC recognizes stigma as a process that negatively affects HIV risk (CDC, 2010). In a study by Wong and colleagues (2010), YMSM of color "were at increased risk for social discrimination and violence that place them at increased risk for drug use", a factor related to HIV transmission (Wong, Weiss, Ayala, & Kipke, 2010). Stigma against gay and bisexual young men of color hinders structural interventions for HIV prevention (Harper, 2007; Auerbach, Parkhurst, Caceres & Keller, 2009; Ayala, Back, Lauer, Reynolds & Sundararaj, 2010). YMSM of color are heterogeneous and do not necessarily comprise a cohesive community of young gay men of color. However,

discrimination and stigma may be a common factor for YMSM of color regardless of whether or not they identify as gay, bisexual or straight or are transgender (Harper, 2007). The findings of this study support stigma as a barrier to structural HIV prevention, and a discussion of the challenges and approaches to community mobilization at YMSM sites should not be removed from the context of stigma.

Stigma against same-sex sexual behavior, heterosexism, homophobia, racism and ageism against YMSM of color caused some possible coalition partners to avoid affiliation with related objectives or activities. Whether implicit or explicit, this stigma and resulting social discrimination added a layer of complexity in coalition work that may have contributed to Community Coordinators perceiving collaboration and other processes as important coalition accomplishments. Similarly, stigma may have influenced YMSM sites to develop incremental program and practice changes rather than broader policy changes. This may have resulted in part because of the extra effort needed to build and maintain the coalition due to stigma and in part due to the enormous burden of stigma that coalition partners anticipated as they planned feasible objectives. Frustration surrounding the pervasive stigma targeted toward this population was common among coalition partners, and this stigma influenced the three survey themes detailed below.

Mobilization around YMSM of Color

Creating structural-level changes to impact YMSM of color was sometimes met with resistance by potential coalition partners. To navigate these challenges, coalitions at YMSM sites frequently pursued structural-level objectives that broadened the population of focus to include a diversity of youth. A broader focus may have increased the appeal of the coalitions for varying stakeholders, but it may have meant that YMSM of color were impacted in a more diffuse and potentially less effective way. That Coordinators identified the act of collaboration itself as a major success implies that at those sites collaboration among various sectors increased as a result of C2P coalitions. This improved collaboration may reflect movement away from the history of mistrust and competition for funding among organizations. Stigma and heterosexism within institutions, agencies, and individuals were and will continue to be challenges. The tension created by staying focused on YMSM of color while maintaining the interest of diverse coalition partners pushed Coordinators to be constantly aware of coalition partners' interests and needs. Themes relating to coalition participation and funding were intertwined with the coalitions' mobilization around YMSM of color.

Coalition Participation

Cultivating an interest among relevant organizations to work with YMSM of color around HIV prevention required outreach and education. Some potential coalition partners did not know about the disproportionate impact of HIV on YMSM of color or understand how this issue related to their organization. Community Coordinators often presented epidemiological data and explained the connection between social determinants of health, such as poverty and racism, and HIV. Through this education, they became advocates addressing societal stigma and heterosexism. Coalitions shared information at meetings about opportunities for YMSM of color communities and partner organizations, such as local events, and possible funding sources. YMSM of color also presented their perspectives to the coalition, an advantageous decision supported by previous findings on structural interventions (Harper, 2007; Auerbach et al, 2009).

Not all potential coalition partners were willing to commit their time to work toward improved health for YMSM of color, but Community Coordinators built a base of support for YMSM of color and coalition efforts. Identifying supportive coalition partners as

spokespeople for the coalition who could garner new partnerships and help maintain participation was essential. Strengthening coalition partners' involvement made coalition objectives more attainable. Overall, the more involved coalition partners were in leading and taking responsibility for the coalition, the stronger their ties to the completion of coalition objectives.

Funding

Funding allocation played a crucial role in coalition activities and for YMSM of color-specific and/or inclusive programs. Budget cuts in HIV prevention, competition for funding among coalition partners, and lack of consistent coalition involvement are interwoven issues that affected participation and completion of objectives. In California, HIV /AIDS services budgets were reduced by \$82 million (Los Angeles Commission on HIV, 2009); the sites in Los Angeles and San Francisco noted that these cuts affected the capacity of their coalitions. Diversification of funding sources for coalition partners beyond HIV monies could alleviate these challenges. Lack of funding for programs targeting YMSM of color may result from the fact that YMSM of color are a population defined by behavior and may be difficult to access. In addition, heterosexism and homophobia towards gay and bisexual young men or racism within the gay community may also have played a role in establishing past funding streams that overlooked YMSM of color.

Strengths and Limitations

While the use of a survey for data collection provided a concise manner to examine challenges and approaches implemented by Community Coordinators, it produced retrospective data that could have been biased by current coalition activities. The fact that the authors were themselves Community Coordinators is both a limitation and strength of this study. Insights or information not contained in the survey, but known to the authors, may have influenced the analysis. However, the analysis came directly from people who are facilitating community mobilization around HIV prevention for YMSM of color. This understanding of the work and the population is critical. Authors were able to ask follow-up questions to Community Coordinators and incorporate responses. Investigating challenges and approaches serves to identify the processes of problem solving and generating innovations in a community context and has been repeatedly requested of community practitioners (Green, 2008, 2009; Lewin, 1946).

Future Research

The findings presented illustrate a variety of concepts that warrant further investigation by researchers working with community partners and employing community mobilization to accomplish structural-level objectives. Future research should examine how partnership formation and maintenance with multi-sector coalitions that include YMSM of color and the sustainability of coalition objectives can be successfully facilitated. Communities' definitions of success should also be explored along with how funding streams influence these outcomes. Additionally, comparative research should examine similarities and differences between C2P sites that focused on HIV prevention for YMSM and those that focused on young women. This research could probe the types of organizations who participate, level of participation of partners, and/or qualities of completed or discontinued objectives. A more nuanced analysis of YMSM sites would also be useful, in order to address distinctions among different YMSM populations. Given the emphasis on stigma and heterosexism as barriers to coalition progress, further examination of how coalitions framed objectives when faced with these barriers is warranted. Furthermore, this study supports calls for prevention research to include stigma and discrimination against MSM as a central component (Ayala et al., 2010).

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