

Andrea J. Romero *Editor*

Youth-Community Partnerships for Adolescent Alcohol Prevention

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Chapter 1

Youth-Community Partnerships for Adolescent Alcohol Prevention: “We Can’t Do It Alone”

Andrea Romero

Abstract Adolescent alcohol use proves to be a continued challenge for public health, given that approximately 35 % of the USA’s high school age youth used alcohol in the past 30 days. This book describes an innovative collective approach to create community transformational resilience, which we define here as the ability of a community collective group to work together to transform ecological factors in order to limit risk factors and to promote protective factors. A low-income ethnic enclave community transformed themselves from a low level of community readiness rooted in denial and tolerance of adolescent alcohol use to institutionalization of community-level prevention activities. Over an 8-year period, the South Tucson Prevention Coalition evolved from Phase 1, building youth leadership and critical consciousness through after-school programs to Phase 2, building a youth-community coalition to change alcohol norms and alcohol availability. South Tucson Prevention Coalition was successful in developing a functioning coalition whose participatory action research led to critical consciousness of the environmental context surrounding adolescent alcohol use which spurred collective action for change.

Keywords Community • Transformation • Resilience • Alcohol prevention • Critical consciousness

This is a story about how one community went from denial and tolerance of adolescent alcohol use to organizing and mobilizing community members to transform their city in order to prevent underage drinking. The goal of sharing this inspiring story of creating sustainable adolescent alcohol prevention through coalition building is to reach other similar communities who are struggling with adolescent alcohol use and the associated consequences. Through collaboration and participatory

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action research, the community was able to create sustainable changes for adolescent alcohol prevention through changing community alcohol norms and limiting alcohol availability. During Phase 1, the youth became empowered to become community leaders, and during Phase 2 partnerships were forged that brought together researchers, law enforcement, nonprofit leaders, and youth. In this way, the community was able to raise awareness about adolescent alcohol use that led to changes in their physical environment through city policy to prevent new liquor licenses. Yet, most importantly, our results demonstrate how youth and community perceptions of minority adolescents changed from “the problem” to “the solution.” ***Truly, it was the fact that not only youth, but also adult allies among community leaders and researchers, learned to work together which led to enhanced alignment and system-level changes in order to achieve a healthier community with less alcohol availability.***

Fundamental to this work is that youth and adults both developed a critical consciousness about how adolescent alcohol use is influenced by the reality of societal inequalities associated with economic and cultural factors. Yet, building on community cultural assets and collective strength, they worked together to create more positive development opportunities for youth and also to limit the risk factors they identified within their community. Once this critical consciousness was developed, it became clear to the community that prevention of adolescent alcohol use cannot be achieved alone by youth or by single agencies. In fact, the thing that brought them together to work on changing the status quo of their community in terms of adolescent alcohol use was the conclusion that “***We can’t do it alone,***” which led to coalition efforts to transform their environment in a manner that created greater resilience within their community.

Alcohol is the substance most often used by adolescents of all ethnic backgrounds (Centers for Disease Control, 2014), and it is linked with illegal substance use and risky sexual behavior (Centers for Disease Control, 2014). Alcohol use among adolescents starts early and increases with age. A higher percentage of youth aged 12–20 years use alcohol (29 %) than tobacco (24 %) or illicit drugs (14 %), making underage drinking the leading public health problem among adolescents in the United States. Adolescent alcohol use has been found to impair brain development during adolescence, particularly among youth who engage in binge drinking and heavy consumption (Squeglia, Jacobus, & Tapert, 2009). Although the general trend for adolescent alcohol use has decreased over the past 10 years, it still remains over 35 % for use in the past 30 days (see Fig. 1.1, Centers for Disease Control, 2014). Additionally, over the past 10 years Latino youth across the USA tend to consistently report higher rates of alcohol consumption than White youth (Centers for Disease Control, 2014).

The majority of adolescent prevention programs are focused on individual adolescents, and they are most often delivered through after-school programs during a few brief sessions. It is rare that prevention programs situate the adolescent within their community contexts, despite the fact that low-income neighborhoods are often fraught with multiple hazards such as adult alcoholics, pervasive alcohol advertising,

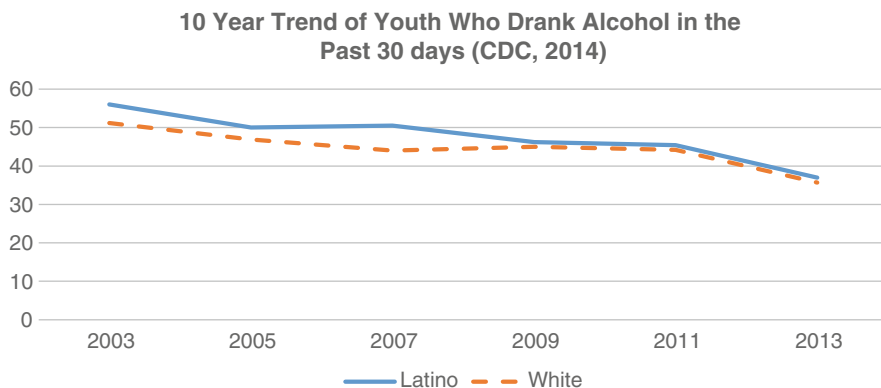


Fig. 1.1 The 10-year trend of youth 30-day alcohol use

and easily accessible alcohol. Moreover, few studies place the adolescent in an active role in negotiating their neighborhood community or as agents of change within their community (Chaskin, 2008). In the current book, we discuss how one city changed from a low level of community readiness for adolescent alcohol prevention to a level of institutionalization and expansion of prevention activities (Oetting et al., 1995). This was achieved through a 8-year project for the prevention of adolescent alcohol use in an urban low-income US/Mexico border city. We will specifically discuss the interconnected influence of after-school programs, community coalition development, and participatory action research that led to city-level policy changes to ban outdoor alcohol advertising and to limit new alcohol licenses.

Some of the key findings we will discuss are:

1. **Coalition building** is critical to the success of preventing underage drinking because it provides a supportive resilience-promoting environment that links youth with access to health resources and limits exposure to risk factors.
2. The utility of **participatory action research** to guide coalition building through principles of inclusion of diverse community members (youth, community-based organizations, police, schools, and faith communities), equality of participation of all members, dialogue before decision making, critical consciousness about the societal context of adolescent alcohol use within low-income communities, and collective action prevention strategies.
3. The relevance of the Community Readiness Model for Change not only to develop youth-focused programs but also to **identify when a community is ready to join collective action efforts to create community transformation resilience** that promotes community resources for positive youth development changes and also limits risk factors, such as alcohol availability and community norms of tolerance.

Prevention programs targeted at individuals in isolation are not enough—community-level change is required through group efforts that represent a cross-section of the community in order to reframe community-level norms, align resources, and reduce risk factors. In order to change the status quo, there is a need for community members themselves to be aware of and to be leaders in changing the existing ecological systems. ***Specifically, in order for community-level change to be effective it MUST include those who are most affected, in particular adolescent alcohol prevention must include youth and community as equal partners.***

1.1 Place-Based Community Approach

By taking a place-based approach, we specifically identify the current and historical economic, political, and social contexts of youth as a way to understand and prevent adolescent alcohol use. Community context matters for adolescent alcohol prevention (Oetting et al., 1995). In particular, Latino youth on the US/Mexico border report that they begin drinking alcohol at earlier ages (Almodovar, Tomaka, Thompson, Mckinnon, & O'Rourke, 2006; Breslau & Peterson, 1996; Chassin, Curran, Hussong, & Colder, 1996; McKinnon, O'rourke, Thompson, & Berumen, 2004; SAMSHA, 2004). Early alcohol and drug use are predictors of future alcohol and drug addiction (Breslau & Peterson, 1996; Hingson, Heeren, & Winter, 2006; Chassin et al., 1996; SAMSHA, 2004). Moreover, ethnic minority girls who live in US/Mexico border areas have reported greater severity of substance use at entry into substance use treatment programs (Stevens, Estrada, Murphy, McKnight, & Tims, 2004; Stevens et al., 2003). The US/Mexico border has higher rates of immigrant youth who were born in Mexico; however, existing data suggests that immigrant youth have lower rates of substance use, particularly girls, which indicates the diversity even within regions that must be considered in prevention programs (Bacio, Mays, & Lau, 2013; Bettes, Dusenbury, Kerner, James-Ortiz, & Botvin, 2008; Carvajal, Photiades, Evans, & Nash, 1997; Otero-Sabogal, Sabogal, Perez-Stable, & Hiatt, 1995).

It is for these reasons that we took a place-based approach to focus on context and community-level factors over a 8-year period (2003–2010) of adolescent alcohol prevention activities. ***South Tucson is a community with many preexisting strengths, such as youth Safe Havens, belief in their own children, strong community affiliation, a positive view of ethnic heritage, and many passionate and committed service providers.*** While there was a history of civic engagement to reduce liquor licenses, there was little to no history of substance use or alcohol use prevention among adolescents. Despite the concentration of needs in this city, there is a distinct sense of pride and identity that connects people within the tight-knit community. It is for these reasons that this city was identified in order to build on strengths that will have impactful long-term consequences.

1.1.1 City of South Tucson Description

The City of South Tucson (CoST) is a 1.2 square mile incorporated city surrounded by the City of Tucson, giving it an inner city ethnic enclave character. When research collaborations began in 2000, CoST had a population of 5490, comprised of 81.2 % people of Latino descent and 9.1 % people of Native American descent (U.S. Census Bureau, 2000a). The demographic profile changed little during this period; in 2010 the total population of 5,652 included 78.5 % Latino descent individuals and 10.7 % Native American descent individuals (U.S. Census Bureau, 2010a). Poverty is a consideration given that, in 2000, 54 % of families with children lived below the poverty line in South Tucson, compared to 15.2 % of families with children under 18 years old in the state of Arizona (U.S. Census Bureau, 2000b, 2000c). In 2010, 54.4 % of families with children under 18 years old in South Tucson were living below the poverty level compared to 17.2 % of families in the state of Arizona (U.S. Census Bureau, 2010b). Associated poverty factors include crime in the local neighborhood; according to the South Tucson Police Department, 12 gangs existed in this area, and the number of juvenile arrests related to underage alcohol possession more than doubled from 2003 to 2004. In a Door-to-Door survey conducted in 2008 by Primavera Foundation, crime and other safety issues were listed as the worst things about the neighborhood. 93 % reported having experienced (seen/heard) violent acts between adults, and violent acts were experienced by 1/3 of residents in past 12 months, the majority which were drug related, auto theft, or home vandalism. However, 70 % of residents felt that police were responsive to calls.

Education rates in South Tucson were lower than state averages with 41.1 % of adults in the community who report having a high school diploma or higher compared to 81 % in Arizona in 2000 (U.S. Census Bureau, 2000a). Furthermore, 3.7 % of South Tucson adults had a bachelor's degree or higher compared to 23.5 % of adults in the state of Arizona in 2000. These trends did improve by 2010 when 58 % of the South Tucson adult community had a high school degree or higher compared to 86 % of Arizona's population (U.S. Census Bureau, 2010c). Yet, the rates of bachelor's degrees went down slightly; 2.5 % of South Tucson's adult population had a bachelor's degree or higher compared to 26.9 % of Arizona in 2010. Not surprisingly, there was also a general mistrust of university researchers, perhaps in part because of the lack of experience and exposure to higher education.

In the City of South Tucson, there were three Safe Havens for youth: House of Neighborly Service (HNS), Project YES, and the John Valenzeula Youth Center (JVYC). Each one provided a variety of different youth programs, and each made a unique contribution to the community; however, none of these agencies offered substance use prevention programming. All of the agencies did offer after-school tutoring; most of the youth in the tutoring program functioned far below their grade level. Project YES and HNS provided a tutoring program for youth from their feeder school, Mission View Elementary. JVYC provided tutoring for students

from Ochoa Elementary school; the tutoring programs had wait lists because the need for academic assistance was so high. This means many children did not have access to the resources that they needed to improve their academic performance. HNS offered a tattoo removal program to ex-gang members in order to help them move on to a better life with better employment opportunities. HNS also offered basketball, dance classes for young women, services for the elderly, and the only Native American youth program in the city. JVYC offered a variety of physical activities, such as basketball, volleyball, and a drop-in after-school program, for teens. Project YES also offered a program for adjudicated youth with a community service component.

1.2 Context of Historical Trauma and Need for Community-Led Strategies

We acknowledge that the income, health, and educational challenges in the CoST are interrelated and rooted in issues of generational poverty and historical trauma of both the Native American and Mexican American families that are represented in this community. Thus, there is a need to consider the historical context in order to provide insight into the ways in which societal infrastructure influences contemporary health disparities and also to identify existing strengths and sources of resilience (De la Torre & Estrada, 2001; Ungar et al., 2007). The tragedies over the past 500 years for Native Americans and Mexican Americans have resulted in a lack of access to education, health care, and economic opportunity; however, it has also resulted in community-embedded sense of resilience and maintenance of culture (Rodriguez, 2014; Walters & Simoni, 2002). Both groups have survived hundreds of years of discrimination and oppression while maintaining their identity and their cultural rootedness throughout the southwest regions of the United States (Rodriguez, 2014).

South Tucson is located on the northern edge of the US/Mexico border and has historically been considered an immigration corridor, and approximately 27 % of South Tucson residents are foreign born. Since 9/11, there has been a dramatic change in immigration policy and their associated debates (Esses, Dovidio, & Hodson, 2002; Hines, 2002; Puar, 2007); in the 5 years between 2005 and 2010, over 6000 immigration policies were proposed in the United States and 976 became law (Kohout, 2012) with the majority of them being focused on the US/Mexico border and Latinos of Mexican descent (Johnson, 1997). During this time, Arizona was at the national forefront, with many new laws that limited access to resources and emphasized the need to demonstrate citizenship. This is one specific and recent way in which the environment in South Tucson was being shaped by larger forces that increased power inequity among immigrants, their families, and their allies (Tseng & Yoshikawa, 2008). Unfair treatment across Arizona institutions only further engrained stigma of individuals of Mexican descent, and such stigma is known

to be associated with one's social position and has been linked to pervasive stress and poor health (Allport, 1954; Diaz, Ayala, Bein, Henne, & Marin, 2001; Gee, Ryan, Laflamme, & Holt, 2006; Noh & Kaspar, 2003; Romero, Carvajal, Valle, & Orduna, 2007; Romero, Martinez, & Carvajal, 2007). While bilingualism and cultural pride are considered some of the greatest assets by the South Tucson community, the K-12 public school system has consistently invalidated the interests of Mexican-American and Native American families by imposing its Euro-centric curriculum that many consider alienating to their lives and values. The history of the people has been consistently excluded from the curriculum in the public schools, along with the literary and artistic expressions of their rich and enduring culture.

It is the context of prejudice and negative expectations of youth of color that further reinforces the importance of the work done by the South Tucson Prevention Coalition to fully engage youth and adults in their community in a manner that led to positive community changes. Moreover, there is a significant amount of research on the self-fulfilling prophecy, which states that "we become what people expect us to be"; in other words, it is too easy for adolescents to begin behaving in ways that fulfill the negative stereotypes that the world has of them (Niemann, 2004). Specifically, this has a negative impact on Native American and Latino youth because of the stereotypes that are specific to their overuse of substances, selling of substances, and risky behaviors that include violence and risky sexual behavior (Niemann, 2004).

In many ways, the historical denial of access to resources and the continued silencing of ethnic minority voices highlights the radicalness and the necessity of programs to develop youth voice and community partnerships that can lead to changes in the system that will promote health and provide access to supportive resources for positive ethnic minority youth development (Fine & Torre, 2004). Participatory action research is a meaningful way to conduct research that helps researchers reject deficit models based on traditional methodologies and allows space to listen and reflect on the sources of resilience and the development of resiliency among marginalized groups and within their environments (Brown & Rodríguez, 2009; Ungar et al., 2007). These approaches are also described as facilitating the re-remembering of an oppressed and silenced history through a process of unveiling privilege and power (Cahill, Rios-Moore, & Threatts, 2008; Fine & Torre, 2004). Far too often, research has focused on the negative aspects of low income neighborhoods and the associated risk factors. This deficit-based perspective limits our understanding of the reality of the experiences of adolescents who are developing in these types of environments; it also limits the discussion of the sense of agency among adolescents living in poverty (Wandersman & Nation, 1998). In this book, we will discuss how individual and collective resilience factors interact to reinforce each other and how this approach to working with low-income and minority community is essential because it acknowledges existing adversity while also indicating individual and collective agency to overcome challenges and create a better future for adolescents.

City of South Tucson has a strong history of civic engagement, and there is a distinct sense of pride and identity that connects people to this tight-knit community,

despite the magnitude of the concentration of needs. Moreover, and most importantly, despite multiple factors of distress, the South Tucson community sees the promise in their children and families. The community has a unique sense of pride, identity, and connectedness rooted in the City of South Tucson. ***Based on these community strengths of a history of civic engagement, community connection, and the desire of parents to offer their children a better future***, we approach community change from a strength-based approach rather than a deficit model. Building on the strengths through a community-led perspective was central to the successful transformation of the ecological context of adolescent alcohol use.

1.3 South Tucson Prevention Coalition: Phase 1 and Phase 2

We will discuss in this book the creation of The South Tucson Prevention Coalition (STPC) that began working together in 2003 and continued until 2010. STPC had a Phase 1 and a Phase 2. Phase 1 was an after-school youth substance use prevention program to develop critically conscious youth leaders; yet there was minimal community integration in this program. However, Phase 2 was marked by coalition broadening and development, youth leadership, participatory action research, civic engagement, and sustainable policy changes. The STPC and the work of the coalition are at the heart of the community change. STPC represented several sectors of the South Tucson community, including schools, churches, service agencies, universities, local government, police, fire, youth, and parents. STPC organized annual community events in order to change community alcohol norms; these events will be described in terms of planning, organization, implementation, and integration of community-led research. We will also describe youth advocacy to raise community awareness of alcohol norms and to prevent new liquor licenses from being approved. One particularly powerful story that will be described is how this community stopped a new liquor license from a major corporation. Despite a challenging journey of collective action that included over 200 signatures on petitions, two city council meetings to reach decisions with overflow attendance, and a trip of youth and community advocates to the state liquor license board, the final result was that their community was only one of two licenses denied to this corporation, out of over 100 granted in the state. This event demonstrates the ability of a community to overcome adversity in order to create community transformational resilience.

1.4 Community Transformational Resilience

Far too often research has focused on the negative aspects of low income neighborhoods and the associated risk factors. This deficit-based perspective limits our understanding of the reality of the experiences of adolescents who are developing in these types of environments; it also limits the discussion of the sense of agency

among adolescents living in poverty (Wandersman & Nation, 1998). Resilience theory is one way to understand how individuals living with adversity are able to overcome challenges (Luthar, Cicchetti, & Becker, 2000). Early definitions of resilience focused only on internal individual-level characteristics (Luthar et al., 2000). However, many researchers have contested original views of resilience that focus solely on individual-level factors and overlook the important shaping context of political and structural systems and infrastructures that often contribute to poverty (Pearson, Pearce, & Kingham, 2013).

More recent definitions of resilience based on qualitative and quantitative research with international samples of adolescents indicate that resilience is an interaction between the individual and their environment (Ungar & Liebenberg, 2011). Efforts to define and understand collective resilience have often group efforts to survive crises such as 9/11 (Freedman, 2004), bombings (Drury, Cocking, & Reicher, 2009), political violence (Fielding & Anderson, 2008; Sousa, Haj-Yahia, Feldman, & Lee, 2013), or war (Hernández, 2002; Vindevogel, Ager, Schiltz, Broekaert, & Derluyn, 2015). However, most of this work on collective resilience has primarily focused on how individuals access resources that already exist in the physical environment (Pearson et al., 2013), such as positive mentors, safe settings, passive contagion effects, or social support (Wandersman & Nation, 1998). A few discuss how individuals come to create solidarity and then rely on social support for resilience (Chaskin, 2008; Drury et al., 2009; Ebersöhn, 2014; Hernández, 2002). Previous research has primarily focused on existing community infrastructure, but not on community member's ability to change it.

In this book, we develop a new concept of **Community Transformational Resilience**, *which is defined here as a community's ability to overcome adversity through changing their community infrastructure in ways that can promote positive youth development by increasing resources and access to resources while also limiting accessibility to risky behaviors*. Key components of this concept that will be highlighted are (1) development of community through personalismo-based relationships, (2) development of transformational capacity through participatory action research that links critical consciousness to collective action, and (3) development of community-level factors of resilience for adolescent alcohol use that promote positive factors and limit risk factors. In this book, we will discuss how STPC created community transformational resilience utilizing participatory action research and community readiness model of change focused on their own specific community.

1.5 Community Readiness Model for Change

Often a pivotal component for sustainable change is community support for prevention programs. Yet, no matter the quality of the planning and implementation of the program, it may fail merely because the community was not ready to receive the program. Community is defined as people and groups who are involved in local production/distribution/consumption of goods and services, socialization, social

control, social participation, and mutual support (Oetting et al., 1995). *Community readiness is defined as the shared norms, values, group decision making, and leadership that contribute to the identification of the need for change based on discrepancies between expectations and reality* (Thurman, Plested, Edwards, Foley, & Burnside, 2003). Actions in response to identified need are marked by group decision making. The explicated multiple levels of readiness in this theory guide not only our description of implementation but also the extent of community-level change over several years. We used strategic processes of participatory action research embedded within Community Readiness Theory to identify the appropriate strategy for the community level of receptivity.

1.6 Participatory Action Research Principles

The South Tucson Prevention Coalition utilized a participatory action research approach (Cousins & Earl, 1992) as a means of primary prevention for adolescent alcohol use because delaying onset of use is an effective way to reduce other risky behaviors and to reduce later issues with addiction. At beginning stages, the level of integration of participation action research (PAR) was low; however, over time the level of PAR increased steadily, to the point of community-led research and action. This method is particularly useful when researchers desire a balance between technical rigor and responsiveness to stakeholder needs, through the following methods (1) the researchers, the program staff and community stakeholders, and the recipients and key informants of services jointly share the control of the research, (2) number of stakeholders is limited to those with program responsibility or a vital interest in the program, and (3) members of the collaborative effort are involved at all stages of the research including designing and preparing the project proposal, defining the design, selecting/developing instrumentation, collecting data, processing and analyzing data, and reporting and disseminating results. Over time, the STPC members moved from being more of an advisory council to being directly involved in joint analysis and dissemination of findings. This book will discuss the process of change over 10 years and the key steps that helped facilitate this progression.

Participatory action research strategies to work with youth and communities was utilized to guide the development of a youth–adult coalition, youth-led research, and community-led research. These participatory strategies helped to guide basic assumption of equality of all members and also to guide the problem-posing dialogue. The use of PAR strategies was essential to working effectively with adolescents who were viewed as equals in the discussion and decision-making processes and with historically oppressed groups, such as Mexican American and Native Americans. Eventually, these strategies led to youth leaders who helped created community change. Often adults had preconceptions about youth of color based on negative stereotypes, but the development of their own critical consciousness and humanization of adolescents was fundamental to the effective coalition work.

We use a Freirian (1968) approach to our work with youth to understand how they create knowledge and that by facilitating opportunities for problem posing within multiple contexts, they will understand how their environment shapes their experiences (Freire, 1968; Ginwright & Cammarota, 2006; Watts & Guessous, 2006). Freire's (1968) work, based on the concept of praxis, represents not only critical awareness of societal inequities but also an element of action (Cammarota & Fine, 2008). The critical awareness and analysis that considers privilege and power is essential to engaging minority youth in creating critical change. In one study, Watts and Guessous (2006) found that youth who engaged in more critical analysis to understand societal inequities, and those who were committed to a collective action approach were more likely to report commitment to civic involvement. It is this focus on social justice through analysis that contributes to the development of critical consciousness among youth (Freire, 1968; Ginwright & Cammarota, 2002).

In the following chapters, there are several comments about how the adults and youth had moments when they gained a critical awareness of youth and alcohol use and also moments when they became conscious that working together as a community could be transformative for collective resilience. This process of awakening to consciousness is what Freire (1968) termed *conscientización*, where individuals come to view themselves as active participants in society and with the capacity to change existing structures. What is challenging also about this process is the conscious acknowledgement of the previous denial of problems or acceptance and tolerance of stereotypes and negative portrayals of youth and their connection to hopelessness within the community. The critical consciousness moves individuals away from the cultural-deficit model, blaming their culture as the problem, and it always resituates their perspective, so they are no longer blaming themselves for the problems they experience and witness within their communities (Romero et al., 2008).

As such, youth involvement must be based on a critical form of consciousness that acknowledges the existing problems and systemic racism that continues to marginalize minority youth (Watts & Guessous, 2006). Thus, we also worked together to identify environmental strategies to create youth-led community transformation to prevent alcohol use. In this way, rather than perceiving youth as victims of the existing economic and political forces surrounding their development, they are perceived as able to improve their own community through leveraging the access and capacity that they already have at hand within their families, schools, peers, community centers, and city.

We will demonstrate through the course of several chapters and research over several years that participatory action research principles were central to nurturing hope and collective action in order to change city infrastructure in a manner that could promote and nurture adolescent health and limit access to alcohol (Cammarota & Fine, 2008). The tenets of PAR are essential to our work on adolescent health promotion because it situates youth within a broader context, and rather than putting the entire burden on them to continually negotiate a risky environment, it reminds them of the power already within **their own capacity to connect with others to create change in their environments. This is the heart of the message of our book "We can't do it alone."**

1.7 Basic Structure of the Book

The basic structure of this book will be to tell the story of *the transformation of this community over an 8-year period that came about as a result of concerted collaborative efforts to prevent adolescent alcohol use*. We provide a mixed method analysis over the 8-year period to document city-level changes that occurred and the factors that contributed to these sustainable changes. Specifically, we present longitudinal in-depth survey data with youth, city-level data for youth attitudes, qualitative youth semi-structured interviews, community interviews, participatory action research youth-led alcohol mapping city-level analysis, and city-level policy analysis. Through using mixed methods, we shed light on the developmental process of critical civic praxis that occurred among youth, community leaders, and researchers (Ginwright & Cammarota, 2002) that ultimately led to changes in daily practices and city-level policy. There is no singular hero here, but the collective voice and effort of the community shine forward with stories of successes and feelings of progress and unity.

Chapter 2 provides an overview of the 8 years of community-level change through the use of the Community Readiness Model to explain community receptiveness to adolescent alcohol prevention. Identification of community readiness helped determine the most appropriate and tailored interventions in order to ensure community support, effectiveness of strategies, and assist in advancing to the next level of community readiness. This chapter describes some of the tensions that arose as the coalition members grew in scope to additionally include police officers, school representatives, new nonprofit agencies, and government officials. Specifically, this chapter addresses the changes over time in trust, or lack of, between community partners and researchers.

Chapter 3 describes participatory action research principles that guide the majority of the work in this book. We make the argument for the importance of using participatory action research principles with marginalized communities and with youth of color. The key principles of equal participation, open dialogue, research, reflection, and action are described in detail. Additionally, this chapter includes the positionality statements of university researchers who collected interview survey data with STPC key stakeholders who are quoted in this book.

Chapter 4 presents South Tucson Prevention Center (STPC): Phase 1 of adolescent alcohol prevention activities. This was an after-school adolescent-focused program (entitled Omeyocan YES) that *developed youth critical consciousness of health and economic inequities* in their community utilizing a Friirian pedagogy model. It also taught them community-organizing skills as a means to combat these challenges. Triangulated evaluation data is presented that represents youth program leaders, youth quantitative longitudinal survey data, and youth qualitative responses.

Chapter 5 discusses the transitions and breaking down of silos that were necessary to build the coalition. We will present the in-depth interviews with directors of local nonprofit agencies who discuss how they overcame agency competition and existing silos of services that were not accessible to all adolescents throughout the community.

The directors also discuss the role of research and researchers at this stage as well as the development and submission of a federal grant as a collaborative project.

Chapter 6 will present adult perspectives on the role of youth prevention programs and the evolution of thinking and programing that led to youth-led strategies for alcohol prevention. Based on in-depth interviews and ethnographic observations of youth-led events, we discuss the challenges in fulfilling the youth-led participatory research principles as adults began this transition. The continued infrastructure opportunities for youth to participate and lead after-school programs was foundational to building generations of youth who were prepared to take a stand as community leaders and create policy change. We also discuss specific strategies that eased this transition from the intensive after-school prevention program, Omeyocan YES to the youth-led program, Youth 2 Youth (Y2Y). Community leaders discuss the transformative moments of accepting youth as equal partners and positive leaders.

Chapter 7 presents the youth perspectives on the development of the Y2Y program from in-depth interviews with youth leaders from two different generations of Y2Y youth. Comments are analyzed to find themes of targeting community alcohol norms, youth leadership, critical community pedagogy, and sustainable youth development. Furthermore, there are specific examples provided about the implementation of Freirian (1968) dialogue-based youth-community partnerships for problem solving and collective action for community change.

Chapter 8 describes how the youth-community partnership began to tackle larger community interventions to raise awareness about alcohol norms and community perspectives of adolescent alcohol use. Historical documents of the STPC are analyzed to describe and critically discuss the community readiness strategies of alcohol prevention. We describe how community partners, both youth and adults, came together to develop activities to raise awareness about adolescent alcohol prevention. This period is marked by a shift from not only preventing risky behaviors but also promoting positive youth health opportunities.

Chapter 9 describes the development of community-led research, and historical documents of community surveys and reports of research are presented. Evaluation of changes in community alcohol norms are presented based on the community-led longitudinal survey research. This period is marked by coalition members embracing *the use of local data survey collection as a means to create unity around collective action for change*. We also discuss the presentation of findings to the local city council to contribute to discussions of city policy on the availability of alcohol and access to local parks.

Chapter 10 describes a pivotal youth-led participatory action research project to map the city for local liquor licenses and youth attractions. The use of external funding and partnership with the city planners is discussed. We provide the final map and analysis of the findings provided by students. This section also goes into detail about how youth took several steps to share their findings at city council meetings, and local town hall meetings, as well as presenting their findings at a national conference. Interviews with youth and STPC leaders are analyzed to understand their use of research and relationship to the city government.

Chapter 11 presents in-depth interviews with multiple adult community leaders who participated in the coalition and describes and analyzes their retrospective understanding of the coalition and youth involvement. This chapter discusses the foundational influence of critical consciousness of coalition members that led them to believe in collective approaches to adolescent alcohol prevention. The overlap in the mission and the passion of the coalition members is described in terms of keeping the core group committed to the larger cause of providing a better future for young people in South Tucson. Specifically, this chapter describes the personalismo-relationship-based approach to building coalitions that was the foundation of the success of this coalition.

Chapter 12 summarizes the results of the 8 years of work in the City of South Tucson. Recommendations are offered for other communities across the world about how to create community transformational resilience as a means to create and sustain a functional and productive coalition of youth-community partnerships for adolescent alcohol prevention. Some of the key findings will be further discussed such as building community, transformational capacity, and key resiliency factors. The utility of participatory action research and community readiness will be discussed as a means to reduce health disparities of Latino adolescents and their communities. It is our aim to share both the challenges and success so that other researchers and communities may learn ways to reduce and eliminate adolescent alcohol disparities.

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Chapter 2

Community Readiness Stages of Change to Achieve Community Transformational Resilience

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“Local people are likely to have the greatest and most sustainable impact in solving local problems and in setting local norms” (Oetting, Jumper-Thurman, Plested, & Edwards, 2001).

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Abstract The Community Readiness Model for Change describes nine stages of incremental changes for community prevention. In this chapter, we utilize this model to describe 8 years of change led by South Tucson Prevention Coalition (STPC) that transformed one community from a level of tolerance of adolescent alcohol use to a level of professionalization of prevention strategies. This model helps to identify the incremental changes over time in community alcohol norms that indicate how ready the community is to receive different prevention strategies. The Community Readiness Model for Change requires community involvement to develop prevention strategies that are rooted in community strengths. This model also requires that the community assesses their own level of readiness for change in order to develop their capacity to determine the type and level of intervention that would be most appropriate. In this chapter, we describe the model and then apply it to 8 years of work by STPC to highlight changes in community alcohol norms, changes in prevention strategies, and integration of research techniques. Utilizing community readiness interviews and retrospective interviews with coalition members, we describe the community transformations that occurred.

Keywords Community readiness • Coalition • Adolescent alcohol prevention • Community transformation

Community prevention of underage drinking is an important and necessary work, as identified by researchers (Burrow-Sanchez, 2006; Plested, Edwards, & Jumper-Thurman, 2006). Communities are not all “ready” to engage in prevention activities; the readiness of the community refers to the degree to which they are equipped and have the capacity to take action on issues of health promotion and disease prevention (Plested et al., 2006). When prevention strategies are a mismatch with the readiness of the community, they are more likely to be rejected, to fail, or to not be sustainable (Oetting et al., 1995). Community Readiness is a research-based model that describes how interventions can and should be tailored to be appropriate to make incremental changes in the current community norms for adolescent alcohol use (Thurman, Plested, Edwards, Foley, & Burnside, 2003). When prevention efforts are appropriately matched to the community level of readiness, adolescent alcohol and substance use prevention is more likely to be effective and sustainable (Kelly et al., 2003). In this chapter, we describe 8 years of work by the South Tucson Prevention Coalition (STPC) to transform their community in order to enhance community transformational resilience to prevent adolescent underage drinking.

A central component of the Community Readiness Model for Change is to help communities mobilize for change through the cyclical use of assessment as a tool to guide intervention strategies (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). One of the strengths of this model, and one of the reasons it was chosen by the STPC, was so that the community themselves could assess their own readiness for change as a source of empowerment to improve adolescent health. This model also highlights the importance of community involvement at every level of prevention,