Understanding Community Mobilization Within Communities of Color In Los Angeles County

A Report Prepared for
Office of AIDS Programs and Policy
Department of Public Health
Los Angeles County

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Background

Office of AIDS Programs and Policy (OAPP) is interested in funding community mobilization efforts to (1) increase awareness about HIV/AIDS in the African-American and Latino communities, and (2) mobilize non-traditional partners to respond to the local HIV/AIDS epidemic. To this end, OAPP sought an independent third-party review of community mobilization guidelines, best practices, activities, and potential outcome measures. The findings of this review will be used to develop a Request for Proposals (RFP) for developing and implementing strategies to mobilize African-American and Latino communities in disease prevention and improving the quality of life of people living with HIV.

The new Community Mobilization Initiative (CMI) will represent a second generation of OAPP-funded community mobilization efforts targeting African-American and Latino communities heavily impacted by HIV/AIDS in Los Angeles County. The first generation of community mobilization efforts, known as the Community Development Initiative (CDI), started in November 2003 and ended in June 2008. Lessons learned from the CDI were incorporated as part of this third-party review.

Method

As part of the review process, data were collected through three methods: a review of relevant literature, and interviews and community forums with interested stakeholders representing the targeted African-American and Latino communities, among others.

This was not a scientific study. The goal was not to empirically demonstrate or prove a theory, model or hypothesis. Rather, the objective was to gain perspective on community mobilization as it has been conceived and pursued elsewhere (archival review), and to gain insight into culturally appropriate ways of approaching community mobilization within the targeted communities (interviews and community forums).

Archival data was collected through a literature review using on-line search and a university library database search on keywords such as “community mobilization,” “best practices,” “success factors,” and “outcome measures.” In addition to the archival research, a set of nine interviews and three community forums were held with identified stakeholders within Los Angeles County. The objective of the interviews and community forums was to ascertain the local perspective and to develop appropriate community sensitivity on the following topics:

- Purpose and goals of community mobilization;
- Guidelines for community mobilization success;
- Performance indicators of success;
- Sensitivity to culturally appropriate mobilization efforts;
- Activities to fund; and
- Sustainability.

Findings

The findings are presented separately for the archival review, and the stakeholder interviews and community forums.

Archival Review. The archival review addressed four questions and sought to gain insight into the meaning, process and outcomes of community mobilization. The findings in relation to each of these questions can be summarized as follows:

1. What is community mobilization? In general, community mobilization entails community engagement, a defined need, choice, and action. Moreover, community mobilization was seen as a multi-phased process characterized by need identification, organization, implementation and evaluation.

2. Are there community mobilization "best practices"? While best practices appear to be completely contextual, central to the best practices identified were community engagement, autonomy and empowerment, and accountability for results.

3. Are there generally agreed upon community mobilization success factors? Like best practices, it is difficult to ascertain common success factors from the literature. Nonetheless, factors that seem to recur in successful initiatives are community engagement, joint problem solving, multiple approaches, alliances to meet differing client needs, capacity building and sustainability.

4. What are the appropriate outcome measures for a community mobilization initiative? Once again, outcome measures must be tied to the goals and objectives of specific community mobilization initiatives. The literature, however, did identify a set of potential measures linked to prevention that address in various ways the increase or decrease of either risky behaviors or disease incidence.

Stakeholder Interviews and Community Forums. Stakeholder interviews and community forums addressed six questions and sought to gain insight into community-specific perspectives and attitudes about community mobilization within targeted communities. The findings in relation to each of these questions from the perspective of Los Angeles County stakeholders can be summarized as follows:

1. What are the purpose and goals of community mobilization? Stakeholders identified the purposes of community mobilization as creating involvement, bringing people together, mobilizing, and seeking to effect change. The identified goals were heightening awareness, ensuring access to treatment and care, and building community ownership. In addition, community members were asked about several other issues in relation to purposes and goals:

    - The community identified the essential components of community mobilization as cultural sensitivity, community engagement, messaging, the process of mobilization, and a whole person emphasis.

- The greatest concerns identified for their community were cultural and linguistic competence, flexibility, relevance, stigma, and a whole person emphasis.

- The identified community priorities included access to care, education, flexibility, knowing who to target, and a whole person emphasis.

2. What are the guidelines for community mobilization success within targeted communities of color? Guidelines identified included community engagement, empowerment, accountability, community-based problem-solving, individual and organizational capacity building, and a whole person emphasis.

3. What are the performance indicators of success? Indicators of success included the pre-specification of clear outcomes, community engagement, and goal achievement as reflected in change in risky behaviors and/or disease incidence.

4. What must one be sensitive to in order to be effective in mobilizing the targeted communities? A variety of issues were identified that might enhance provider sensitivity to the unique characteristics of a community. These included cultural and linguistic sensitivity, active engagement of the community, flexibility in programmatic approach, the nature of the messaging, community-sensitive outreach (e.g., outreach efforts may focus on the role of family in Latino communities, and the role of the matriarch in African-American communities), self-esteem, and an emphasis on the whole person.

5. What types of activities do targeted communities think should be funded? While a variety of possibilities were identified, they focused on the following: providing access to treatment and care, efforts that promote active and non-traditional (e.g., the small business person) community engagement, alternative forms of messaging that reflect generational differences and that employ modern technology, outreach, testing and a whole person emphasis.

6. How can community mobilization efforts be sustained within targeted communities, and what resources currently exist? According to the stakeholders, to sustain community mobilization requires flexibility in programmatic approach to meet the evolving nature of the disease, public and private funding, community-based ownership, agency /organizational staying power, and a whole person or systemic emphasis. Resources that are already established within communities include current service providers; groups, committees and task forces; and respected individuals within communities that either hold or take up leadership roles.

Meta Issues

A set of four “meta issues” arose through the process of data collection and analysis. As meta issues, they were ever present in the discussions. The four meta issues are (1) community engagement – investing more in understanding and supporting specific communities rather than whole populations, (2) whole person – investing more in understanding the broad panoply of challenging issues facing a client rather than just HIV/AIDS, (3) flexibility – investing in

supporting communities in adapting resources to fit their specific needs rather than adhering to a pre-defined set of criteria outlined in an RFP, and (4) small is beautiful – investing in many, small contracts supporting a range of approaches across a broader set of communities rather than a few large contracts.

Recommendations

The meta issues represent the over-arching understanding of what was learned through this review. Recommendations are provided in relation to each meta issue.

Community Engagement. Actively engaging the community is seen as essential to community mobilization success. Recommended ways of engaging communities include working through families, working through the matriarchal system, working with communities to support them in their own process of issue identification, prioritizing and action planning, working through respected individuals within the community, using appropriate technology, and working through local small businesses.

Whole Person. The individual is facing a constellation of needs, each of which is competing for her/his attention. The priority need may vary on a daily basis, but is more likely to be food, shelter and safety, among others, than HIV/AIDS. Recommended ways of supporting the whole person include participating in a network of agencies where a range of client needs can be addressed, meeting the client where she/he is in relation to the most pressing needs, and supporting other agencies that are providing satisfaction for the immediate need while encouraging them to weave HIV/AIDS into their established service offerings.

Flexibility. Providers feel "hand-cuffed" by rigid RFP requirements. They then risk missing the target, providing the wrong services, or inhibiting their ability to adapt to the evolving nature of the disease and the community. Recommended ways of approaching this are to provide a mechanism that allows the provider to modify services after the issuance of a contract, and to issue RFPs that support communities in grassroots approaches to issue identification and the determination of solutions.

Small is Beautiful. The general sense in the community is that Los Angeles is too large, too diverse and too complex for a few large contracts to be issued. Recommendations for enhancing community engagement and participation include issuing more but smaller contracts, supporting more experimental approaches, and fostering cultural sensitivity.

Understanding Community Mobilization
Within Communities of Color
In Los Angeles County

HIV affects all sectors of the community, not just gays. Therefore, it is necessary to broaden the perspective of who should be reached, the nature of the message to be given, and the goals or objectives of the intervention. People have to see the value for them. If HIV/AIDS is framed as a "gay" issue, it will take people underground. (Interviewee)

INTRODUCTON

Office of AIDS Programs and Policy (OAPP) is interested in funding community mobilization efforts to (1) increase awareness about HIV/AIDS in the African-American and Latino communities, and (2) mobilize non-traditional partners to respond to the local HIV/AIDS epidemic. To this end, OAPP sought an independent third-party review of community mobilization guidelines, best practices, activities, and potential outcome measures. The findings of this review will be used to develop a Request for Proposals (RFP) for developing and implementing strategies to mobilize African-American and Latino communities in preventing the spread of the HIV epidemic and helping improve the quality of life of people living with HIV.

The new Community Mobilization Initiative (CMI) will represent a second generation of OAPP-funded community mobilization efforts targeting African-American and Latino communities heavily impacted by HIV/AIDS in Los Angeles County. The first generation of community mobilization efforts, known as the Community Development Initiative (CDI), started in November 2003 and ended in June 2008. Lessons learned from the CDI were incorporated as part of this third-party review.

These community mobilization efforts should include individuals at risk for and/or living with HIV infection, their families, care givers, service providers, and other community members and institutions not currently involved in HIV-related efforts.

The Scope of Work for this review outlines the process for collecting, analyzing and feeding back data regarding the identified key components of successful community mobilization efforts. The Scope of Work includes the following:

- Review of archival data to identify key community mobilization activities determined to be successful in other settings;
- Collection and analysis of interview and community forum data using a participatory process targeting key stakeholders from the Los Angeles County African-American and Latino communities, as well as others with experiences in community mobilization efforts addressing both HIV-related and non-HIV related issues;
- Identification of a set of outcomes useful in measuring community mobilization effectiveness; and
- Reporting the findings to OAPP.

This report begins with a review of the purpose of this project, followed by a description of the method and a presentation of the findings. A set of meta issues are identified that encompass the broad pattern of responses, and some key challenges are noted. Finally, the report closes with a set of recommendations.

PURPOSE

The purpose of this review is to identify approaches and preferences for community mobilization within communities of color – specifically African-Americans and Latinos – in Los Angeles County. The outcomes of this review will be used to guide the development of an RFP to support community mobilization initiatives within those identified communities. The goals and objectives of the RFP will be to support communities of color in their ownership of the HIV/AIDS epidemic within their communities, to assist in changing community norms about HIV/AIDS, to combat stigma, and to develop an overall strategy for addressing the epidemic.

The intended outcomes of this review are an identification of community perspectives on the following:

- Goals and objectives of community mobilization;
- Useful guidelines for mobilizing Los Angeles County African-American and Latino communities around HIV/AIDS;
- The do's and don'ts when mobilizing identified communities;
- Types of activities communities would like to see funded as well as those that they would not;
- What the Los Angeles County African-American and Latino communities would regard as critical outcomes; and
- Performance indicators of success.

METHOD

Community mobilization may assume a variety of forms, and serve a variety of purposes. As suggested by one interview respondent, three variants of community mobilization include (1) grassroots approaches such as Town Halls and Community Forums, (2) Saul Alinsky type issue-focused approaches such as Mothers of East LA or Promotoras de Salud, and (3) political action approaches that interface with legislators in the public policy arena in order to effect policy changes. Some of the purposes served through community mobilization include healthcare, homelessness, poverty, gangs, broken homes, violence in the home, and HIV/AIDS, among others.

Given the range and diversity of approaches to, and purposes of, community mobilization, three different methods were employed in this review to create a broad perspective. These methods included archival research, stakeholder interviews and community forums.

ARCHIVAL REVIEW

Archival research was undertaken to identify approaches to community mobilization in a variety of contexts. Source material was provided by OAPP and additional source material was uncovered through on-line research and a search of key words in a university library database. The contexts reviewed emphasized HIV/AIDS community mobilization initiatives both domestically and internationally. They also included a review of some applications in non-HIV/AIDS related contexts. The purposes of the archival research were to identify:

- How community mobilization is defined;
- Best practices;
- Success factors; and
- Outcome measures.

The purposes of the archival research were to determine how community mobilization has been treated in the literature, and to determine if additional insight could be gained over and above that provided by the local community. More specifically, the purpose was to compare the community perspective with published accounts of the definition of community mobilization, identified best practices, success factors and outcome measures.

STAKEHOLDER INTERVIEWS

A set of nine (9) interviews were conducted with key community stakeholders who were identified as either members of, or provided services or support to, the African-American and Latino communities within Los Angeles County. The criteria for identifying individuals for stakeholder interviews included the following:

- Co-Chairs, Los Angeles County Commission on HIV;
- Co-Chairs, Los Angeles County HIV Prevention Planning Committee;
- Representatives from the two agencies previously funded by OAPP under the Community Development Initiative;
- Representatives from community groups engaging in HIV-related community mobilization efforts not funded by OAPP; and
- Representatives from groups conducting non-HIV related community mobilization.

A standard interview protocol was developed and each stakeholder was asked the same set of questions. The protocol included ten (10) questions and addressed the following issues:

- Purpose and goals of community mobilization;
- Guidelines for community mobilization success;
- Performance indicators of success;
- Community sensitivity to support culturally appropriate mobilization efforts
- Activities to fund; and
- Sustainability.

Please see Appendix 1 for the stakeholder interview protocol.

COMMUNITY FORUMS

A set of three (3) community forums were held in African-American and Latino communities significantly impacted by HIV/AIDS. Community forums were coordinated through the Service Provider Networks (SPNs) in Los Angeles County SPAs 4, 6 and 8.

A standard protocol was used for gathering information within each of these three SPAs. The protocol included six (6) questions and addressed the following issues:

- Purpose and goals of community mobilization;
- Guidelines for success;
- Community sensitivity;
- Activities to fund; and
- Sustainability.
-

Please see Appendix 2 for the community forum protocol.

Interviews and community forums were tape recorded with permission. All participants were assured of confidentiality and anonymity. OAPP was clear that there was no need for responses to be attributed to any specific source.

Detailed and extensive notes were taken during each interview and community forum. This produced sixty (60) pages of transcribed notes. The transcribed data were entered into a spreadsheet. Every response to each question was reviewed and coded by emergent themes.

This was not a scientific study. The intent was to obtain a community-based perspective on community mobilization by eliciting the thoughts and perspectives of members of the community themselves. Those interviewed were not chosen randomly, nor were participants in community forums. Rather, interviewees were selected based upon their current roles and responsibilities vis-à-vis HIV/AIDS in Los Angeles County. For community forums, specific communities were identified and open invitations were extended through their respective Service Provider Networks. Beyond that, there was no specific scientific method utilized for either including or excluding potential participants.

FINDINGS

The findings are presented in two sections: archival research, and the local perspective. The local perspective is organized into two subsections: stakeholder interviews and community forums. Archival research findings are presented by topic. Interview and community forum findings are presented by both topic as well as emergent interpretive themes based upon an analysis of transcribed notes.

ARCHIVAL RESEARCH

As mentioned previously, the archival research sought to establish perspective on four questions. First, what is community mobilization? Second, are there generally agreed upon community

mobilization best practices? Third, is there a set of generally agreed upon factors that contribute to community mobilization success? Finally, is there a set of identifiable outcome measures for community mobilization programs? Each of these issues will be taken up in turn.

Community Mobilization Defined

Definitions and descriptions of community mobilization abound. Community mobilization is variously defined as:

> *engaging all sectors of a community in a community-wide prevention effort.*[1]
> *a mechanism to define and put into action the collective will of the community.*[2]

In its *Community Mobilization and AIDS: Technical Update*, UNAIDS defines community mobilization as follows:

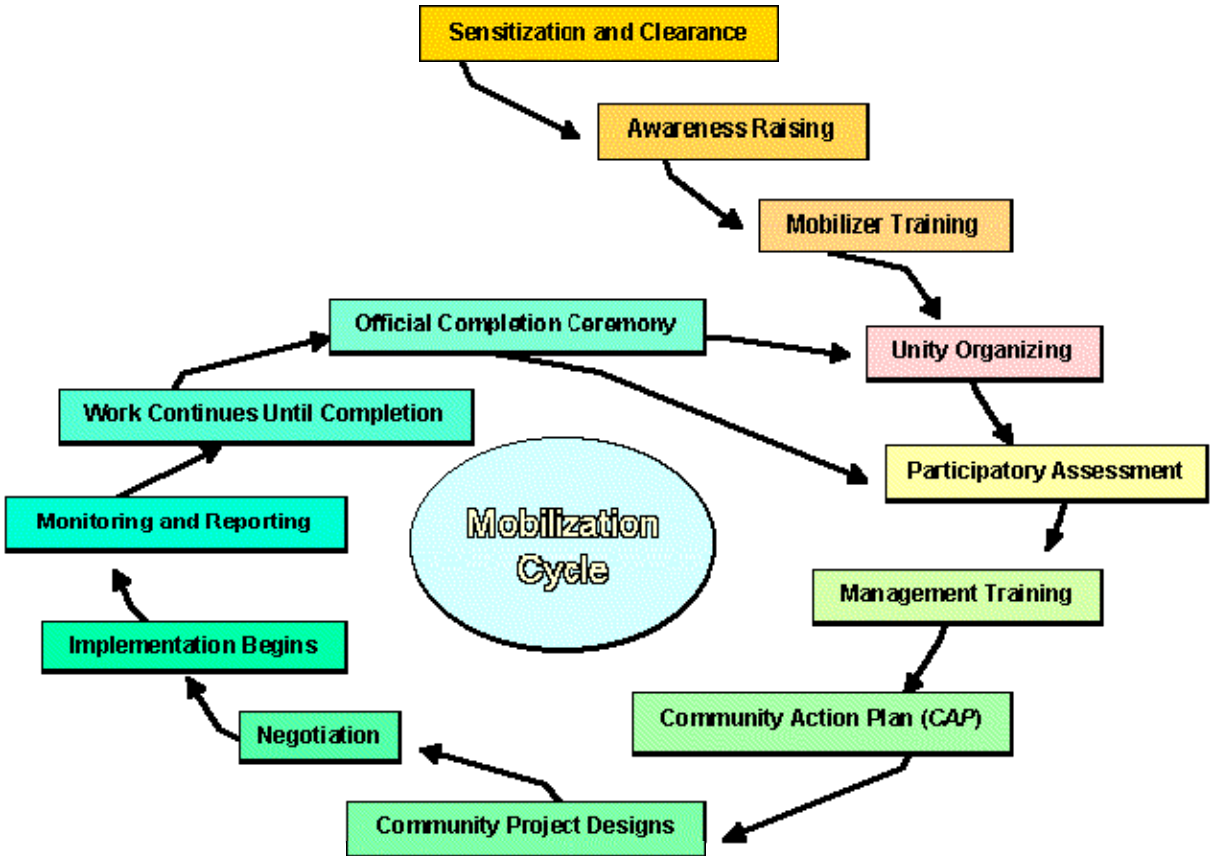
> *A community becomes mobilized when a particular group of people becomes aware of a shared concern or common need, and decides together to take action in order to create shared benefits.*[3]

The important themes in these definitions are community engagement, defined need, choice and action.

Community mobilization is also described as a process. As a process, community mobilization is depicted as a phased or staged model. Models of community mobilization as a process also vary in their description and characterization. For example, for Donahue and Williamson (1999), the critical steps in the process of community mobilization entail that the community:

- Recognizes that HIV/AIDS already affects their community and that effectiveness will be enhanced through collective effort;
- Accepts their collective responsibility and ownership;
- Identifies community-based resources and knowledge including individual skills and talents;
- Identifies and prioritizes needs;
- Plans and manages its activities; and
- Increases its capacity to carry out operations, access external resources and sustain their efforts[4].

According to the Centers for Disease Control and Prevention (CDC), community mobilization is a four-phase process that entails planning, awareness raising, coalition building, and monitoring and evaluation.[5] Alternatively, the Center for Substance Abuse Prevention's Centers for the Application of Prevention Technologies provides a very detailed six-phase model of mobilization: initiating,[6] readiness,[7] assessment,[8] planning,[9] implementation,[10] and sustaining.[11] The most comprehensive model of the community mobilization process found through this review was that developed by Phil Bartle, PhD, of the Seattle Community Network. For Bartle, community mobilization is a multi-phased cyclical process depicted as follows:[12]



Community Mobilization Best Practices

In contrast to definitions and process descriptions, it is very difficult to identify a set of generally agreed upon community mobilization best practices. Best practices are identified anecdotally (as opposed to empirically) and appear to be a characteristic of a process that worked within a particular context or setting, or was informed by a specific theoretical orientation.

The Real AIDS Prevention Project (RAPP) identified a set of best practices that were informed by a specific framework built upon a stream of theoretical influences, including a transtheoretical model of behavior change,[13] social learning theory,[14] and the diffusion of innovation.[15] The best practices they employed, which they refer to as "core elements" included the following:[16]

- Community outreach using peer volunteers;
- One-on-one safe sex discussions tied to client's change readiness;
- Printed "role model" stories about community-specific safer sex decisions;
- Community networks; and
- Small group activities such as safer sex parties and presentations.

MercyCorps, in its work on community mobilization and empowerment around construction of affordable housing in the country of Georgia, identified a set of less typical best practices that, among other factors, sought to get the community to put some "skin" in the game. Their identified best practices included the following:[17]

- Community choice to participate or not;
- Direct community responsibility for managing and allocating funds;
- Community financial participation – community invests its own assets; and
- Transparency of process, resources and results.

Ndure, in a particularly comprehensive review, identified fourteen community mobilization best practices organized into four categories based upon experiences in nutrition programming in developing countries. The categories are (1) fostering political commitment and collaboration between key partners and the community, (2) building on existing community resources and organizational systems, (3) strengthening the support infrastructure, and (4) the programmatic context.[18]

Many of the practices identified may have direct relevance to community mobilization within LA County African-American and Latino communities. Some of the practices identified by Ndure were reflected in comments made during interviews and community forums. Specific overlaps between Ndure's identified best practices and suggestions made through interviews and community forums are noted parenthetically below. The best practices, presented by category, include the following:

Fostering Political Commitment and Collaboration

1. Key decision-makers are convinced of importance, feasibility and cost effectiveness of investing at the community level.
2. Government creates a political environment conducive for public-private partnerships.
3. Community is aware of disease prevalence and consequences, as well as potential for low-cost solutions. (Interviews, Community Forums)

Building on Existing Community Resources and Organizational Systems

4. Community participation is crucial to ensure intervention appropriateness, sustainability and ownership. (Interviews, Community Forums)
5. Community involvement in mobilization of financial and material resources reinforces ownership. (Community Forums)
6. Key management and decision-making responsibilities reside within the community. (Interviews, Community Forums)
7. Service providers include community members to bridge gap between provider/agency and recipient. (Interviews, Community Forums)

Strengthening the Support Infrastructure

8. Management and delivery of quality service requires committed, motivated and results-oriented staff and leadership.

9. Non-Governmental Organizations (NGOs) and private sector support enlarge the resource base. (Community Forums)

The Programmatic Context

10. The whole person is supported. (Interviews, Community Forums)
11. Simple, do-able intervention strategies are developed that work and can be managed by the community itself. (Interviews, Community Forums)
12. Influential members of the community are included. (Interviews, Community Forums)
13. Simple management information systems support program monitoring and evaluation.
14. Learnings and conclusions are used to re-assess and modify programs to sustain them as community needs and priorities change. (Interviews)

UNAIDS sought to identify a set of best practices through analysis of a compilation of six case studies.[19] In doing so, they explicitly acknowledged the challenge of determining "best" in the field of human affairs. They identified a set of variables that influence whether a particular practice will in fact be "best" depending upon the situation. Among these variables they include traditional culture, power structures, personalities, economies, education, and even weather and geography.

Notwithstanding the challenge of determining "best," UNAIDS was, however, comfortable in suggesting that a mobilized community exhibits all or most of a set of characteristics. Some of these were also specifically identified through interviews and community forums. According to UNAIDS, members in a mobilized community:

- Are aware – in a detailed and realistic way – of their individual and collective vulnerability to HIV/AIDS. (Interviews, Community Forums)
- Are motivated to do something about it. (Interviews, Community Forums)
- Have practical knowledge of their options to reduce vulnerability.
- Take action within their capability, and apply their own strengths and invest their own resources – including money, labor and materials. (Community Forums)
- Participate in decisions around a course of action. (Interviews, Community Forums)
- Evaluate their own results. (Interviews, Community Forums)
- Take responsibility for their failures as well as their successes. (Interviews, Community Forums)
- Seek outside assistance and cooperation when necessary. (Interviews, Community Forums)

Additional practices identified by UNAIDS that appear to support good outcomes, though not as consistently, included:

- Spiritual motivation or guidance on the part of local religious leaders
- Participation of a well-known or particularly connected individual. (Interviews)

- Importance of the moral support of local leaders and authorities. (Interviews, Community Forums)
- A focus on, and inclusion of, marginalized groups. (Interviews)

Dominant themes that extend across these various identified best practices include active community engagement, empowerment and local autonomy, and accountability for results.

In summary, from this review, there were a set of "best practices" identified in the literature that were also identified by local stakeholders through either interviews or community forums. A "best practice" identified by the community was not necessarily an already existing best practice at the local level; more likely, it reflected a suggestion or recommendation by either an interviewee or through the process of discussion in a community forum. Table 1 summarizes the identified best practices in the literature that were also identified by the local community.

Table 1. Summary of "best practices" identified both in the literature and by stakeholders through interviews or community forums.

Literature Best Practice	Interviews	Community Forums
Community is aware of disease prevalence and consequences, as well as potential for low-cost solutions.	X	X
Community participation is crucial to ensure intervention appropriateness, sustainability and ownership.	X	X
Key management and decision-making responsibilities reside within the community.	X	X
Service providers include community members to bridge gap between provider/agency and recipient.	X	X
Non-Governmental Organizations (NGOs) and private sector support enlarge the resource base.		X
The whole person is supported.	X	X
Simple, do-able intervention strategies are developed that work and can be managed by the community itself.	X	X
Influential members of the community are included.	X	X
Learnings and conclusions are used to re-assess and modify programs to sustain them as community needs and priorities change.	X	
Are aware – in a detailed and realistic way – of their individual and collective vulnerability to HIV/AIDS.	X	X
Take action within their capability, and apply their own strengths and invest their own resources – including money, labor and materials.		X
Take responsibility for their failures as well as their successes.	X	X
Seek outside assistance and cooperation when necessary.	X	X
Importance of the moral support of local leaders and authorities.	X	X
A focus on, and inclusion of, marginalized groups.	X	

Common Success Factors

It was very difficult to identify common success factors through a review of the literature. Out of approximately thirty (30) reference sources, only two provided descriptions of what might reasonably be classified as common success factors. Donahue and Williamson (1999) identified the following:

- Grassroots groups seek to engage the entire community in responding to its identified concerns. (Interviews, Community Forums)
- Outside agencies do not employ community mobilization as a way to achieve their own goals independent of the real needs of the community
- The function of outside agencies is to build capacity, not provide services
- The community proceeds in accord with its own internally defined rhythm and pace, where the pace is iterative and incremental. Such a pace will enhance community ownership and responsibility. (Interviews, Community Forums)
- Coordination and collaboration across all stakeholders is essential.[20] (Interviews, Community Forums)

The Canadian HIV/AIDS Legal Network sought to identify a set of factors related to successful community mobilization initiatives.[21] Working with six Canadian community-based organizations, they identified seven examples of "successful" mobilizations – six were in Canada; a seventh example was drawn from India. The purpose in gathering the examples and distilling criteria for success was to assist local organizations in mobilizing their communities to take action against HIV/AIDS-related stigma and discrimination. All of the success factors did not have to be involved in each initiative, but each initiative demonstrated some subset of the factors. The common success factors identified across the seven case studies include the following:

- Existing community organizations took up an issue when it first arose and provided the initial leadership;
- Separate organizations, committees or projects were established to deal with an issue as it emerged;
- Community members took ownership;
- Specific individuals within the community took up the leadership roles;
- Community concerns were identified and clearly articulated;
- The community actively supported the advocacy positions;
- Issues were critically analyzed, solutions identified and actions carefully planned;
- Multiple approaches were employed from demonstrations and protests to problem-solving with the "other side" (for example, with a police department that had a history of homophobia and discrimination);
- Leadership was demonstrated on "both sides";
- Sympathetic community members and organizations joined in alliances;
- Capacity was built within individuals as well as organizations;
- Written materials were produced and distributed;
- Many people in the community joined in the action;
- The media was used effectively to publicize and to educate;

- Mobilizations were planned for the long-term; and
- Mobilizations emphasized advocacy.

The reality appears to be that success is very much a function of the situation, where the situation varies along a set of multi-faceted and complex variables. According to the Canadian HIV/AIDS Legal Network report, not all of the factors identified need be present to define a success, but initiatives that were successful tended to exhibit some subset of these factors. What is clear from the factors presented is the compelling need for an initiative to be owned, organized, led and solved by the community itself.

Outcome Measures

Each community mobilization initiative arises and is pursued in relation to a specific need within a specific community at a specific moment in time. Thus the outcomes to be measured are a function of the community, the need, and the timing of an initiative. As a result, it is difficult to identify exactly what should be the outcome measures of community mobilization, in general. Perhaps, as suggested by some of the interview respondents, the outcome measure should be as simple as, "Did we achieve our goal? Did we achieve what we set out to accomplish?"

The challenge, of course, is how do we know if we are making a difference? And in an environment largely dependent upon external funding, how do we demonstrate efficacy to those who are accountable for the allocation and use of government and taxpayer resources?

According to the CDC, it is necessary to take into account a range of outcome measures from self-reported behavior to disease incidence.[22] As suggested by the literature, "the selection of outcome measures depends on a range of issues." Nonetheless, it is possible to identify a number of potential outcome measures within the domain of HIV/AIDS prevention. Sample measures from the literature focus on either behavior change or disease incidence. Samples of behavior change measures include the following:

- Frequency of vaginal, anal, oral, or manual sex with, as well as without, internal or external condoms, latex gloves, dental dams, or other latex barriers during each sexual act;
- Number of sexual partners with which the person has had sexual activity;
- Number of sex workers (sex for drugs, money, a place to stay, or other favors);
- Number of sexual activities while using alcohol or illicit drugs;
- Frequency of refusals to engage in risky sexual behaviors;
- Risky behaviors of sex partner including interpersonal coercion or violence, multiple partners, alcohol use or abuse, drug use or abuse, or sex work; and
- Frequency of participation in behaviors such as assisted or mutual masturbation as an alternative sexual behavior when barrier methods were not available or possible to use.

These might be usefully summarized as either behaviors that contribute to "a greater reduction in HIV/STD incidence or risk behaviors or a greater increase in HIV protective behaviors" or as "a behavior that directly impacts HIV risk" such as the following:[23]

- Abstinence;
- Mutual monogamy;
- Number of sex partners;
- Negotiating safer sex;
- Condom use;
- Injection drug use; and
- HIV testing behaviors.

Finally, outcomes may be evaluated by a specific biologic measure indicating actual HIV or STD infection.

In summary, the archival research reported here sought to ask and answer a set of four questions related to community mobilization. These questions were the following:

1. What is community mobilization? In general, from this review community mobilization entails community engagement, a defined need, choice, and action. Moreover, community mobilization was seen as a multi-phased process characterized by need identification, organization, implementation and evaluation.
2. Are there any community mobilization "best practices"? While best practices were seen to be completely contextual, central to those best practices that were identified were community engagement, autonomy and empowerment, and accountability for results.
3. Are there any generally agreed upon community mobilization success factors? Like best practices, it is very difficult to ascertain from the literature what could be appropriately considered the common success factors of community mobilization. Nonetheless, factors that seem to recur in successful initiatives are community engagement, joint problem solving, multiple approaches, alliances around meeting the differing client needs, capacity building and sustainability.
4. What are the appropriate outcome measures for a community mobilization initiative? Once again, outcome measures must be tied to the goals and objectives of specific community mobilization initiatives. The literature, however, did identify a set of potential measures linked to prevention that address in various ways the increase or decrease of either risky behaviors or disease incidence.

Table 2 presents a synopsis of the findings from the archival review.

Table 2: Synopsis of Key Themes derived from Archival Review

Definition	**Best Practices**	**Success Factors**	**Outcome Measures**
• Community engagement	• Community engagement	• Community engagement	• Behavior change
• Defined need	• Autonomy	• Problem-solving	• Disease incidence
• Choice	• Empowerment	• Multiple approaches	
• Action	• Accountability for results	• Alliances around the "whole person"	
		• Individual and organizational capacity building for sustainability	

The answers to these questions derived from the literature present a point of comparison for the perspective offered by the community through interviews and community forums.

THE LOCAL PERSPECTIVE: INTERVIEWS AND COMMUNITY FORUMS

Data in the form of extensive notes from interviews and community forums were transcribed and then entered into a spreadsheet. The data were then reviewed and each response to each interview and community forum question was coded based on an emergent set of interpretive themes.[24] These themes were then examined for their frequency. Frequently occurring themes, and thus those that appear to reflect the dominant community sentiment as it was expressed through both interviews and community forums, are reported and discussed below.

Overall, while there were some detectable differences, there was not a substantive distinction between the findings from the interviews and those from the community forums. Therefore, a decision was made to present the findings from the interviews and community forums through a single "community" narrative. However, for each of the major categories of findings a summary table is provided that illustrates whether a specific theme was raised through interviews, community forums, or archival research.

The findings are presented in relation to the six categories of questions asked in interviews and community forums. The categories of presentation are:

- Purpose and goals of community mobilization;
- Guidelines for community mobilization success;
- Performance indicators of success;
- Community sensitivity to support culturally appropriate mobilization efforts;
- Activities to fund; and
- Sustainability.

The findings in relation to each of these categories will be reviewed in turn.

Purpose and goals of community mobilization

> *Community mobilization means mobilizing people into care. Mobilizing such that what people read, hear and see resonates with them, the community gets it, believes there is a problem, and seeks to address it. (Interviewee)*

In general, community mobilization was defined as a process of bringing people together in service of increasing awareness about something in the community, and then moving the community into action. This would entail partnering with stakeholders and engaging in planning or service processes. Identified stakeholders include clients, service providers, OAPP, and those in leadership positions such as the Commission on HIV and the Prevention Planning Committee.

A set of sub-questions were asked about community mobilization, including its purpose, goals, essential components, greatest concerns, and community priorities (see Appendices 1 and 2).

Purpose. The identified purposes of community mobilization were varied but focused on creating involvement by bringing people together, mobilizing, and seeking to effect change of whatever form. In this case, changes included testing, counseling, issue ownership, challenging unjust social and power structures, obtaining resources, educating, and increasing awareness.

Goals. The identified goals include ensuring access, heightening awareness, and building ownership. For the African-American community, concern was expressed about how the younger generation is oblivious to the disease and its seriousness. This theme appeared in response to several different questions. For the Latino community, family was identified as an important way to access the individual engaging in risky behavior.

Essential Components. The components identified as essential to community mobilization include cultural sensitivity, community engagement, messaging, the process, and an emphasis on the whole person.

- Cultural sensitivity. The message must be culturally relevant and should be delivered by someone of the community so that clients can identify with both the message and the services.
- Community Engagement. There was widely-shared agreement that community mobilization requires engagement with the community. However, there was concern about whether or not there is a shared definition of "community" within both the African-American and Latino communities.

  It was suggested that within the African-American community, mobilization tends to be more about women and children, and less about gay men, persons who are transgender, or men who have sex with men (MSM). There is a sense that gay men, persons who are transgender and MSMs are left out of the process. As a consequence, stigma, homophobia, and internalized oppression are not being addressed as the real drivers of the disease. Similarly, "non-traditional partner" was identified as a code word for Christian faith-based organizations to the exclusion of other, non-Christian faith traditions.

  For the Latino community, it was suggested that for community mobilization to succeed, it is necessary to include priests, teachers and older women as respected and trusted members of the community.

  Beyond the above, there is a recognized need to include mothers, families, grandparents, and consumers, as well as the corner and small business person. These may be the beauty, barber shop and nail salon operators. In short, it is essential to include broad segments of the community. By including broad segments, the community can take more responsibility, identify and own the issues, and craft approaches best suited to its own situation. As suggested in a discussion in SPA 6, if it comes from the community, the

community will hold itself accountable. A community is an expert on itself. A Scope of Work risks taking the community's voice away.

- Messaging. The themes here were to make the message current, age and race specific, make sure the target can see oneself in the messaging, use appropriate technology, and bridge language barriers not just between cultures, but also between generations within the same culture.

- Process of mobilization. Mobilization requires a defined purpose and goal, a clearly specified community, leadership, clear identification of roles, a trust-worthy provider, a communication mechanism, and a method for evaluating outcomes.

- Whole person emphasis. Community mobilization must acknowledge the whole person in the totality of what she or he may be facing, not just HIV/AIDS. This entails recognizing that the individual may be facing one or more of a set of issues where housing, safety, drug abuse, mental illness, poverty and gangs may be included among them. In the face of all the challenges one may be facing, HIV/AIDS may not be high on the priority list on a day-to-day basis. As a result, it may be necessary to go where the consumer is; that is, to identify her or his need priorities, work with the individual in relation to the needs, and address HIV/AIDS as one element to be addressed among many challenges.

Greatest Concerns. A number of concerns were identified relating to HIV/AIDS in the community. These included cultural and linguistic competence, methods of engaging the community, contract flexibility, program relevance, approaches to stigma, and the whole person.

- Cultural and linguistic competence. A lack of cultural and linguistic competence was noted on the part of medical professionals and service providers. It was suggested that patients do not know how to speak to and, therefore, are not being heard by medical providers. It was also noted that Spanish language translations are either not readily available or are not written at the appropriate literacy level.

- Community Engagement. In communities of color, notably African-American and Latino, gay men are demonized and HIV/AIDS is seen as their fault. They are left out of the discussion. As a result, the underlying drivers of stigma, homophobia and internalized oppression that exist within the community do not get addressed.

  It is often the same people who get mobilized over and over. While their passion and commitment is admirable, they may actually become part of the problem and contribute to apathy on the part of others who do not want to join with that individual or core group in order to take up the issue.

- Flexibility. There is a general sense that OAPP RFP limitations "hand-cuff" service providers into pursuing Scopes of Work that they know will not get at the true issues within their communities. They see the need to work with the client where she/he is. It may be housing, food, transportation, mental health – any of a number of other

competing priorities. These, however, are often at variance or do not readily fit into pre-specified RFP criteria. This was also an issue of concern in the archival review.[25]

- Relevance. This issue came up more within the African-American respondents than the Latino respondents. At the heart of this issue is the challenge of getting HIV/AIDS prioritized within the target population. Messaging through billboards, for example, depicts someone smiling or they hear that a dose of medications is all they need to worry about. Teens don't have the fear. Women don't see the risk to their children and don't take it up with their physicians.

  Within the African-American community, there is the challenge of taking up issues that are not generally discussed in positive ways in the family such as intimacy or communication about sexual issues.[26] The messages given to men are more about "conquest" than intimacy.

  Finally, people do not know their disease status; more importantly, it appears that they do not want to know their status. This may be reflected in the overall percent of new infections brought about by people not knowing they were HIV positive. This poses challenges for testing – especially noted within the African-American community. This was identified as an area where African-American churches may be helpful. Active cooperation of the churches may encourage greater testing within their communities.

- Stigma. Within the African-American and Latino communities, men do not want to be identified as gay men or same gender loving. They do not want to be labeled. Sexual orientation is not discussed; especially across generations. As a consequence, gay men, persons who are transgender, and MSMs are left out of the discussion. Important issues such as homophobia remain unaddressed.

- Whole person. This is a recurrent theme throughout the findings. Consumers are beset by a wide variety of challenges of daily living, from housing to food to shelter to poverty to drug abuse and mental health, among others. Within this, there is the challenge of sufficiently prioritizing HIV/AIDS.

Community Priorities. A set of priorities were identified related to community mobilization around HIV/AIDS. These included issues related to care, education, flexibility, knowing who to target and, once again, a focus on the whole person.

- Access to Care. A primary concern was ensuring access to care and to services, and linking the care model to testing, counseling and prevention. Concern was also expressed regarding program relevance versus cookie-cutter approaches, providing confidentiality and ensuring dignity, and obtaining culturally appropriate services.

- Education. The emphasis on education was to move beyond awareness to education. Do people know about and understand the disease such as the modes and myths of transmission, and the nature and types of risky behaviors? Do they understand its significance within the community? Do they understand the impact of such behaviors as

safe sex practices, knowing one's infection status, and informing one's partner? If they are negative, do they know why and how to remain so? If positive, do they know how to seek and access services?

- Flexibility. Programs need to be flexible. Different populations have different needs and their needs change over time. If programs were longer; that is, if they benefited from more funding, they could evolve in response to the client's changing needs and requirements. This would enable better case management and follow-up.

- Knowing who to target. Many factors may come into account in defining who to target. Are there invisible communities? Is invisibility a function of age, race, sexual orientation or other factors? For example, where are the persons who are transgender? How do they get identified and serviced? What about Native Americans and Alaska Natives? Should the broader community be targeted where the emphasis is on bringing in non-traditional partners such as beauty and barber shops, nail salons, day spas, etc. There is a need for clearer definition.

  One suggestion was to identify the 2-3 zip codes with the most new infections over a 2-3 year period and mobilize around those communities. The focus could be on identifying the newly infected, educating those who don't realize they are at risk, encouraging community members to speak out, and watching out for themselves and others.

- Whole person. Once again, the challenge of addressing the whole person was raised where HIV/AIDS is one among a constellation of competing issues within the individual's life-space. Are infection rates influenced by drug addiction? Is drug addiction a function of having to cope with internalized oppression and self-hatred? Why are people getting infected? Why are certain communities so vulnerable? Are certain communities invisible? If so, why? What form of outreach can be used to access them?

The overall pattern of responses in elation to the purpose and goals of community mobilization are summarized in Table 3. As can be seen, there were a number of issues specific to the Los Angeles community and, therefore, were not addressed through the archival review.

Table 3. Purpose and goals issue identification by interviews, community forums, and archival review.

Purpose & Goals	Interviews	Community Forums	Archival Review
Purpose			
• Community engagement	X	X	X
• Defined need	X	X	X
• Choice			X
• Action	X	X	X
Goals			
• Ensuring access	X	X	X
• Heightening awareness	X	X	
• Building ownership	X	X	X
Essential Components			
• Cultural sensitivity	X		
• Community engagement	X	SPAs 4 & 6	X
• Messaging	X	SPA 4	
• Process	X	SPA 4	X
• Whole person emphasis	X	X	X
Greatest Community Concerns			
• Cultural & linguistic competence		SPA 8	
• Community engagement	X		
• Flexibility	X	X	
• Relevance	X	SPA 6	
• Stigma	X	X	
• Whole person	X	X	
Community Priorities			
• Access to care	X		
• Education	X	X	
• Flexibility		X	
• Knowing who to target	X		
• Whole person		X	

Guidelines for community mobilization success

> *Everybody came together. There was a real, defined outcome. The emotionally-based indicators were off the table. We didn't make it about co-infection factors, or race, or gender. When people's backs are against the wall, people will do whatever is necessary. They will find a way to make sure stakeholders get care. (Interviewee)*

Interview respondents and community forum participants were asked about guidelines for successful community mobilization initiatives. The basic issue of interest was how one would know if community mobilization was successful. To ascertain this, participants were asked to identify successful initiatives, and to identify the attributes or characteristics that made them so. The initiative may or may not have been specifically related to HIV/AIDS.

In general, interviewees and community forum participants had difficulty identifying any successful community mobilization initiatives. Nevertheless, some HIV/AIDS-related initiatives identified as successful included the following

- 2004 HIV Summit. Involved media coverage through C-Span, included locally and nationally recognized community activists.
- HIV Prevention Justice. An effort to force the government to fight homophobia. Achieved its policy goals while also building leadership skills among its participants.
- Prevention Planning Committee 2009 Prevention Plan. Providers came together to develop a joint plan.
- King Drew Medical Center HIV Unit.
- Minority AIDS Project.
- Stop PEMS – CDC Program Evaluation Monitoring System. Assisted service providers in dealing with undue data capture and reporting burden of CDC policy.

Initiatives identified as successful– non HIV/AIDS-related.

- MediCare Part D Co-pay. Need to educate stakeholders in face of MediCare change. Mobilized the entire spectrum of care, pulled groups together, educated them, and achieved the goal within a tight time frame.
- Addressing incidence of diabetes among Latinos in East LA. Two-pronged approach:
    - Farmer's Market. Inability to access fresh fruit and vegetables for healthier diets. Mobilized to create a weekly Farmer's Market.
    - Exercise path in East LA. Difficult for residents to get out and exercise in gang-infested territories in East LA. Realization that gangs would not enter cemeteries. Led to development of walking path around the periphery of a local cemetery.

Community mobilization initiatives are seen as successful because they:

- Enable networking
- Enable conference participation and learning opportunities
- Encourage more participation among a broader constituency
- Empower community members
- Develop community leadership
- Get the message out, create "buzz"
- Achieve community goals

Several attributes were identified when discussing what made these initiatives successful. By far what appeared to contribute to their perceived success was their engagement with the community. Engaging the community took a variety of forms and included the following:

- Town Hall discussions and social marketing
- Outreach to other community segments
- Dialogue around the drivers of the issue
- A real community desire to talk about the issue
- A process that captures what the participants have to say
- Community's agenda and not that of an external funder
- Community members invite their elected representatives to be there
- Non-traditional partners are included
- Testing and linking people into care

Other initiatives were identified as successful but there was no elaboration as to why they were perceived as successes.

- In the Meantime
- Mothers of East LA
- Women Alive
- Promotoras de Salud
- Neighborhood Watch

The overall pattern of responses in relation to the guidelines for community mobilization success are summarized in Table 4.

Table 4. Guidelines for community mobilization success issue identification by interviews, community forums, and archival review.

Guidelines for Community Mobilization Success	Interviews	Community Forums	Archival Review
• Community engagement	X	SPA 8	X
• Autonomy			X
• Empowerment	X		X
• Accountability		X	X
• Problem-solving	X		X
• Multiple approaches		X	X
• Whole person alliances	X	X	X
• Capacity building	X		X

Performance indicators of success

If that community once formed and mobilized, sticks around and helps with something else – a newly emerging issue or need, then that's a success. It is a measure that we have engaged new people in the process. (Interviewee)

Participants were asked to identify how they would know if a community mobilization initiative was a success. In general, their responses focused upon whether or not clear outcomes were specified, whether the goals were achieved, and whether or not there was engagement with the community. Means for evaluating community engagement included:

- People understanding why HIV/AIDS is important to them
- Continuing involvement as one issue is addressed and new issues emerge
- A movement that sustains itself even after funding expires
- More consumers and community members are involved than providers
- More diversity of participants that are willing to address and support HIV
- More collaboration among agencies

A specific recommendation was made to do a field experiment within three zip codes. Take a random sample and ask some simple questions about HIV/AIDS. Deliver a community-based educational or awareness campaign. Follow with a random sample post-test. Do more people know about HIV/AIDS? Can they answer more questions correctly? Are more people within the community talking about it? Are more 800 numbers being called? Are more people getting screened?

Beyond that, metrics are clearly seen as issue-specific. Some sample metrics include the following:

- For mall health screenings, number who return for test results after finishing a day of shopping
- For an RFP, look at past contracts for letters of commitment on the part of support agencies
- Town Hall meetings held
- Social marketing campaign waged
- Testing increased
- More people accessed care
- Measurable decrease in incidence
- More people registered for ADAP
- More people with housing
- More people know that community mobilization is occurring
- More people willing to join the mobilization effort
- In a media campaign, the number of HIV-related articles running in local community-based newspapers, radio announcements or talk radio discussions

The overall pattern of responses in relation to the performance indicators of community mobilization success is summarized in Table 5.

Table 5. Performance indicators issue identification by interviews, community forums, and archival review.

Performance Indicators	**Interviews**	**Community Forums**	**Archival Review**
• Clear Outcomes	X	X	X
• Goal achievement			
o Behavior change	X	SPA 4	X
o Disease incidence	X	SPA 4	X
• Community engagement	X	SPA 8	X

Community sensitivity to support culturally appropriate mobilization efforts

> *I get enraged over the meaning of "community". It reflects a preconceived notion, a stereotype. Yet, a community is dynamic, organic, not a static system. We tend to get defined by boxes that are too rigid… There is no one community that represents everybody…(Interviewee)*

Respondents were asked to think about "do's" and "don'ts" as well as things to consider and things to avoid regarding community mobilization. The majority of responses were not differentiated between African-American or Latino communities.

The "Do's"

> *Look at the community's history, its demographics. Look at the challenges facing that community. What you think their challenges are may not be what they think they are. Approach the community as a whole, not as parts. Don't just approach based upon HIV, engage it as an entire community concerned about a set of problems. (Interviewee)*

Respondents identified many "do's" and things to consider. They addressed a variety of themes including cultural sensitivity, community engagement, flexibility, messages, outreach, self-esteem, and the whole person.

Cultural Sensitivity. The emphasis here is on the cultural, and not just the linguistic, competence of those doing the work. The fluent speaker is not necessarily knowledgeable of culture. With cultural competence comes a clear understanding of cultural biases and taboos.

The person doing the work must look like a member of the community. The community wants to know that the service provider understands and identifies with them, and that the provider has had to face issues similar to those facing the community served.

The provider must be aware of one's own stereotypes, as well as those of others in the community. The provider must, therefore, be capable of dealing sensitively with race and ethnicity and must be able to relate to the community.

There was a strong emphasis on the role of the mother and the matriarch within the community – this was true for both the African-American and Latino communities. It is the matriarch who grants unconditional love. It is the matriarch who ensures that the health of her family comes first. Therefore, programs should appeal to the matriarch.

Community Engagement. There is a need to acknowledge the diversity within a community and to mobilize the whole community. It is necessary to recognize the community as multi-faceted, multi-generational, multi-racial, different genders, different socio-economic classes. Community elders (who may or may not be "leaders" such as the mother who sees her child as her son rather than as a gay person) should be sought out for their counsel and advice. It is important to know the community's history and its challenges both in terms of HIV and issues outside of HIV that may have an impact.

HIV may be low on the community's list of priorities. If so, it is necessary to support them in organizing efforts around other issues, and then weave HIV into them.

There was an injunction to be open-minded, to recognize that you may learn things from the community that you would not have expected, and don't discount it if you do.

Flexibility. Flexibility focused on the rigid requirements and demands of Scopes of Work, and the correlated protocols, red tape and perceived barriers to working with communities on their terms and delivering the services they believe they need.

Messages. The emphasis on messaging related to more effective utilization of the media and the internet for sharing information and successes, and targeting messages to enhance their appeal to members of specific communities.

Outreach. There were a variety of suggestions for outreach activities. These included school-based sex education, and sexually-transmitted disease (STD) and pregnancy discussions.

In SPA 6, there was some brainstorming around ways to reach youth, specifically around creating meaningful learning experiences and not just textbook presentations. These included such things as volunteering at a medical clinic, classroom visits by a consumer taking meds, pajama parties outside of the classroom, special Saturday health education classes, and bringing mothers and daughters together for joint learning opportunities where they can discuss what happens to their bodies, self-respect and negotiating condom use.

Additional suggestions for outreach included developing multi-generational interventions, addressing men and their need to take responsibility, and being innovative around the use of contemporary technology and how people communicate through computers, cell phones, text messaging, etc.

Self-Esteem. This theme focused on the self-esteem of both the African-American and the Latino male. It ranged from recognizing male vulnerability to addressing the cultural basis of "masculinity" and what that means, especially for men from oppressed communities. For example, men may receive the message to be the provider, to be the protector. But what do they do, where do they go, and what happens to their self-respect – in short, how do they cope – when they cannot meet those demands? Oppression and internalized self-hatred were seen as important factors here.

Whole Person. The whole person theme focused on the use of psycho-social models rather than bio-behavioral models. Within this framework, HIV/AIDS should be located within the entire constellation of issues the individual is facing within her/his life-space. This requires recognition that HIV/AIDS may not be high on the priority list. That said it is necessary to assist the individual with all of her/his needs and not limit interventions to HIV/AIDS.

Other aspects of the whole person included the need to address internalized religious cultures and beliefs, and to overcome social messaging. It was noted that even if an individual is not practicing a specific faith tradition the messages have been deeply internalized from an early age and influence both current behaviors as well as beliefs about one self.

As far as social messaging, females receive the message that "some man will protect me," instead of learning how to protect themselves or how to negotiate condom use. In contrast, males receive the message that they should "go out and sow their wild oats" and that women are "conquests."

The overall pattern of responses in relation to community sensitivity is summarized in Table 6.

Table 6. Community sensitivity issue identification by interviews and community forums.

Community Sensitivity	Interviews	Community Forums	Archival Review
• Cultural and linguistic sensitivity	X		
• Community engagement	X	X	
• Flexibility		X	
• Messages		X	
• Outreach		X	
• Self-esteem		X	
• Whole person		X	

One objective of this review was to elicit information that might enable an approach to community mobilization that is more sensitive to the specific needs and concerns of the African-American and Latino communities, respectively. While the majority of the responses to these questions were not differentiated between communities, some suggestions were specified for one community or the other.

> *Methodologies work differently for different communities. We have decided who should be reached even before engaging the community. In the Latino community, sexuality is taboo. Therefore, it poses the question, how do we reach, for example, the gay male, or MSMs? Perhaps it is the mothers that we need to reach. In this case, then, Promotoras that can walk into people's homes and that can speak with mothers at a very personal level may be most useful. (Interviewee)*

Issues identified as specific to the Latino community included the following:

- Ground the community in their Latino roots and their history of accepting people for who they are – even if they are HIV-infected.
- Use "glamour" such as a movie star, a popular athlete, etc.
- Use those perceived as having "moral" authority such as teachers or priests.
- Engage Latino legislators in Sacramento and DC.
- Be clear about the cultural appropriateness of your message.
- Develop and use people who have the appropriate cultural and linguistic competence to be cultural bridges.
- Emphasize "moral" authority, not "given" authority such as police officers.
- Focus on the family rather than the individual. The newcomer, the immigrant, will identify with messages about family but will not identify with messages about individual risky behavior.
- Try billboards, media, and other broad-based efforts at gaining public attention that have been successful elsewhere but that have not been tried with much effect in the Latino community.

Issues identified specifically by the African-American community included the following:

- Communicate through the matriarchal system of the family: grandmother, mother, aunt, etc.
- Educate as to what it means for a person who is transgender or a gay male to live within that community.
- Adapt successful programs from other locales to reflect the local sentiment.
- Reach out to and educate the church – address the challenge of getting African-American pastors on board.

The "Don'ts"

> *Avoid undertaking programs or processes that will take more than one year. By the time the program or process is completed, the whole landscape has changed. Therefore, the process needs to evolve with the reality of change. It is necessary to either adapt to the reality of change as the process proceeds, or shrink or compress the time horizon of projects. (Interviewee)*

The "don'ts" addressed the following themes: cultural sensitivity, community engagement, flexibility, messaging, and providers.

Cultural Sensitivity. Within communities of color, the general injunction is, "Don't send in the white guy." No matter how qualified or sincere the "white guy" is, that individual has an immediate credibility problem.

It is essential to know who the target audience is and to understand that "one size does not fit all." Thus, it is essential to customize programs to fit the needs of specific, targeted communities rather than fund large projects that span dissimilar communities.

Community Engagement. Lessons to be learned from past experiences include the following:

- Don't take the same message to different communities.
- Don't assume that people do not want to get involved.
- Don't assume you know who is part of the community; let the community define itself.
- Don't be afraid of new partners to work with.
- Don't assume you know it all.

Flexibility. The essence of the flexibility issue is the need to avoid being too prescriptive in defining Scopes of Work. Imposing outside structures and agendas will be self-defeating. Targeting resources or interventions at one specific group, for example, MSMs, may marginalize them and drive the very group you are trying to serve into hiding. Therefore, eliminate the Scope of Work restrictions and work with the community in deciding the best course of action.

Messaging. There is concern that messages are too tied to landmarks and events such as World AIDS Day or National Testing Week. This sends a misleading message that HIV/AIDS is not a year-round concern. It was also noted that fear tactics and preaching are not effective.

Providers. There is a concern that providers be cooperative and collaborative, and less self-interested or focused on disagreements. There is also concern about self-perpetuating incestuous relationships among providers.

Several "don'ts" were specific to the Latino community and focused on the themes of cultural sensitivity and formal institutions.

Cultural Sensitivity. The emphasis here was on the cultural competence of the service provider. The mistake is often made that someone who speaks fluently is also culturally competent. Often, the fluent speaker, but US born, lacks the sensitivity to the values, practices and beliefs of the indigenous culture. As a result, this individual will unwittingly seek to impose a "northern" or "western" value on the community. This will not fit for the community and will undermine trust in the service provider.

Similarly, the outsider is not well positioned to talk to the community about issues that are salient such as raising a family if the provider has never raised a family before, or telling the community how to change policy or their personal behavior if the provider does not fully understand their reality.

Formal Institutions. As far as formal institutions within Latino communities, it is appropriate to avoid the use of those perceived as governmental entities such as police officers, immigration authorities, or anyone who wears a uniform. Uniforms are intimidating. The police are not respected, and they are also feared. Finally, anything that gives the appearance of "research" should be avoided because of previous bad associations such as syphilis testing, tying tubes, and removing uteri.

Activities to Fund

> *Fund anybody willing to get outside the box and not be afraid we won't be successful. We won't go backwards, so just try. (Interviewee)*

There was no shortage of ideas about what community mobilization activities to fund. The major organizing themes for these ideas are access, community engagement, messaging, outreach, testing and the whole person.

Access. Suggestions related to access included the following:

- mobile vans
- care management for those testing positive
- use of the internet to link clients with services
- action-based programs that provide tools and inform people about what they can do
- Non-HIV related community clinics
- Reframing AIDS as "disease management"
- Funding Black gays and others to meet and focus on post-exposure prophylaxis.

Community Engagement. In the area of community engagement there were multiple suggestions across race and SPAs of virtually the same issue – namely, support of non-traditional partners

such as beauty and barber shops, nail salons, laundromats, mom and pop shops, drug stores, and day spas as educators and mobilizers.

Messaging. Messaging suggestions took a variety of forms:

- Using public figures such as movie stars, rappers, athletes, etc as role models and spokespersons.
- Community-developed PSAs in their own language and not subject to after-the-fact editorial review by OAPP.
- Use of the internet to post social and cultural events and activities.
- Nurturing media relationships that may have lapsed or shifted due to, for example, internal changes at the *LA Times*.
- Greater use of visual images that communicate the consequences of AIDS and get away from the messages that focus on people smiling and discussing their lifestyle with their medications.
- Sync up with health care professionals who are downplaying the seriousness of AIDS by communicating the message that "HIV is not a death sentence."
-

Outreach. Outreach suggestions were varied and included the following:

- Health fairs at malls and parks.
- Targeting women.
- Targeting teens and youth in foster care and the juvenile justice system.
- Reach out to other correctional facilities.
- Reach out to churches. Meet the ongoing demand for HIV testing at African-American churches.
- Provide more age-appropriate literature for African-American youth such as those available through the AIDS Clearing House.
- Social marketing campaigns using Town Hall meetings and forums designed to shift community perceptions and to address stigma and homophobia through dialogue.
- Fund many different smaller programs rather than two larger ones in order to target different segments of the community such as homeless youth, or healthy outlets for young people.

Testing. It was generally recognized that more efforts need to be put into testing – to provide more testing units, to secure and fund STD and Hepatitis-C testers, and to provide counseling and education around partner notification if positive, and how to maintain safe sex practices, if negative.

Whole Person. There were three themes addressing the whole person. First, there is the widely felt need to recognize that HIV/AIDS may not be high on the priority list for the individual at risk or infected. As a result, it would be useful to partner with providers of other services that are a part of the constellation of the individual's needs. These may be housing, mental health, poverty, gang intervention, transportation, etc. In the short run, HIV/AIDS may be subordinated to other services, but will rise on the individual's priority list as other challenges of daily life are met.

Second, increasingly there is the need to recognize that our communities are bi-racial. Targeting services based upon racial or ethnic identity proposes yet another challenge and dilemma to the bi-racial individual. This forces a false divide in the individual's core identity and creates confusion around service access and eligibility.

Third, there is the need to recognize that HIV/AIDS is not just a physical issue, but that it is also emotional, mental and spiritual. This is yet another alternate perspective on the "whole person".

Initiatives that the community would not like to see funded include:

- Supporting an agency to find out more about what we do not know.
- Empty symbolism.
- Efforts that focus on a specific segment such as faith communities.
- Efforts that exclude other members of the community. This may play itself out by, for example, targeting women and children in the African-American community and excluding gay males and persons who are transgender, or vice versa.
- Restricted scopes of work that place too many limitations on providers.
- Focusing on only the large, established organizations.
- Programs that continue doing things the same way or that communicate the same message such as "AIDS is a gay white male disease."

The overall pattern of responses in relation to community perspectives on activities to fund is summarized in Table 7.

Table 7. Activities to fund as identified through interviews and community forums.

Activities to Fund	Interviews	Community Forums	Archival Review
• Access to care	X	X	
• Community engagement	X	X	
• Messaging		X	
• Outreach	X	SPA 6	
• Testing	X		
• Whole person		X	

Sustainability

Take what's already there and add to their already existing menu. The attitude should be, "I'm invested in this area (my geographic community), but I am not invested in this issue (e.g., HIV/AIDS)". Then the community will sustain itself. And it will do so around the whole person, not just this disease condition. (Interviewee)

Two questions were asked that relate to the ability to sustain community mobilization. They addressed how these activities are sustained over time, and what resources already exist within the community to support these efforts. In the category of sustainability, responses were categorized according to five themes: flexibility, funding, ownership, staying power, and the whole person.

Flexibility. There is a need for providers to respond to community needs as they appear and change. This requires flexibility in RFP specifications. These changes are brought about by the evolution of the disease as well as how it is reflected in population shifts.

Funding. Funding is obviously essential for sustaining initiatives. But participants noted that providers and communities should be looking for ways to get off "welfare" with OAPP as the single source of funding. A suggestion was to require providers to address in their RFPs how they will sustain their program for at least five years.

Ownership. The focus of the ownership theme is around the challenge of keeping community members engaged and involved into the future. To do so requires that they feel like they were properly utilized, that they have meaningful things to contribute and to do, and that leadership emerges at the local level.

Staying Power. The community needs to feel that organizations providing services can stand the test of time – that they are trustworthy, committed to the community, in it for the long haul. This requires continually testing for the pulse of the community, being visible, listening. To endure the test of time, community mobilization initiatives must be embedded within, driven by, and supported through the community. They must be grass-roots, and focused on the thoughts, feelings, issues and concerns of the community.

Whole Person. The whole person approach requires a psycho-social perspective where HIV/AIDS is seen as one part of the individual's needs. That requires a realization that it may not be high on the individual's priorities, and that it may be necessary to partner with other agencies providing different services. It may be appropriate to identify issues that cut across ethnic groups such as substance abuse and mental health, and to use that as the basis for breaking out of the issue silos.

In the category of resources that exist within the community, the issues were categorized according to three themes: agencies, groups, and people.

Agencies. A variety of agencies were identified as established resources within the community. These ranged from community colleges to NGOs to SPNs and specific service providers such as Spectrum, Watts Health Care and Women Alive. OAPP, itself, was identified as a useful ally.

Groups. Groups ranged from county commissions, task forces and planning bodies to collaborative networking groups such as SPNs and the South Bay AIDS Network.

People. It was generally recognized that there are great people within communities. Some of these people offer specific skills – they have the power to support the community, they are

trusted, they regularly speak with the community. They may be priests, pastors, or teachers. They may be grandmothers, mothers or matriarchs. The communities have people who want to do the right thing if they can find the time.

Table 8 provides the overall pattern of responses in relation to community perspectives on sustaining community mobilization and established community resources.

Table 8. Sustainability and community-based resources as identified through interviews and community forums.

Sustainability and community-based resources	Interviews	Community Forums	Archival Review
• Sustainability			
o Flexibility		X	
o Funding	X	X	
o Ownership	X	X	
o Staying power	X		
o Whole person	X	X	
• Community-based resources			
o Agencies	X	X	
o Groups	X	X	
o People	X	X	

META ISSUES

A set of four "meta issues" emerged through the process of data collection. These issues appear to be widespread. They arose in one form or another across virtually all of the interviews and community forums, and were also identified in the archival review. As meta issues, they are ever present in the discussions and appear to be reflected in the collective consciousness about the attributes and characteristics of community mobilization. The four meta issues are:

- Community engagement
- Whole person
- Flexibility
- Small is beautiful

Implicit within the discussion of these meta issues are clear guidelines for action.

COMMUNITY ENGAGEMENT

There is widespread sentiment that providers, and through them OAPP, need to be tied more closely to communities and more understanding of their cultural differences. Effectiveness requires cultural competence. Cultural competence requires that the service providers are of the community – be that community African-American or Latino. Such competence will be appreciative of the cultural sensitivities around gay males, persons who are transgender, and men who have sex with men.

It is not sufficient to have linguistic competence to be of the community. To be of the community requires a clear cultural sensitivity. For example, the US-born Latino, regardless of language proficiency, may still lack the cultural sensitivity to work with the community from the standpoint of its value system as opposed to a northern or western value system. The community must see themselves in the service provider, otherwise, the provider will lack credibility. Seeing themselves will heighten their interest, ownership, and the relevance of their actions.

Communities know themselves best, and effectiveness is a function of a grassroots approach. Providers are equipped to work with communities to support them in identifying their needs and in defining the approaches that would most likely be successful for them.

WHOLE PERSON

A pervasive theme throughout the data is the need for a whole person approach. The individual must be recognized and dealt with in the context of the totality of her/his experience. Within this context, HIV/AIDS may be very low on the individual's priority list. Other problems of daily living – food, shelter, transportation, substance abuse, mental health – may be more pressing.

The whole person perspective argues for one of three alternative approaches. One, OAPP may use its resources to support the individual in her/his attempt to address other priorities. The hope and expectation would be that eventually the point will be reached where HIV/AIDS rises to a high enough priority on that list. Two, OAPP could use its resources to partner more directly with providers of other key services and together create a seamless service delivery network that will attend to the client's many and varied needs, including HIV/AIDS. Three, OAPP could use its resources to support established providers in other domains (e.g., housing, mental health, etc.) and encourage them to weave HIV/AIDS into their already established service delivery programs.

FLEXIBILITY

Related to both community engagement and the whole person, there is widespread concern about the requirements and specifications of RFPs. The general sentiment is that RFP requirements hand-cuff service providers, and thereby communities, and prevent them from being responsive to the community's real needs. Providers believe they need flexibility to modify or change their approach to meet client needs as they present themselves. The face – and the locale – of the disease are changing; it is no longer a white, gay, West Hollywood disease. While it may be taken for granted (perhaps unwisely) that the white gay male is informed and aware due to its twenty-plus year history in that community, the same assumption cannot be made in the African-American and Latino communities.

SMALL IS BEAUTIFUL

Los Angeles County is clearly racially and ethnically diverse. Even with large populations of major racial groups such as Black/African-Americans and Latinos, there is significant diversity within them. As a result, it is a mistake to assume that one size fits all.

It is efficient from a management standpoint to have fewer, larger contracts. However, the communities served are incredibly diverse. Greater sensitivity to cultural and community differences can be supported by issuing smaller and more contracts. This can yield a host of benefits:

- It would enable more of a grassroots approach.
- Communities can be mobilized around more relevant issues.
- Leadership can be developed in multiple communities.
- More people can be empowered and take more ownership.
- A variety of methods and interventions can be undertaken simultaneously.
- Best practices can emerge, and these can be shared across communities and modified as appropriate.

RECOMMENDATIONS

This review gathered information on a variety of topics meaningful to the pursuit of community mobilization within communities of color; specifically, the African-American and Latino populations within Los Angeles County. This included the community's understanding of the purpose and goals of community mobilization, guidelines for success, performance indicators, community sensitivity, activities to fund, and sustainability. The findings are extensive. They have been reviewed above and are summarized in Tables 1 – 8. The meta issues represent the over-arching understanding of what was learned through this process. Recommendations are provided in relation to each meta issue.

COMMUNITY ENGAGEMENT

Community engagement is seen as crucial to community mobilization success. The community needs to feel that the service provider is sincere, understands their issues and concerns, is willing to work with them at a grassroots level, is sensitive to their culture, and is concerned about the relevance of proposed solutions. Several recommendations are offered to enhance opportunities for community engagement.

- Work through families. Families were identified as critical points of intervention within both the African-American and Latino communities. As such, interventions should be targeted to work with and through families to support the HIV-infected individual or those at risk of infection. Within the African-American community, families can be approached through messaging about sex roles, personal responsibility, and scheduling health fairs at malls and in the parks. Within the Latino community, families can be approached through *promotoras*, who can visit with families in their homes, providing education and service referrals.

- Work through the matriarchal system. Similar to families, the matriarchal system was identified as a critical point of intervention for both African-American and Latino communities. Grandmothers, mothers and aunts will act to ensure the health of their families – even at the risk of forgoing their own health. Programs will be effective that provide outreach directly to the matriarchal system.

- Work with communities to support them in their own process of issue identification and action planning. There is a clear need for the community to take ownership of the issue of HIV/AIDS. African-American and Latino groups alike felt that criteria and requirements were being imposed upon them rather than them being able to assess their own needs, issues, concerns and priorities. There is a need, then, to support them in their own community-based process of issue definition, mobilization, and action planning.

- Work through respected individuals within the community. Community engagement can be enhanced by appealing to its respected leaders and elders. This was true for both communities. In the African-American community, the elder was more likely to be identified as a preacher or a matriarch, whereas in the Latino community priests, teachers, and college students – those with "moral" authority – were likely to be trusted and respected. Those with "given" authority such as police, immigration officers, or people in uniforms are less likely to be trusted. In the Latino community, it is also helpful to have a popular spokesperson such as an actor or well-known athlete.

- Use appropriate technology. The community can also be engaged through the use of appropriate technology. This will vary depending upon such variables as age, language and literacy, but cell phones, text messaging, computers and the internet were cited as useful technologies for connecting with new constituencies.

- Work through local small businesses. Finally, one of the most frequently cited recommendations across racial groups and SPAs was the use of non-traditional partners for outreach, awareness and education. These "non-traditional" partners are not the faith-based partners usually referred to, but rather small, community-based business establishments where people congregate and talk. These include beauty and barber shops, nail salons, day spas, laundromats, and mom and pop stores. These are known and accepted by members of the community, supportive and safe. Coalitions of these shops can be formed in different communities. One intervention would target and train the proprietors to equip them to open up and prod discussions of the issues, and provide resource and referral information. A variant would be to solicit their cooperation, and then send trained social workers, *promotoras*, or others to their business establishments to initiate the discussions and provide resource and referral information.

WHOLE PERSON

The whole person is a dominant theme throughout the findings of this report. The root of this issue is an acknowledgement that HIV/AIDS is just one among a host of issues that the client must face as a matter of daily living. The question, then, is where HIV/AIDS is ranked among the set of competing priorities. OAPP and its service providers must face the reality that HIV/AIDS may very well be low on the list. OAPP must be open to alternative, and perhaps very indirect, means of access to these individuals.

The general sentiment is that it is futile to believe that the client will readily prioritize HIV/AIDS. Of necessity, OAPP and service providers will have to pursue indirect approaches. Recommendations include the following:

- Participate in a network of agencies where a range of client needs can be addressed. The client may be dealing with a variety of other issues including substance abuse, mental health, self-esteem, housing, transportation, etc. Develop community-based networks of referral systems across agencies and types of services provided. Develop referrals and hand-offs such that the client remains in the network of care and case management even though HIV/AIDS may be only one piece of the client's total needs.

- Meet the client where she/he is. Recognizing that HIV/AIDS is probably low on the priority list, assist the individual in addressing the immediate pressing challenges of daily living – often the very fundamental challenge of staying alive for another day. Then, assist that individual with thinking about and addressing HIV/AIDS. Actively partner with other agencies such as housing, mental health, correctional facilities, among others, and support them in their service delivery.

- Support other agencies that are providing satisfaction for the immediate need, and encourage them to weave HIV/AIDS into their established service offering. Pursuing this alternative clearly requires that OAPP and AIDS service providers recognize they are taking a back seat to the established service delivery programs of other agencies. With this alternative, OAPP would support agencies in delivering non-HIV/AIDS related programs and services, but would encourage those agencies to interweave HIV/AIDS-related information and services into their primary programs.

FLEXIBILITY

A common concern among those interviewed and participating in community forums was the tight specifications and clear parameters associated with RFPs. Such tight criteria imply to them an attitude on the part of OAPP that one size fits all, whereas they do not believe that to be true based upon their own experiences. This speaks again to the incredible diversity within Los Angeles. The general sense was that such specifications result in (1) missing the target population, (2) providing the wrong services, and (3) inhibiting the ability to adapt to specific community needs or the evolving nature of the disease. Recommendations to address these concerns include the following:

- Provide a mechanism that allows the provider to modify services after the issuance of a contract. It is hard to specify outcome measures before undertaking a specific needs assessment. Nonetheless, this is what is often required in RFPs. OAPP could design a review process for making modifications to the initial Scope of Work based upon a community-based justification derived from a needs assessment.

- Issue RFPs that support the community in a grassroots approach to issue identification and the determination of solutions and outcomes. This recommendation is based upon the premise that it is sufficient to issue an RFP that specifies a process rather than one that dictates the content or specific outcomes. OAPP could provide a best practice model of a grassroots approach to community needs assessment, prioritization, outcome specification, action planning, implementation and evaluation. The RFP could require respondents to describe how they would use this process within their targeted

community. Contract accountability could be to the integrity of the application of the process, and the outcomes achieved through that process as opposed to a pre-determined set of outcome measures. Processes such as this would be modifiable to be responsive to specific community or cultural needs and replicable across different constituencies.

Community mobilization and intervention efforts need to be sensitive to, and flexible about, allowing providers to adapt their efforts to meet the clients where they are and to working with communities around their specific – and perhaps idiosyncratic – needs.

SMALL IS BEAUTIFUL

Contracts went to two large providers for the recent community development initiative. Given the size and diversity of Los Angeles' African-American and Latino populations, this has supported the community perception that OAPP has the attitude that one size fits all. From the community vantage point, not all communities are alike. The general sense is that there should be more, but smaller contracts that are more widely distributed across communities of color. Paradoxically, more, smaller contracts would likely increase the overall rate of community participation. Suggested recommendations to address this issue include the following:

- Issue more, smaller contracts. More, smaller contracts would enhance the ability to make adaptations to local circumstance. This would enable the targeting of smaller and more clearly defined communities. Communities could be more directly supported in the identification of their needs and the formulation of more customized or tailored solutions. This approach would likely enlarge the base of community involvement.

- Support more experimental approaches. Smaller and more contracts would enable OAPP to explore a variety of alternative, perhaps innovative, approaches. There was widely expressed concern about the expectation of continuing to do the same thing in the same old ways. Investing larger resources in fewer providers discourages innovation and increases the pressure for control and accountability.

  Smaller and more contracts would enable a "portfolio" approach to services where OAPP could invest in innovative programs on the one hand (enhancing risk), while also maintaining a set of tried and true programs, on the other (minimizing risk). In this way, OAPP could diversify its risk, address more targeted communities and their needs, experiment with innovative approaches in the face of the evolution of the disease, and broaden the base of provider and community participation.

- Foster cultural sensitivity. Stigma, homophobia, internalized oppression, taboo. These are concerns expressed when referring to gay males, men who have sex with men, and persons who are transgender within African-American and Latino communities. These concerns marginalize the individual, enhance denial, and drive clients into hiding. More, smaller contracts can enable the development of lower key, supportive outreach and relationship-building efforts that are culturally sensitive and responsive to the unique characteristics of a specific community.

APPENDIX 1: INTERVIEW PROTOCOL

Purpose & Goals

1. What does community mobilization mean to you in relation to HIV/AIDS?
    a. What is the purpose of community mobilization?
    b. What are the goals of community mobilization?
    c. What do you consider to be essential components of community mobilization?
    d. What is the greatest concern as it relates to HIV/AIDS in your community?
    e. What are the priorities in your community?

Guidelines for Success

2. What would you consider a successful community mobilization effort around HIV/AIDS within your community?
3. Can you identify a successful community mobilization effort within your community?
    a. From your own point-of-view, why would you call this a success?
    b. What were the key attributes, characteristics or variables of this initiative that made it a success? That is, what were the necessary ingredients?
    c. Even though you regard this as a success, upon reflection is there anything that would have made it even better?

Performance Indicators

4. How would you know if any community mobilization initiative was a success?
    a. What metrics would you use to assess success?

Community Sensitivity

5. If you were going to instruct someone on the Do's and Don'ts of effective community mobilization in your community, what would they be?
    a. What would be the 3-5 key concerns you would want them to know?
6. In your experience, what are those issues and concerns within your community that, if properly attended to, would greatly increase the likelihood of success?
7. For a community mobilization effort to succeed within your community, what are the 3-5 things you absolutely have to avoid?

Activities to Fund

8. If you had a clear desire to support community mobilization efforts in relation to HIV prevention, treatment and care within communities of color (notably Black/African-American and Latino), and only limited resources to do it, what community mobilization activities would you :
    a. Want to fund?
    b. Not want to fund?

Sustainability

9. How are community mobilization activities sustained over time?
10. What resources already exist within your community?

APPENDIX 2: COMMUNITY FORUM PROTOCOL

Purpose & Goals

1. What are the purpose and goals of community mobilization in relation to HIV/AIDS?
    a. What do you consider to be essential components of community mobilization?
    b. What is the greatest concern as it relates to HIV/AIDS in your community?
    c. What are the priorities in relation to HIV/AIDS in your community?

Guidelines for Success

2. How would you know if a community mobilization effort around HIV/AIDS within your community was successful?

Community Sensitivity

3. If you were going to instruct someone on the Do's and Don'ts of effective community mobilization in your community, what would they be?
    a. What are the "Do's"?
    b. What are the "Don'ts"?

Activities to Fund

4. If you had a clear desire to support community mobilization efforts in relation to HIV prevention, treatment and care within communities of color (notably Black/African-American and Latino), and only limited resources to do it, what community mobilization activities would you :
    a. Want to see developed?
    b. Believe would not be useful or a waste of time?

Sustainability

5. What is required for community mobilization activities to be sustained over time?
6. What resources to support community mobilization are already in place within your community?

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