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Communitarianism and Youth Empowerment: Motivation for Participation in a Community-Based Substance Abuse Prevention Coalition

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ARTICLE

Communitarianism and youth empowerment: Motivation for participation in a community-based substance abuse prevention coalition

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Abstract

In recent years, collaborative efforts between universities and community-based coalitions have helped develop prevention–intervention efforts to decrease the prevalence of drug and alcohol use among youth in low-income, majority–minority urban areas. One theory often employed to understand the efficacy of community member involvement is McMillian and Chavis's (1986) sense of community (SOC) model. This model posits how 4 main tenants (i.e., sense of belonging, emotional connection, needs fulfillment, and influence) lead to increased empowerment. The present study examines how individual SOC affected substance abuse coalition members' (*N* = 17) motivations for serving on a coalition. Findings explore how all four tenants of McMillian and Chavis's (1986) model influenced community members' involvement in the coalition, which have implications for prevention, policy, and further research.

Exposure to alcohol and substance use pervades the lives of individuals living in low-income urban communities (Christens & Peterson, 2012; Reid, Yu, & Garcia-Reid, 2014). In recent years, however, prevention researchers and practitioners have recognized the importance of *communitarianism*, or a movement away from individualism and toward increased community connectedness (Sandel, 1982; Serna, 2012). In other words, "one's family ties, or other communal attachments, are central to who one is" (Pickett, 1998, p. 249). An ascription to communitarianism emphasizes the salience of community members at the forefront of researchers' community collaboration because they are both experts in and actively committed to ameliorating community issues.

The purpose of collaborating with community members is to understand there is no single solution to the struggles of individuals, to create an environment that speaks to the needs of those in the community (Pickett, 1998; Sandel, 1982) and provide culturally specific and community-driven prevention–interventions (e.g., Cacari-Stone, Wallerstein, Garcia, & Minkler, 2014; Christens & Speer, 2015). One theoretical framework used to emphasize the importance of community collaboration in public health is McMillan and Chavis's (1986) sense of community (SOC) model. The present study uses qualitative methodology to explore SOC and how it manifests within community coalitions and in participants' choices to engage in such groups.

1 | LITERATURE REVIEW

Poverty plagues underresourced, financially strapped, urban communities throughout the United States, leaving ethnic–racial minority groups within these spaces vulnerable to social and public health threats, such as substance abuse (Lardier, MacDonnell, Barrios, Garcia-Reid, & Reid, 2017). Furthermore, urban community members are exposed to drugs and alcohol at a higher rate and are more likely to use these substances when compared to their suburban counterparts (Christens & Peterson, 2012; Reid et al., 2014). The confluence of these social issues places the citizens of these communities at a particular disadvantage. The following literature will outline three main components. First, it will highlight the importance of community prevention in ameliorating the threat of heightened substance abuse for low-income urban community members. Expanding on this, the literature will also include the effects of community prevention beyond substance use and include empowerment. Finally, the review will culminate with the study's guiding theoretical framework, McMillan and Chavis's (1986) SOC model.

1.1 | Community prevention

Over two decades ago, Fullilove and Fullilove (1995) discussed the increasingly difficult nature of conducting research within communities of color, pointing to both the historical oppression within these communities and their further exploitation by academic institutions. These authors further articulated that for those conducting research in racial–ethnic minority communities, researchers would have to justify their efforts and engage community representatives for access (Fullilove & Fullilove, 1995).

More recently, there has been a concerted effort in developing evidence-based best practices (e.g., Cacari-Stone et al., 2014; Reid & Garcia-Reid, 2013; Speer et al., 2003) for prevention that focuses on the interactions occurring at the community level. These strategies have focused on increasing power among community members and providing long-term sustainability through engagement with community and local governmental organizations (Christens & Speer, 2015). When these organizations have a symmetrical power hierarchy, are grassroots driven, and focus on community development, as opposed to individualized treatment, community members are able to garner positive outcomes (Milligan & Fyfe, 2005).

Addressing this concern, the federally funded Drug Free Communities grant under the Office of National Drug Control Policy has recommended using locally driven community-based coalitions to provide locally informed and culturally sensitive prevention–intervention strategies (Center for Substance Abuse Prevention, 2009). Through this initiative, community members, or key informants, who have diverse perspectives and represent various sectors of the community (e.g., youth serving organizations, schools), play an integral role in community prevention–interventions (Perkins et al., 2011). Reid and Garcia-Reid (2013), illustrated the importance of community-based key informants in developing and sustaining an HIV/AIDS prevention–intervention program in a low-income, urban community. This initiative led to a culturally sound, evidence-based program that effectively reduced substance use and increased HIV/AIDS knowledge and positive, health-seeking behaviors among at-risk racial and ethnic minority youth.

Conversely, it is critical to note that community prevention has fewer positive outcomes when administered as the local branch of a larger organization (Milligan & Fyfe, 2005). Research has documented that community members who serve in these capacities view efforts (e.g., substance abuse prevention) to be less culturally focused, despite being implemented in their community and less flexible. Additionally, these individuals report feeling less active, comfortable, and empowered. As such, it is of the utmost importance for those working within the community to ensure true focus at the community level. To do so, organizations should be autonomous with a democratic structure, have mix of governmental (e.g., grant) and nongovernmental funding sources, a symmetrical distribution of power among all involved, and be focused on active community with culturally responsive development and participation (Milligan & Fyfe, 2005). Community members who are engaged in programs structured this way are likely to experience positive outcomes, such as empowerment.

1.2 | Facilitating empowerment

McMillan, Florin, Stevenson, Kerman, and Mitchell (1995) discussed that an individual's perception of their social context hinges on community or neighborhood organization involvement. When these organizations both reflect the culture and needs of the community and are headed directly by members, individuals are more likely to have a positive experience working within them (Milligan & Fyfe, 2005). Furthermore, community members experience positive outcomes from organizational involvement when the diversity of the community is viewed as an asset and the organization is considered inclusive (Menezes, 2003; Theiss-Morse & Hibbing, 2005).

Involvement in the community affects an individual's neighborhood SOC (Christens & Lin, 2014; McMillan et al., 1995). Much of the research examining coalition or organizational structures engaging community stakeholders has done so through psychological empowerment and civic engagement (e.g., Forenza, 2016; Lardier, Herr, Garcia-Reid, & Reid, 2018). These studies have described how coalitions or community organizations provide a structure for engagement in civic affairs, thus increasing feelings of empowerment (Christens, Peterson, & Speer, 2011) and facilitating the development of a positive psychological SOC (Speer, Peterson, Armstead, & Allen, 2012). For example, Speer and colleagues (2003) documented the efficacy of a congregation-based organization engaged in a community change effort resulting in the development of the Camden (New Jersey) Community Housing Campaign. More recently, Christens and Lin (2014) revealed that community participation increased leadership drive, furthered involvement in community programs, and enhanced community members' perceptions of their community (i.e., neighborhood SOC).

The above-mentioned studies support that active engagement in community-led or community-organized initiatives increases SOC and vice versa (Christens & Lin, 2014). This means that an individual's SOC relates to his or her motivations for community participation (Christens & Speer, 2015). As such, it is important to have a thorough understanding of McMillan and Chavis's SOC (1986) model, including its main tenets and how they have been previously methodologically applied.

1.3 | Theoretical focus: SOC

The present study draws from neighborhood SOC, which has been used in a variety of social contexts (e.g., Forenza & Lardier, 2017; Garcia-Reid, Hamme Peterson, Reid, & Peterson, 2013; Lardier et al., 2017; Neal & Neal, 2014). Neighborhood SOC is defined as a community member's sense of belonging, perceived group membership, and belief that members in the community will meet one another's needs (McMillan & Chavis, 1986).

McMillan and Chavis (1986) identified four dimensions of this construct: (a) *membership*–feelings of belongingness or personal relatedness to the organization or community; (b) *emotional connection*–shared emotional connection or experience, through history or common places; (b) *needs fulfillment*–perceptions of the ability to facilitate the success of the community and members of the community; and (d) *influence*–the belief of making a difference in the group and mattering as a member. As Mannarini, Rochira, and Talò (2014) discuss, SOC has helped further distinguish what it means to be a community member.

Neighborhood SOC has largely been documented to positively affect well-being (e.g., Garcia-Reid et al., 2013; Gattino, Piccoli, Fassio, & Rollero, 2013), including increasing civic participation (Mammana-Lupo, Todd, & Houston, 2014; Reid, Forenza, Lardier, & Garica-Reid, 2017). Hughey, Peterson, Lowe, and Oprescu (2008) further identified community organization SOC as a catalyst for increasing empowerment. Recent research has also suggested that SOC and community engagement have the greatest effects for those who reside in some of the lowest income areas, serving to "flip the balance" of structural inequality (Christens & Lin, 2014, p. 220). As such, researchers have recommended that prevention programs focus on enhancing members' SOC. Little research, however, has qualitatively investigated how each of these tenets contributes to community members' motivations for participation.

As Mammana-Lupo et al. (2014) urge, additional research is needed to examine SOC among diverse human experiences. The present study will fill this gap, specifically by exploring urban community members' motivation for engaging in substance use prevention efforts. To do so, this study will examine key informants' SOC and the role SOC has in key informants' motivation for involvement in a substance use prevention coalition. Through the voices of members of a

substance use coalition, this study followed the research question: How does neighborhood SOC manifest and influence actions for community members working toward community-level changes for youth substance use prevention?

2 | METHOD

2.1 | Coalition context

To undertake a comprehensive investigation of our research question, it is important to understand the coalition's context as a whole as well as for its individual members (e.g., location, structures, goals, activities, capacities for action; Milligan & Fyfe, 2005; Payán, Lewis, Cousineau, & Nichol, 2017). The coalition comprised members of various sectors of the local community (Table 1), here defined as a single city in the Northeastern United States, and representatives from a local partnering university (e.g., professors, graduate students). All members were voluntary partners, with no group or individuals having power over others (Milligan & Fyfe, 2005); instead, all individuals brought their own expertise to meet the coalition's goals.

These goals, as discussed in depth below, were to prevent substance use and abuse in the community. Some of the activities they undertook to do so included ad campaigns, youth activities (e.g., a photovoice series; Wainwright, Bingham, & Sicwebu, 2017), and petitioning local government for changes in citywide liquor laws. Although the purpose of the study is not to measure the coalition's success, it should be noted that these efforts were positive, indicating a capacity for collective action.

It is critical to take into account not only institutional and voluntary contexts (Milligan & Fyfe, 2005) but also membership makeup to understand its diversity, or lack thereof, which informs a socially just perspective (Cacari-Stone et al., 2014; Theiss-Morse & Hibbing, 2005). The coalition, formed in partnership with a local university, was designed specifically for the community it was intended to serve (Milligan & Fyfe, 2005). All members were volunteers, and because the coalition was designed for the community, it encouraged active participation from all members in democratic decision making.

Further, coalition members were focused on empowerment, as opposed to treatment or management (Milligan & Fyfe, 2005). In terms of diversity, coalition members represented a number of racial–ethnic, age, and socioeconomic and employment backgrounds (Table 1). Membership diversity helped to prevent discrimination in service distribution (Theiss-Morse & Hibbing, 2005). Further discussion of the coalition and its members is detailed below.

2.2 | Participants and procedures

To answer the research question, members of the research team conducted 16 semistructured interviews with 17 members of a community-based antidrug coalition in a Northeastern urban community. One interview included two participants, due to their professional collaboration (Table 1). Although some research indicates that participants in civic organizations tend to be homogenous (Theiss-Morse & Hibbing, 2005), our sample was relatively diverse, giving strength to our findings. Three participants declined to report their age; the mean age of participants who did ($n = 14$) was 37.11 years. Interviews lasted an average of 30 minutes (range = 25 to 80 minutes).

After the university's institutional review board's approval, participants were recruited through their membership in a community-based antidrug coalition partnered with the local university. Community leaders, stakeholders, and city residents were eligible for inclusion in the coalition. Residents from this community self-selected to participate in and join the coalition and were representative of the demographic makeup of the community (see Table 1 for participant breakdown). The purpose of the coalition is to represent the voices of community residents in the implementation of substance use prevention efforts (Substance Abuse and Mental Health Services Administration, 2017). In the present study, active members ($N = 60$) received a recruitment flyer via e-mail, and those without e-mails were contacted via phone. Coalition members were also made aware of this study during coalition meetings. Of the 60 active members, 18 (30% response rate) expressed interest in participating in this study. All interested coalition members participated.

TABLE 1 Participant demographics (N = 17)

	N	%
Age		
18–29	2	12%
30–40	3	18%
41–50	3	18%
51–60	4	22%
60+	2	12%
N/A	3	18%
Gender		
Male	6	35%
Female	11	65%
Race		
African American	8	47%
Asian	1	6%
Hispanic	6	35%
White	2	12%
Community sector		
Law enforcement	1	6%
Medical	1	6%
Faith-based	N/A	0%
Media	1	6%
School	2	12%
Youth service organizations	7	41%
State/local government	1	6%
Local business	N/A	0%
Parents	1	6%
Volunteers	2	12%
Civic organization	1	6%

Note. Community sector = the role participants represented in the coalition.

Members of the grant research team trained in qualitative data collection conducted the interviews. One interviewer was a current master's student in family studies, one had completed a master's degree in social work, and two were doctoral students in family studies with master's degrees in counseling and family studies. Individual interviewers met with participants at their place of work. Interviews followed a semistructured protocol with questions developed using McMillan and Chavis's (1986) SOC framework. The protocol was designed explicitly to gauge participants' *perceived sense of community* (e.g., what communities do you consider yourself a part of? How connected are you to your community?); *involvement in the community* (e.g., How can your experiences [in this city] benefit the coalition?); and *knowledge of the community* (e.g., what skills or insights could you share with the coalition to achieve [our] mutual goals?). Interviews were transcribed verbatim into Microsoft Word. All participants received pseudonyms and any potential identifiers were redacted to protect anonymity.

2.3 | Data analysis

Multiple members of the research team engaged in data analysis to ensure trustworthy results (Crewsell & Miller, 2000). During analysis, coders used Braun and Clark's (2006) steps to ensure a rich analytic process. This process provides a framework to gain a rich understanding of how community members' SOC influenced their motivations for participation in a community coalition against substance use. Three members of the research team, including two who had collected data (the third wrote the initial protocol), individually read through and familiarized themselves with all transcripts (Braun & Clark, 2006). Two members of the research team inductively open coded these data separately and developed preliminary codebooks with broadly defined codes. Each coder wrote memos to leave a detailed audit trail. They then exchanged memos via e-mail to compare and create an electronic audit trail. Only a few minor discrepancies existed between codebooks.

After an in-person meeting with a third member of the research team, who aided in data collection (during which extensive notes were taken as part of the audit trail), coders reached consensus and developed the codebook used for guiding preliminary analysis (Braun & Clark, 2006). Using this codebook, codes were specifically combined into themes. Coders also determined complete data saturation (consistent replication of responses across a variety of experiences, movement from individualized experiences to generalizable patterns; Morse, 2015) across the coding process. The team then met to review the data and consensus achieved. Finally, the team deductively combined and collapsed themes based on elements of McMillan and Chavis's (1986) SOC framework (Braun & Clark, 2006). During this final process, themes were finalized and named.

Throughout the entire analytic procedure, coders followed Lincoln and Guba's (1985) criteria for trustworthiness (credibility, transferability, dependability, and confirmability). Memo writing during the research team's analyses, referenced through subsequent coding rounds and during consensus meetings, helped establish credibility (Creswell & Miller, 2000). Further, multiple meetings (both in person and electronic) to establish consensus and resolve differences also aided in achieving credibility. Four of the five members of the research team had extensive experience in the field, bolstering the interpretation's trustworthiness. Although transferability could not be established to other populations (e.g., members of dissimilar communities), a thorough description of the methods used allowed for subsequent inquiry (Creswell & Miller, 2000).

Throughout the analysis, coders referenced extensive notes and an in-depth audit trail (e.g., memoing, e-mails between authors) to ensure dependability. Finally, triangulation with current literature established confirmability. The application of multiple theoretical lenses helped to establish further triangulation during analysis. For instance, although the third author approached analysis from a SOC (McMillan & Chavis, 1986) lens, the first author approached analysis from an atheoretical perspective. As a result, although most of the research team was familiar with the SOC framework, the atheoretical uncovering of themes aligned with this theory further corroborated trustworthiness (Creswell & Miller, 2000).

3 | RESULTS

Through the analysis, four themes, each of which indicated a facet of the motivations for participants' engagement in a community coalition emerged: community membership, emotional connection, needs fulfillment, and influence. As all four tenets of SOC were present across interviews, we answered our research question of how it manifested within coalition members' decision to join. Findings inform the original model by applying SOC in the context of this substance abuse prevention coalition in the target community (Table 2).

Holding active community membership (community membership) entailed a sense of belonging within the city's community, which facilitated an increased understanding of community problems. *Individual connection and community bonds* (emotional connection), defined by feeling emotionally connected to others in the community, led to the belief that they were able to bond together to create change. *Fulfilling community needs* (needs fulfillment) involved facilitating the success of the community through the youth, leading to action, specifically, *influencing youth's action* (influence), or a belief in fostering these capabilities.

TABLE 2 Applying SOC in context (N = 17)

Original tenet of SOC	Coalition member manifestation	Applying and advancing SOC in context
Membership	Belonging to the community by being active and knowledgeable about substance use problems	As opposed to feelings of membership, coalition members described membership in their community as an active process involving "*attend[ing] the different events*" and "*through my work.*" This definition provides a different perspective than what is traditionally used (McMillan & Chavis, 1986) and, as such, may be used to further explore SOC in other contexts.
Emotional connection	Holding individual and community connections and a belief that their bonds, and bonds within their community, can make change	The original SOC model acknowledges strong community bonds tend to exist in low-income urban communities (McMillian & Chavis, 1986). However, a culturally responsive substance abuse prevention coalition with members who feel a strong SOC to a specific context (e.g., Reid & Garcia-Reid, 2013) reduced stigma against individuals who used substances. Due to community connections and bonds, they were "*fellow human beings,*" which may not be seen in a clinical setting.
Needs fulfillment	Entrusting the local youth to make changes regarding substance abuse in their community	Participants, all of whom were adults, shifted the perspective of coalition-based change from adults (Payán et al., 2017) to youth ("*young people sayin' we not goin' for this no more*"). Instead of relying solely on adults to meet the needs of the community, as is traditionally seen in SOC approaches (Reid & Garcia-Reid, 2013; Speer et al., 2003), youth were not only valued, they were brought to the forefront.
Influence	Believing they are able to foster the capabilities of the youth to change the community	Through a multisector coalition approach, members are equipped with tools to influence youth to make change through a variety of means such as "*red ribbon week*" (law enforcement sector) and "*providing 'em a positive resource*" (youth serving organizational sector). This is important for low-income communities that may otherwise be resource-poor (Lardier et al., 2018).

Note. SOC = sense of community; coalition member manifestation = how participants experienced sense of community; applying and advancing SOC in context = recommendations for how to apply findings in research/practice.

3.1 | Holding active community membership

Participants (*n* = 16) discussed feeling so strongly attached to the community that they, as Natalie put, "live community." Much like Natalie, other participants, such as Charlie, discussed feeling as though it was an active experience:

> *Community at a word in a whole, you break it down as unity. It's people coming together for the greater good, for quality of life. "It takes a village to raise a child." All those proverbs and stuff come together with community…. I'm a fabric.*

Shawn shared: "[I feel] connected but I make an effort to be connected…. I am connected because I make an effort to be." Destiny also described community as an experience: "Within my community, I try to partake in whatever events that I can…. I try to attend the different events to try to get a view of what's going on and anything I may be able to help with." Lucia summed up that because she was "very connected, [she could] really think about what [her] community needs and how [she] can help get it."

Similar to the investment Lucia described, many participants (*n* = 16) felt that through their connection, they were knowledgeable about local issues based on their work, despite working in different sectors. John explained: "Streetwise, I know what's goin' on. I know the needs in the city through my work." Although participants described problems such as violence ("people fighting on the street, getting shot") and corruption ("there is the leadership that's kind of corrupted"), many felt that substance abuse was the biggest problem. Rosa commented: "Substance abuse has to be one of the biggest ones. Unfortunately, alcohol and substance abuse … I think they're having a really, really tough time tackling [it] in this particular community."

Participants, such as Destiny, felt that youth were especially vulnerable because many of those suffering were "juveniles under the age of 18 getting involved in shootings and selling drugs." Teyana elaborated: "You have nine-year-olds, you have eight-year-olds. You have people that's really young doing this stuff. By the time they get to 10, they brain is fried, or 13, they turn into an alcoholic." This knowledge was especially concerning for some participants ($n = 5$), such as John, who was invested in these youth at a personal level because of his previous "experience[s] of bein' an alcoholic and addict." He affirmed: "Yeah, I know what's goin' on." Pete further illustrated why he was invested in these youth:

> I knew the environment I lived in…. I was outside living in the subway tunnels. I was in abandoned buildings. I slept under cars and so on and so forth. I woke up one morning after a long bender—I woke up one morning in an abandoned [building] and I looked around me and I saw nothing but disgust, nothing but filth.

The above-mentioned quotes highlight strong communitarianism among coalition members through their actions within the community. They were especially informed about the problems within their community because of their level of familiarity and connection to their community. In addition to knowledge through their work, some participants were also informed about problems within the community through their own personal experiences. This provided a personal understanding of the problems in their community (i.e., substance use), allowing them to direct their efforts toward a specific cause.

3.2 | Individual connection and community bonds

Despite troubles the community faced, participants ($n = 15$), such as Martin, would "look at [drug using community members] as fellow human beings." This personalized their motivations to enact change against substance use. Martin shared how he had "not given up on [the community] because these are human beings, they are souls." Because of their social connection, they saw those affected by substance use as "humans" and "souls" rather than an abstract social problem. For instance, Julia shared an interaction she had experienced with another community member:

> One guy said [something] that stuck with me forever. He never thought that he would be under the boardwalk … homeless and alcoholic. Homeless and not even thinkin' about food—homeless and thinkin' about when he's gonna get another drink. You know what I mean? Before that, he was in high school. He was involved in sports and all that other stuff. You don't plan for that. Just comin' from a victim perspective.

Rosa summed: "When we hear, 'Oh, so and so overdosed,' it really hits home because we know the person. Even if we don't know them … at least by face I know who it was … it's a big deal." Similarly, Teyana shared: "Once it gets more personal, you see the concerns and you're really concerned about what is going on as far as this substance abuse in the community." Ella pointed out: "The important thing is learning the individual child … learning their name, learning their story, and then helping them with that because once you get to know someone, you build a bond that is unbreakable."

Participants ($n = 16$) described how emotional bonds, such as those Ella described, facilitated positivity both within themselves and the community. Aminah shared: "It's nice to see how connected people are. I mean families live with families here. It's just, I think that there's a stronger bond between people." Rosa echoed these sentiments: "This community can prosper as a whole. You see the hope." Ella voiced how others in this community were the catalyst for her sense of hope, feeling that "people [are] your biggest resource. People make things happen or not happen."

Although participants had discussed deeply rooted substance use problems within their community, they also described feelings of emotional connectedness with the people in their community. Instead of feeling hopeless, the personal nature of the problem motivated them as well as the hope that resided within these networks. As such, emotional connection was critical in their choice to join a community coalition.

3.3 | Fulfilling community needs

Coalition members echoed hope for the future of their community. They believed that as active members of a coalition, not only were they able to make change, but all members of the community were able to meet the needs of the

community. Participants ($n = 17$) felt it was crucial to foster youth's capabilities for success because they were the generation to facilitate success. Thomas explained:

> One of the assets [this community has] is their youth…. You gotta take in account, now, how are youth gonna feel? Cause pretty soon they're gonna run the city. Young people have always changed policy. Older people voted it, but it was the young people sayin' we not goin' for this no more. We're gonna stand up against status quo, and we wanna see change."

Loretta emphasized: "Each generation should have the mindset of 'The next generation should be better than me or should have achieved more than I have achieved.'" Steven also offered how this belief presented in his work: "I tell [the youth], 'You guys … you have to be that voice. You have to be the ones to make the change. You're that generation.'"

The coalition members viewed their work with youth as the way to facilitate the change they sought to make. They further described how they engaged the youth to make a change, as well as stressing the importance of spreading that desire for change among their peers. Shawn suggested: "We need other youth, other ways to reach out to the youth to address the issues in the community." Natalie echoed the key to change was to "bring young people in because young people can talk to their peers. Young people listen to young people." Aminah described how this could be effective:

> I think that a lot of it is positive peer culture…. Having leaders in the room who do buy into the intervention, stuff like that, and discretely do it with their friends or create subgroups within their schools or something like that. I would definitely see that as something that would work is just having positive peer leaders.

Participants described their need for community problems to be addressed, specifically, how youth had the ability to do so. As a result, they touted the importance for adult community members to foster their ability to make these changes. In other words, they wanted to provide youth in the community with the social capital resources needed to increase youth's sense of self-efficacy over the constraints within their community. In joining the community coalition, they were better able to reach youth and, thereby, work toward meeting the need of substance use prevention.

3.4 | Influencing youth action

Coalition members ($n = 17$) described how their influence through community involvement was aimed to facilitate youth's success in making change. Drawing on their knowledge of the community, they viewed working with youth as the way to do so. Pete offered: "That's why I'm out there every day. That's why I am pulling kids aside. That's why I try to get to a position where I can get into the school and talk to these kids." In other words, the motivation for their actions was to influence youth to change their community and prevent substance use. Charlie said: "That's our job–is empowerment." Aminah further shared that they did this by "going out into the community and telling youth and getting them involved in the prevention too. Letting them having ownership over it." Steven described how he drew his motivation:

> Providing kids that would otherwise be just on the street bein' knuckleheads. You're at least providing 'em a positive resource…. Some of the work you're doing is, in a sense, beginning to empower [them] and say, "Well, why do I have to go down this road? Is this my only option?"

Others described the specific ways they worked to influence youth. Destiny shared: "[I would] attend a lot of meetings and we do a lot of drug presentations in the school. We had a red ribbon week, which was drug awareness." Pete summed:

> I look back at all the negative things I did, all the mistakes that I made and I just kept telling myself … "Listen, now is your time to give back. Now is your time to try and stop others from going through this. Now is the time to try and prevent destruction and start building progress. Take somebody with you." Just like I took others with me when I was going backwards, I could take people with me moving forward.

The coalition members' discussions provided insight into how the aspects of SOC manifested in their involvement in a community-based prevention coalition. Overall, they discussed how community membership, an emotional connection, the belief in mutual needs fulfillment, and the ability to influence each played a role in their motivations.

As a result, they engaged in personal, meaningful work intended to make change in the lives of youth as well as future citizens of their community.

4 | DISCUSSION

The inclusion of community members as a coalition is representative of ideas presented in previous research (Christens & Speer, 2015; Fullilove & Fullilove, 1995). To facilitate community change, extant prevention research argues for the inclusion of the voices of community members. From a communitarian perspective, community members understand the unique needs of the people with whom they share a bond. The interconnected nature of their environmental relationships can facilitate advocacy for change at the micro level instead of drawing on distal policy, which has heretofore been a mechanism for disenfranchisement (Sandel, 1982). Although scholarly institutions provide data and monetary resources, community members provide knowledge of needs and issues (Lardier et al., 2018; Nargiso et al., 2013). Local individuals' inclusion gives voice to representatives of the population the prevention program was designed to benefit (Cacari-Stone et al., 2014). To create a space for these voices, it is critical to understand how SOC motivates engagement in such efforts.

Results support and extend MacMillan and Chavis's (1986) SOC model. Although there have been some negative documentations (Milligan & Fyfe, 2005), research has largely illustrated the benefits of positive SOC on community involvement (Mammana-Lupo et al., 2014). The present study offers insight regarding how SOC positively manifests in community members' actions within community coalitions. Directly from their experiences, participants discussed each of the four tenets in the SOC model (i.e., membership, emotional connection, needs fulfillment, and influence) in-depth. Specifically, participants elaborated on how aspects of these SOC tenets manifested in their motivation for involvement in a substance use prevention coalition. Findings contextualize previous quantitative applications of SOC models by enhancing an understanding of the theory's constructs as well as the meaning participants ascribed to them. In understanding the experiences of this group of key informants, it is possible to recognize the mechanics of how SOC contributes to individuals' motivations to make community-level change for salient public health issues.

Participants expressed a strong sense of community membership represented in two distinct ways: *a sense of belonging* and *an investment in their community*. McMillan and Chavis (1986) defined sense of belonging as an emotional construct in which individuals feel as though they fit into their community. Sense of belonging is further apparent through action within the community (McMillan & Chavis, 1986), meaning that SOC is theoretically related to community members' actions within their community, influencing their ascribed value (Nowell & Boyd, 2014). Coalition members reported a sense of belongingness through their work, resulting in firsthand knowledge of the problems the community faced. This knowledge facilitated the identification of community struggles (i.e., substance use). Community struggles were especially detrimental because affected citizens were individuals they either knew personally or through their work. As such, their extensive knowledge and experiences guided them toward the directed efforts of substance use prevention.

The knowledge coalition members described was also present in the second theme, which contained characteristics of emotional connection (McMillan & Chavis, 1986). Increased time spent with individuals or groups leads to increased emotional closeness. To illustrate, instead of viewing drug-using community members as deviant, participants regarded them as peers with whom they sympathized, if not empathized. Another facet of emotional connection is the spiritual bond connecting members to a specific community (McMillan & Chavis, 1986). Menezes (2003) cautioned that involvement in one group can lessen empathy or create distrust toward another. However, this was certainly untrue for participants in our study.

Participants described a bond to community members, as well as other community members' connection to each other across the community as a whole without the formation of subgroups or outsiders. Through their emotional connection with their community and the bonds made therein, participants worked to make change at the personal level. Although some scholars have noted that in some situations in which communities are homogenous, SOC may cause fractioning off (e.g., racial, by socioeconomic status; Theiss-Morse & Hibbing, 2005), coalition members

discussed unity toward their community as a whole. This illustrated a desire to affect "*souls*" instead of battling an abstract social problem.

Coalition members viewed the personal connections within the community as an asset to change. They identified collective relationships as a process toward meeting the community needs (i.e., substance abuse prevention). According to McMillan and Chavis (1986), needs fulfillment often includes involvement in the success of the community and facilitating others' self-efficacy. Of these two aspects, coalition members viewed the latter as a tool to facilitate the former. Participants' investment in the community's success motivated them to fight the substance use plaguing citizens. Their motivation for their work with youth was to make changes for the overall success of the community and specifically for the youth, whom they believed would uphold this change.

The final tenet of McMillan and Chavis's (1986) framework uncovered in this analysis was influence. Influence is brought about as SOC creates the belief within individuals that they are able to make a change (McMillan & Chavis, 1986). Taking action results from the ability of SOC to strengthen the capabilities for multiple organizations to work together, regardless of organizational purpose (Hughey et al., 2008). Nowell and Boyd (2014) have suggested that community multiorganizational collaborative ability may stem from the related, but unique, construct, sense of community responsibility (SOC-R). This construct holds the same elements as McMillian and Chavis's (1989) SOC, yet proposes that feelings of responsibility and connectivity facilitate influence and community leadership.

Coalition members represented various community sectors yet viewed themselves as a whole, able to collaborate to take action against substance use due to a shared sense of community belonging. Although their discussions did not directly reflect feelings of *responsibility* to the community, research has indicated that those more involved in collaborative community efforts and leadership positions tend to have high levels of SOC-R (Nowell & Boyd, 2014). However, Nowell and Boyd (2014) also articulate that personal beliefs and values illuminate the mechanics of these factors within each community's context.

Driven by our qualitative methodology, we were able to explore coalition members' beliefs (e.g., they knew the area and the youth they knew were capable of making future change) and values (e.g., strengths based as opposed to deficit based), which indicated their feelings of belonging over responsibility appeared to be more influential toward their motivation. Taken in total, the facets of McMillan and Chavis's SOC model were critical to community members' motivations for involvement in a substance use prevention coalition.

4.1 | Limitations

Although the present study provided a platform for community members to share how SOC impacted their motivation for involvement in a prevention coalition, there are some limitations. Because participants are already involved in a coalition, they may have different levels of SOC than uninvolved peers. Research should investigate how SOC affects motivation at other levels of community involvement. Although coalition members provided rich descriptions of their experiences, their success in facilitating change was not investigated. However, previous research has found a strong SOC aids in making these changes (Reid et al., 2017).

Additionally, some research reports negative experiences in and outcomes from community involvement (Milligan & Fyfe, 2005; Theiss-Morse & Hibbing, 2005). However, none of our participants discussed this. Although some participants may not have had any negative experiences to report, social desirability bias may have influenced others. Finally, the majority of participants were from youth-serving sectors, which may have influenced findings. However, as the coalition worked primarily with youth and young adults, this representation is reflective of the most active members. Despite the limitations, this study has strong implications for future research and practice.

4.2 | Implications for future research

4.2.1 | Prevention program implications

Prevention program administrators and researchers are encouraged to involve community members in change efforts. Historical disenfranchisement has created a significant distrust between researchers/prevention practitioners and

community members. This is largely a result of a top-down mentality, in which the community member is not viewed as an expert in their community's well-being. However, it is the expertise of these community members that facilitates change (Reid et al., 2017). Studies demonstrate that when community members participate in community organizations in which they are autonomous collaborators, they tend to have higher levels of empowerment (Christens et al., 2011; Milligan & Fyfe, 2005). Therefore, community members must be provided a space to share their thoughts and expertise in organizations and research. By including members' voices, researchers and prevention specialists can understand how SOC positively affects individual motivation for enacting social change.

4.2.2 | Policy implications

States and municipalities should consider the efficacy of coalitions in reaching a broader segment of the population through environmentally based prevention strategies (e.g., advocacy, municipal alliance programs). This funding supports grassroots leadership to address public health and social issues (Christens & Speer, 2015). Grassroots efforts from community members, as opposed to locally implemented branches of larger organizations, tend to have better outcomes for those involved (Milligan & Fyfe, 2005). Findings indicate the inclusion of community members in prevention work allows for targeted efforts by those who have the expertise of the individuals and the social constraints present within the environment. We emphasize the importance of community-based organizations, allowing space for the voices of their members to advocate for actionable change.

4.2.3 | Research implications

The present work also has implications for future research. Our study exemplified SOC in community members' motivations for prevention work via coalitions. Nowell and Boyd (2014) posit a constructive difference between SOC and SOC-R, in which those with higher levels SOC-R feel strong levels of responsibility, motivating them to join community groups (e.g., prevention coalitions), as opposed to SOC being the resource that motivates them to join, which was seen here. Future qualitative research may explore SOC and SOC-R present between individuals within the same organization because SOC-R has been positively correlated with high attendance in meetings and strong leadership roles (Nowell & Boyd, 2014).

Other research should qualitatively explore the outcomes of SOC on the success of community-driven prevention–intervention initiatives (i.e., the mechanics of the *action* component of the SOC model). Research also should investigate whether present findings are applicable in other locations combating a variety of sociocultural issues. Last, research should take into account SOC among those who do not belong to social change and advocacy efforts to understand how *all* community members are able to affect their environments.

4.3 | Conclusion

Taken together, this study explored the four tenets of McMillian and Chavis's (1986) SOC model as motivations for individuals to join a community coalition to prevent substance use. Although other studies have quantitatively used this model, we explored the experiences of SOC in greater depth. Findings within each component–membership, emotional connection, needs fulfillment, and influence–provide insight into this facet of community prevention work.

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