

## Youths As Partners in a Community Participatory Project for Substance Use Prevention

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Kulbok, P. A., Meszaros, P.S., Bond, D. C., Thatcher, E. & Park, E., Kimbrell, M., & Smith-Gregory, T. (2015). Youth as partners in a community participatory project for substance use prevention. *Family & Community Health*, 38(1), 3-11. DOI: 10.1097/FCH.0000000000000061

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<http://dx.doi.org/10.1097/FCH.0000000000000061>

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### **Abstract:**

This community-based participatory research project aimed to develop strategies to prevent youth substance use in a rural county. This article (1) describes the project phases, (2) examines unique contributions and considerations of youth involvement, and (3) explores the youths' perspective. Twelve youths, aged 16 to 18 years, joined parents, community leaders, and research specialists on the community-based participatory research team. The youths were integrally involved in all phases including the community assessment, community leader interviews, selection of a substance use prevention program, and program implementation. Youths reported sustained enthusiasm, experiences of authentic leadership, development of research skills, and greater awareness of their community.

**Keywords:** adolescent | community-based participatory research | health education | rural | substance-related disorders

### **Article:**

COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) represents a range of approaches to partnerships between researchers and communities; the mutual goal is improving health or other social benefits.<sup>1</sup> It places value on equitable collaborations between community members and academic partners, which reflect shared decision making throughout the entire research process.<sup>2</sup> As health disparities continue to affect certain populations and communities disproportionately, CBPR provides an opportunity to improve research through accessing the true “experts,” the residents living in the community.<sup>3</sup> Community-based participatory research can also provide multiple benefits to communities. These benefits include empowerment of previously disenfranchised individuals, capacity building through training and new experiences, financial and other tangible benefits to organizations and individuals, and entrée into ongoing mutually beneficial partnerships with academic institutions.<sup>4</sup> In this article, we report on a 3-year

CBPR project with youths, parents, and community leaders from a rural tobacco-producing county in Virginia to design and test a substance use prevention program.

## **CBPR WITH YOUTHS**

Community-based participatory research processes that involve youths pose unique benefits and considerations. Past CBPR topics that involved youths, including obesity, chronic diseases, reproductive health, disabilities, mental health, and substance abuse, have varied widely.<sup>5</sup> Youths are often voiceless about diseases and social determinants of health that significantly affect them; CBPR explicitly seeks to provide a forum for marginalized groups such as youths to express their concerns and ideas in a way that is appropriate to their subcultures.<sup>6</sup> Youth participants in CBPR also get real-world experience in civic engagement, showing them the important roles they can have in society and increasing their esteem for their own communities.<sup>7,8</sup> They also gain leadership, communication, and other important skills.<sup>5,7</sup> However, in a review of the involvement of children and adolescents in CBPR, Jacquez and colleagues<sup>2</sup> found that only 56 articles, or 15% of the total 385 articles reviewed, actually focused on projects in which community partners directly involved children and/or adolescents.

Recent studies have identified several important considerations in involving youths in CBPR projects. Groups mixing youth participants with others who typically hold greater power, such as teachers or parents, should purposely balance the power through group procedures.<sup>9</sup> Youths involved in multiple activities throughout the CBPR process tend to show greater commitment to resulting interventions than youths who only served on community advisory boards.<sup>5</sup> In addition, the CBPR design, with activities and work tasks tailored to the unique abilities and priorities of youth participants, enhances their active involvement.<sup>10,11</sup> PhotoVoice is an example of a CBPR method that has been successful with youth participants, as a way to engage their creativity and obtain information about their experiences, without the pressures of verbal communication about abstract concepts.<sup>12</sup> In the following sections, we report on a CBPR youth substance use prevention project that involved youths in multiple activities and gave them “voice” throughout the project. The project description, exemplars of participation by youths, and reflections of youths on their contributions to the overall project are highlighted.

## **DESCRIPTION OF THE YOUTH SUBSTANCE USE PREVENTION PROJECT**

The interprofessional research team leading the project included faculty from 2 universities representing several disciplines, that is, human development, psychology, public health nursing, and urban planning, and a clinical nurse specialist from a regional health system. These researchers identified protective factors associated with nonsmoking youths in this rural tobacco-growing county in 2 previous studies.<sup>13,14</sup> The Family Nutrition Program Cooperative Extension Assistant, a key community leader, worked with the interprofessional team on these earlier studies to facilitate recruitment of youths and parents. The Cooperative Extension Assistant was from the county office of the Virginia Cooperative Extension, a local connection to Virginia's land-grant universities. The idea for the CBPR project evolved from these prior studies where youths and parents identified substance use as a community problem.

The goal of this CBPR project was to identify effective strategies to prevent youth substance use and develop a plan with the community to implement and sustain a prevention program after the research project was completed. There were 4 aims and phases of this project. First, we established a community participatory research team (CPRT) made up of youths, parents, trusted community leaders, and interprofessional researchers. Second, the CPRT conducted a community assessment to identify ecological, cultural, and contextual factors that influence substance-free and substance-using adolescent lifestyles. Third, the CPRT evaluated the effectiveness of existing prevention programs and selected a substance use preventive intervention for this rural tobacco-producing community. Fourth, the CPRT pilot tested the intervention to determine feasibility and acceptability, obtain preliminary effectiveness data, and refine the intervention for formal testing in other rural communities.

## **OVERVIEW OF PROJECT AIMS AND PHASES**

### **CPRT phase**

The researchers and the Cooperative Extension Assistant worked together to recruit CPRT members to guide the project (see the “Recruitment” section). Target membership of the CPRT was 8 youths, 8 parents, and 4 community leaders. The CPRT met monthly to design, implement, and evaluate project activities beginning with a comprehensive community assessment and concluding with a pilot substance use prevention program.<sup>6</sup> The perspectives of the youths were critical to understanding the county's knowledge of youth substance use and nonuse and community health assets and needs, attitudes, beliefs, environmental factors, and traditions related to substance use.<sup>15-17</sup> Throughout the project, the CPRT used various methods to engage youth members and increase their commitment to the project.<sup>5</sup> At meetings, we often divided into small groups. The researchers facilitated nominal group process to involve all individuals including youths in decision making. Each person wrote a response to an assigned task and presented his or her ideas without discussion. After hearing all ideas, the group discussed and evaluated them. This process helped equalize power by allowing members including youths to express their ideas and concerns.<sup>9</sup> Youths also participated in PhotoVoice, interviews of community leaders, windshield surveys for community assessment, and Geographic Information Systems (GIS) mapping for analysis and interpretation of the community data. Youths were rewarded with certificates and project mugs for their participation.

### **Community assessment phase**

The CPRT used an ethnographic community assessment model<sup>18</sup> to identify factors influencing youth substance use and nonuse in this rural county. During monthly meetings in the county, the CPRT reviewed a set of community assessment questions and created an interview guide for individual and group interviews. Teams of CPRT members conducted 14 interviews of community leaders; each interview team included a community member, some of whom were youths, and a researcher. The researchers completed 6 youth group interviews and 1 parent group interview. The researchers conducted these interviews because of the sensitive nature of youth substance use in this small rural county.

The youth and parent group interviews were conducted using PhotoVoice or picture taking to capture responses to interview questions through photo depictions. Three youths were recruited and trained to take pictures in response to the community assessment questions that the CPRT approved. The pictures were developed and organized on the basis of the community assessment questions and notes that the picture takers provided. For example, pictures represented the community history (tobacco fields), the rural environment (rural roads and fields), places where youths gathered after school (a gas station and convenience store with tobacco products prominently displayed), and behavioral systems (tobacco-free zone signs outside the high school). When youth and parent groups were interviewed, the pictures taken by the youths were used at the end of the interviews to elicit additional depth and meaning from the participants about the characteristics of their community and future context and direction for a youth substance use prevention program.

### **Program selection phase**

With the community assessment information to provide cultural context, the CPRT began to evaluate the effectiveness of various prevention programs including LifeSkills, Too Good for Drugs, and the *4-H Health Rocks! Program*.<sup>19-21</sup> Using nominal group process, the CPRT determined effectiveness criteria that were important for their rural county and then matched existing programs with selected criteria. The CPRT chose *4-H Health Rocks! Program*, a national 4-H alcohol, tobacco, and other drug use preventive program, as the best “fit” for this rural tobacco-producing county. They based their decision on respect for 4-H in the county and basic features of the *4-H Health Rocks! Program*, that is, led by a youth and an adult, numerous interactive activities, and sessions, and family- and community-level involvement.

### **Program implementation phase**

Twelve youths and adults were trained to lead the *4-H Health Rocks! Program*. Trainees implemented the program in 3 summer school sessions and a weeklong summer 4-H day camp, with 35 youths completing 10 hours or more of the program. Participants ranged from 10 to 17 years of age; more than 50% were girls; more than 40% were in the fifth grade or below; more than 60% were Caucasian; and all youth participants reported their residence as rural. At the conclusion of the program, more than 90% of the youth participants demonstrated positive knowledge, skills, and social competency assets related to substance use prevention.

## **PARTICIPATION OF YOUTH IN OUR SUBSTANCE USE PREVENTION PROJECT**

This unique CBPR project involved adolescents as community partners.<sup>2</sup> Youths actively participated in the research process from recruitment to sustainability. In this section, we provide examples of youth involvement in areas of project recruitment, retention, research and leadership, and sustainability based on official CPRT minutes, annual reports, observations, and semistructured interviews with youth participants.

### **Recruitment**

Keeping all participants, especially youths, actively involved in an ongoing project required incentives and intentional engagement. The meal served at each meeting and payments for attendance were 2 of the most potent incentives. Communication was also important for retention, building trust, and a sense of community through regular interactions. Early in the project, the CPRT established rules of engagement; frequent use of using nominal group process balanced power and facilitated open communication. Other forms of communication suggested by youths were the development of a private Facebook page and use of text messages and personal phone calls to remind CPRT members of the meeting dates and time. Cohesion developed among CPRT members across ages and racial differences. The racial background of CPRT members including youths represented the county, which was 30% African American.

### **Development of research and leadership skills**

The project design involved the CPRT youths as equal partners. Most importantly, adolescents contributed by providing the authentic perspectives of youths in their community.

### **CPRT phase**

The youths were regular attendees and were active CPRT participants. Activities of the youths included coleading monthly meetings and developing the project logo “Knock Out Tobacco.” (see the Figure for logo.) The CPRT youths were actively involved in small group work to decide on relevant questions for individual interviews of community leaders and group interviews with other community adolescents and parents.

**FIGURE IS OMITTED FROM THIS FORMATTED DOCUMENT**

### **Community assessment phase**

Youths participated in the community assessment by conducting a windshield survey and using PhotoVoice. The windshield survey involved systematic observations of their community to reveal important cultural, physical, and social characteristics that might facilitate or hinder substance use or nonuse by adolescents. The youths reported their findings and observations and participated in a series of GIS community mapping activities during the CPRT meetings. They added significantly to this process by identifying locations for informal youth recreation and where youth drug use was rumored to occur. During the development of interview questions, youth participants provided background knowledge about youth perceptions of adolescent drug use so that the CPRT could accurately hear the youth voice. When the team conducted interviews with youths in the community, CPRT youths were helpful in creating rapport with interviewees both by welcoming them and by assisting them with paperwork. In addition, when the CPRT verified the interview findings and interpreted the data, youth participants' interpretations expanded the CPRT's understanding of the data while increasing the youths' personal understanding and appreciation for their community.<sup>8</sup>

### **Program selection phase**

When the CPRT planned the intervention, youth participants suggested possible sites in the community and suggested ideas to tailor the program to “fit” the community. The youths informed the team about existing youth programs such as the summer school and the 4-H day camp, which might be open to our substance use prevention program. Three youth participants were counselors in these summer programs; they suggested contacts and potential partners to help the team achieve successful program delivery. Four youths on the CPRT received training as intervention implementers for the selected *4-H Health Rocks! Program*. Youths were intentionally involved throughout all project phases, with regular reminders of the research steps in our CBPR project and why each step was necessary. For example, they were reminded and understood the reasons for informed consent procedures for the prevention program and helped implement them. The youths expressed starting to feel like true researchers who could explain their involvement to others in the community.

### **Sustainability**

While the project allowed for immersion of the youths in the research process from start to finish, the team was concerned about sustaining the youths' involvement with the project intervention. The youths shared that community members viewed them as leaders in their rural county as they received training to implement the *4-H Health Rocks! Program*. To further sustain their leadership skills, 3 of the adolescents volunteered to serve as leaders who implemented the intervention in 3 summer programs and the 4-H camp, a weeklong immersion experience in the county. Youth and adult implementers at each sites cofacilitated the program, with the youths taking the lead. Finally, the CPRT youths helped plan and were present at the Community Forum at the close of the project to inform the entire rural community about the outcomes of the project. To ensure sustainability, the research team left materials and supplies for carrying out the program in subsequent years. The research team also connected the youth and adult trainers with experts who ran the statewide *4-H Health Rocks! Program* to provide future training and implementation resources.

The CPRT youths grew in leadership and research skills throughout the 3-year project. Their enthusiasm and community connections helped the team form partnerships, which should endure well beyond the project period. In the following section, 2 of the youth participants, one who was still in high school and the other who attended college locally, shared their personal stories about the project. Other youths left the community to attend college and were not available for interviews. While the number of youths who participated in the final interview was a limitation of the study, as is evident throughout the article, youths were active in every phase of the project. Hearing the youths' stories in their own voices further illustrates involvement of youths as active participants, who helped promote substance nonuse and prevent substance use and abuse problems in their own community.

### **INFLUENCE OF PARTICIPATION IN THE CBPR PROJECT ON THE YOUTHS**

Two CPRT youths participated in semistructured interviews to describe their involvement in the project using their own voices. The youths who participated in the interviews were actively involved from project inception, were trained as prevention implementers, and served as strong connectors to the local community and local youths. Two male African American youths, who

participated in the entire project, responded to questions about perceptions of their involvement as CPRT members. The following sections include a description of their responses.

### **What made you to want to become involved in this project?**

One youth answered, “When I heard about this program and community research, and I knew the community well. It was pretty good program. We got to go to schools and talk about tobacco and drugs.” He also stated, “...this program is important for community.” The other youth commented, “...this is really a good program, and I like every part of the program.” The youths reported that they enjoyed participating in this community project and commented, “It was unique considering the in-depth process about youth health issues with the research process.”

### **In what ways did your involvement in the project influence you?**

Youth participation in the CBPR project not only benefitted the CPRT but also personally benefitted the youth participants. Both youths emphasized that they developed leadership skills from various aspects of community involvement. One youth participant explained his leadership role when he delivered the program in the school during the summer, “...my leadership role was the best part of it.... Take charge of it.... Running the program in all the schools....”

### **What did you learn from your experience in this project after your participation?**

The youth participants mentioned that they learned about research. They reflected on their opportunity to learn research skills and the importance of their active participation in the process. One youth commented about his role in research as, “My role was pretty important.... We all pitched in and completed the research.” The other youth said, “I learned a lot from meeting people in community meetings and working together ... getting together and in front of other people.”

### **In what ways did your beliefs about health (or your health behaviors or lifestyle) change or stay the same after your participation?**

Youth participants said they learned about new health issues related to youth smoking and drug use through their participation as CPRT members. One of the participants said,

I learned a lot ... when we met every month, there was always something new.... I learned why other adolescents use drugs, and the places where other people hang out, use drugs, and drink ... how others do ... there were things in the community we didn't know about.

He continued to state, “...it kind of makes me think of who to hang around with and pick and choose friends ... and I was able to be careful about these things.”

### **In what ways did your participation in the community change or stay the same?**

One youth participant said, “My involvement in the community is sort of the same after this project, but it makes me aware of this issue.” He also commented, “I am more aware of these things and people are more aware of it.” The other youth said, “Sure, I definitely want to help with it [the *4-H Health Rocks! Program*] again.”

In summary, youth participants were extremely positive in their responses about their involvement in this CBPR project to prevent substance use in their rural tobacco-growing county. They developed leadership skills, experienced personal growth, and felt they were a part of something important in their community. They perceived that they contributed both to their personal health knowledge and to the community's knowledge through their active participation.

## **CONCLUSION**

Youth participants were assets and resources for the CPRT and their rural community. They contributed creative emic perspectives during CPRT meetings and took leadership roles in data collection and presentation activities and as trained coleaders of the intervention. The youths also acquired real-world experience in community engagement through their roles on the project.<sup>7</sup> The youths clearly identified personal benefits that they derived from active involvement including valuable experience with the research process and intervention, opportunities to take genuine leadership roles, and greater awareness of their own community's strengths and needs. The contributions of youths were central to this project's success.

Inclusion of youths in CBPR is beneficial and feasible. Lessons learned that facilitate youth involvement include active listening, using strategies for engagement such as nominal group process, acting on the youths' recommendations, rewarding youths for active participation early in the project, and developing youths' skills to take different roles during the project. An ethnographic approach to CBPR has the potential to sustain a youth-oriented substance use prevention program and to facilitate success in similar projects in other rural communities.

## **REFERENCES**

1. Minkler M, Wallerstein N. Introduction to CBPR: new issues and emphases. In: Minkler M, Wallerstein N, eds. *Community-Based Participatory Research for Health: From Process to Outcomes*. 2nd ed. San Francisco, CA: Jossey Bass; 2008;5–24.
2. Jacquez F, Vaughn LM, Wagner E. Youth as partners, participants or passive recipients: a review of children and adolescents in community-based participatory research (CBPR). *Am J Community Psychol*. 2012;51(1/2):176–189.
3. Kneipp SM, Lutz BJ, Levonian C, Cook C, Hamilton JB, Roberson D. Women's experiences in a community-based participatory research randomized controlled trial. *Qual Health Res*. 2013;23(6):847–860.
4. Wallerstein N, Duran B. The theoretical, historical and practice roots of CBPR. In: Minkler M, Wallerstein N, eds. *Community-Based Participatory Research for Health: From Process to Outcomes*. 2nd ed. San Francisco, CA: Jossey Bass; 2008;25–46.

5. Vaughn LM, Wagner E, Jacquez F. A review of community-based participatory research in child health. *Matern Child Nurs J.* 2013;38(1):48–53.
6. Isreal BA, Lentz PM, McGranaghan RJ, Kerr DL, Guzman JR. Methods in community-based participatory research for health. In: Isreal BA, Eng E, Schulz AJ, Parker ED, eds. *Documentation and Evaluation of CBPR Partnerships: In-Depth Interviews and Closed-Ended Questionnaires.* San Francisco, CA: Jossey Bass; 2005;3–38.
7. Flicker S. Who benefits from community-based participatory research? A case study of the positive youth project. *Health Educ Behav.* 2008;35(1):70–86.
8. Ross L. Sustaining youth participation in a long-term tobacco control initiative: consideration of a social justice perspective. *Youth Soc.* 2011;43(2):681–704.
9. Mitra DL. Balancing power in communities of practice: an examination of increasing student voice through school-based youth-adult partnerships. *Change.* 2008;9(3):221–242.
10. Soleimanpour S, Brindis C, Geierstanger S, Kandawalla S, Kurlaender T. Incorporating youth-led community participatory research into school health center programs and policies. *Public Health Rep.* 2008;123(6):709–716.
11. Yonas M.A, Burke JG, Rak K, Bennett A, Kelly V, Gielen AC. A picture's worth a thousand words: engaging youth in CBPR using the creative arts. *Prog Community Health Partnersh.* 2009;3(4):349–358.
12. Findholt NE, Michael YL, Davis ML. PhotoVoice engages rural youth in childhood obesity prevention. *Public Health Nurs.* 2010;28(2):186–192.
13. Kulbok P, Meszaros P, Botchwey N, et al. Mother-daughter communication: a protective factor for not smoking. *J Addict Nurs.* 2010;21(2/3):69–78.
14. Kulbok P, Meszaros P, Hinton I, Botchwey N. Tobacco-free boys and parents use PhotoVoice to tell their stories: issues and solutions. Paper presented at: 136th Annual Meeting of the American Public Health Association; October 2008; San Diego, CA.
15. Agar MH. *Speaking of Ethnography.* Beverly Hills, CA: Sage Publications; 1986.
16. Karim G. In living context: an interdisciplinary approach to rethinking rural prevention. *NIDA Res Monogr.* 1997;168:398–412.
17. Trotter R. Ethnographic methods and inhalant use among three ethnic populations. Paper presented at: Inhalant Conference; August 1993; Fort Collins, CO.

18. Kulbok PA, Thatcher E, Park E, Meszaros PS. Evolving public health nursing roles: focus on community participatory health promotion and prevention. *Online J Issues Nurs.* 2012;17(2):1.
19. Botvin GJ, Griffin KW. Life skills training: empirical findings and future directions. *J Primary Prev.* 2004;25(2):211–232.
20. Ringwalt C, Vincus AA, Hanley S, Ennett ST, Bowling JM, Haws S. The prevalence of evidence-based drug use prevention curricula in US middle schools in 2008. *Prev Sci.* 2011;12(1):63–69.
21. National 4-H Council. Health Rocks!. <http://www.4-h.org/youth-development-programs/kids-health/programming-resources/preventative-health-safety/health-rocks>. Accessed March 27, 2014.