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Exploring community stress and empowerment among stakeholders and youth in an urban community

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ABSTRACT

Community-level stress, such as pervasive substance abuse and violence, can yield negative health and mental health outcomes for youth from disadvantaged communities. Community empowerment is a process whereby community members work together to increase control in their community. This qualitative inquiry analyzed in-depth interviews with adult stakeholders ($n = 17$) as well as focus group interviews with token youth ($n = 85$) to explore perceptions of community stress and empowerment in one disadvantaged locale. Each of the 102 total participants helped interrogate the research questions: *What does it mean to live in a stressed community? How might youth and adults perceive themselves capable of impacting a stressed community's quality of life?* Emergent themes, which include a nod to the utility of coalition building, are explored. Implications for policy, practice, and future research are also discussed.

KEYWORDS

Community empowerment; community stress; substance abuse; primary prevention; coalition building

Community stress

Primary prevention efforts in the health and human services increasingly target communities as units of analysis, as opposed to individual consumers (Beeker, Guenther-Grey, & Raj, 1998; Richard, Gauvin, & Raine, 2011). Targeted public health initiatives must be extended with special care to low-income, urban locales, where residents perpetually face economic strife and multiple dimensions of oppression (Reid et al., 2014). Research suggests that those living in concentrated disadvantage acquire an allostatic load (physical and psychosocial wear) that is caused by their continuous response to community-level stress (Kaplan, Madden, Mijanovich, & Purcaro, 2013).

Youth living in urban communities' tend to experience/feel community stress at unreasonable rates, when compared to youth in other socio-economic/geographic regions. This results in exposure to numerous social (e.g., poverty) and environmental (e.g., violence, access to substances) risk factors (Javdani, Abdul-Adil, Suarez, Nichols, & Farmer, 2014; Lardier Jr., MacDonnell, Barrios, Garcia-Reid, & Reid, 2017). For instance, adolescents living in disadvantaged communities experience high baseline stress and steep increases in stress over time (Brenner, Zimmerman, Bauermeister, & Caldwell, 2013). Often, these youth use substances to cope with myriad stressors (e.g., community violence) within their socio-environments, particularly when social or familial support is lacking (Brenner et al., 2013; Lardier Jr. et al., 2017).

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Some recent investigations have suggested that community stress has a disproportionately negative impact on boys versus girls (Hart, Hodgkinson, Belcher, Hyman, & Cooley-Strickland, 2013; Smith & Patton, 2016); although, exceptions are present (Milam et al., 2012).

Israel, Checkoway, Schulz, and Zimmerman (1994) proposed a framework for understanding community stress processes (e.g., violence, access to substances), which considers the interrelatedness between stressful community experiences, health outcomes, and quality-of-life. Their model also contends that community stressors tend to be experienced throughout a community, as opposed to being isolated to any one person (Israel et al., 1994). The first element of the community stress model begins with environmental conditions conducive to stress (e.g., lack of employment opportunities, poverty). The second element of this framework pertains to perceptions of stressors as stressful to community members, collectively (Israel et al., 1994). This results from stressful environmental conditions (e.g., poverty, malnutrition, violence). The third element concerns the community's response to the stress. The fourth element considers that the stressed community incurs enduring community health outcomes (e.g., drug and alcohol dependence, urban blight), which are often attributed to enabling socio-environmental contexts. The fifth element considers contributing variables or those mechanisms that protect urban communities (e.g., perceptions of community control, a strong network of mutual support among residents). Through these components, we begin to visualize how persons within a community experience the stress process, collectively.

The extant research on youth living in urban communities highlights the relationship between socio-environmental stressors and resultant negative health outcomes. Few studies, however, have considered what Israel et al. (1994) describe as, "contributing variables" or the fifth element to the community stress framework. Through such empowering processes, community members engage in social and neighborhood change, which not only cultivates meaningful relationships and opportunities to influence the status quo (Aiyer, Zimmerman, Morrel-Samuels, & Reischl, 2015), but also works toward creating safe and healthy communities. Civic participation is vital to the health of a community and it is only through collective engagement that resilience for the individual can be facilitated for all (Aiyer et al., 2015). Community empowerment, therefore, offers a useful framework to understand the realities of living in, and engaging with, a stressed community.

Community empowerment

Over the past 30 years, empowerment has become a pervasive construct and organizing principle for community psychology (Rappaport, Rappaport, Swift, & Hess, 1984), social work (Gutiérrez, GlenMaye, & DeLois, 1995), and public health (Wilson, Minkler, Dasho, Wallerstein, & Martin, 2008). Designated as a multi-level theoretical model, empowerment is divided into four distinct subcategories: psychological empowerment, organizational empowerment, community empowerment (Zimmerman, 2000), and more recently, relational empowerment (Christens, 2012). Through these subcategories we observe the ways in which: 1) individuals feel capable of influencing their social environment (psychological empowerment); 2) the mechanisms through which organizational spaces facilitate individual empowerment (organizational empowerment); 3) the application of community activism/change through the collective (relational empowerment); and 4) the collective drive to engage in systemic community-level change (community empowerment) (Zimmerman, 2000).

Community empowerment, specifically, refers to the application of skills and resources to engage in a collective effort of control and change (Zimmerman, 2000). Empowered communities engage citizens through multiple organizational venues to influence policies and conditions (Speer & Hughey, 1995), which allows for inclusivity and facilitates the consideration of the “the cultural, historical, social, economic, and political context within which the individual exists” (Israel et al., 1994, p. 153). Through these contexts, community members and organizations can target interventions that directly impact a collectively agreed upon problem that the community wishes to solve (Beeker et al., 1998; World Health Organization, 2016).

Community members, through empowering community-based activities within organizations (e.g., social activism, writing a letter), are able to increase control over their collective livelihood (World Health Organization, 2016), which positively affects community members’ psychological and overall empowerment potential (Peterson & Reid, 2003), as well as their wellbeing (Aiyer et al., 2015; Reid, Forenza, Lardier Jr., & Garcia-Reid, 2017). These community-based activities can also be vital venues for youth-adult partnerships, which provides a catalyst for leadership, self-efficacy, and engagement in community action and change (Forenza, 2016; Stanton-Salazar, 2011, 2016; Zeldin, Christens, & Powers, 2013). However, it is important to note that community empowerment is contingent on stakeholders’ abilities to engage with local centers of power (Bailey, 2010). Some scholars have even described urban communities as “opportunity deserts,” (Glaude Jr., 2016) as they lack many of the necessary organizational infrastructures to facilitate community empowerment. However, stakeholders’ that have access to community-based coalitions can work with/for the coalition to make systemic community-level change.

Purpose

The present study utilized: (1) in-depth interviews with adult stakeholders who were part of a substance abuse prevention coalition; and (2) focus group research with youth who were unaffiliated with the coalition members’ agencies/programs. Coalitions present unique opportunities for collective action (Enriquez, 2014). The present study probed for perceptions of community stress and empowerment in a single disadvantaged locale to further contextualize “contributing variables” of community stress. Analysis of these data offers a formative understanding of the relationship between perceived community influences over enduring community stress. The authors attempted to answer the questions: *What does it mean to live in a stressed community? How might youth and adults perceive themselves capable of impacting a stressed community’s quality of life?*

Approach

Research setting

The context for this research is a densely populated urban locale from the northeastern United States. Per Census estimates, over 30% of the residents in the target city live below the poverty line, with 39% under the age of 18 (United States Census Bureau, 2015). The community is also racially-ethnically diverse, with over 70% of residents identifying as black and/or Hispanic, and nearly one-third being foreign-born (United States Census Bureau, 2015). These sobering statistics, in tandem with high levels of community violence and alcohol outlet

density, designate this community as socially stressed. Responding to these adverse community conditions, a university-community partnership (hereafter, “The Coalition”) was formed in 2012 to address these community-level stressors. Input was also solicited during focus groups conducted with youth from the community.

Participant sample

The total sample consists of 17 adult coalition members and 85 youth who are consumers of services that coalition members provide ($N = 102$). Adult coalition members were recruited from the coalition, which is a voluntary association comprised of 60 active members. These members regularly attend coalition meetings and events to curb underage substance abuse in the focal community. Coalition members are also community stakeholders; they represent dimensions of the community’s corporate (e.g. local media), nonprofit (e.g. faith-based organizations), and governmental (e.g. law enforcement) sectors. Most coalition members also live in the community. All 60 were invited to participate in this research via an email recruitment flier. Those without email were contacted via telephone. All 60 coalition members were reminded of the study at a subsequent coalition meetings and 17 members (28.3% of the membership) expressed interest in participating and were ultimately interviewed. Adult coalition members in this study were largely female ($n = 11$) and African American ($n = 8$). The average age of adults who reported it ($n = 14$) was 37 years old.

Simultaneously, a second sample was recruited into this study. Youth from the community, who participated in services affiliated with stakeholder agencies (e.g. after school programming, etc.) were invited to participate in focus groups via the coalition’s respective agency contact. Approximately 110 youth were contacted to participate in the focus groups, through their respective affiliated stakeholder agencies; however, a total of, 85 youth (77% response rate) participated in seven focus groups. They, too, were mostly female ($n = 64$) and African American ($n = 60$). All but one was in middle- or high school at the time of interview. While the response rate is high, this response rate must be considered in relation to state laws that require active parent consent for youth under 18 years of age to participate in research activities. No incentives were provided to youth or adults for their participation.

Methods

Data collection

Adult coalition members ($n = 17$) were interviewed at a single point in time (cross sectional research) for approximately 30-minutes each (two coalition members requested to be interviewed together). Interviews were conducted at the coalition members’ place of employment (e.g., private office) or in a private meeting room in a government owned building (e.g., public library). The in-depth interview guide was created in concert with methodological and subject matter (i.e., primary prevention) experts. In an effort to probe for elements of community-level stress, coalition members were asked to describe community-level problems and how/if they felt capable of combatting these problems.

Youth participants ($n = 85$) engaged in one of seven focus groups, which took place during a 45 minute time-period. Although the focus group interview guide contrasted to the in-depth interview guide, both interview protocols probed for the same elements of

community stress and protective factors. All interviews and focus group were conducted by methodologically trained members of the coalition implementation/evaluation team. At least one masters-level research assistant was on-hand to conduct each of the 23 interviews (16 in-depth interviews and seven focus group interviews). Per IRB approval and written participant consent, all interviews were audio recorded and independently transcribed before being analyzed for results.

Qualitative analysis strategies

Analyses were conducted by two members of the research team. Qualitative data were analyzed using thematic analysis, which is a method of identifying and analyzing “meaningness” (themes) in qualitative data (Clarke & Braun, 2014). Electronic memos were kept as an audit trail throughout the analysis process. Saturation, which occurs when the addition of more units do not necessarily result in new information (Teddlie & Tashakkori, 2009), occurred after the analysis of eight-to-10 in-depth interviews and three-to-four focus groups.

The first analyst was an independent, doctoral-level researcher, unaffiliated with the coalition grant. He utilized Microsoft Word to facilitate a first round of a priori coding, where codes were derived according to existing theory, as well as the study aims (aims: to explore resident/stakeholder perceptions of community stress and to identify processes that may enable community empowerment). After a priori codes were identified, the first researcher conducted deeper analysis by case and by question. Throughout this iterative process, he identified five, broad families of themes around which emergent themes and subthemes were organized. The second researcher (a doctoral student affiliated with the coalition grant) conducted a similar analytical process utilizing advanced qualitative software (NVivo) (Castleberry, 2014). After her codes were chunked into families of themes, both researchers – and a third (i.e., a doctoral-level researcher not affiliated with the coalition) – met to discuss and compare findings. Following the blending and collapsing of certain themes, 100% agreement was reached.

Trustworthiness

Throughout the analytic process, coders followed Lincoln and Guba’s (1985) criteria for trustworthiness, which includes credibility, transferability, dependability, and confirmability. Credibility was established through memo writing that occurred during analyses and were referenced through subsequent rounds of coding and during consensus meetings (Creswell & Miller, 2000). Multiple meetings with the research team, both in person and through electronic correspondence, helped establish consensus and resolve differences, which aided in the process of establishing credibility. Credibility of findings was also established through the use of two qualitative data sources (e.g., in depth individual adult coalition member interviews and youth focus group interviews). The use of these two data sources provided an overall pattern to findings, as well as supported explanations derived from data (Patton, 2015). While we could not necessarily establish transferability to other populations, a thorough description of analyses and limitations allows for subsequent inquiry (Creswell & Miller, 2000). To ensure dependability, the research team not only engaged in member checking, but also referred to notes and an in-depth audit trail through emails and memoing (Creswell & Miller, 2000).

Dependability was also established by engaging the data with multiple analysts, which – through this form of triangulation – helped reduce potential biases that are likely to occur from a single person doing data collection (Guest & MacQueen, 2008); therefore, providing a means of more adequately and consistently assessing the data obtained (Patton, 2015).

Results

Qualitative themes

Findings were organized according to existing theory (community stress and community empowerment). Broad families of themes emerged within each construct (for example: malaise and politics/governance are the families illustrative of community stress). Within each of family of themes, smaller themes and subthemes also emerged. All are explored at length, below.

Community stress

Two families of themes emerged that were illustrative of community stress: malaise and politics/governance. Table 1 depicts the organization of these families, and their smaller themes and subthemes.

Malaise

Both youth and adults felt a general sense of malaise, or uneasiness in community life. Participants articulated a presence of environmental conditions that are conducive to stress. Both youth and adults emphasized a strain in civic life, which Israel et al. (1994) noted as an enabling stress condition. Specifically, all youth focus groups ($N = 7$) and adult individual interviewees ($N = 17$) acknowledged the **normalized culture of drug use and violence**, which permeated their civic sphere. One young man stated that “Every once in a while, I wonder why people use drugs, but it’s not really a big thing. It’s not that big a deal ‘cause it’s ‘usual.’ It happens all the time.” One lifelong adult community stakeholder further highlighted the critical intersection between community violence and the multiple access points to substances, “There’s a lot of violence, there’s a lot of drugs and alcohol (in this city)... There’s a lot of issues that go on, but not to say that it only goes on here...” The same individual continued, “People can come in and say, ‘Oh, look at this building! It’s falling down...’ For me...I don’t see anything wrong with it because this is home for me.” However, participants also noted that those who lived outside the city and looked in noticed cracks in the community’s armor.

Focus group participants described the struggles their city faced; however, some also reported ways in which they believed their city was a **scapegoated community**. For instance, one young male participant stated, “Everyone should realize that not everyone in (this city) does drugs or smokes.” Another female participant in a separate focus group also underscored that, “People are afraid to come to (our city) because they think it’s (unsafe in) all neighborhoods, and then they judge people that live in (our city) because they think all of it is the same.” Two youth focus groups and several ($n = 6$) in-depth interviewees also detailed this notion of a scapegoated community, as they perceived that outsiders *migrated to the city* for drugs (a subtheme). For example, several adults indicated: “They say that you come to (our city) to get the best dope... People come from (all over) and never leave;” “We don’t make guns here. I think the flow of guns coming in, the

Table 1. Community Stress (N = 102).

Families	Themes and Sub-theme	Exemplar Quotes
Malaise	Normalized Culture of Drug Use and Violence	If you're exposed to drugs... but you see it all the time, you think it's the norm. (Youth Participant). There's a lot of issues that go on, but not to say that it only goes on here... Everyone coming from the outside looking in can point out the problems... People can come in and say, "Oh, look at this building! It's falling down!" For me, I've been living next to that building for maybe 20 years and I don't see anything wrong with it because this is home for me. (Adult Stakeholder).
	Scapegoated community	They think everything is OK (in "White" neighborhoods), but drug usage can happen anywhere. And they could be drug dealing anywhere. Most people who aren't Black, they come here to our city to get drugs, so they can take them back to their own town. (Adult Stakeholder)
	<i>Migration to the city (Subtheme to Scapegoated)</i>	I'd like to know who benefits from the resources that we have here in (our city). Who benefits the most? Is it the residents of (our city) or are they from the outside? ...If you look on the streets here – the panhandlers and so on – they don't look like the residents of (our city) ...You have (addiction treatment centers) set up to assist people that are in need, the people of (our city). Are (our residents) getting the first preference for those services? (Adult Stakeholder). This community is facing a lot because of money... Things that were available a few years ago are not available today. For example, recreation programming for the kids. (Adult Stakeholder).
	Link between poverty and substance use	Several youth in one focus group volleyed possible answers, "Just doing sports and stuff," "keeping busy," "studying," "school," "work," "sports," and "activities or having a job." (Youth Participant).
	Youth engagement scarcity	For boys, doing sports is good because (sports) keeps them occupied and out of trouble. I mean, except when they're waiting for the [sports] season. (Youth Participant).
	<i>Boys as more vulnerable to drug use (Subtheme to Youth engagement scarcity)</i>	If there's a liquor store on a street next to a barber shop and a chicken joint – it happens all the time – the chicken places leaves, and another liquor store comes in. (Youth Participant).
	Inconsistent Leadership	We have too many people negotiating for themselves and not for the little people. (Adult Stakeholder).
	Stakeholder territorialism	Nobody collaborates... They're afraid of money being taken out of whatever they have. Collaboration should be for the benefit of the community. (Adult Stakeholder).
	Distrust in law enforcement	Some cops, they just sit there and don't do anything. They don't care about anything as long as they're getting paid. (Youth Participant).
	<i>Isolation (Subtheme to distrust in law enforcement)</i>	I don't wanna stay here. This is my hometown and I grew up here, but I don't wanna stay here. When I go to college, I want to leave and never come back, because I know (this city) is not a good place for kids to grow up. It's not a place where kids should wanna grow up. (Youth Participant).

flow of drugs coming in, and the money to buy both is coming in from the outside.” A smaller number of adult coalition members through individual interviews ($n = 3$) alluded to the belief that some migrated to the focal city for addiction treatment, and then never returned home, “We get a lot of homeless people that are initially sent here for help because of the rehabilitation centers we have in town. But then, they’re never transferred back to the towns they came from.”

In tandem with the above narratives, adult coalition members ($N = 17$) also made an explicit **link between poverty and substance use**. As one adult further stated, “The depression that’s caused by unemployment and poverty leads to the use of drugs and other depressants.” A second adult added to this statement and linked poverty to a lack of municipal services to keep youth away from substances: “This community is facing a lot because of money... Things that were available a few years ago are not available today. For example, recreation programming for the kids.”

Politics and governance

In addition to malaise, politics and governance were also reported to negatively impact community wellbeing. Several adult stakeholders ($n = 9$) referred to state and local budget cuts that hurt youth programming. We refer to this theme as a **youth engagement scarcity**. Surprisingly, youth similarly recounted the importance of youth engagement programming without prompt. When asked what kept kids away from illegal substances, several youth in one focus group volleyed possible answers, “Just doing sports and stuff,” “keeping busy,” “studying,” “school,” “work,” “sports,” and “activities or having a job.” Further contextualizing this theme, some perceived *boys as more vulnerable to drug use* than girls (another subtheme), and as a result more effected by cuts in youth programming. As one adolescent female stated, “(Boys) wanna follow each other. Girls are more independent and more mature.” Another female participant in a separate group also noted the importance of youth programming and engagement, particularly for boys. “For boys, doing sports is good because (sports) keeps them occupied and out of trouble. I mean, except when they’re waiting for the (sports) season.”

Unfortunately, community aesthetics were perceived to be lacking. As one coalition member stated, “[Other communities] have different stores and stuff..When in our city, it looks like you have a bunch of junk.” Descriptions of blight were further illustrated by the perception of **high alcohol outlet density**. Both youth and adults discussed their observations of this phenomenon. “If there’s a liquor store on a street next to a barber shop and a chicken joint – it happens all the time – the chicken places leaves, and another liquor store comes in,” said a youth affiliated with the Girl Scouts. A young man from a second focus group further offered, “There’s a liquor store on every street...,” which was followed by a statement from his colleague, “Some kids get homeless guys to buy (alcohol) for them in exchange for food.” An adult stakeholder affiliated with a detox facility questioned, “How are all of these liquor stores being approved legally, knowing that there are certain rules and whatever?”

Indeed, much community stress was attributed to local politics and governance. Adults ($N = 17$) generally attributed the creation and maintenance of the status quo (permissiveness towards drug use, violence, poverty, alcohol outlet density, etc.) to **inconsistent leadership**. One stakeholder said, “We have conditioned ourselves for so long – about (bad) situations and quality of life – that we don’t know how to address it.” To quote another, “It’s years of neglect... that has caused people to have a sense of ‘I don’t care.’”

Additional adults framed local politicians as exploiting the dysfunctional status quo, “We have too many people negotiating for themselves and not for the little people.”

Beyond exploitive politics and inconsistent leadership, four adults ($n = 4$) also detailed that their efforts were hampered by *stakeholder territorialism*. In this instance, some stakeholders (independent from the coalition) would actively avoid collaboration with other stakeholders if they feared their agency, program, or service would lose a bid for funding, or some other benefit. “Nobody collaborates,” one stakeholder began. “They’re afraid of money being taken out of whatever they have. Collaboration should be for the benefit of the community,” he concluded. Another stakeholder added, “Sometimes in (this city), we have information, but we don’t share anything.”

Youth did not attribute community stress to poor municipal leadership or lack of collaboration; instead, *distrust in law enforcement* was, in fact, perceived by the youth in all 7 focus groups to perpetuate the status quo. This finding is similar to that of Smith and Holmes, who studied police coercion in cities with more than 100,000 residents (Smith & Holmes, 2014). For instance, one young woman believed, “Some cops, they just sit there and don’t do anything. They don’t care about anything as long as they’re getting paid.” Another youth contended that “Some of the cops around here are just racist,” while another youth participant in a third focus group argued that “There’s just not enough cops to monitor the whole town.”

Taken together, youth and adult participants both revealed numerous themes that contributed to community-level stress. Consequently, many of these youth felt a sense of *isolation* in their community. As one young Hispanic woman said, “There are certain parts of (this city) that you know certain things go on in... so you stay away.” Feeling isolated was, however, best illustrated by the youth who articulated a strong desire to leave the focal city, “I don’t wanna stay here... When I go to college, I want to leave and never come back... I know (this city) is not a good place for kids to grow up.” Yet, despite such narratives there were youth and adults who perceived themselves capable of influencing the status quo. In the following section, we highlight these anecdotes and the ways in which adult stakeholders are already working to facilitate community-level change.

Community empowerment

Three families of themes emerged that were illustrative of community empowerment: protective factors, positive youth development, and prevention/intervention. Table 2 depicts the organization of these families, and their smaller themes and subthemes.

Protective factors

Youth in all focus groups and adult coalitions members through individual interviews ($N = 17$) recognized aspects of civic life that may contribute to community empowerment. Most adults in this sample spoke of an active, engaged component when defining community. This was packaged around working together to achieve common goals; a guiding principle of community empowerment (World Health Organization, 2016). For example: “(Community means) a group of individuals living in a certain area that have a concern... and are involved in making it better;” and “It’s people coming together for the greater good.” Within many of these definitions and descriptions, *diversity* was also explicated as a strength, “There’s so many different cultures in (this city)... It’s so diverse... I think that (diversity creates) a stronger bond between people.”

Youth and adults in this study also articulated a sense of *civic pride* towards their community. As one adult stakeholder noted, “This community has so many strengths... These families can prosper... I think sometimes (families in our city) don’t even... see the positive that they do have all around them.”

Positive youth development

Both youth in all seven focus groups and adults ($n = 15$) agreed that the responsibility for community change began with adults. They described the ways in which parents, grandparents, and educators could promote healthy lifestyles for youth. The youth participants ($n = 6$) also verbalized that they were less keen on assembly-style lectures (perceived as didactic) and celebrity ad campaigns (perceived as hypocritical) to curb underage substance abuse. Instead, drawing on anecdotal scenarios, all focus group participants were eager to explore the impact of *positive role modeling*. For instance, one youth participant stated, “Looking up to my parents helps me, because both of mine went to college, and one is a lawyer. I wanna grow up and be successful like them.” Adult stakeholders ($N = 17$) further narrated the importance of positive role models, and their critical *obligation to youth*, in promoting healthy lifestyles for them (see Table 2 for quotes).

Despite these youth-adult partnerships being crucial for positive youth development, some youth in five of the focus groups in this study discussed limited access to adult role-models. As one youth participated stated, “Most kids around here don’t have mothers and fathers in the same house. Usually, they grow up with their grandparents or other people.” Hence, it was critical for some of these youth to develop *positive peer networks*; yet, even these relationships had limitations, as some youth anticipated having to abandon long-standing friendships as a result of peer pressure, “My dad says, ‘If your friends are (using substances), just scream ‘Get away from me, because that’s not real friends.’ Real friends don’t put you and other people in danger.”

Prevention and intervention

Another way in which adults ($N = 17$) in this study perceived themselves capable of facilitating community empowerment (and youth perceiving adults doing the same) was to *address underlying reasons for substance abuse*. For both youth and adults, these underlying reasons were attributed to elements of community stress. As one adult stated, “When it comes to substance abuse, people are not getting to the core of why people use...” Youth participants added to this storyline, “[Substance use is] usually about pain. Like, if a family member dies or your dad hurts you...,” and “Kids who have a painful past usually have a little drinking and smokes.” Yet, in light of these individual traumas, both youth and adults observed that the *power to change behavior comes from within* each individual. As an adult stakeholder mentioned, “We just plant the seeds. [Youth] may not change that day. They may not change that week. But they have the thoughts in their heads now. They have the conversations going now.”

While the power to change behavior might rest in each individual (and by extension, so too may the power to eradicate community stress), participants saw themselves capable of making their community aware of its numerous stressors, particularly through the coalition. The success of the coalition at bringing awareness to community stressors like substance abuse and violence was also unanimously described by adult stakeholders ($N = 17$). These adult stakeholders understood that *community empowerment was*

Table 2. Community empowerment (N = 102).

Protective Factors	Diversity	There's so many different cultures in (this city)... It's so diverse... I think that (diversity creates) a stronger bond between people. (Adult Stakeholder).
	Civic Pride	This community has so many strengths... These families can prosper... I think sometimes (families in our city) don't even... see the positive that they do have all around them. (Adult Stakeholder).
Positive Youth Development	Positive role modeling	Every time I'm in the car with my dad... He'll sit there and he'll be like, "You see that? They sit on the corner. They're gonna be there all your life. All you have to do is go to college and do what you have to do. Make a name for yourself." (Youth Participant).
	Obligation to Youth	Let's teach them what they could do instead of selling drugs or using it. (We can say), "Look, you have this talent, why don't we teach you – whether you do it today or not – how to build a business plan?" ...It's a different way of twisting what we have and using our resources to show them they have a talent. (Adult Stakeholder).
Prevention and Intervention	Positive Peer Networks	My mom? She always asks about my classmates and stuff. (Youth Participant).
	Address underlying reasons for substance abuse	Yeah, there is peer pressure, but that's not it. Most people that abuse substances have been through some kind of trauma. They don't have any other coping skills to deal with whatever it is that they've been through. A large percentage of this community has been through some kind of trauma. (Adult Stakeholder).
	Power to change behavior comes from within Community empowerment facilitated through coalition building	They portray that in the media. If something depressing happens, you see the person drinking. Or if they're under a lot of stress, suddenly they start smoking. (Youth Participant). Even if you move to (a different town)... there's still bullying, there's still drugs in school. You may not be around it as much, but it will still be there. Goals have to start from within. (Youth Participant). The work that (our coalition) does helps emphasize (other initiatives already happening in the community)... I see (our coalition) posting stuff and getting it everywhere, and I think that's important... the coalition is definitely effective. We're definitely out there getting the message across and providing proper research (about underage substance abuse in our community). (Adult Stakeholder). I understand a systems approach and I'm able to make linkages that others can't necessarily – or don't apparently – see. I'm a systems thinker... I care a lot and I think somebody who comes into any kind of forum like (this coalition)... is also very powerful... That's the whole point of a coalition, right? ...The beauty of our collective wisdom is that the whole becomes even greater than the sum of our parts. (Adult Stakeholder).

facilitated through coalition building. “(Our coalition) is really good at getting us to move... I think that’s the premise for the coalition: to not really do the work but get the people to do *their* work.” Furthermore, each adult identified at least one way that he or she contributed meaningfully to the coalition’s efforts. For example, “I know what’s going on. I know the needs of this community,” and “(My agency) is literally on the ground... the coalition needs that perspective.” As the focal coalition remains effective at facilitating community empowerment, it may, in time, mitigate the risks of substance abuse, violence, and other community-level stressors for youth and other residents from this economically disadvantaged city. To this end, a greater quality of life—and greater prosperity—may someday be possible.

Discussion

This qualitative study explored perceptions of community-level stress and community empowerment among youth and adults in an urban locale that suffers from concentrated disadvantage. Two broad families of themes (malaise and politics/governance) were indicative of community stress. Three broad families of themes (protective factors, positive youth development, and prevention/intervention) were illustrative of community empowerment. Each family of themes was substantiated by two-to-five emergent themes that transcended the data inductively. In three instances, subthemes were also identified.

There is a growing literature base highlighting the important role of community coalitions and youth-adult partnership in promoting community empowerment (e.g., Bermea, Lardier, Forenza, Garcia-Reid, & Reid, 2019; Lardier, Bergeson, Bermea, Herr, Forenza, Garcia-Reid, & Reid, 2019; Lardier, Herr, Garcia-Reid, & Reid, 2018; Leff et al., 2010; Romero et al., 2016a; Romero, Meza, Ahumada, Orduña, & Quevedo, 2016b; Wilson et al., 2008; Zeldin et al., 2013). This research is, however, relatively limited, as it has insufficiently captured the lived-realities of community members impacted by community stressors, and the manifestation of community participation and empowerment. This study addressed many of these gaps and through the accounts of youth and adult community members uncovered the presence of systemic factors in the socio-environment that facilitate risk (community stress) and resilience (community empowerment) for the focal locale. Some of the socio-environmental risks discussed by participants related directly to a weakened local infrastructure, which was highlighted through emergent themes of high alcohol outlet density and scarcity of youth engagement opportunities, which is consistent with previous studies (Cederbaum et al., 2015; Reid, Hughey, & Peterson, 2003; Romero et al., 2016a). However, the coalition and coalition members in this community are working at the grassroots level to address these issues by developing local ordinances that would control the proliferation of liquor selling establishments in the focal city. Additionally, emergent themes of inconsistent leadership and distrust in local law enforcement speak to an outright cynicism towards municipal dynamics. To the extent that coalition building among stakeholders may facilitate community empowerment and collaboration among these groups, state and local policymakers may wish to provide grants and financial resources to community coalitions to help build capacity and sustain the coalition’s work (Butterfoss & Kegler, 2015). Beyond these external financial resources, members should be encouraged to pool their own resources from their individual agencies and programs to promote collaborative partnerships and to help lead changes in the community (Butterfoss & Kegler, 2015). Such resources may help to increase the depth and

breadth of the coalition's impact in the community (Butterfoss & Kegler, 2015). Participants in this study believed that partnerships with other programs and service providers contributed positively to the community. This, perhaps, is the core of the coalition's work: to increase community collaboration through the unique insight and expertise of each coalition member (Reid & Garcia-Reid, 2013; Romero et al., 2016b). No practitioners (adult key-informants) discussed an agency-oriented drawback from their affiliation with the coalition. Practitioners in the area of youth substance abuse and risk behaviors may wish to target certain services and programs towards young men, who were perceived in this study as more vulnerable to risk behaviors, when compared to girls. Practitioners may also consider filling the gap of youth engagement programming when municipalities are unable to fill it. To fill this gap, the focal coalition has worked toward incorporating youth into their policy development and outreach efforts, as youth engagement and activism is a critical component in community prevention of risk behaviors that disproportionately affect youth of color (Romero et al., 2016a). For example, the coalition is actively training youth for – and facilitating their attendance at – municipal council meetings. There, youth share info-graphics and related research findings with city council members. Given the efficacy of youth-adult collaborations described in this study, individual practitioners (e.g., social workers, counselors) should encourage youth's participation within this programming. This would allow youth to draw on important communal funds of knowledge that empowers them to use their *voice* as leaders of social change, and provides them access to positive adult partnerships (Christens & Speer, 2015). Practitioners must, therefore, appreciate the perception that mentoring adults have an obligation to promote healthy lifestyles for youth, and speak to youth “where they are at” if youth-adult partnerships are to be truly impactful (Reid et al., 2014).

Limitations

Despite the sample size for this research being substantial ($N = 102$), there are several limitations that need to be considered. This research is context bound and should not be generalized beyond the 102 participants interviewed for this study. Additionally, the sample itself is biased. Adult stakeholders were recruited from a community-wide coalition, suggesting they are already working to build their community's capacity in an effort to facilitate community empowerment. Youth were recruited from agencies and programs affiliated with these adult stakeholders, suggesting that youth in this study may not suffer from a “youth engagement scarcity,” as described in the findings. Future qualitative research inquiries with community-engaged youth need to consider ways to reduce potential bias. One such way may be to cast a wider net and engage those youth who are not involved in youth-based programs, as their perceptions around youth engagement would likely vary; in turn offering more diversity in lived experiences. While we engaged in member checking, this was not an ongoing process; hence, future studies would do well to engage in ongoing member checking with youth to enhance trustworthiness and assure dependability and credibility (Patton, 2015). It is also important when considering the sample of youth in this study, state laws that require active parent consent for youth under 18 years of age to participate in research activities. This may have also biased the sample and as the literature suggests, active parental consent can influence consent procedures and influence overall sampling strategies (White, Hill, & Effendi, 2004). Finally, there was an instrument change (different questionnaires) from youth to adults. The change was made to accommodate

variance in participant insight (generalist versus nuanced, respectively) as well as data collection mode (focus group versus in-depth interview, respectively).

Future research has potential to further uncover resiliency and empowerment-based perspectives, as well as tease apart where youth and adults converge and diverge in their experiences of community empowerment and prevention. The present study is inherently inductive, and – as such – does not make claims as to how stressed or empowered the focal community is; therefore, future studies should operationalize the constructs uncovered in the present investigation into testable concepts. Engaging in such research would make it possible to investigate how to better work to empower marginalized communities on larger (e.g., national) scales. Contributing to the literature-base in such a way might enable the design of prevention programming that encompasses the perspectives of both youth and adults (Castro, Kellison, Boyd, & Kopak, 2010).

Conclusion

The extant research on urban communities highlights the relationship between socio-environmental stressors and resultant negative health outcomes among urban youth of color. Few studies have considered “contributing variables,” or mechanisms that protect urban locales, such as perceptions of community control and a strong network of mutual support among residents. Civic participation is vital to the health of a community and it is only through collective engagement that resilience for the individual can be facilitated for all.

Community empowerment is a useful framework to understand the realities of living in, and engaging with, a stressed community. This qualitative study explored perceptions of community-level stress and community empowerment among youth and adults in an urban locale. Individuals within this study discussed the presence of systemic factors in the socio-environment that facilitated risk (community stress) and resilience (community empowerment). Emergent themes provided insight into community stressors, while simultaneously buttressed against “contributing variables” such as the importance of programs and services and youth-adult relationships in preventing and ameliorating youth and community substance abuse.

Our findings display the critical nature and need for coalition building among stakeholders, which not only facilitates greater collaboration among groups, but also community empowerment. Policymakers may wish to incentivize coalitions through the allocation of resources to coalition-affiliated service providers and agencies. Narratives from this study also highlight the feasibility of incorporating youth into policy development and outreach efforts, as youth engagement and activism is a critical component in community prevention of risk behaviors that disproportionately affect youth of color.

Declaration of interest

The authors declare that they have no conflict of interest.

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