
Photovoice as a Tool to Adapt an HIV Prevention Intervention for African American Young Men Who Have Sex With Men

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Objective. HIV rates for African American young men who have sex with men (AAYMSM) have reached as much as 14.7%, compared with 2.5% and 3.5% among Caucasian and Latino YMSM. However, there remains a lack of HIV prevention interventions for this population. This study describes the use of Photovoice in the adaptation process of an evidence-based intervention (Adult Identity Mentoring) to make it developmentally and culturally appropriate for AAYMSM. **Method.** A total of 36 AAYMSM (aged 18-24 years) participated in weekly working group sessions to conduct a community-, youth-, and data-driven adaptation process. Photovoice was used as a technique to facilitate guided discussions on topics that were identified for the new curriculum. **Results.** Through Photovoice discussions, we identified a new focus for the adapted intervention, Young Men's Adult Identity Mentoring (YM-AIM): development and maintenance of healthy intimate relationships. This new focus and the resulting curriculum are rooted in the voices and perceptions of the target population. **Conclusions.** Including youth was integral to the adaptation process and the use of techniques such as Photovoice helped ensure that the resulting adaptation was relevant to the target population.

Keywords: HIV/AIDS; Black/African American; minority health; LGBT; qualitative research; health research

African Americans account for as much as 50% of all new HIV infections in the United States, with 63% of these cases occurring among adult African American men who have sex with men (AAMSM; Centers for Disease Control and Prevention, 2005). Moreover, rates of HIV infection among African American young men who have sex with men (AAYMSM), aged 18 to 29 years, are at an all-time high, reaching as much

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as 14.7%, compared with rates of 2.5% and 3.5% among Caucasian and Latino YMSM (Centers for Disease Control and Prevention, 2001). This crisis is even more pronounced in the Los Angeles area, where rates of infection among AAYMSM are 37%, compared with 9% and 14% among Caucasian and Latino MSM, and where up to 71% of HIV-positive AAYMSM may be unaware of their HIV status (Bingham, 2005). A range of interventions addressing the epidemic among older MSM has been documented (Herbst et al., 2005; Herbst et al., 2007; Johnson et al., 2002; Johnson et al., 2005; Lyles et al., 2007). However, in spite of the increasing rates of HIV among AAMSM and AAYMSM, there remains a lack of culturally and developmentally appropriate HIV interventions designed or adapted for these populations.

Developmental factors likely play a role in the risk profiles and trajectories of YMSM. Emerging adulthood, typically defined as the years between the ages of 18 and 25 years, is a developmental period distinct from adolescence in that it is a time of greater independence when young people may explore different life goals and opportunities in school, work, and intimate and peer relationships (Arnett, 2000). This is also a developmental period when youth may begin experimenting with behaviors (e.g., substance use) that may bring increased health risks. During this developmental period, YMSM likely do not benefit from the same psychological and social support as their heterosexual peers, and AAYMSM may experience increased disapproval, discrimination, and homophobia from their community, friends, and family (D'Augelli & Herschberger, 1993; Hunter & Mallon, 1999). This social and emotional isolation experienced by many AAYMSM is a specific stressor that increases vulnerability and risk for a range of health and mental health problems (Martin & Hetrick, 1988; Savin-Williams, 1990).

The unique developmental profile and needs of YMSM, and AAYMSM in particular, speak to the need for HIV interventions that effectively address these needs. Despite the continuing trends of higher HIV rates among YMSM, few HIV prevention interventions have been developed for this population. In the published literature, there are only two interventions specifically tailored for AAMSM (Jones et al., 2008; Peterson, Coates, & Catania, 1996) and two designed for YMSM (Kegeles, Hays, & Coates, 1996; Remafedi, 1994). To date, no intervention has been documented in the literature that is targeted specifically at AAYMSM.

Interventions developed and adapted with older populations of AAMSM include a program adapted from the AIDS risk reduction model (Catania, Kegeles, & Coates, 1991), which consisted of small group meetings, AIDS risk education, assertiveness training, and behavioral

commitment (Peterson et al., 1996). Results indicated greater reduction in HIV risk behaviors among those who attended multiple than in those who attended single sessions. An additional intervention developed for AAMSM was adapted from the Popular Opinion Leader, an evidence-based intervention (EBI) for MSM (Kelly, Murphy, & Sikkema, 1997) that showed significant decreases in high-risk sexual behavior and a significant increase in reported consistent condom use (Jones et al., 2008).

An HIV prevention intervention for YMSM that has been thoroughly documented in the literature is the Mpowerment Project (Kegeles et al., 1996), a community-level HIV risk reduction intervention. Kegeles et al. recruited and trained YMSM to provide education, training, and support in order to disseminate HIV prevention messages that affect behavior change among other YMSM in their community. The intervention includes peer-led, risk reduction workshops; social events that include HIV prevention messages; and the development and dissemination of culturally and age appropriate HIV social marketing campaigns. Although an efficacy study found a 27% reduction in unprotected anal intercourse, the study participants were primarily White (81%), with only a small proportion (4%) of AAYMSM.

In spite of the need for culturally and developmentally appropriate HIV prevention interventions for AAYMSM, there is limited work to address this gap in prevention research. Given the time and cost associated with the development, implementation, and evaluation of efficacious HIV interventions, adapting existing EBIs for the needs and risk profiles of other at-risk populations may facilitate the development of new EBIs (Solomon, Card, & Malow, 2006). The adaptation process can take on a number of forms, but it should ensure that the newly adapted curriculum is not contradicting the core elements or internal logic of the original intervention (McKleroy et al., 2006).

Some interventionists have recommended including the target population in the adaptation process for a more grounded approach (Wingood & DiClemente, 2008). There are a number of methods that can be employed to include a new target population in an adaptation process; methods commonly used in community-based participatory research are a logical choice as they are designed to ensure the research is grounded in and authentic to the experiences of the target community (Israel, Eng, Schulz, & Parker, 2005). One such method is Photovoice, an innovative method that provides individuals with cameras to photograph aspects of their lives that are relevant to a community need. Participants are then asked to share and discuss their photos with the group to capture information about community and individual issues

(Wang & Burris, 1997). Using photographs in this way can encourage participants to articulate aspects of their lives that may be difficult to discuss otherwise. Photovoice has been used to address community change in a number of different populations, including challenges in job seeking for people living with AIDS, the needs of the elderly dealing with social isolation, health needs of adolescent mothers, access to health care for transsexuals, and the needs of homeless adults (Hergenrather, Rhodes, & Clark, 2006; Hussy, 2006; LeClerc, Wells, Craig, & Wilson, 2002; Stevens, 2006; Wang, Cash, & Powers, 2000). To our knowledge, it has not been used as a tool for adapting prevention programs. However, given its goals and approach, Photovoice may be an innovative method of obtaining feedback from diverse populations to inform intervention development.

In this study, we used Photovoice as a means to facilitate the adaptation of an EBI (Project AIM) for AAYMSM. Project AIM was developed for middle school students as a sexual risk reduction program (Clark et al., 2005). Based on the theory of possible selves, Project AIM focuses on helping participants identify a balance of both positive and negative future images to encourage youth to persevere in efforts toward future goals (e.g., careers, relationships). To create an HIV intervention that is both culturally and developmentally appropriate for AAYMSM, we undertook a data-, community-, and youth-driven adaptation process to develop the Young Men's Adult Identity Mentoring (YM-AIM) curriculum. This article describes the processes used to adapt the YM-AIM curriculum through the use of working groups that constitute the target population. As described below, Photovoice was incorporated into the working group discussions as a way to elicit information on more abstract concepts in order to conceptualize constructs for the newly adapted YM-AIM curriculum. This article addresses the mission of the journal by describing in detail a method to integrate community-based research methods into interventions designed for community practitioners.

► METHOD

Participants

A total of 36 YMSM participated in four working groups; members of the first two groups were recruited from the Healthy Young Men's Study (Kipke et al., 2007) and members of the final two working groups consisted of AAYMSM, aged 18 to 20 years, who were recruited from gay-identified venues. These additional AAYMSM were recruited to ensure we gained perspectives from younger AAYMSM as respondents from the Healthy Young Men's Study were all older than 21 years. Each group completed six weekly sessions and covered similar

topics and ideas. See Figure 1 for an explanation of recruitment and methods.

Procedure

When beginning this project, we expected that most, if not all, of the participants would have no experience related to intervention design. Based on prior experience with this population, we also expected that some participants would feel uncomfortable or lack the appropriate vocabulary to fully express their feelings on sensitive issues. To address these challenges, we used Photovoice to solicit input during working group sessions. Participants were given a "disposable" digital camera to take photos for each week's topic. In subsequent meetings, participants engaged in a group "show and tell" that allowed each participant to share his photographs and explain how these photos related to the assignment. Participants were paid \$35 for each working group session attended. Working group sessions were audio recorded and professionally transcribed. Throughout the process, we engaged a community advisory board (CAB) to provide input on the content, approach, and focus of the adaptation process and final curriculum. The CAB, comprising service providers, faith-based organizations, city officials, and researchers, met on a quarterly basis to discuss recruitment, curriculum development, and interpretation of working group results as well as to provide feedback on the curriculum drafts.

Analysis

The qualitative analysis for this manuscript used a "constant comparative" approach, an aspect of grounded theory that entails the simultaneous process of data collection, analysis, and description (Glaser, 1992; Glaser & Strauss, 1967). In this process, data are analyzed for patterns and themes to discover salient categories and any theoretical implications that emerge. As the data are collected, they are immediately analyzed for patterns and themes, with the primary objective of discovering theory implicit in the data. Transcripts from each session were exported into Atlas.ti for coding and analysis.

Members of the research team reviewed the transcripts to identify key themes, which formed the basis of the codebook. Codes focusing on a range of topics were identified and defined, based on the key constructs identified through the working group sessions. The codebook was modified as needed, and once finalized, two members of the research team were responsible for coding. Inter-coder reliability was assessed through double coding, and differences in coding were discussed and resolved. The open-coding process included refining codes and identifying the most salient themes: relationships,

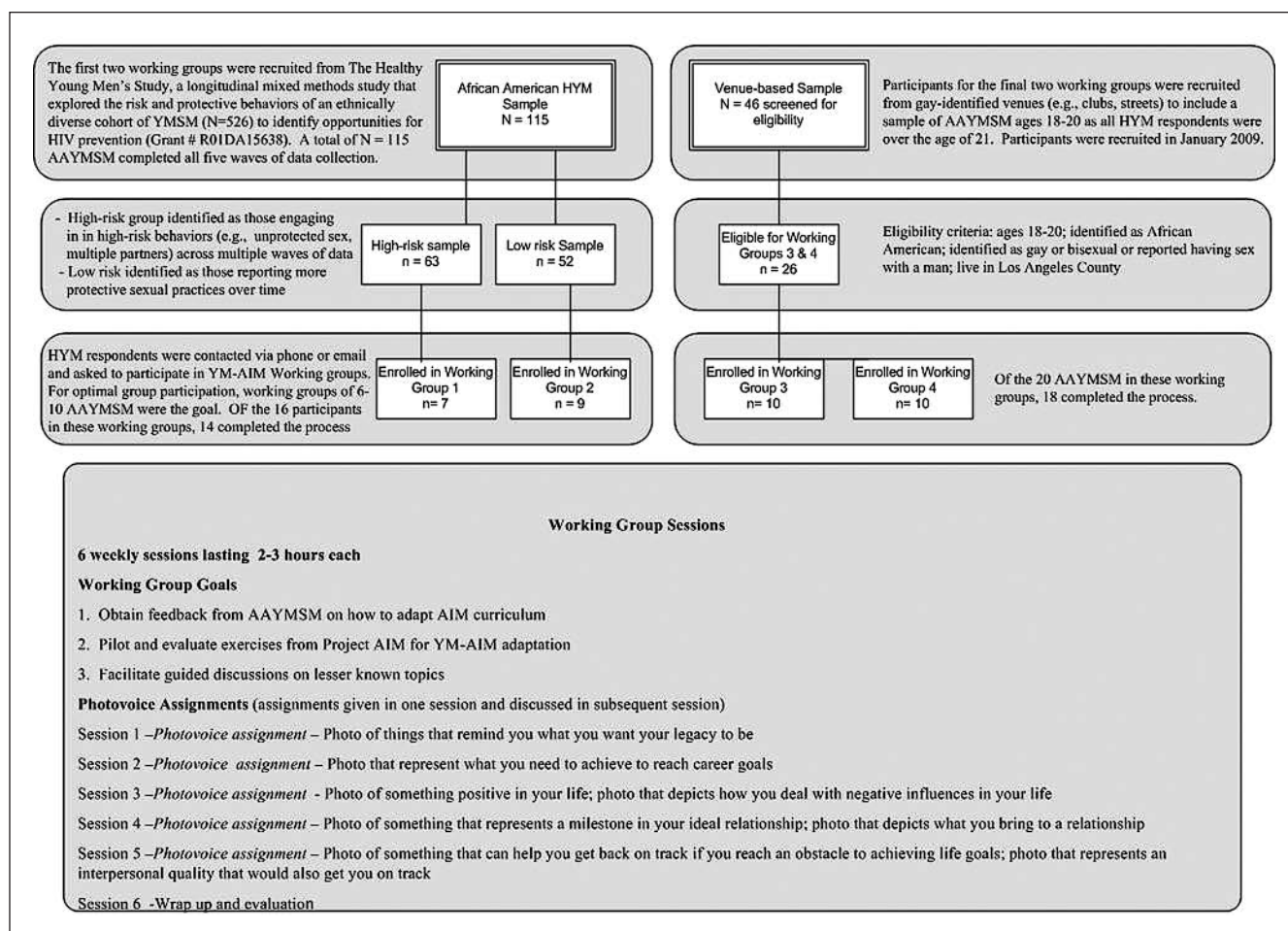


FIGURE 1 YM-AIM Working Group Recruitment and Methods

NOTE: YM-AIM = Young Men's Adult Identity Mentoring.

discrimination, perceptions of gay relationships, and future goals. Through these analyses, we identified the targets for adaptation and made appropriate modifications to the YM-AIM curriculum. Throughout the study, pseudonyms were used to maintain confidentiality.

► RESULTS

Relationship Milestones and Goals

In the Photovoice assignment focused on relationship milestones, participants shared important milestones that included attaining successful careers, owning their own homes, and being involved in long-term relationships. The photos shared were mostly of expensive houses that participants described as a future home shared with their significant other, as shown in Figure 2A:

Well I picked this Spanish villa . . . I picked this because when I imagined a milestone with my, the relationship with my partner, I see us buying a house together. We are both kind of successful and this is kind of what I want to live in.

Paradoxically, as the photo discussions continued, many participants described the challenges young gay men face trying to establish monogamous, long-term relationships. One participant shared a photograph of a movie, which portrayed a love story between two men, to symbolize his desire for marriage and the “good” and the “bad” associated with maintaining a long-term, committed relationship:

R4: So this is a picture of “Noah’s Ark,” . . . and it just means a lot to me. Like how they went through



FIGURE 2 Photovoice Assignment: Relationship Milestone

NOTE: We presented the following Photovoice assignment to each working group: “Think about something that would be a meaningful milestone in that relationship (e.g., buying furniture, renting an apartment, meeting his family, a wedding)—take a photo of something that represents this milestone.” The young men brought in a variety of different photos for this discussion. Many focused on buying a house together or moving in together. However, the more significant and in-depth discussions focused on the challenges young men face in maintaining intimate relationships such as infidelity, trust, communication, and societal discrimination.

a lot and they still ended up together at the end. So that’s what I try to look for in the future, you know, help me through the good and bad.

Participant R2 discussed his thoughts on romantic relationships between men through a photograph of the number one (Figure 2B), which represented the profound significance of being romantically involved with one person for at least 1 year, as well as the challenges and hardships that are associated with reaching a 1-year anniversary:

R2: So my milestone is the number one, because if I reached a year with somebody, [it] would be big to me.

R5: Everybody agrees!

R8: In the gay scene, it’s hard to go to a year with somebody . . .

R5: I feel like, with some people, what they do is if they encounter an obstacle in a relationship, they get mad, they get angry, they cut it off and they go to somebody new. A lot of—maybe I’m just generally speaking, but a lot of gay men don’t work on their problems . . . And I think, as a whole, we need to communicate . . . I guess with gay men, the thing is maybe there’s something that’s carrying on where they feel like they’re . . . less than a complete person and they need the image of somebody else to uplift

who they are. And I mean that’s kind of the reason people are like “I won’t date you unless you look like this.” Because looking like that is gonna make them feel that they’re better than they think they are.

As mentioned by R5 in the previous quote, gay men “need to communicate.” Respondents discussed the importance of communication and viewed it not only as a challenge in relationships with gay men but also as a strategy to overcome other obstacles that may occur in a relationship. Communication was described as the “key to a relationship” by one participant, and the “most important thing” in a relationship by another. Respondents mentioned that everything should be discussed with someone a person is dating, including sex.

Challenges in Maintaining a Long-Term Relationship

As discussions about the photographs continued, participants were asked to elaborate more on the relationship challenges. Most young men reported that they were most concerned with infidelity, trust, and communication when dating.

Infidelity. The notion of unfaithful partners was prevalent throughout the discussions of the working groups, with one respondent describing it as the “biggest concern”

among “gay relationships.” Participants seemed to endorse some stereotypical misperceptions of same-sex relationships, particularly among gay men, making bold statements such as “Gay people are whores” and one respondent saying, “Gay men have numbers in the hundreds,” referencing the number of sexual partners he believes gay men typically have. Regardless of what led participants to focus on relationship infidelity, this was identified as a challenge. Respondent P5 recalled observations of his own friends regarding their intimate relationships:

I know plenty of gay couples that I’ve been friends with, and they’re notorious for being cheated on and cheating, or whatever; and they get back together again and again and again, just because that comfort is always there.

This perception also seemed to contribute to young men’s thoughts about the lack of role models for same-sex relationships. The lack of images of long-term same-sex relationships, coupled with societal stereotypes, influenced participants’ beliefs that a long-term relationship with another man was not possible.

R5: I feel as gay people, we have a hard time understanding how relationships go because every model we see from growing up is based on a heterosexual model.

R3: Yeah, I agree because two men interact differently than a man and a woman.

R5: Every model I see of a gay relationship is such a short duration, I can never see past that. You know what I mean? Like, I said 5 to 6 years because I really, honestly, can’t see what it would be like in 20 years, ‘cause there is no model [for gay men]. So that’s why I think gay marriage is important. And I think for us, we have to kind of—I don’t know, we have to educate ourselves a little bit more, we have to push ourselves a little bit further than the rest because there’s a lot of things that we don’t know—a lot of opportunities, because we think that society’s against us.

Trust. Similarly, trust was another challenge commonly identified by participants. As respondent P5 stated, trust “has to do with fidelity,” which other respondents agreed with. Interestingly, participants addressed the relationship between trust and HIV/STI risk. Most participants agreed that some young men are unaware of HIV risks and disclosed that they always use condoms when having sex with someone they have dated for a short period of time. Participants discussed their opinions about gay men they have dated not being completely sincere,

relating this lack of sincerity to HIV risk behaviors and transmission.

R3: There [are] a lot of liars. Like people who meet guys and don’t even let them know [their HIV status]. And those are always the guys that want to—

R5: Bareback!

R3: Exactly!

As mentioned above, when asked to take photos of an important relationship milestone, many of the young men brought images of houses and discussed how moving in with a partner would be a major milestone in their relationship. The issue of trust emerged again as one of the challenges to obtaining the ideal relationship:

R3: Because with me I know those are very important milestones to be able to have a house with someone and have security . . . but like it sounds corny, but the type of love that I want or need is not material or anything like that, just to be able to trust somebody for that long cause I haven’t been able to. Not to be all ugh, but ‘cause I mean I always come to like, they say I always have my Oprah moments so, we’ll see what happens.

Discrimination and homophobia. Young men also spoke about the challenges of maintaining a long-term relationship in the midst of societal discrimination against same-sex relationships. These forms of discrimination stemmed from family members, as well as society. For example, several participants stated that their parents and family members did not recognize their romantic relationship with other young men as a valid relationship, with some parents labeling their son’s attraction to other men as a temporary phase.

R6: Currently, right now, my mom, she’s like, “Yeah, you’re a single man.” She knows I’m in a relationship. She’s like, “Oh yeah, you’re single. You’re really not [in a relationship].” But she’s met him, she hangs around him. But she doesn’t view it as a—

R5: Real relationship.

R6: And she still thinks it’s a little phase—“living in sin.” She still talks about the wife I’m going to have, and the children I’m going to have with that wife, and a house. You know? Although she’s known [about my sexual identity] for the past 4 to 5 years, she’s still talking about that.

R5: I think it’s the same for me, like with my mom. I try to tell her about [Boyfriend J] all the time, but she’s just like, “your friend, your friend . . .”



FIGURE 3 Image From Proposition 8 Rally

In addition to family acceptance, young men talked about society's acceptance of gay relationships and gay marriage, partly because of the recent passing of California's Proposition 8, which changed the state constitution, making same-sex marriages illegal. Some participants attended the ensuing rallies in the Los Angeles area, as seen in Figure 3. Participant R1 shared this photograph with the group:

And so looking at this picture, I was thinking about this moment to other people, where does it stop? When does it stop? When does it stop if you're always like, you know, trying to put a cookie cutter to everybody . . . [during the Civil Rights Movement] they kind of made it propaganda to say that like, "Oh it's against the Bible to date out of your race and marry out of your race" and so I kind of feel like that ties in with what people say now about how that's against the Bible to date someone of the same sex as you.

► DISCUSSION

These Photovoice discussions helped inform the content and emphasis in the newly developed YM-AIM curriculum. This study introduces a new use for Photovoice while continuing to demonstrate the benefits of this method with respect to community health and prevention (Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009). Through our own Photovoice process, the young men who participated in the working groups were able to discuss their thoughts and opinions and provide insight into the adaptation process through explanations of their photos and shared experiences.

The Photovoice sessions helped to highlight relevant changes to the curriculum. Specifically, the original focus of Project AIM was on career goals and planning. This process helped us identify that although discussion

on careers are certainly developmentally appropriate for younger adolescents (the target population for Project AIM), most of the participants in the working group sessions had clear ideas on what their careers would be and were not as engaged in those discussions. However, the discussions on relationships provided rich information on the challenges young men encounter and helped us better understand how to design a curriculum that focuses on discussing the positive and negative futures of intimate relationships. Thus, we changed the primary focus of the curriculum to relationship development; key to the theoretical foundation of the original Project AIM curriculum, we also maintained the emphasis on the balance of positive and negative futures.

The greater focus in the YM-AIM curriculum on healthy relationship development and maintenance seems appropriate given the goal of the adaptation process to develop an HIV prevention intervention that is developmentally and culturally appropriate for AAYMSM. Through the process of participants discussing and considering both their positive and negative future relationships and learning from each others' personal stories and opinions, participants may acquire additional skills for healthy relationship development. Moreover, the analysis reveals certain relationship challenges that should be addressed during future intervention groups, including infidelity, trust, communication, and maintaining a healthy relationship in a homophobic environment.

Some of the challenges discussed, such as building trust in a relationship and infidelity, have been identified in other studies with YMSM (Kubicek et al., 2008) that have described how young men come to trust their partners and how this is related to perceptions of HIV risk. This study builds on this, and the resulting YM-AIM curriculum is a tool that can be used to address these relationship challenges so that young men are better equipped to build healthy intimate relationships.

There are limitations to this study. Although attempts at generalizability are not made, the small sample size of our working group participants limit the range of experiences and perspectives. In addition, we have not yet completed an efficacy trial with the YM-AIM curriculum and therefore cannot report on outcomes for participants.

Despite the study limitations, the study provided some valuable lessons for future intervention development and/or adaptation. For example, although initially used as a data collection strategy in the working group sessions, we identified that Photovoice may also have the ability to be an intervention strategy. The use of photos as a representation of often abstract ideas was a useful tool in eliciting more in-depth discussions. Thus, we incorporated similar Photovoice exercises into the YM-AIM curriculum.

In addition, this study begins to fill the gap in HIV prevention research for AAYMSM. The lack of culturally and developmentally appropriate interventions for AAYMSM is startling. The techniques described in this study provided an opportunity to gain insight into AAYMSM's challenges and may therefore be an innovative tool for adapting EBIs for this and other populations.

Finally, this research has shown that involving youth or any target population in an adaptation process is an important factor in intervention design. The working group participants were so enthusiastic about the project that a Youth Advisory Board was formed with all interested working group participants at the end of the first sessions. This has allowed us to bring questions back to the group as we finalize the curriculum and ensure that their voices are included throughout the intervention development process. With their support and insight, the curriculum can be tailored and adjusted to appropriately suit the needs of participants and the climate of current trends among YMSM. This process demonstrates that it is possible and critical to engage the target population in intervention development studies to ensure that the goals and content are truly relevant to their lives.

REFERENCES

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480.
- Bingham, T. A. (2005). *Los Angeles Men's Survey 2003-2004: HIV prevention and unrecognized HIV infection by race/ethnicity and age group*. Los Angeles, CA: Los Angeles County Department of Health Services.
- Catania, J. A., Kegeles, S., & Coates, T. J. (1991). The AIDS risk reduction model (ARRM): A model for exploring AIDS. *Health Education Quarterly*, 17, 53-72.
- Centers for Disease Control and Prevention. (2001). HIV incidence among young men who have sex with men US cities, 1994-2000. *Morbidity and Mortality Weekly Report*, 50, 440-444.
- Centers for Disease Control and Prevention. (2005). Trends in HIV-AIDS diagnoses-33 states, 2001-2004. *Morbidity and Mortality Weekly Report*, 54, 1149-1176.
- Clark, L., Miller, K., Nagy, S., Avery, J., Roth, D., Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk in African American seventh grade students. *Journal of Adolescent Health*, 37, 377e1371-377e1310.
- D'Augelli, A. R., & Herschberger, S. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology*, 21, 421-448.
- Glaser, B. G. (1992). *Basics of grounded theory analysis: Emergence vs forcing*. Mill Valley, CA: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Herbst, J. H., Beeker, C., Mathew, A., McNally, T., Passin, W. F., Kay, L. S., . . . Task Force on Community Preventive Services. (2007). The effectiveness of individual-, group-, and community-level HIV behavioral risk-reduction interventions for adult men who have sex with men: A systematic review. *American Journal of Preventive Medicine*, 32(4), 38-67.
- Herbst, J. H., Sherba, R. T., Crepaz, N., DeLuca, J. B., Zohrabayan, L., Stall, R. D., . . . HIV/AIDS Prevention Research Synthesis Team. (2005). A meta-analytic review of HIV behavioral interventions for reducing sexual risk behavior of men who have sex with men. *Journal of Acquired Immune Deficiency Syndromes*, 39, 228-241.
- Hergenrather, K. C., Rhodes, S. D., & Clark, G. (2006). Windows to work: Exploring employment-seeking behaviors of persons with HIV/AIDS through Photovoice. *AIDS Education and Prevention*, 18, 243-258.
- Hergenrather, K. C., Rhodes, S. D., Cowan, C. A., Bardhoshi, G., & Pula, S. (2009). Photovoice as community-based participatory research: A qualitative review. *American Journal of Health Behavior*, 33, 686-698.
- Hunter, J., & Mallon, G. (1999). Gay and lesbian adolescent development: Dancing with your feet tied together. In B. Greene & G. Crooms (Eds.), *Gay and lesbian development: Education, research and practice* (pp. 226-243). Thousand Oaks, CA: Sage.
- Hussy, W. (2006). Slivers of the journey: The use of photovoice and storytelling to examine female to male transsexuals' experiences of health care access. *Journal of Homosexuality*, 51, 129-158.
- Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2005). Introduction to methods in community-based participatory research for health. In B. A. Israel, E. Eng, A. J. Schulz, & E. A. Parker (Eds.), *Methods in community-based participatory research for health* (pp. 3-26). San Francisco, CA: Jossey-Bass.
- Johnson, W. D., Hedges, L. V., Ramirez, G., Semaan, S., Norman, L. R., Sogolow, E., . . . Diaz, R. M. (2002). HIV prevention research for men who have sex with men: A systematic review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes*, 30(Suppl. 1), S118-S129.
- Johnson, W. D., Holtgrave, D. R., McClellan, W. M., Flanders, W. D., Hill, A. N., & Goodman, M. (2005). HIV intervention research for men who have sex with men: A 7-year update. *AIDS Education and Prevention*, 17, 568-589.
- Jones, K. T., Gray, P., Whiteside, Y. O., Wang, T., Bost, D., Dunbar, E., . . . Johnson, W. D. (2008). Evaluation of an HIV prevention intervention adapted for Black men who have sex with men. *American Journal of Public Health*, 98, 1043-1050.
- Kegeles, S. M., Hays, R. B., & Coates, T. J. (1996). The Mpowerment project: A community-level HIV intervention for young gay men. *American Journal of Public Health*, 86, 1129-1136.
- Kelly, J. A., Murphy, D. A., & Sikkema, K. J. (1997). Randomized, controlled community-level HIV prevention intervention for sexual-risk behavior among homosexual men in US cities. *Lancet*, 350, 1500-1505.
- Kipke, M. D., Kubicek, K., Weiss, G., Wong, C., Lopez, D., Iverson, E., & Ford, W. (2007). The health and health behaviors of young men who have sex with men. *Journal of Adolescent Health*, 40, 342-350.
- Kubicek, K., Carpineto, J., McDavitt, B., Weiss, G., Iverson, E. F., Au, C. W., . . . Kipke, M. D. (2008). Integrating professional and

- folk models of HIV risk: YMSM's perceptions of high-risk sex. *AIDS Education and Prevention*, 20, 220-238.
- LeClerc, C. M., Wells, D. L., Craig, D., & Wilson, J. L. (2002). Falling short of the mark: Tales of life after hospital discharge. *Clinical Nursing Research*, 11, 242-263.
- Lyles, C. M., Kay, L. S., Crepaz, N., Herbst, J. H., Passin, W. F., Kim, A. S., . . . HIV/AIDS Prevention Research Synthesis Team. (2007). Best-evidence interventions: Findings from a systematic review of HIV behavioral interventions for US populations at high risk, 2000-2004. *American Journal of Public Health*, 97, 133-143.
- Martin, A. D., & Hetrick, E. (1988). The stigmatization of the gay and lesbian adolescents. *Journal of Homosexuality*, 15, 163.
- McKleroy, V. S., Galbraith, J. S., Cummings, B., Jones, P., Harshberger, C., Collins, C., . . . ADAPT Team. (2006). Adapting evidence-based behavioral interventions for new settings and target populations. *AIDS Education and Prevention*, 18(Suppl. A), 59-73.
- Peterson, J. L., Coates, T. J., & Catania, J. A. (1996). Evaluation of an HIV risk reduction intervention among African American homosexual and bisexual men. *AIDS*, 10, 319-325.
- Remafedi, G. (1994). Cognitive and behavioral adaptations to HIV/AIDS among gay and bisexual adolescents. *Journal of Adolescent Health*, 15, 142-148.
- Savin-Williams, R. C. (1990). Gay and lesbian adolescents. In F. Bozett & M. Sussman (Eds.), *Homosexuality and family relations* (pp. 197-216). Binghamton, NY: Harrington Park Press.
- Solomon, J., Card, J. J., & Malow, R. M. (2006). Adapting efficacious interventions: Advancing translational research in HIV prevention. *Evaluation & the Health Professions*, 29, 162-194.
- Stevens, C. A. (2006). Being healthy: Voices of adolescent women who are parenting. *Journal of Specialists in Pediatric Nursing*, 11, 28-40.
- Wang, C. C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24, 369-387.
- Wang, C. C., Cash, J. L., & Powers, L. S. (2000). Who knows the streets as well as the homeless? Promoting personal and community action through Photovoice. *Health Promotion Practice*, 1, 81-89.
- Wingood, G. M., & DiClemente, R. J. (2008). The ADAPT-ITT model: A novel method to adapting evidence-based HIV interventions. *AIDS*, 47(Suppl. 1), S40-S46.