Chapter 3
Preventing HIV among Black Men in College Using a CBPR Approach

Louis F. Graham, Robert E. Aronson, Regina McCoy Pulliam, Lilli Mann and Scott D. Rhodes

The African American/black population is now the second largest racial minority group in the United States and is still disproportionately burdened by HIV and AIDS. Although African Americans/blacks represented 12–14% of the US population in 2010, they accounted for nearly half of all HIV infections, AIDS diagnoses, people estimated to be living with AIDS, and HIV-related deaths in the United States. Additionally, in 2010, the incidence of HIV among African Americans/blacks was eight times higher than that among whites. Unfortunately, these trends have persisted since the 1990s. For African American/black adolescents, the racial disparity in HIV/AIDS diagnoses is even greater. Almost 70% of all new HIV infections among 13–19-year-olds were among African Americans/blacks in 2010. In

This chapter is dedicated to Dr. Warner McGee, a friend, colleague, and student who devoted his short life to advocating for students and fighting this dreadful disease.

L. F. Graham (✉)
Department of Public Health, University of Massachusetts Amherst, 315 Arnold House, 715 North Pleasant Street, Amherst, MA 01003-9304, USA
e-mail: LFGraham@schoolph.umass.edu

R. E. Aronson
Public Health Program, School of Natural and Applied Sciences, Taylor University, 236 West Reade Avenue, Upland, IN 46989, USA
e-mail: bob_aronson@taylor.edu

R. M. Pulliam
Department of Public Health Education, University of North Carolina Greensboro, PO Box 26170, Greensboro, NC 27402-6170, USA
e-mail: regina_pulliam@uncg.edu

L. Mann · S. D. Rhodes
Department of Social Sciences and Health Policy, Division of Public Health Sciences, Wake Forest University School of Medicine, Medical Center Blvd., Winston-Salem, NC 27157, USA
e-mail: lmann@wakehealth.edu

S. D. Rhodes
e-mail: srhodes@wakehealth.edu

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2008, African American/black men and women ages 25–44 years old had a higher AIDS-related mortality rate than any other racial group [1, 2].

Furthermore, HIV rates in the United States have increased over time among both men and women through heterosexual transmission. It is estimated that more than a quarter of those who are newly infected and more than a quarter of people with HIV acquired the virus through heterosexual transmission. Among African Americans/blacks, 38% of new HIV infections were transmitted through heterosexual transmission. Moreover, 87% of African American/black women with HIV acquired the virus through heterosexual transmission. It is estimated that one of 16 African American/black men will be diagnosed with HIV during his lifetime; those infected are more likely than white men to have been infected through heterosexual contact and injection-drug use [1, 2].

The southern part of the United States, in particular, is disproportionately affected by the HIV epidemic [1–3]. More than 40% of new AIDS diagnoses and the greatest number of people with HIV and AIDS in 2010 were in the South. Despite this growing epidemic, little is known about innovative intervention approaches that are likely to be successful in this region of the country. Much of what is known about HIV, including prevention, care, and treatment, is based on research conducted in early epicenters of the US epidemic. These epicenters have a much longer history of both HIV research and service provision. These epicenters also tend to be large urban cities and do not reflect the unique characteristics of the more rural and resource-poor South [4–7].

Gaps in prevention science

Traditionally, HIV interventions have focused on risk reduction and treatment uptake and adherence among population subgroups such as men, especially sexually marginalized men (e.g., gay, bisexual, same-gender-loving men, and men who have sex with other men [MSM]), injection-drug users, and, more recently, heterosexual women. A paucity of HIV prevention strategies have been demonstrated to be efficacious and effective for African American/black heterosexual men, particularly those of college age [8–13].

To effectively prevent HIV exposure and transmission in the United States, we need to explore, better understand, and more effectively intervene on the complex factors associated with HIV exposure and transmission for African American/black men. This need is important regardless of the race, ethnicity, or gender of African American/black men's sexual partners [48]. We know that HIV risk among African American/black men occurs within multiple social-ecologic contexts. Instead of focusing exclusively on the sexual behaviors of individuals disconnected from culture, gender, and context, we must work, as researchers and practitioners, in more nuanced ways to understand and consider the multidimensional aspects of sexuality, including the complex intersections of identities, roles, and behaviors. Thus, HIV prevention efforts require new, multilevel approaches that reflect culture, gender,

and context, to address the distinct and intersecting intrapersonal, interpersonal, institutional, and economic factors influencing black men's risk for HIV exposure and transmission. As has been suggested,

> The relationship between socioeconomic context and sexual networks suggests that continued emphasis solely on individual risk factors and determinants for prevention efforts is unlikely to yield a significant effect on rates of HIV infection among black persons in the United States. [14]

Moreover, HIV prevention efforts among African American/black college and university students have not typically been a priority. However, as HIV infection among African American/black men within colleges and universities continues to increase in less well-resourced regions of the United States, such as the South in general and North Carolina specifically, more formative and intervention research must be conducted to reduce exposure and transmission within this population [10, 11, 15–18]. Sufficient attention must be given to identify beliefs, attitudes, and behaviors related to sexuality, relationships, communication, sexual behavior, and protection (including condom use) that are influenced by culture, gender, and context in order to develop meaningful and successful HIV prevention strategies and interventions.

In this chapter, we define community-based participatory research (CBPR) and describe how members of our collaborative applied CBPR principles in the development of an innovative HIV prevention project designed to fill intervention gaps and reduce HIV exposure and transmission among African American/black heterosexual men attending a predominantly white university in the South. In collaboration with community members, including African American/black men and women, representatives from local community-based organizations, and university staff and faculty, we developed and pilot-tested a novel HIV prevention intervention known as Brothers Leading Healthy Lives (BLHL). We also describe some of the challenges we faced and lessons learned, as well as the strategies we used to target the nature of the community and context within which our project took place.

CBPR and HIV prevention among African American/black college men

CBPR has been defined as a

> … Collaborative approach to research [that] equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. [19]

CBPR has been identified as an effective approach to address the ongoing health disparities within vulnerable communities and populations. CBPR results in more informed understandings of underlying factors that contribute to the health and well-being of communities. This more informed understanding, coupled with continued engagement and participation of community members in the application of this improved understanding, yields better actions (e.g., interventions) to meet

Table 3.1 Common principles of CBPR

1. CBPR recognizes community as a unit of identity
2. CBPR builds on strengths and resources within the community
3. CBPR facilitates collaborative, equitable partnership in all phases of the research and involves empowering and power-sharing processes that attend to social, political, and economic inequities
4. CBPR promotes co-learning and capacity building among all partners
5. CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners
6. CBPR emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to multiple determinants of health and disease
7. CBPR involves systems development through an iterative process
8. CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process
9. CBPR involves a long-term process and commitment

the needs and priorities of community members [19–23]. Furthermore, strategies aligned with CBPR have been effective in the development of culturally congruent, gender-specific, and contextually relevant HIV sexual risk-reduction interventions for predominately racial/ethnic minority heterosexual men, in which community members were fully engaged throughout all phases of the research [24–27].

Our application of CBPR adhered to nine commonly cited guiding principles or characteristics of CBPR (Table 3.1). In this chapter, we do not explore our use of each principle; rather, we provide these principles as a backdrop of how we defined and engaged communities; established and maintained trust with African American/black heterosexual men on a predominately white university campus; and developed, implemented, and evaluated an HIV prevention intervention that was funded by the US Centers for Disease Control and Prevention (CDC).

Our CBPR process

Building trust and history with African American/black men on a university campus

Initially, our CBPR was based on the campus of The University of North Carolina at Greensboro (UNCG), a predominately white university. During the 1999–2000 academic year, an informal student group of African American/black men known as Brother2Brother, led by an African American/black graduate student, began to meet weekly to discuss their struggles as African American/black men on a predominately white campus and in society. Participants were mainly undergraduates and most self-identified as heterosexual. Their discussions about their lives and success at UNCG foregrounded their complex racial and gender identities. They shared stories about navigating the university and how they were perceived and

treated. They explored ideas about what it means to be a man, an African American/black man, and an "ideal" African American/black man. Their conversations highlighted the centrality of sexuality in constructions of black masculinities. As a result, they discussed issues related to sexual identity, the importance of sex to a man and his reputation, and their personal sexual risk for HIV.

Brother2Brother meetings were held in a public area at the main entrance of the university cafeteria, a gathering space that attracted many African American/black students after classes in the late afternoon. The rules of the meetings were simple:

- Leave your status at the door
- Respect one another
- Bring your concerns and ideas to the group

As an organization, Brother2Brother emerged organically and remained informal. The group had no official campus recognition, no bylaws or organizational documents, and no officers. Given the members' challenges in navigating institutional policies and practices that were not designed for them and that continued to impede their progress, African American/black men who came to Brother2Brother meetings neither were willing to be governed by campus rules and regulations for official student groups nor were they eager to recreate such structures within their group. They emphasized equitable participation and mutual ownership of the process and its outcomes; thus, Brother2Brother was primed to engage in an authentic CBPR process.

In 2001, two faculty members, one African American/black professor in the Anthropology Department and a white professor in the Department of Public Health Education at UNCG, were invited to meet with the members of Brother2Brother to discuss shared interests and identify ways these faculty and students could be resources to one another. These two professors were academic advisors to and had developed mentoring relationships with some students in the group. The students thought that these faculty could benefit the group by providing guidance and resources, for example. For more than two years, these faculty met weekly with the students during their regularly scheduled meeting times.

Obtaining funding and conducting research together

During the initial two years of collaboration, our emerging student-faculty collaboration, with its origins in Brother2Brother, applied for and obtained funding from the UNCG Center for the Study of Social Issues. We were awarded a small grant to explore issues related to masculinity and adjustment to university life among African American/black men at UNCG. Data collection included interviews and focus groups with African American/black men on campus and observations and notes taken during weekly Brother2Brother meetings.

The Big Man/Little Man framework was used to organize findings [28–31]. This framework suggests that men assert their masculinity through respectability, reputation, or some balance of the two, depending on their economic capacity. Masculine respectability attributes contribute to the maintenance of healthy functioning

and social order, whereas attributes of masculine reputation contribute to unhealthy functioning and social disorder. Economic capacity provides higher-income men ready access to respectability attributes, and the lack of economic capacity makes access to respectability difficult for low-income men. As a result, low-income men are left to express reputational attributes in their efforts to achieve a strong sense of the masculine self. Reliance solely on reputational traits—such as sexual prowess, demonstration of toughness, defiance of authority (legal and otherwise), and reputational material goods (e.g., eye-catching jewelry, clothes, and cars)—place lower-income men at greater involvement in illegal activities, violence, incarceration, and death [28–30].

Attributes of being an "ideal" man that emerged in our work with African American/black men at UNCG included the importance of spirituality, values associated with being a family man, and self-determination, attributes commonly associated with respectability. Attributes commonly associated with reputation also emerged. Being an "ideal" man also included characteristics that participants labeled as hustler/pimp (e.g., can handle his liquor, is sexually active, dresses well, is good with women, and drives a nice car); extreme toughness (e.g., is intimidating, is feared by others, and does not need the help of others); and physical strength (e.g., is physically strong, is competitive, and always tries to win) [31].

After completion of this initial study, the collaborative was awarded funding from the TRIAD Center for Health Disparities to further explore constructs of masculinity and issues related to sexual health among African American/black men at UNCG. Some members of Brother2Brother were trained in conducting focus groups, the collection of pile sort data, and the analysis and interpretation of qualitative data. In our findings, men had framed many of their challenges, including institutional, as related to black masculinities, of which sex and sexuality featured prominently.

On completion of this second study, members of our collaborative prepared a report focusing on both our process and our study findings. We presented this report at a forum at Wake Forest University, at the Conference on African American Culture and Experience at UNCG, and at the Annual Meeting of the Society for Applied Anthropology. In addition to the experiences gained during the research process by African American/black men at UNCG and the concrete discovery associated with the research study, personal transformation among partners occurred. For example, African American/black men at UNCG learned new things about themselves, reassessed their current life trajectories, and became change agents in their communities regarding attitudes, beliefs, and expectations about black masculinities. Ultimately, they were more successful in college and sexually safer as a result of participation in this process. They also learned of the power of research and discovery, how knowledge generation can improve their understanding of phenomena, and how this improved understanding can be harnessed to improve their own health and well-being.

Because members of our collaborative also were committed to moving research findings toward action, we used a systematic and equitable process to convene and discuss the possibility of pursuing funding to develop, implement, and evaluate an HIV prevention intervention using CBPR. Thus, together, we pursued and obtained

CDC funding to develop, implement, and evaluate an HIV prevention intervention for African American/black heterosexual men. We also obtained ongoing support from the TRIAD Center for Health Disparities. Over the initial five years of our ongoing student-faculty collaboration, we secured multiple funding awards, using a stepwise approach of starting small and building on successes, and conducted sound research designed to better understand the intersections of culture, gender, and context and their influences on health generally and sexual health specifically. This work represents the development of our community-based collaborative, which in time was called Brothers Leading Healthy Lives (BLHL). The collaborative was formalized to focus on improving the health and opportunities for success among African American/black heterosexual men. Throughout, our values and methods were aligned with CBPR principles (Table 3.1).

The CDC funding allowed members of the BLHL collaborative to develop a culturally congruent, gender-specific, and contextually relevant intervention designed to improve sexual health and reduce HIV-associated sexual risk behaviors among African American/black heterosexual men 18–24 years old, using a peer health education-training model in a university setting. Development of the intervention included sound formative research, with a blending of quantitative brief risk assessment and qualitative data from focus groups and individual in-depth interviews, involving more than 200 African American/black heterosexual college men. We then translated formative findings into a two-component intervention: a five-session curriculum delivered over two days, known as the BLHL Brotherhood Retreat, and a three-month follow-up BLHL Retreat Message Maintenance Phase [11].

Understanding context and identifying the community

CBPR recognizes community as a unit of identity and seeks to strengthen community through engagement [32]. UNCG students come from different regions of the state, the country, and even the world. They bring perspectives, experiences, and expectations that interact with the campus and larger community environments, including the city in which UNCG is located, to shape their college experience. UNCG, which was established in 1891 as a women's college, first admitted black women in 1956 and then opened its doors to men in 1963. UNCG still maintains an enrollment that reflects this history. Currently, UNCG has more than 18,000 students: 35% are men and 65% are women. Among the 16 historically white campuses within the University of North Carolina system, UNCG has one of the largest racial/ethnic minority enrollments; 38% of students identify as a racial/ethnic minority. With the sex and race ratios both at nearly 2 to 1, a premium tends to be placed on black masculinities and heterosexuality. Through our research, we have learned that African American/black men are sometimes preyed on, sexualized, objectified, and eroticized by others, and consequently, their psychosocial and sexual health may be negatively affected.

Moreover, Greensboro, the city in which UNCG is located, is the third largest city in North Carolina and has four historically black colleges and universities

(HBCUs) within a 50-mile radius. Enrollment of an African American/black man at UNCG instead of a neighboring HBCU has unique sociocultural significance. With desegregation occurring just one to two generations ago, some UNCG students have relatives who could not attend UNCG. These relatives may have strong feelings about attending UNCG that affect attitudes and beliefs that African American/black students bring to campus.

African American/black men at UNCG also tend to establish a social network early, initially as freshman. Access to networks and social connections on or near campus has been identified as essential to decreasing the likelihood of African American/black men dropping out. African American/black men have reported that these networks and connections provide various forms of social support (e.g., information on barber shops and local jobs), experiences that contribute to their academic progress (e.g., which majors are more welcoming to African American/black men and which faculty members can be trustworthy allies), and a sense of attachment to the university (e.g., through athletics and step-show contests). Furthermore, African American/black men at UNCG tend to reconnect with hometown friends at nearby HBCUs and take advantage of the social and cultural events on those campuses. This contextual backdrop informed the challenges and opportunities the BLHL collaborative faced in engaging and collaborating with African American/black men. Knowing that research designed to understand and improve sexual health and prevent HIV exposure and transmission must recognize social connections off campus, we welcomed this concept of the expanded community.

Navigating college, masculinity, and sexual identity

It is widely suggested that college students may have better access to information about and resources to prevent HIV and sexually transmitted infections (STIs) than individuals of the same age who do not attend college; however, increased knowledge and resources have not resulted in significant increases in protective sexual behaviors. Although college students have traditionally been considered a low-risk group for HIV, African American/black university students tend to have profound misconceptions about HIV exposure and transmission and may be at risk [8, 16, 33–37].

Moreover, the years that an adolescent spends in college can be an important yet risky time for sexual experimentation. In their transition from adolescence to adulthood during college, students are developing their identities through both crisis-exploration and commitment. Crisis-exploration refers to the period when an adolescent questions goals and values defined by parents and family and examines developmental opportunities and new identities based on their experiences within a larger social context (e.g., beyond one's family). Being away from home and/or attending college can provide opportunities to experiment and gain experiences. Commitment pertains to the extent that an individual expresses allegiance to self-chosen goals, aspirations, values, beliefs, and occupations [38, 39]. Sexual

identity and behavior may play an instrumental role in the process of crisis-exploration and commitment; however, they also can increase the risk for HIV.

For African American/black men, the passage to adulthood and manhood may be even more complicated than for the typical college student. It may involve a conscious or unconscious negotiation of their masculinity and their intersecting gender, racial, ethnic, cultural, and sexual identities. They may struggle with their masculine identities and expression in a real and perceived racist environment; they face gender-based socialization and societal messages that promote a preoccupation with money.

African American/black men also may struggle with being an independent African American/black man. Despite their challenges on campus, attending college can be seen as a way for African American/black men to make it out of the neighborhood and overcome family and personal financial struggles for those of lower SES. As a participant in one of our focus groups noted,

> I'm not here because I want to be here. I'll sit here and tell y'all, I never wanted to go to school. I'm in school because I have to be in school. I'm in school because there's nothing… if I do not go to school. I didn't come from a bad neighborhood, but there's nothing to do at home. What am I supposed to do? Just sit home and not do something? I could not take care of myself if I didn't come to school. So I came to school to get an education so I could take care of myself. I do not want to be here.

Furthermore, these young men try to maintain or reclaim those masculine traits associated with a strong African American/black man. These traits may include control and power, respect and influence, reputation, and status. While living in a potentially hostile environment, African American/black men also are fighting racial stereotypes. As another participant in one of our studies noted,

> It's not really things you have to do to be a black man, I think it's just the race itself, because no matter how much money you have, how much education you have, no matter how good or bad you're doing, people around you, they're still going to just going to see you as a black man.

African American/black men who struggled academically, came from families of low socioeconomic status, and/or were unable to achieve "ideal" masculinity through respectable attributes often invested their time and effort in building their reputation to achieve an acceptable masculinity. They reported that cultivating their reputation included having concurrent sexual relationships, partying excessively, playing sports, and/or spending a great deal of time in the gym.

To be successful on campus, all students must adjust to managing competing priorities such as work, personal relationships, and the academic schedule. Some of the young African American/black men with whom we have engaged secured financial aid to support themselves while taking a full academic load and working a part-time or full-time job in order to send money home to their parents, grandparents, or siblings. Perhaps unique to some groups of college students like these young African American/black men are expressions of anxiety and discomfort about seeking help for poor grades or for resolving conflicts in their personal lives. Perceptions of

professors as intimidating, rude, or uncaring caused some men to avoid interacting with faculty and staff and advocating for better performance reviews or grades.

The establishment and role of a Research and Intervention Advisory Team (RIAT)

An important component of the BLHL collaborative was the establishment and active involvement of a Research and Intervention Advisory Team (RIAT) that identified funding opportunities and guided the development of activities and events to address the needs and priorities of African American/black men at UNCG. Using a snowball recruitment technique, we identified student leaders within and outside of the classroom, on and off campus, and through traditional and unconventional networks. One unique aspect of our approach to CBPR was the engagement of community representatives who may be considered "unsavory" by administrators and faculty and staff mentors, collaborators, and partners. These representatives may include students who seek high status and popularity through reputation (as opposed to respectability) by engaging in risky behaviors (e.g., substance use and risky sexual behaviors). Students with "high numbers of jump-offs" (multiple casual sexual partners) or the "go-to man for smoke" are influential members of the community who have much to contribute to the research process, beyond that of being recruited to provide data or to participate in an intervention. We found that these types of community members can make invaluable contributions to research question conception, study design and conduct, data analysis and interpretation, and the dissemination of findings.

We also identified and recruited representatives from the broader community, including individuals from community-based organizations, businesses, and government agencies, to serve on the RIAT (Table 3.2). Student leaders from the BLHL collaborative were instrumental in the outreach and recruitment effort to invite trusted organizations to serve on the RIAT.

RIAT membership was carefully negotiated, and some groups or individuals requesting membership were, in fact, turned down. For example, an African American/black campus police officer wanted to join the RIAT because of his campus-wide efforts for community engagement and potential resources he thought he could provide students. Members of the RIAT declined the request, however, because of the concern for maintaining student trust and confidentiality. Members wanted to provide a safe place for open dialogue and discussion without the hint of incrimination or reprisal for information shared. We knew that good intentions are not sufficient for successful CBPR.

Members of the RIAT drew on findings from the formative research that had been conducted up to this point [11, 31, 40, 41]; theoretical considerations, including the Big Man/Little Man framework [28–31] and the Information-Motivation-Behavioral (IMB) skills model [42]; and evidence from existing efficacious HIV prevention interventions [43–47] to systematically develop the BLHL intervention,

Table 3.2 RIAT membership

On-campus Organizations and Student Groups	UNCG NAACP
	UNCG Alumni
	UNCG PanHellenic Council and Black Fraternities
Off-campus Organizations Serving Black Men	Winston-Salem Urban League
	Local barbers and barbershops
	Night club owners
	Forsyth County Parks & Recreation
	The Children's Home Society–Family Life Council Division
Student- Focused University Services	North Carolina Agricultural & Technical State University, Student Services
	UNCG Student Health Center
	UNCG Spartan Athletics
	UNCG Office of Multicultural Affairs
Community-based HIV Service Organizations	Guilford County Department of Public Health, Health Education Division
	Guilford County AIDS Coalition
	Piedmont Health Services and Sickle Cell Agency
	Forsyth County Department of Public Health-Health Promotion & Disease Prevention
	Triad Health Project
Other Local Universities and College Campuses and Academic Departments	Department of Social Sciences and Health Policy, Wake Forest University School of Medicine
	Section on Infectious Diseases, Wake Forest University School of Medicine
	North Carolina Central University
	Maya Angelou Center for Health Equity, Wake Forest University School of Medicine
	The Center for Social, Community and Health Research and Evaluation (CSCHRE)
	Winston-Salem State University
Public Health Agencies	NC Division of Public Health
	The Greensboro Health Disparities Collaborative
Students and Community Members	Community advocates
	Winston-Salem community residents
	Greensboro community residents

a culturally congruent, gender-specific, and contextually relevant intervention for African American/black heterosexual men.

All activities of the two primary components of BLHL (the Brotherhood Retreat and the Retreat Message Maintenance Phase) were designed to achieve three primary objectives that were established by the RIAT.

- Support men to identify and develop healthy ways to obtain respect and foster positive reputations.

- Inform, motivate, and provide skills for men to protect themselves, their partners, and the community from HIV.
- Influence social norms and create peer support for men to protect themselves.

The BLHL intervention provides information about sexual health and helps participants assess their own HIV risks, explores and develops personal and social motivations to reduce HIV risk, explores interpretations of "ideal" masculinity, and promotes health protective sexual communication and behaviors. The intervention provides practice and skill training to reduce HIV risk through testing for HIV and other STIs, selection and use of condoms, communication about sexual health and HIV, and maintenance of healthy relationships.

The Brotherhood Retreat includes five consecutive two- to three-hour sessions that were delivered during weekend retreats with up to 20 participants. Each retreat was conducted by two trained peer facilitators and supported by two or three trained peer educators. These facilitators and peer educators were male undergraduate or graduate students 21–30 years old, who identified with the reference group – African American/black men. They were trained and certified as peer health educators in the BLHL intervention by the principal investigators, the project coordinator, and doctoral student graduate assistants.

The BLHL Retreat Message Maintenance Phase was a three-month follow-up to the retreat during which key messages from the intervention as well as prevention messages developed by participants during the Brotherhood Retreat were delivered through a health communication campaign. Messages were delivered by the graduate assistant working on the project using a variety of approaches, including Twitter tweets five times a day (Monday-Friday), with 140-character-long prevention messages created during the Brotherhood Retreat; biweekly postings of key prevention messages from the intervention on the BLHL Facebook page; and biweekly text messages and reminders sent via e-mail (Monday and Thursday) of elements of the group risk-reduction plans developed during the retreats.

Challenges and opportunities of engaging students as CBPR partners

Our CBPR process faced unique challenges and opportunities in accommodating the experiences of African American/black men within a university as CBPR partners. The leadership of students as co-researchers was instrumental to our understanding the characteristics of the community and identify peers and community members to support the project.

One challenge was that our collaborative struggled to balance the involvement of students in meaningful ways without overburdening them and thus contributing to their challenges related to academic performance. Many student members of our BLHL collaborative felt privileged to matriculate into college and considered their matriculation a respectable first step toward employment, a career, and financial

freedom. Some struggled with new intellectual challenges (e.g., needing to study instead of just showing up for the exam as in high school), competing priorities (e.g., family, friends, and health) that are often more intense than they are for other students, and conflicts (e.g., racial microaggressions, financial burdens, and addictions) that they were learning to deal with in new contexts, while wanting to exercise leadership on campus as peer educators, student leaders, and academic scholars. Many student members of our BLHL collaborative tended to be natural leaders, accepted by their peers, and called on by campus administration when a representative from a minority group was needed. Thus, they tended to be overcommitted and have tight schedules. One approach to address the issue of potentially overburdening student members was to select students who were doing well academically and who faced few of the aforementioned challenges. The difficulty with this approach was that representation from the most vulnerable students was needed to ensure informed understanding of sexual health and HIV risk and to develop the intervention in ways that addressed the issues of the most vulnerable students. Authentic CBPR includes diverse representatives from the community, not a subset or those who are not truly characteristic of the community.

Furthermore, although students were part of our collaborative, it is safe to assume that members of any collaborative or partnership do not represent *all* community members. By virtue of their participation in a collaborative or partnership, they become different. Members of our collaborative were committed to "staying close" to the community of African American/black heterosexual men by reducing the social distance between the BLHL collaborative and the larger university community. There was much for members of the collaborative to learn about the lived experiences of those who were not part of the collaborative.

Lastly, students' membership in the campus community is temporary and transitory. On a college campus, community members change every four to six years, and students are typically in residence for only nine months of the year. Student leaders are often upperclassmen, further reducing the length of time they can participate in a collaborative. Students come and go and transfer in to and out of the university; every year there is a new cohort of African American/black men. Thus, perhaps different from other CBPR collaboratives and partnerships, we have found that there can be a need for faculty and/or staff mentors, collaborators, and partners who, despite being outsiders from the community of African American/black heterosexual male college students, serve as anchors to provide continuity and develop strategies for true student engagement. Faculty members tend to be on campus throughout the year, providing consistency to an otherwise fluctuating collaborative.

The importance of cultural orientation congruence

Although it may be assumed by some researchers and practitioners, and even preferred by some students, the faculty and staff mentors, collaborators, and partners do not have to share the same ethnic/racial identity, gender, or sexual orientation as

the student community collaborators. The key, however, is that the faculty and staff mentors, collaborators, and partners are visible, have demonstrated evidence of being trustworthy and honest, and are connected to students in a meaningful way. This connection is related to "cultural orientation congruence" [40]. In our case, cultural orientation congruence requires that faculty and staff mentors, collaborators, and partners have a knowledge base, a set of experiences, and attitudes that overlap or align well with the students they intend to serve. Their background, commitments, principles, and relationships to other people and institutions must parallel or "square" with those of the students and allow heightened empathy, irrespective of color, race, or any other single characteristic. The experiences of different ethnicities, races, genders, or sexual orientations, as examples, are too diverse and complicated to use pairing as a proxy for cultural orientation congruence.

Constraints on community involvement

A key challenge for our BLHL collaborative generally and for the RIAT more specifically, was balancing what extramural funders required and what our members, as community insiders and those closely attached to the community, wanted and recommended. For example, in our CDC-funded study, representatives from CDC wanted to enroll only "higher-risk" African American/black men who had sex exclusively with multiple female partners and who had never have used injecting drugs. However, given that adolescence is a time of experimentation and identity development, we knew that college-age men, even those who self-identify as heterosexual, may have had same-sex sexual experiences in the not-so-distant past, and, more generally, we know that men who have sex with women may have sex with men. We also know that lower- and higher-risk men interact and are part of one another's social networks. We did not believe that higher risk men are a naturally occurring group or category of men but that they are a part of a larger community of African American/black male students at UNCG. The separation between higher and lower risk that was required by the funding agency had no relevance to the lives of these men, and to separate them and treat them differently reduced the relevance of an intervention. Moreover, rather than build community and harness community assets, this approach did the very opposite of the current understanding of health promotion and health disparities reduction. However, in the end, to maintain funding, the RIAT agreed to the funder's definition of heterosexual and high risk to allow the study to continue. This was a decision that reverberated throughout our BLHL collaborative; it told members that despite our efforts to adhere to CBPR principles, outsiders (the funders), who knew little of the lived experiences of local community members, still held power over us in ways that could potentially jeopardize the health and well-being of our collaborators and members of our community.

Maintaining the engagement of RIAT members was challenging, due to the lengthy process of finalizing administrative procedures: development and approval of the project protocol by the funding institution, two university institutional review

boards (IRBs), and ultimately the US Office of Management and Budget (OMB). We managed to maintain RIAT involvement through a combination of meetings, newsletters, e-mails, and telephone check-ins; however, administrative delays stretched from weeks, to months, to approximately one year. During these delays, we continued to discuss options and refine strategies. Some members of the RIAT had worked with external grant agencies and were accustomed to the delays and federally mandated changes to protocols. Others were less familiar with such a process but were committed to the effort, and together we found ways to maintain momentum to support BLHL efforts. However, some students began to distrust the process and see research not as a grand endeavor but a process you endure, strangely familiar to their experiences as African American/black men at a predominately white university.

A flexible research paradigm

The aim of our funding was to conduct formative research leading to the design and piloting of a culturally congruent, gender-specific, and contextually relevant HIV prevention intervention for African American/black heterosexual men. As mentioned, during the formative phase, brief risk assessments, focus groups, and individual in-depth interviews were used to provide empirical data to guide the development of the intervention. When collecting formative data, it was often difficult to adhere to a rigidly defined and detailed research protocol as required by representatives of the funding agency, given that changes could not be made after OMB approval. For example, when a student who was eligible to participate in a focus group arrived at the focus group bringing a friend (who met the eligibility requirements but had not gone through the screening process), the focus group facilitator was faced with a challenge: Should he send the friend away, risking the loss of a participant who was screened and eligible, and jeopardizing the study's reputation? Or, should he allow the friend to participate? The facilitator's decision to permit the friend to attend led to conflict with representatives from the funding agency over what they perceived to be a breach of protocol; they requested that we discard the data from the focus group. At the local level, deviations such as these are reported, and members of a local IRB who understand the local context can make an informed decision; representatives from most funding agencies such as the CDC do not know the local community or understand the local context and thus are less equipped to judge those types of deviations.

Furthermore, we had to defend the suitability, methods, and rigor of qualitative data collection, analysis, and interpretation. The rigidity of highly detailed research protocols did not allow for the flexibility needed in community-based, community-owned research. Flexibility and collaborative decision-making in the community can enhance the quality of the data and their usefulness. In the future, we would caution CBPR collaboratives against including rigid guidelines for data collection,

Table 3.3 Strategies for CPBR on a university campus with African American/Black Men

Understand and build trust with the community
Talk with and get to know formal and informal leaders and nontraditional experts within the community
Inspire community participation by being an engaged member of the community
Engage and value community members as equal partners
Establish history and trust
Safeguard the community members and their interests
Develop a shared language and cultural relativity
Develop a collaborative partnership
Enforce equitable representation of collaborators during all stages of the research
Address the competing needs of collaborative members
Incorporate a flexible pace and timeline
Share power, decision-making, and resources
Buffer collaborators from unnecessary organizational structure barriers
Welcome alternative research paradigms and methodology
"Incite" a RIAT (Research Intervention Advisory Team)
Establish accountability and agreed-on decision-making process with all members
Identify joint research aims and outcomes
Allocate resources for nonacademic student support and life-balance training
Invite the multiple voices from within community
Address conflict with sensitivity and compassion

analysis, and interpretation in protocols for formative research, particularly if these protocols are expected to be followed exactly.

Strategies for CBPR on a college campus with African American/black men

We used several strategies to establish and strengthen the BLHL collaborative (Table 3.3). Central to the process was understanding and building trust with the community. We recognized that establishing a long and ongoing history working in authentic partnership with community members was important for the success of our collaborative and of our BLHL intervention, which included reductions in unprotected sex [11]. Our approach to CBPR did not consist of researchers coming into a community of African American/black students with a research idea or a funded research study. Rather, we talked with and got to know members of the community. We worked to understand community priorities and established mutually beneficial linkages and supportive networks.

The history that we established allowed us to build trust. Building and maintaining trust with communities is *always* integral to CBPR. However, researchers and practitioners often do not invest in communities but rather establish a community advisory board or committee and define the approach as CBPR. Not only is this disingenuous but it also has profound implications for the health and well-being of

community members and communities more generally. CBPR is designed to help gain a better understanding of health so that the most informed and promising interventions can be developed. To suggest that a CBPR approach was applied when in fact it had not means that we are not doing everything possible to reduce disparities; we are merely rebranding our approach. We are relying on what we had done in the past, which we know did not promote the health and well-being in the ways that many vulnerable communities needed. CBPR continues to remain innovative because, in fact, it has not been conducted well in many cases; CBPR principles are not easy to follow.

Furthermore, our collaborative was established and structured to ensure equitable project representation at all stages of the research, incorporate a flexible pace and timeline, share resources and power, and consider alternative research paradigms. We have learned that traditional approaches to research that value "gold standards", including strict adherence to reduce bias and threats to validity as examples, may not provide the flexibility that allows more informed understandings of health phenomena to emerge. We know that sharing power, decision-making, and resources is key to buy-in and ownership of research. It is also true to the democratic ideal that communities should have power over their own destinies.

Lastly, we found that establishing a RIAT was vital to our success. It brought the needed persons and their unique perspectives, insights, and experiences to the table. These divergent viewpoints ensured that our decisions and products (e.g., intervention strategies, activities, and materials) were key and innovative to promote sexual health and prevent HIV exposure and transmission among African American/black men.

Discussion and conclusion

We found that using a CBPR approach produced positive outcomes for all collaborators, especially for the students whom we valued as equal partners. Students learned about research, government funding, and community change, while collaborators from universities and other organizations learned about the lived experiences of students, as well as their needs, priorities, and natural "ways of doing things."

Creating opportunities for equitable participation in research and practice can be challenging. In the case of African American/black heterosexual men in college, some common challenges as well as some unique challenges are present. For example, by the very nature of college, university students tend to be a "transitory group"; thus, campus-based communities are apt to have constantly changing memberships. Students may enter or leave the community each semester or year.

Although many students have competing priorities, African American/black men on university campuses may have an even more difficult experience, given their potential obligations to families at home and their expectations to "handle things like a man," particularly given the context of the racially marginalized position of African American/black men on a predominantly white university. Furthermore, we continue to struggle with defining our communities, be they based on location, as in

a campus with spatial boundaries; identity, as in racial groups; or some other criteria. Moreover, when thinking about intersecting identities or working with location-based and identity-based definitions of community, we must begin to work with communities rather than a community.

Mutual understanding is a continual process; therefore, researchers and practitioners must be realistic about the amount of time needed to build relationships with community partners (including students). The community of African American/black men is rich in diversity with varied experiences and expectations. To fully understand and engage these men, outside collaborators (including researchers and practitioners) should be open to developing non-research focused relationships that extend beyond the academic classroom and include social networks.

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