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CONNECT TO PROTECT® AND THE CREATION OF AIDS-COMPETENT COMMUNITIES

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Abstract

The development of community capacity is integral to reducing the burden of HIV in high-risk populations (Kippax, 2012). This study examines how coalitions addressing structural level determinants of HIV among youth are generating community capacity and creating AIDS-competent communities. AIDS-competent communities are defined as communities that can facilitate sexual behavior change, reduce HIV/AIDS–related stigma, support people living with HIV/AIDS, and cooperate in HIV–related prevention practices. This study shows how the coalitions are fostering the resources indicative of AIDS-competent communities: knowledge and skills, enhanced dialogue among relevant sectors of the community, local ownership of a problem, confidence in local strengths, solidarity or bonding social capital, and bridging partnerships. These data show that the coalitions catalyzed several outcomes aside from the completion of their structural changes. Coalition members are developing the skills, resources, and relationships that can ostensibly build a heightened community response to HIV prevention.

Effective HIV/AIDS prevention is contingent upon supportive contexts and social conditions. Campbell, Nair, and Mainame (2007) describe six psychosocial resources necessary for the development of an AIDS-competent community, defined as a community that can facilitate sexual behavior change, reduce HIV/AIDS–related stigma, support people living with HIV/AIDS, and cooperate in HIV–related prevention practices. These resources facilitate responses to local HIV/AIDS epidemics, are indicative of community capacity, and are preconditions to promoting organized action with respect to HIV/AIDS prevention (Trickett, 2009). Indicators of AIDS-competent communities include: knowledge and skills, dialogue among relevant sectors of the community, local ownership of a problem, confidence in local strengths, solidarity or bonding social capital, and bridging partnerships.

Community mobilization (i.e., collaborative problem solving and group identification of changes needed to address health and/or other social problems) that emphasizes the promotion of collaborative relationships and capacity building may be one means of affecting the development of the resources needed to develop an AIDS-competent community. Community coalitions (i.e., groups of people representing various organizations who work together to reach a common goal) are specifically designed to strengthen member and community capacity through participation in problem assessment, intervention development, and enhancement of inter-organizational networks (Butterfoss & Kegler, 2002; McLeroy, Kegler, Steckler, Burdine, & Wisotsky, 1994; Zakocs & Guckenburg, 2007). Coalitions facilitate the development of the relationships, networks, structures, and processes that promote social action with respect to community issues (Norton, McLeroy,

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Burdine, Felix, & Dorsey, 2002). From this perspective, capacity is not merely a prerequisite for developing and sustaining a coalition infrastructure capable of supporting coalition activities; rather, participation in coalitions fosters capacity and builds social capital that can be applied to other health and social issues (Mulroy & Shay, 1998; Trickett et al., 2011).

Butterfoss and Kegler (2002) argue that community health and social outcomes arise as a function of the activities that coalitions implement, and whether coalition participation builds community capacity and social capital among relevant sectors of the community. These dual requirements indicate that in addition to examining coalitions' activities as outcomes, it is also imperative to study the changes evident in people who are involved in implementing these activities. Studying coalition members requires that we "shift the lens from the program to the [people]" (Riger, 2001, p. 70). Doing so allows for a more systemic perspective of coalition outcomes, one that acknowledges that people—not policy changes or program activities—ultimately are responsible for creating a supportive community context in which change can be designed, implemented, and sustained.

Research on the relationship between community capacity and coalitions typically has focused on how building members' capacity facilitates coalition health and outcomes (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001). Few studies have examined whether or how coalitions foster community capacity (Zakocs & Edwards, 2006). Yet because coalitions often seek to strengthen health as well as improve community capacity to promote future health and well-being, the assessment of various dimensions of capacity warrants attention (Tricket et al., 2011).

There are numerous ways to measure community capacity (Norton et al., 2002; Richter et al., 2006). Foster-Fishman and colleges (2007) suggest that the definition and measurement of community capacity should be malleable and based on the goals of the community interventions (Forster-Fishman, Cantillon, Pierce, & Van Egeren, 2007). For our purposes, the AIDS-competent community framework provides a useful model because it depicts resources specific to HIV prevention. Additionally, the development of resources indicative of AIDS-competent communities corresponds closely to dimensions of community capacity (Norton et al., 2002). Using this framework, this study examines how HIV preventive coalitions have generated community capacity and fostered the development of AIDS-competent communities.

C2P OVERVIEW

Connect to Protect®: Partnership for Youth Prevention Interventions (C2P) is part of the Adolescent Medicine Trials Network (ATN). The ATN is funded by the National Institutes of Health to conduct research on youth who are living with or at risk for HIV. Research protocols are carried out nationally at adolescent clinical research sites housed at major research universities (e.g., Johns Hopkins) and hospitals (e.g., Children's Hospital of Philadelphia). C2P is a multi-site project (consisting of multiple coalitions) employing a community mobilization approach to achieving local changes that are expected to ultimately lead to decreased rates of HIV among specified target populations of youth (aged 12–24).

Each C2P coalition used geographic information mapping to develop local HIV/AIDS epidemiological profiles and to hone in on and identify a target population. Based on local environmental scans and epidemiological reports, half of these coalitions identified young men who have sex with men as their target population, whereas the remaining coalitions identified young women (see Table 1). Next, ecological assessments were conducted by the paid, full-time staff at each coalition; staff gathered information about where targeted youth congregated and surveyed youth regarding their HIV risk behaviors. During this mobilization phase, staff also developed partnerships with individuals who might help carry

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out C2P's mission and become members. Members consisted of people representing local government, community service organizations, health departments, medical establishments, and faith-based organizations (Straub et al., 2007). To develop local action plans, members engaged in a group critical analysis process aimed at arriving at underlying structural determinants of risk. Action plans delineate structural change objectives (SCOs) that C2P coalition members strive to accomplish. Structural changes "create opportunities or remove barriers to promote HIV prevention" and may consist of changes to programs, policies, or institutions (Chutuape et al., 2010, p. 2). During the time period under analysis, members of these coalitions completed 133 structural changes (see Table 2 for examples). Elsewhere, C2P's mobilization approach (Chutuape et al., 2010; Straub et al., 2007; Ziff et al., 2006) is described in more detail.

C2P's structural approach is consistent with calls in the HIV prevention literature to develop interventions addressing structural level determinants of health (Blankenship, Bray, & Merson, 2000; Gupta, Parkhurst, Ogden, Aggleton, & Mahal, 2008; Piot, Bartos, Larson, Zewdie, & Mane, 2008).

C2P's study framework postulates that community mobilization will lead to the implementation of structural changes that impact the determinants of HIV transmission and acquisition and ultimately reduce HIV rates among youth. Community coalition action theory (CCAT), a leading theoretical framework depicting the processes by which coalitions achieve outcomes, also stipulates that coalitions' health outcomes will be achieved if members and organizations develop capacity and build social capital (Butterfoss & Kegler, 2002). This analysis is therefore predicated on an assumption that participation in C2P coalitions may foster members' and participating organizations' capacities in ways that also have the potential to impact local responses to HIV prevention. Using the AIDS-competent community framework, this study examines how C2P has fostered community capacity to engage in youth-focused HIV prevention.

METHODS

This analysis includes data from C2P coalition sites listed in Table 1. These 12 sites were mobilized in 2006 and 10 are still in operation. This analysis draws from coalition interviews that were conducted with staff and coalition members ($n = 201$) to ascertain coalition health and functioning. These interviews were conducted by phone or in person by the national coordinators who were charged with providing the coalitions with technical assistance and monitoring protocol adherence. Coordinators audio-recorded and transcribed the interviews. Interviews took less than one hour to complete, and participants were provided $25.00 to compensate them for their time and effort. The purpose of these interviews was to elicit information that could be used to assist coalitions in improving their functioning. This research was reviewed and approved by the institutional review boards at all participating sites.

ANALYSIS

We used a directed approach to content analysis (Hseih & Shannon, 2005) to identify key themes indicative of AIDS-competent communities. Of relevance for this analysis were interview questions regarding: the benefits of participation in the coalitions, what members have learned as a function of their involvement, and changes that have occurred in members' own lives or agencies because of C2P. Data for this analysis came primarily from the following questions: "Given your involvement in the Connect to Protect coalition during the past 6 months…what would you say have been the top benefits of collaborating and/or regularly interacting with other agencies/individuals that possess similar missions?" and "Overall, what lessons have you learned during the past 6 months from your involvement

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with the Connect to Protect coalition?" Table 3 lists the resources indicative of an AIDS-competent community included in the analysis, along with a code definition and an illustrative quote for each theme. Code definitions were altered iteratively to better account for the data.

SKILLS AND KNOWLEDGE

Numerous volunteer members and paid staff at each coalition cited ways that their participation in C2P influenced their skills and knowledge related to HIV prevention. C2P offered trainings, technical assistance, and forums where members were able to develop various skills, which provided them "something of value to bring back to [their] own agencies." As one member said, "The trainings that have been implemented through … Connect to Protect have been invaluable in helping us build our capacity so that we can improve our overall services to the community." Specific skills that were cited most often included: leadership development, networking skills, enhanced cultural competence working with youth or with the target population, facilitation skills, professional development, grant writing, knowledge of strategic planning, and the ability to interpret data. These new skills led to some agencies taking a more youth-oriented approach to their work:

> We probably benefit mostly from just being educated on how to deal with youth. Because we mostly deal with adults … Just different things that are youth orientated, we've learned how to counsel them before testing them … just speaking their language … when you are doing counseling and testing how to gear it to youth. We have now said we are going to do a youth component to our service providers.

Members also learned more about HIV, their communities, and other organizations: "we learn stuff all the time from the coalition." In particular, C2P provided a forum for providers to learn more about their target communities through data sharing:

> That data was made available to us on an ongoing basis. And as it's updated, has really been an added benefit for us as well as a resource for us, because normally we don't get access to that kind of information on an ongoing basis.

Members also valued learning more about community services, resources, and events, noting that this information gave them a more holistic perspective on their communities. For new agencies, this information was "really phenomenal" as it helped them learn "who is who in the community," provided them "a lay of the land," and gave them an "edge." For established agencies, participation in C2P helped them remain "in the loop," "have a beat/pulse on what's going on at other agencies," "stay current with what's going on," and know when "new programs are starting, programs are ending."

ENHANCED DIALOGUE

Members lauded the communication that the coalitions facilitated and the coalitions enhanced dialogue in three key ways. First, coalition meetings provided a forum for members to "talk together about reaching a common goal." The strategic planning process was often informed by local data, expert speakers, presentations by youth, and other types of information meant to assist discussion and collective debate. Members appreciated the opportunity to "share ideas with others with similar purposes" and "think outside of the box on this issue and share ideas." As noted by one member, these opportunities affirmed "that my opinion and voice does matter."

Second, coalition participation enhanced communication among staff and members in ways that may have impacted members' job performance. Members were comfortable calling coalition staff for advice: "There is nothing I can't call them about." Members were

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especially apt to call regarding advice about youth: "We have someone specific to talk to about children's issues." They could also call other members and community partners: "You can carve a personal relationship now and so you do not have to cold call someone—you already know someone there—it makes communication much easier." Coalitions sought to facilitate communication through the distribution of phone and email contact lists.

Third, membership enhanced communcation between members and youth. Members became more comfortable talking to youth, advocating on their behalf, and conducting outreach:

Participant: I think going to these meetings allows me to speak more frankly to the younger, even younger kids about sexuality.

Interviewer: Are you able to take that back to your own work?

Participant: Absolutely, to my work, to my family, to my neighborhood, because I live right in the [geographic target area] and I can talk to kids in the area. So yeah, it definitely makes me more at ease to speak with them and I have a little more knowledge about what they are doing … So it makes me more of an advocate.

Additionally, it made members more sympathetic and thorough in working with youth clients:

> [I have learned] to have plenty of patience, much love. I mean I'm serious about this … To really know the client, to really feel the client's pain, to understand what that client might be going through. That's what I've learned. Patience and tolerance, love and understanding.

OWNERSHIP AND RESPONSIBILITY

That the coalitions have been functioning since 2006 is a testament to the fact that members and staff have taken ownership and responsibility. Staff and members are those community members who feel a sense of responsibility to prevent HIV ("the HIV problem in [county] is astounding, I mean it is shocking. I saw the statistic and called immediately to see what I could do to help."). Yet coalition participation also increased members' sense of ownership and responsibility, as evidenced by members' increasing civic engagement. Coalition involvement led to some members getting "more involved in the community" in various capacities. In an effort to increase collaborative relationships and coalition visibility, staff and members participated in community events, provided community service, and joined planning councils. To hold more sway within relevant sectors of the community, members joined school boards, applied for political positions such as a liaison to the mayor, and participated on other coalitions. As staff members indicated, civic engagement was necessary for the development of thriving coalitions:

> I have more chance of understanding all of the players, how they are seen in the community, how strong they are, how influential they are, how to use them in a better capacity in my coalition. So these are key people that I support in the community that are in my coalition. So when I deal with them outside of the coalition, I know who they are and the potential for them being in my coalition and how they can help us move forward.

Two other members indicated that they became more involved parents due to their participation ("Personally, it's helped me to understand my son who is gay. I have a better relationship with him now.") Members became "more involved with things going on outside of C2P" because they "learn[ed] that is it very important to stay involved in the community regardless of what the topic is."

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The coaltions involved youth in various capacities, and youth participation led to civic engagement as well. Youth participation included lobbying and peer education:

> I think that the movement among all coalition members to engage young people in this prevention process has been very positive … we started the group called Peer Ambassadors … Having young people talking with young people and training young people to talk with young people has been a great asset to the coalition and individual members.

The coalition members and staff also worked to increase the sense of community ownership and responsibility for preventing HIV and STIs. They saw their task as including, “bringing the HIV crisis to the community at large.” They engaged in outreach and community events in an effort to do so. They shared “alarming epidemiological reports” to heighten awareness of local HIV and STI rates. Members believed that the advocacy and outreach they conducted on behalf of the coalition was having its desired affect: “I think the issue [HIV] is becoming more evident. The community is starting to take more note of it”; and “There are those parts of the general community that are merging and understanding that we’ve got a big problem around HIV and youth.”

AWARENESS AND CONFIDENCE IN LOCAL STRENGTHS

Confidence in local strengths manifested itself as confidence in C2P’s approach to HIV prevention, increased awareness of and respect for community resources and agencies, and a willingness to capitalize on others’ strengths though collaboration. First, members grew more aware of the number and diversity of “dedicated,” “passionate,” “committed,” and “knowledgeable” people working in HIV prevention. Members described it as “encouraging” to learn “that there are a lot of people in [city] that are truly concerned about HIV” and “that there [are] a lot of creative programs out here dealing with HIV prevention.” Second, members described confidence in the benefits of collaboration. For example, members acknowledged: “We all need each other, we can’t do this alone”; “Collectively, we have a larger impact than if we were working toward the same goals individually”; and “I have definitely learned more about the importance of working together.”

Third, members expressed confidence in C2P’s approach to HIV prevention, both in terms of its structural approach and use of community mobilization. They appreciated thinking “more broadly” about interventions and described how this new perception affected their beliefs about prevention:

> I also think it’s really important to focus on a structural level, that’s one of my favorite things about this project—that we are not just focusing on individuals. There are all these policies and programs and things at higher levels that may really influence young people’s choices.

SOLIDARITY AND BONDING SOCIAL CAPITAL

Members spoke of an increased sense of social connectedness as a function of their participation in the coalitions. Members appreciated the chance to “build personal relationships with other members and agencies,” be “part of a bigger team,” and build “closer relationships.”

Members described how participation made them feel less alone doing their work: “Sometimes when you are in your day in, day out job, you feel like you’re working in a bubble”; “It’s lonely out here when you are doing HIV education”; and “A positive outcome is feeling that you are not alone.”

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Coalition participation also built trust between members: "I've made some great friends with some of the people that I would have never maybe encountered, or that I had misconceptions about; so now they are allies." This benefit was cited as particularly noteworthy given members' tendency to compete with one another over funding. Coalition involvement enhanced members' "sense of community," "camaraderie" and willingness to collaborate with one another outside the coalition.

Members acknowledged that others had key skills, resources, and experiences on which to draw. Such recognition facilitated collaboration outside of the coalition. For example, members were more willing to turn to one another for advice when they confronted programmatic issues. Obtaining advice was helpful in learning "what to do and what not to do so we don't continue to make the same errors." Similarly, members were willing to take advantage of others' expertise: "We can tap into people's strengths that our individual agencies may be lacking"; and "When there's something you're weak in, you can team up with someone who's strong in that area."

Collaborating on work outside of the coalition resulted in members obtaining: help with programmatic efforts such as the implementation of a behavioral intervention, clinical referrals, assistance with grant writing, new outreach opportunities, testing for their community events, new memorandum of agreements, increased organizational publicity, the provision of prevention resources, and help organizing their community activities.

Increased inter-organizational communication was often influential in "providing a referral network." As noted by members at two coalitions:

> I find it important in terms of referral possibilities: we don't do it, you do it, let's refer the client to you. So, that, I think, is really the hallmark of the coalition in a sense.

> There are lots of things that happen behind the scenes as a result of the relationships established through the coalition. One such example: We identified a youth in need/high-risk for HIV infection and we were able to link him to resources/services.

Increased collaboration meant that members "became resources for one another" in ways that "strengthened other areas of their services as well."

BRIDGING SOCIAL CAPITAL

To have a greater chance of success, coalition staff and members built relationships with people in positions of social and political power. As such, efforts to increase a sense of ownership, responsibility, and urgency were especially geared toward relevent sectors of the community that may have posed barriers to their success. Garnering support from key constituents was often necessary for the completion of the coaltions' objectives: "I just think that we're finally starting to get some bureaucrats to come down off of this abstinence high horse and recognize that we have a definite problem in our community and, um, it's really refreshing."

Members built relationships with mayors, senators, city council members, school and prison superintendents, and judges so that they could gain the resources or political support needed to complete objectives. Relationships between partners in the public sphere and C2P may also have added benefits to the community, for example, by heightening public awareness:

> [T]his senator has been very vocal about HIV issues and the objective that we're trying to complete is HIV testing in schools and this same senator is part of a

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> previous initiative that got stalled and his commitment to HIV and youth has been reinvigorated and his visibility around this issue is creating public awareness.

In an attempt to get groups on board with their work, members also provided cultural competency trainings, conducted outreach, and generated support from groups tending to hold conservative attitudes about sex and sexuality (e.g., church officials, the police, and social service employees):

> [T]raditionally this community has really been, it's really been taboo to talk about sex. I think there is a lot of homophobia present, but I think it's changing. There is some slow progression there, where you are even seeing churches being progressive in wanting HIV testing in the churches.

Addressing stigmatizing attitudes among leaders within these sectors was often a prerequisite for the successful completion of the coalitions' objectives.

DISCUSSION

The development of community capacity is integral to reducing the burden of HIV in high-risk populations (Kippax, 2012). As developing member and organizational capacity is often an outcome associated with coalition mobilization, we used the concepts associated with an AIDS-competent community to examine how HIV-preventive coalitions attempting to implement structural changes are fostering community capacity. Additionally, we displayed the results in a way that depicted the potential of these resources to impact on members' work, organizations, or communities. As the results suggest, the coalitions helped build the capacity of prominent leaders working in HIV/AIDS service organizations, and in the process, they helped build supportive community contexts enabling of youth-focused HIV prevention.

The coalitions catalyzed several outcomes aside from the completion of their structural changes. As conveyed by members, they developed skills and knowledge that contributed to their work on the coalitions, but also skills and knowledge that may enhance their leadership abilities, strategic planning, and professional skills. The coalitions fostered dialogue and debate between groups often at odds with one another. Participation in the coalitions changed the nature of social relationships between members as was evident by their increasing willingness to call one another regarding programmatic issues, service provision, and outreach with youth. Members became resources for one another. Further, members exhibited increasing comfort interacting with youth. Staff and members increased their civic participation, forged relationships with local political leaders, enhanced community knowledge of HIV/AIDS, and came to value structurally based approaches to prevention. Perhaps most importantly, coalition participation laid the foundation for collaborative opportunities and resource sharing.

Notably, much of what members accomplished as a function of collaboration with one another is analogous to objectives that the coalitions have achieved. For example, coalitions have established more seamless linkage to care processes for HIV positive youth by improving inter-organizational collaboration. Some structural changes were designed to build cultural competency training among various sectors of the community, such as HIV/AIDS service providers and foster parents. The knowledge and skills garnered due to their involvement with the coalitions had a similar effect on members, as it made them more understanding and sympathetic to youth, more comfortable communicating with them, and potentially better able to serve them. As another example, the coalitions developed alliances in the community between key groups of people they believed needed to work more closely together to share information and resources. As the data indicate, many such alliances were

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forged among members in ways that had the potential to enhance their own individual or organizational response to HIV.

As these sorts of behind-the-scenes collaborations and activities illustrate, the coalitions are responsible for effecting far more community changes with the potential to impact HIV than are measured by observing the number of objectives completed.

LIMITATIONS

We have chosen to use the AIDS-competence framework as our measure of community capacity. Although we recognize that AIDS-competence is an unconventional way to measure community capacity, we also contend that it is comparable to other measures of community capacity that note fundamental dimensions of the concept as including increases in skills and knowledge, improved social and collaborative relationships, heightened sense of community, promotion of dialogue, development of leadership, and enhanced civic participation (Chaskin, Brown, Venkatesh, & Vidal, 2001; Goodman et al., 1998). Second, it should be noted that we have purposefully refrained from indicating which coalitions evidenced the individual dimensions associated with the coding framework. We have analyzed and described the concepts across communities rather than within communities because the data were not collected with the intention of providing a measure of this construct. We therefore wanted to avoid any attempt at making comparisons between the coalitions. Third, our analysis was conducted with data from a confined period of time toward the beginning of coalition mobilization. In all likelihood, the ways in which the coalitions have fostered community capacity have since shifted. Ideally, capacity development would be measured at multiple time points to provide the coalitions with feedback (Norton et al., 2002). Fourth, data were not collected as a means of assessing community capacity; rather, these interviews were conducted to assess coalition health and functioning. Nonetheless, these data elucidate ways in which these coalitions are creating AIDS-competent communities. We hope this analysis underscores the importance of specific, formal assessments of community capacity. Fifth, we did not separate responses from coalition members and staff, nor did we assess differences in capacity development by target population. We chose not to separate responses between members and staff because we were interested primarily in overall perceptions of coalition capacity rather than differences between staff and members. Former analyses have shed light on the differences in structural change accomplishments between YMSM and female-focused coalitions (Miller et al., 2012). We think it too simplistic to suggest differences in capacity development between these differentially focused coalitions without identifying alternative mobilization factors (e.g., staff or member turnover, youth involvement) that may have bearing on differential outcomes.

CONCLUSION

Trickett (2009) suggests a need to conceptualize interventions broadly when considering their potential to impact communities. In the case of C2P, the coalitions are interventions just as are the structural-level changes their members are responsible for implementing. An evaluative focus solely on the objectives as outcomes misses much of what the coalitions have accomplished. Examining the influence that the coalitions and associated new or renewed collaborations has had on adult and youth members, as well as on partnering organizations suggests C2P members are developing the skills, resources, and relationships that can support a heightened community response to HIV prevention. In developing the AIDS-competence of its members and partnering organizations, C2P is building the social infrastructure for AIDS-competent communities. Whether AIDS-competence contributes to the success of the coalitions in achieving their objectives or their ultimate outcome of reducing HIV among youth remains to be seen.

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TABLE 1

Target Population and Location of C2P Coalitions

City	Target population
Bronx	Females
Chicago	Females
Ft. Lauderdale	Females
Miami	Females
New Orleans	Females
Tampa	Females
Baltimore	YMSM
D.C.	YMSM
Los Angeles	YMSM
Manhattan	YMSM
Philadelphia	YMSM
San Francisco	YMSM

Note. YMSM = young men who have sex with men.

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TABLE 2

Examples of Structural Changes Completed by C2P Coalitions

By September, 2007, Youth Education Services (YES) will start a new practice of collaborating with HIV/STI testing providers to hold a minimum of four annual testing events in Tampa where young black females congregate.
By March, 2008, Planned Parenthood traveling clinics will provide free family planning and STD testing at the el Camino College – Compton Community Educational Center.
By September, 2008, the Child and Family Services Agency (CFSA) will formalize an LGBT cultural competency training component for foster care parents.
By, 2008, a new Bronx outreach alliance will be created to allow for coordination and enhancement of outreach services in the borough.
By December, 2008, the AIRS Youth Drop-In Center and Transitional Housing Program will collaborate with sexual minority youth-friendly agencies to provide health care screenings, psychosocial group support and youth development programs.

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TABLE 3

Description of AIDS-Competence Themes

Theme	Definition	Example Quote(s)
Skills and knowledge	Members evidence increasing skills and knowledge related to HIV and the prevention of HIV among adolescents. This may manifest itself in increasing knowledge of the local HIV epidemic, enhancement of their ability to interact with and serve youth or their target population, or skills related to prevention.	I always find out about something I didn’t know about before every time I go to a meeting.
Enhanced dialogue	Members have opportunities to talk to one another and identify barriers to prevention and discuss how they can work together to tackle these issues. These dialogues should enhance critical thinking and deepen understanding of prevention practices and service provision. Membership may also enhance communication between members or between members and youth.	I think also the coalition, like our working-group meetings, where we all come together is just a good venue for people to just be able to discuss concerns and what is going on in the community in a safe and open environment.
Ownership and responsibility	Members develop a sense of ownership of the problem and a sense of responsibility for contributing to its solution as evidenced by increased civic participation. The coalitions enhance a sense of ownership and responsibility for contributing to HIV prevention within other relevant sectors of the community.	The community needs to see you, needs to know who you are, and in order to do that, you need to play with them. I think that’s very important. And you need to support them you need to do hours outside the 9–5. You need to do weekends in order to be successful with this.
Confidence in local strengths	Members have faith in their individual and collective abilities to make an effective contribution to HIV prevention among youth.	I have learned that there are more people interested in HIV prevention than I would have imagined. There is really a large cross-sector of folks who have a commitment.
Solidarity or bonding capital	Members form trusting and mutually supportive relationships that enhance their ability to work collectively.	C2P has been instrumental in building communication between agencies and linking agencies that might be able to work together. It also gives a social connectedness to each other, which builds a support system for all.
Bridging partnerships	Members build relationships with people who have political or economic power to facilitate their local response to HIV/AIDS.	There will be a new “mayor liaison to LGBT community.” This was previously an ineffective position, but now the new person will be a part of the mayor’s office. The liaison is [name] from [organization], which is a C2P partner.