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## Comparing the Functioning of Youth and Adult Partnerships for Health Promotion

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### Abstract

Youth partnerships are a promising but understudied strategy for prevention and health promotion. Specifically, little is known about how the functioning of youth partnerships differs from that of adult partnerships. Accordingly, this study compared the functioning of youth partnerships with that of adult partnerships. Several aspects of partnership functioning, including leadership, task focus, cohesion, participation costs and benefits, and community support, were examined. Standardized partnership functioning surveys were administered to participants in three smoke-free youth coalitions (n = 44; 45% female; 43% non-Hispanic white; mean age = 13) and in 53 Communities That Care adult coalitions (n = 673; 69% female; 88% non-Hispanic white; mean age = 49). Multilevel regression analyses showed that most aspects of partnership functioning did not differ significantly between youth and adult partnerships. These findings are encouraging given the success of the adult partnerships in reducing community-level rates of substance use and delinquency. Although youth partnership functioning appears to be strong enough to support effective prevention strategies, youth partnerships faced substantially more participation difficulties than adult partnerships. Strategies that youth partnerships can use to manage these challenges, such as creative scheduling and increasing opportunities for youth to help others directly, are discussed.

### Keywords

youth-adult partnerships; smoking; empowerment; coalition functioning; adolescent; comparative study

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Youth partnerships are a promising health promotion strategy that empowers youth to serve as both educators and health policy advocates (Zeldin, Krauss, Collura, Lucchesi, & Sulaiman, 2014). The approach is uniquely powerful because youth are better able than adults to relate to and understand a youth target population (Ribisl et al., 2004). As peers, youth can develop and deliver effective strategies for youth behavior change (Denison et al., 2012). Previous health education research indicates that peer-led interventions may be more effective than teacher-led interventions (Valente et al., 2007). In advocacy efforts, youth can

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also garner substantial media attention and sympathy and, thus, play an important role in supporting policy change (Delgado & Staples, 2008).

Although promising, youth partnerships have not been studied as extensively as adult partnerships, so little is known about how they differ from adult partnerships, specifically in terms of functioning (Larson, Walker, & Pearce, 2005). Partnership functioning is an important determinant of success, yet may be at risk in youth partnerships because youth have less experience and are less skilled than adults in coordinating large projects and addressing complex problems (Brown, Feinberg, & Greenberg, 2010; Larson, et al., 2005; Wong, Zimmerman, & Parker, 2010). Adult advisors can help to mitigate problems related to inexperience, but left unchecked, poor functioning can compromise health promotion efforts and partnership sustainability (Wernick, Woodford, & Siden, 2010).

This study is unique in that it seeks to understand the similarities and differences in the functioning of youth and adult partnerships for community health. By understanding differences, more effective strategies for supporting youth partnerships can be developed. To achieve the study goal, we compare responses from both youth and adult partnerships on a standardized multidimensional measure of partnership functioning with demonstrated reliability and validity (Brown, Feinberg, & Greenberg, 2012; Feinberg, Gomez, Puddy, & Greenberg, 2008).

## The nature of youth partnerships for health promotion

A partnership is defined as, “a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal.” (Editors of the American Heritage Dictionaries, 2014). Although the age of the members is the defining difference between youth and adult partnerships, several additional differences warrant consideration. Whereas adult coalitions and partnerships for health promotion typically involve several community organizations representing different sectors of the community, youth coalitions and partnerships are often affiliated with a single community organization, such as a school or nonprofit organization that is helping to organize the youth (Delgado & Staples, 2008). One or more adults typically work in partnership with the youth, providing guidance, helping youth work through decision-making, and encouraging youth to contemplate potential barriers to their plans (Krauss et al., 2014). Youth partnerships also typically have higher turnover than adult partnerships as the youth age out, with adult advisors helping to provide continuity and a consistent structure (Mitra, Sanders, & Perkins, 2010). Similarities with adult partnerships include having to manage shared decision-making, interpersonal relationships, communication, and recruitment.

## Theoretical model of partnership functioning

Figure 1 presents our theoretical model of partnership functioning, which applies to both youth and adult partnerships. As shown, internal partnership functioning leads to program and policy implementation, which, in turn, leads to health outcomes (Brown, Chilinski, Ramos, Gallegos, & Feinberg, 2015; Brown, Feinberg, Shapiro, & Greenberg, 2015). Internal partnership functioning consists of several aspects including leadership, task focus,

cohesion, participation costs and benefits, and member engagement (Brown, et al., 2012; Feinberg, Gomez, et al., 2008). Community support and partnership sustainability contribute to both partnership functioning and program and policy implementation, while barriers, such as recruitment problems, can interfere with both processes (Feinberg, Bontempo, & Greenberg, 2008; Greenberg, Feinberg, Gomez, & Osgood, 2005). The following sections describe these components of the theoretical model in more detail.

### **Leadership**

Leadership competence refers to a leadership that is respected, able to mobilize resources, and skillful in resolving conflict. Such leadership supports partnership success by helping to keep members working together toward the same goals (Rogers et al., 1993; Zakocs & Guckenburger, 2007). A participatory leadership style seeks out members' views and reaches out for help. By getting more members to make meaningful contributions, leadership can increase team efficacy and member satisfaction (Kumpfer, Turner, Hopkins, & Librett, 1993).

### **Task focus**

Task focus includes efficiency and directedness. Efficiency is the degree to which team members work hard and make good use of time. Given limited time and resources, efficiency is an important determinant of partnership success (Zakocs & Edwards, 2006). Directedness captures the extent to which team members are focused in a specific direction and have established decision-making procedures. Partnerships that maintain a clear focus and directedness, rather than being diverted to peripheral issues and concerns, are more likely to support high-quality program implementation (Foster-Fishman et al., 2001; Kegler, Steckler, McLeroy, & Malek, 1998; Sofaer, 2004).

### **Cohesion**

Cohesive partnerships have strong friendships and team spirit among team members, which enhance collaboration by engendering trust and commitment (Butterfoss, Goodman, & Wandersman, 1996; Foster-Fishman, et al., 2001). Strong relationships facilitate effective communication and decision-making, thereby promoting synergistic collaboration (Brown et al., 2013; Butterfoss, 2007).

### **Participation benefits and costs**

Balancing participation costs and benefits is an important determinant of partnership involvement (Chinman, Wandersman, & Goodman, 2005). Participation benefits include developing new skills and new relationships, as well as deriving personal fulfillment from contributing to the community. Participation costs are often related to competing priorities for time, as participation may interfere with other responsibilities or may diminish free time (El Ansari & Phillips, 2001).

### **Member engagement**

Member engagement is a multifaceted construct that includes length of partnership involvement, attendance at meetings, investment of time in partnership activities, and

participation in various partnership roles (Kegler & Swan, 2012; Wells, Ward, Feinberg, & Alexander, 2008). The extent to which partnerships can engage members and mobilize their talents toward shared goals is a fundamental determinant of partnership success (Butterfoss & Kegler, 2009).

### **Community support**

Community support for partnership efforts helps to avoid implementation resistance by finding ways to overcome the myriad challenges that arise during program and policy implementation (Butterfoss et al., 1996; Chutuape et al., 2010; Foster-Fishman et al., 2001). Support from organizations involved in implementation is especially important. For example, in school-based programs, administrative support from the school not only is critical for implementation but also facilitates the identification of sustainability strategies (Durlak & DuPre, 2008; Greenberg et al., 2015).

### **Barriers**

Barriers to partnership success may include poor recruitment, poor commitment, lack of cooperation, and lack of resources (Brown, et al., 2012; Fagan, Brooke-Weiss, Cady, & Hawkins, 2009). Poor recruitment and commitment limit a partnership's ability to implement programs and policies (Butterfoss, 2007; Tolma, Cheney, Troup, & Hann, 2009). Similarly, an inability to obtain necessary cooperation or resources can hinder implementation efforts (Fagan, et al., 2009).

### **Perceived community improvement**

Perceived community improvement resulting from partnership efforts help to sustain energy and functioning (Brown, et al., 2012). The morale boost can enhance motivation for continued implementation (Wells, Feinberg, Alexander, & Ward, 2009). Evaluation findings that support perceptions of community improvement can also enhance the partnership's overall profile in the community and its sustainability (Roussos & Fawcett, 2000).

### **Hypotheses**

The current study compared the functioning of youth partnerships with that of adult partnerships on the aspects of partnership functioning described by the theoretical model. Although substantial differences between youth and adult partnerships exist, the partnership functioning constructs are nevertheless relevant across contexts. Leadership, task focus, cohesion, participation costs and benefits, and member engagement are relevant in working groups across a variety of collaborative contexts. Community support and perceived community improvement are also relevant, as both partnerships are focused on community change. The youth and adult partnerships completed surveys measuring these partnership functioning constructs with the same items, thus enabling informative comparisons of partnership functioning despite large contextual differences.

Although previous research suggests that these aspects of partnership functioning are important, it does not suggest that youth and adult partnerships will have different levels of functioning, so we hypothesized that the levels of functioning between the two types of

partnerships would be similar. If this hypothesis is supported, youth partnerships may benefit from the application of established technical assistance strategies currently used to support adult partnership functioning (Butterfoss, 2007). However, if there are differences in functioning, efforts to support youth partnership functioning will benefit from taking the differences into consideration.

## Method

### Study setting

In this study, we investigated three smoke-free youth partnerships and 53 Communities That Care (CTC) adult partnerships. The three youth partnerships were funded by the Paso del Norte Health Foundation and focused on tobacco control. The youth and adult partnerships were not significantly different in terms of number of members, with youth partnerships having an average of 14.7 members and adult partnerships having 12.7 members ( $t(54) = .44, p = .66$ ).

Each youth partnership had 1-2 paid adult coordinators that fulfilled administrative and educational roles. The youth partnerships operated as extracurricular activities, with youth recruited from specific middle schools or existing after school programs, typically through word of mouth. The level of youth leadership and shared decision making varied across partnerships. Although youth input was encouraged and valued, adults did not fully share decision making responsibilities with the youth. Youth could always provide input regarding meeting topics, but adults typically led the meetings. The youth were empowered with the responsibility of developing and delivering anti-tobacco presentations to younger students, conducting tobacco retailer compliance checks, and had meaningful roles in tobacco policy advocacy activities.

The adult partnerships were multi-sector community coalitions funded by the Pennsylvania Commission on Crime and Delinquency and followed the CTC system. CTC coalitions first collect epidemiological data on risk and protective factors for substance use and delinquency, and then prioritize risk and protective factors, selecting evidence-based programs that address priorities for implementation (Hawkins, Catalano, & Arthur, 2002; Hawkins et al., 2012). Some of the programs most commonly implemented were Big Brothers/Big Sisters, the Olweus Bullying Program, Life Skills Training, and Nurse-Family Partnership (Brown, et al., 2010).

Recruitment for CTC coalitions was typically through word of mouth and informal advertising. The coalitions made concerted efforts to recruit members from diverse sectors of the community and people with the skills needed for CTC implementation, such as community assessment experience. CTC coalitions also cultivated champions to support coalition efforts in key community sectors such as schools. Members often participated as an optional part of their job but also as concerned citizens not affiliated with an organization. The CTC coalitions were aligned with the goals of several organizations, but participation was nevertheless voluntary and depended on the goodwill of both the organizations and the employees involved in coalition operations.

## Procedure

We invited all members of three Smoke Free Paso del Norte youth coalitions and 53 CTC adult coalitions to complete a partnership functioning survey. The youth partnership surveys were administered via paper and pencil at partnership meetings in 2011. Of the 45 members who attended partnership meetings, 44 completed the survey (response rate = 98%). The adult partnership surveys were administered via the Web in 2010. To recruit adult participants, we obtained members' e-mail addresses from the adult partnership leaders and invited each member to complete the survey. Of the 1,299 members invited, 673 completed the survey (response rate = 52%).

Following survey administration, each partnership received a feedback report used to highlight strengths and identify weaknesses. The partnerships then used the reports to develop strategic plans addressing prioritized weaknesses. The institutional review board at The University of Texas Health Science Center at Houston approved this study. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

## Participants

Tables 1 and 2 present the characteristics of participants in the youth and adult partnerships. Participants in youth partnerships were predominantly Hispanic, 45% female, and had an average age of 13 years. Participants in adult partnerships were predominantly non-Hispanic white (NHW), 69% female, and had an average age of 49 years. With regards to member engagement, youth and adult participants reported similar levels of involvement, time invested per month, and percentage of meetings attended. However, youth and adult participants reported different lengths of involvement: youth participants had been involved for an average of less than 1 year, whereas adult participants had been involved for an average of 5.7 years. Length of participation is shorter among youth partnerships primarily because they recruited middle school youth, who typically stopped attending when they transitioned to high school. Adult partnerships had often been operating more than a decade with many of the same participants.

## Measures

Table 2 reports the psychometric properties of the 10 aspects of partnership functioning examined in this study. In previous research with adult partnerships, the measures demonstrated strong reliability and validity (Brown, et al., 2012; Feinberg, Gomez, et al., 2008). We reviewed the survey with each youth partnership during a meeting before survey administration. Youth reviewed the questions and identified any words that they did not understand. Survey comprehension problems were minimal and minor wording changes addressed them. Among youth respondents, Cronbach's alphas were greater than .70 for all but two aspects: directedness ( $\alpha = .58$ ) and cohesion ( $\alpha = .42$ ).

**Leadership**—Leadership competence was assessed using four items (e.g., “The team leadership is skillful in resolving conflict”). Leadership style was assessed using three items

(e.g., “The team leadership creates an environment where differences of opinion can be voiced”). All leadership items were scored on a 7-point scale ranging from 1 (“Strongly disagree”) to 7 (“Strongly agree”).

**Task Focus**—Efficiency was assessed using three items (e.g., “This is a highly efficient, work-oriented team”), with each item scored on a 7-point scale ranging from 1 (“Strongly disagree”) to 7 (“Strongly agree”). Directedness was also assessed using three items (e.g., “The team has developed clear goals and objectives”), with each item scored on a 7-point scale with 1 = “No”, 3 = “No, but working on it”, 5 = “Yes, to a limited extent”, and 7 = “Yes”.

**Cohesion**—Cohesion was assessed using five items (e.g., “There is a feeling of unity and cohesion in this team”), with each items scored on a 7-point scale ranging from 1 (“Strongly disagree”) to 7 (“Strongly agree”).

**Participation benefits and costs**—Participation benefits were assessed using three items (e.g., “How much benefit have you gained from your involvement in learning new skills?”). Participation difficulties were also assessed using three items (e.g., “How much has your team involvement interfered with your personal free time?”). All participation items were scored on a 7-point scale ranging from 1 (“Not at all”) to 7 (“A great deal”).

**Community support**—Community support was assessed using five items (e.g., “Do influential community leaders understand your team and why it is important?”), with each item scored on a 7-point scale ranging from 1 (“No”) to 7 (“A great deal”).

**Barriers**—Barriers were assessed was four items (e.g., “Difficult to get team members to make a strong enough commitment or work hard enough on team goals”), with each item scored on a 7-point scale ranging from 1 (“Not a problem at all”) to 7 (“Huge overwhelming problem”).

**Community improvement**—Community improvement was assessed using five items (e.g., “People feel that together we can make a difference”), with each item scored on a 7-point scale ranging from 1 (“A lot worse”) to 7 (“A great deal better”).

**Member engagement**—Member engagement was assessed using four measures: time invested, percentage of meetings attended, years involved, and level of involvement. Time invested was the sum of hours spent in meetings and on partnership activities outside of meetings in an average month. Percentage of meetings attended was an estimate of the percentage of partnership meetings attended in the past 12 months. Years involved was an estimate of the respondents’ length of involvement with the partnership. Level of involvement was the number of roles a respondent served in, including talking at meetings, serving as a member of a committee, and leading a committee or subgroup. Involvement in each role was assessed with a “yes” or “no” question. We computed level of involvement as the sum of all “yes” responses.

### Power sensitivity analysis

The total sample included 717 participants from 56 partnerships, with an average of approximately 13 members per partnership. Each random-intercept model had an average intra-class correlation (ICC) of  $\rho = .15$  (range = .04–.34). Because 14 covariates were included in each model, a covariance matrix was specified with a small-to-moderate correlation among all 14 covariates ( $r \sim .20$ ). Markov Chain Monte Carlo (MCMC) simulations ( $i = 1,000$ ) used this covariance matrix in a random-intercept model to estimate statistical power. MCMC power simulation results suggest that this study was adequately powered ( $1 - \text{Beta} = .80$ ) to detect associations of moderate effect size ( $r \approx .30$ –.35).

### Analytic plan

To account for missing data, we conducted Bayesian multiple imputation accounting for nesting of participants within groups (Goldstein, Carpenter, Kenward, & Levin, 2009). Each of the 10 outcomes was regressed upon the youth versus adult partnership status (1 = youth; 0 = adult). Additional covariates in the model included age, gender, ethnicity, years of partnership involvement, level of partnership involvement, time invested in partnership activities, and the percentage of meetings attended. Outcomes were standardized prior to estimation. All models were estimated as restricted-maximum likelihood (REML) random-intercept mixed effects linear models, with partnership ( $j = 56$ ) as the nesting factor. To statistically accommodate the imbalance between the number of youth partnerships (3) and the number of adult partnerships (53), we used cluster-robust standard errors, which provide more efficient estimates. The REML approach to group variance also helped to account for group level imbalance and nesting variability.

### Results

Through estimation of the 20 imputed datasets in mixed effects modeling, two outcomes did not result in statistically significant omnibus estimates: efficiency ( $p > .07$ ) and barriers ( $p > .11$ ). The remaining eight outcomes, however, had a significant amount of variance accounted for by the covariates of interest in the imputation models (Table 3).

#### Youth and adult partnership status

Most aspects of partnership functioning did not significantly differ between youth and adult partnerships. However, youth partnership status predicted a .38 standard deviation increase in leadership competence ( $B = .38, p < .01, \text{CI}: .11$ –.66) and a .44 standard deviation increase in participation benefits ( $B = .44, p < .05, \text{CI}: .06$ –.82) compared to adult partnerships. Youth partnership status also predicted a 1.21 standard deviation increase in participation difficulties ( $B = 1.21, p < .01, \text{CI}: .84$ –1.58).

#### Ethnicity, gender, and age

Ethnicity other than NHW was associated with higher levels of cohesion ( $B = .23, p < .01, \text{CI}: .05$ –.40) and community improvement ( $B = .33, p < .01, \text{CI}: .13$ –.54). Ethnicity was not significantly related to any other outcomes. Gender was associated with efficiency: females reported lower levels of efficiency than males ( $B = -.13, p = .05, \text{CI}: -.25$ –.00). Gender was not significantly related to any other outcomes. Age was associated with higher levels of



cohesion, although the effect was small ( $B = .01, p < .05, CI: .00-.01$ ). Age was not significantly related to any other outcomes.

### Member engagement

Of the four indicators of member engagement, years involved and percentage of meetings attended were not significantly related to any aspect of partnership functioning. In contrast, time invested was significantly related to all measures of partnership functioning. Relative to participants who reported less than 1.5 hours of time investment per month, participants who reported 9 or more hours of time investment per month also reported higher leader competence ( $B = .33, p < .05, CI: .06-.59$ ), leadership style ( $B = .32, p < .05, CI: .06-.58$ ), efficiency ( $B = .27, p < .05, CI: .06-.48$ ), directedness ( $B = .27, p < .01, CI: .07-.47$ ), cohesion ( $B = .24, p < .01, CI: .06-.42$ ), participation benefits ( $B = .42, p < .01, CI: .14-.70$ ), participation difficulties ( $B = .22, p < .05, CI: .01-.44$ ), community support ( $B = .26, p < .05, CI: .05-.47$ ), barriers ( $B = -.25, p < .05, CI: -.45-.06$ ), and community improvement ( $B = .25, p < .05, CI: .02-.49$ ). Relative to participants with the most limited involvement (“0”), participants who reported the most extensive involvement (“3”) also reported higher leadership style ( $B = .44, p < .01, CI: .12-.77$ ), although no other differences were observed in the other outcomes for the level of involvement covariate.

### Discussion

In the current study, we compared the functioning of youth partnerships with that of adult partnerships using a standardized multidimensional measure of partnership functioning. As hypothesized, we found that youth and adult partnerships are largely similar in their functioning. This is an important finding because youth lack organizational experience, potentially making youth partnership activities inefficient (Larson, et al., 2005). Overall, our findings are encouraging given the success of the adult partnerships, which demonstrated reduced community-level rates of substance use and delinquency in a quasi-experimental evaluation (Feinberg, Greenberg, Osgood, Sartorius, & Bontempo, 2007; Feinberg, Jones, Greenberg, Osgood, & Bontempo, 2010). Thus, youth partnership functioning appears to be equally strong and is likely to facilitate the implementation of successful tobacco control efforts. Given the high levels of youth partnership functioning, technical assistance strategies that have traditionally been used to support adult partnership functioning, such as trainings on participatory decision making, may also benefit youth partnerships (Kaner, 2007).

However, despite having similar levels of functioning, youth partnerships differed in important ways from adult partnerships. For example, youth partnerships rated their leaders as having higher levels of competence. It may be that youth look up to their adult leaders, who display a variety of skills the youth are unlikely to possess, or that the youth have developed respectful and instrumental relationships with these leaders who they deem to be “adult partners” (Camino, 2000).

Youth partnership members also reported greater participation difficulties than adult partnership members. The higher levels of participation difficulties among youth partnerships requires attention, as they may interfere with continued involvement (Chinman,

et al., 2005). The difference may be due to youth having less control over their schedule, thus making scheduling conflicts more difficult to manage. There are several strategies youth partnerships can use to minimize participation difficulties. Creative scheduling, such as holding meetings during school lunch or having in-depth trainings on a Saturday, may help to reduce conflicts caused by involvement in other extracurricular activities. Reserving funding for bus transportation may also help to reduce participation difficulties.

Helping to counterbalance the participation difficulties are increased participation benefits among youth partnerships, which can support engagement (Southerland, Behringer, & Slawson, 2013). Youth may develop more skills and valuable relationships because they take on new roles that are substantially different from their roles in other settings, thereby requiring skill development (Larson & Angus, 2011), especially through the experiential education of collective action that allows youth to act as agents of their own development (Zeldin, Christens, & Powers, 2013). Youth who lack other roles where they can contribute to the community may benefit substantially from youth partnership involvement because they are able to fulfill their need to help others (Brown, 2012). Thus, the youth partnerships may be providing participants with a highly unique opportunity that spurs growth and need fulfillment. Youth partnerships that engage members in such unique opportunities may be most successful at promoting participation benefits.

Enhancing participation benefits is another strategy partnerships can use to help motivate participants to overcome participation difficulties (Holt, Kingsley, Tink, & Scherer, 2011). The high levels of participation benefits found in the current study may have been key in keeping the youth involved. Finding ways to make participation fun is important in keeping youth energized and willing to prioritize their involvement. Team-building exercises and interactive activities are an effective strategy for increasing cohesion and making participation more enjoyable (Bruner & Spink, 2011). Anecdotally, several youth participants expressed a passion to help others. Youth partnerships can support that passion by providing ample opportunities to help others and prevent tobacco use, thereby helping motivate youth to overcome participation difficulties (Akiva, Cortina, & Smith, 2014).

### **Limitations and future research**

One challenge in interpreting the results of this study is that the adult partnerships had a broader focus on youth substance use and delinquency whereas the youth partnerships specifically focused on tobacco prevention. Despite these differences, self-reported youth and adult partnership functioning were largely similar. Future research with youth and adult partnerships whose goals are more closely aligned could help to isolate the influence of youth on partnership functioning.

An important limitation of the current study is that the statistical power was only high enough to detect moderate effect sizes, largely because of limited sample of youth partnerships. Thus, there may be small differences in adult and youth partnership functioning that were not detected. Additionally, the measures of directedness and cohesion had low internal reliability among the youth partnership members in this study, suggesting a need for revised items that have similar reliability among youth and adults. Furthermore, there may be unmeasured aspects of partnership functioning where substantial differences

exist. In particular, relevant unmeasured constructs from the youth partnership context include youth voice in decision making and supportive adult relationships (Zeldin, et al., 2014). Future studies with additional measures are needed to address these limitations. Another aspect of youth partnership functioning that needs measurement improvement is the role of the adult advisor. Little is known about how effective leadership practices may differ among adult advisors for youth partnerships, youth leaders, and the leaders of adult partnerships. Although typologies have been put forward in the youth-adult partnership literature, consistent methods for measurement across contexts need to be developed (Wong, et al., 2010; Zeldin, et al., 2013). Finally, although the aspects of partnership functioning examined are known to predict several indicators of adult partnership success, similar studies with youth need to be conducted to establish their validity among youth partnerships.

## Conclusion

Youth partnerships appear to have sufficiently high functioning to successfully execute tobacco prevention initiatives. However, the strategies used by youth partnerships are substantially different from those of adult partnerships. More research on the efficacy of various tobacco prevention strategies implemented by youth is needed. Nevertheless, youth partnerships maintain substantial promise as they provide opportunities for youth to build capacity and commitment for life-long involvement in health promotion.

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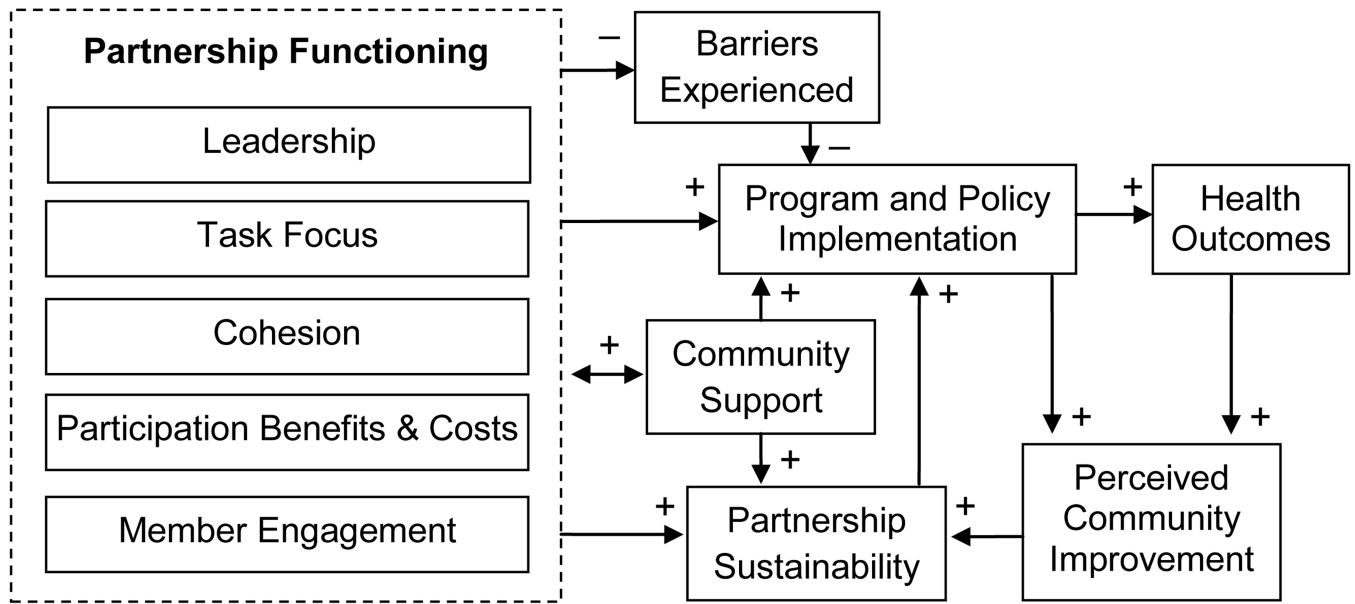
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**Figure 1.**  
Theoretical model of partnership functioning.

**Table 1**

Categorical covariate distributions.

Variable	Partnership			
	Adult ( <i>n</i> = 673)		Youth ( <i>n</i> = 44)	
	<i>n</i>	%	<i>n</i>	%
Ethnicity				
Non-Hispanic white	593	88	19	43
Other	67	10	25	57
Missing	13	2	0	0
Gender				
Male	203	30	24	55
Female	466	69	20	45
Missing	4	< 1	0	0
Level of involvement				
0	67	10	4	9
1	177	26	10	23
2	232	34	27	61
3	178	27	1	2
Missing	19	3	2	5
Time invested per month (Quartiles)				
1.5 h	141	21	7	16
1.51–4 h	213	31	12	27
4.01–9 h	146	22	12	27
9.01–725 h	173	26	13	30
Missing	0	0	0	0
Percentage of meetings attended				
< 25%	143	21	6	14
25–50%	62	9	8	18
50–75%	117	18	10	23
75–100%	329	49	18	41
Missing	22	3	2	4



**Table 2**

Continuous variable descriptive statistics and psychometric properties.

Outcome	Adults				Youth			
	<i>n</i>	<i>M</i>	<i>SD</i>	$\alpha$	<i>n</i>	<i>M</i>	<i>SD</i>	$\alpha$
Age	663	49.05	1.90	—	43	13.49	1.59	—
Years involved	644	5.74	3.73	—	34	0.84	0.92	—
Leadership competence	628	5.83	1.05	.92	44	5.96	1.15	.88
Leadership style	629	5.82	1.07	.85	44	5.67	1.24	.85
Efficiency	641	5.50	1.36	.94	44	5.43	1.26	.76
Directedness	627	5.94	1.06	.85	44	5.81	1.00	.58
Cohesion	629	2.39	1.11	.84	44	1.77	1.00	.42
Participation benefits	595	5.18	1.48	.87	44	5.89	1.22	.90
Participation difficulties	601	2.08	1.26	.84	43	4.32	2.01	.89
Community support	611	4.96	1.34	.88	44	5.52	1.37	.91
Barriers	610	3.05	1.19	.78	44	3.18	1.62	.87
Community improvement	600	5.33	1.05	.85	42	5.62	1.25	.84

**Table 3**  
Random-intercept regression models predicting aspects of partnership functioning.

Covariate	Leadership competence			Leadership style			Efficiency			Directedness			Cohesion		
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	
Youth partnership (vs. adult)	<b>.38</b>	<b>.14</b>	.08	.23	-.06	.14	.31	.18	-.16	.13					
Other ethnicity (vs. NHW)	.10	.11	.12	.12	.13	.11	.06	.12	<b>.23</b>	<b>.09</b>					
Female (vs. male)	.01	.07	-.04	.07	<b>-.13</b>	<b>.06</b>	.08	.07	-.06	.06					
Age	.00	.00	.00	.00	.00	.00	.01	.00	<b>.01</b>	<b>.00</b>					
Years involved	.00	.01	.01	.01	.00	.01	.02	.01	.02	.01					
% Meetings attended (ref. is < 25%)															
25–50%	-.04	.15	-.21	.16	-.14	.16	-.22	.12	-.12	.12					
51–75%	-.06	.14	.03	.14	.01	.15	-.04	.11	.05	.12					
76% to 100%	.01	.13	.12	.13	-.04	.15	-.09	.12	.07	.11					
Time invested per month (ref. is < 1.50 h)															
1.51–4 h	<b>.27</b>	<b>.13</b>	.17	.12	.10	.11	.16	.10	.09	.09					
4.01–9 h	.26	.15	.25	.14	.08	.12	.16	.11	.04	.10					
9.01 h	<b>.33</b>	<b>.13</b>	<b>.32</b>	<b>.13</b>	<b>.27</b>	<b>.11</b>	<b>.27</b>	<b>.10</b>	<b>.24</b>	<b>.09</b>					
Level of involvement (ref. is 0)															
1	.25	.13	.27	.15	.11	.15	.21	.14	.14	.12					
2	.04	.16	.11	.16	-.01	.16	.12	.15	.06	.13					
3	.25	.16	<b>.44</b>	<b>.17</b>	.01	.17	.27	.16	.15	.15					
Covariate	Participation benefits			Participation difficulties			Community support			Barriers			Community improvement		
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE	
Youth partnership (vs. adult)	<b>.44</b>	<b>.19</b>	<b>1.21</b>	<b>.19</b>	.45	.25	.17	.20	.18	.16					
Other ethnicity (vs. NHW)	.17	.11	.12	.13	.15	.08	-.07	.11	<b>.33</b>	<b>.10</b>					
Female (vs. male)	.10	.06	-.13	.07	-.02	.07	.01	.06	.00	.07					
Age	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00					
Years involved	.02	.01	.00	.01	.02	.01	-.01	.01	.01	.01					
% Meetings attended (ref. is < 25%)															
25–50%	-.08	.14	.15	.14	-.01	.14	.01	.11	.01	.13					
51–75%	.02	.11	.06	.14	.06	.11	-.02	.12	.01	.12					

Covariate	Participation benefits		Participation difficulties		Community support		Barriers		Community improvement	
	B	SE	B	SE	B	SE	B	SE	B	SE
76-100%	.17	.11	-.06	.11	.01	.12	-.06	.10	.02	.11
Time invested per month (ref. is < 1.50 h)										
1.51-4 h	.19	.13	.10	.10	.16	.11	-.13	.09	.15	.11
4.01-9 h	.28	.15	.20	.12	.16	.11	-.03	.09	.16	.12
> 9.01 h	<b>.42</b>	<b>.14</b>	<b>.22</b>	<b>.11</b>	<b>.26</b>	<b>.11</b>	<b>-.25</b>	<b>.10</b>	<b>.25</b>	<b>.12</b>
Level of involvement (ref. is 0)										
1	.27	.18	-.05	.13	.04	.12	-.17	.12	.08	.12
2	.14	.19	.06	.14	-.07	.15	-.03	.15	-.04	.15
3	.24	.20	.21	.16	.15	.15	.02	.15	.03	.16

Note: **Bolded** estimates are statistically significant,  $p < .05$ ; NHW is Non-Hispanic White.