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Community Readiness: A Case Study of University Communities Engaging in Hazing Prevention

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COMMUNITY READINESS: A CASE STUDY OF UNIVERSITY COMMUNITIES ENGAGING IN HAZING PREVENTION

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Dissertation Advisor: Dr. Elizabeth Allan

An Abstract of the Dissertation Presented
in Partial Fulfillment of the Requirements for the
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The case study is an examination of "community readiness" for a cohort of U.S. universities participating in a three-year research initiative to develop evidence-based hazing prevention strategies. Drawing on the Community Readiness Model (CRM), this study assessed community readiness, the relative level of acceptance of a program, action, or other form of decision-making that is locality-based (Donnermeyer et al., 1997). More specifically, this research examined and measured the institutional readiness of universities involved in a comprehensive approach to hazing prevention in higher education and deepened understanding about the role of institutional readiness in broadening engagement and ensuring commitment for sustainable hazing prevention outcomes in higher education.

DEDICATION

I would like to dedicate this dissertation to my late husband, Wayne, whose loving support never waned; and, to my mother, Norma Lyons, who has always believed in me.

I also would like to dedicate the time it took for completing this dissertation to my children, Jonathan, Brent, and Sara Rose. Their loving patience and wonderment bolstered me along the way; ultimately, helping me to believe.

Ultimately, for all my family, friends and colleagues who've lovingly listened and provided for my wellbeing whenever needed, I am grateful. Thank you MGW!

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CHAPTER 1

INTRODUCTION

Hazing, defined as "behavior expected of someone joining or maintaining membership in a group that humiliates, degrades, abuses, or endangers, regardless of a person's willingness to participate" (Hoover & Pollard, 1999), interferes with the health and safety of students (Allan & Madden, 2012). Recent research suggests that when hazing is normalized in campus culture, it may contribute to a campus climate in which other abuses are more likely to be tolerated (Allan & Madden, 2012). As such, the profound consequences of hazing are a threat to the health and safety of students and an impediment to positive climates in U.S. schools, colleges, and universities (Allan & Madden, 2010).

Hazing can involve high-risk behaviors that are dangerous, abusive, and sometimes illegal (Allan & Madden, 2012; Hoover, 1999; Campos, Poulos, & Sipple, 2005; Finkel, 2002; Gerschel, Katz-Zindel, Small, & Zandieh, 2003; Hoover & Pollard, 2000). An untold number have suffered emotionally, physically, and psychologically due to participation in dangerous and reckless acts of rites of passage in order to become members of student organizations (Ellsworth, 2004, 2006; Nuwer, 2000, 2004), and, as a result, in many years young people have been gravely injured or killed: Timothy Piazza, a 19 year-old pledge at Penn State's Beta Theta Pi, fell twice down the stairs at a fraternity party after being instructed to drink what a forensic pathologist called a life-threatening amount of alcohol (Wade, L., 2017). In the aftermath of Piazza's death, Penn State's president wrote an open letter detailing facts about Greek life: excessive drinking, high rates of sexual assault, hazardous initiation rites, and fatal accidents (Wade, L., 2017). What's more, an unusual number of hazing deaths and other serious hazing practices were reported nationally in 2017, intensifying public exposure of the following universities: Ohio

State University, Brown University, College of Brockport, Baruch College in Manhattan, Indiana University, Florida State University, Louisiana State University, Texas State University, Penn State University, the University of Houston, and the University of Michigan (2017, September 18).

The physical and psychological outcomes of hazing are well documented in the hazing literature; these outcomes have potential to cause grave harm and result in fatal consequences (Allan & Madden, 2012; Finkel, 2002; Hoover & Pollard, 1999; Nuwer, 1990, 2000, 2004; Srabstein, 2008). The emotional toll of hazing, also known as hidden harm --emotional scars that can result from the humiliating and degrading aspects of hazing, is often covert and invisible to others (Apgar, 2013). The scars from hidden harm often go undetected (Allan & Madden, 2012; Allan, Payne, & Kerschener, 2015).

In addition to threatening the health and safety of campus community members, hazing can have far reaching and negative consequences for many people (e.g., individuals, their families, student organizations, teams, schools, and universities). Hazing practices present difficulties for both college administrators and students (Allan, Payne, & Kerschner, 2015; Campo et al., 2005). Professional staff and administrators aware of the dangers inherent in hazing report feeling discouraged and perplexed by entrenched attitudes and beliefs that support a culture in which hazing is a normalized part of college life (Allan & Madden, 2008). Students' perceptions are nuanced and complex and often go unreported (Allan & Madden, 2008). Hazing is a complex problem that is embedded in campus cultures, serving as an impediment to the mission and positive climates in schools and universities (Allan et al., 2015). Campus communities would be well served by committing to hazing prevention; it should be an integral part of a comprehensive approach to creating healthier and safer campus climates (Allan &

Madden, 2008, 2012; Allan et al., 2015).

The purpose of this case study was to examine the "community readiness" of universities committed to a comprehensive approach to hazing prevention and the promotion of health and safety of their students. Community readiness is the degree to which a community is willing and prepared to take action on an issue (Stanley, 2014). Community readiness has been used in research for over 30 years and is essential to describe the ecological context and organizational system in which the implementation of community change efforts takes place (Boyd & Angelique, 2002; Bronfenbrenner & Morris, 1997; Chilenski et al., 2007; Cummings & Worley, 2001).

The concept of community readiness may be useful for informing campus hazing prevention. A deeper understanding of institutional readiness may lead to practices that encourage broader campus engagement in hazing prevention and ultimately hold promise of commitment to sustainable hazing prevention outcomes in higher education.

Rationale and Significance of Study

Adopting a more comprehensive hazing prevention approach that features environmentally focused strategies is a shift from simply toughening campus policies and stricter enforcement practices (Dejong & Langford, 2002), but currently no "model" for hazing prevention exists that will work for every institution (Allan, Payne & Kerschner, 2015; Langford, 2008).

Postsecondary prevention programs have addressed multiple health-related issues such as sexual assault, suicide, relationship violence, stalking, gambling, and sexually transmitted diseases (U.S. Department of Education, 2007). Underage and excessive consumption of alcohol by college students has long been recognized as a major problem in American higher education

(U.S. Department of Education, 2007), and campus and community groups that include both campus leaders and community stakeholders have been assembled to effectively address environments that promote high-risk drinking (Dejong, Vince-Whitman, Colhurst, Cretella, Gilbreth, & Rosetti, 1998; Linkowski & DiFulvio, 2011; National Research Council, 2003; Toomey, Waganaar, & Lenk, 2007).

Alcohol use, including binge drinking and alcohol poisoning, occurs frequently in many initiation ceremony accounts (Hoover, 1999). Looking across a range of student groups (e.g., marching bands, clubs, athletic teams, fraternities, and sororities), hazing includes elevated levels of substance abuse and humiliation in postsecondary institutions (Allan & Madden, 2008; Hoover & Pollard, 2000). Although high risk alcohol consumption occurs primarily among white students, participation in drinking games is a leading hazing behavior across nearly all types of student organizations and teams represented in the study (Allan & Madden, 2012). Despite university policies prohibiting hazing, some student groups continue to participate in hazing, which often includes physical and psychological abuse and forced alcohol consumption (Allan & Madden, 2008; Drout & Corsoro, 2003). Hazing experiences that include excessive alcohol consumption may make it difficult for students to distinguish between "fun" and hazing (Allan & Madden, 2008).

In a groundbreaking study on hazing among intercollegiate athletes, more than half of participants recounted their involvement in alcohol-related initiation activities (Hoover & Pollard, 1999). A decade later, Crow and MacIntosh (2009) identified alcohol consumption as an unacceptable hazing activity in a study where they categorized hazing activities as (a) alcohol-related initiation; no other unacceptable activities; and, (b) unacceptable initiation activities, other than alcohol-related. In addition, and according to findings published in *Hazing in View*,

the report of the national study of student hazing (Allan & Madden, 2008), college students reported unacceptable, high-risk, and potentially illegal hazing behaviors that included high percentages of alcohol consumption. Initial findings showed 26% participated in drinking games; overall, alcohol-related activities were the most frequently reported hazing behavior for 11,482 survey respondents (Allan & Madden, 2008; 2012). Allan and Madden (2008) also cited that the most frequently reported types of hazing practices (e.g., drinking to the point of passing out) have been implicated in college student deaths in recent years. It is important to acknowledge that alcohol is only one of many forms of abuse (i.e., isolation, humiliation, sleep deprivation, sex acts). However, to ignore the prevalence of the abuse of alcohol in initiations and hazing in college culture is a grave mistake and a missed opportunity to educate students about alcohol and drug abuse (Johnson, 2000, 2002; Johnson & Holman, 2004). Educational programs, intervention and counseling programs, close supervision and scrutiny of student activities, clearly defined policies, and penalties for violations are common recommendations for how universities can begin to address alcohol use in student-athletes in hazing rituals (Johnson & Holman, 2004; Johnson, 2000).

Universities share responsibility for the profound consequences of hazing risks for post-secondary students, including student attrition, abusive campus climates, and negative publicity and would benefit from evidence-based hazing prevention strategies (Allan & Madden, 2012). Well-organized strategies that are evidence-based, innovative, and informed by promising practices from the field poises prevention programs for success (Guttmacher, Kelly, & Ruiz-Janecko, 2010). Scholarly attention to hazing-related issues has been lean; further research is needed to address, among other issues, the gap between student experiences of hazing and their willingness to label these behaviors as hazing (Allan & Madden, 2012).

Researchers investigating the nature and prevalence of hazing across a range of student groups among diverse types of postsecondary institutions hope to inform best practices for intervention and prevention (Allan & Madden, 2008, 2012; Allan, Payne & Kerschner, 2015; Owen, Burke, & Vichesky, 2008). Per the recommendation of scholars focused on hazing research, a University of Maine research team developed the Hazing Prevention Consortium (HPC), to build a framework for evidence- and coalition-based hazing prevention and intervention (Allan & Madden, 2012; Allan, Payne, & Kerschner, 2015).

Hazing Prevention Consortium

The HPC is a planned prevention and intervention project in higher education led by StopHazing. The HPC, a three-year research-to-practice initiative with a group of universities, was launched in 2013 and helmed by researchers in hazing prevention and supported by subject matter experts in related fields. The initiative aims to transform campus hazing cultures by developing evidence-based hazing prevention strategies in collaboration with participating colleges and universities and to support U.S. postsecondary institutions willing to commit to a comprehensive approach to prevention (Consortium Project, n.d.). According to a Memorandum of Understanding (MOU) for the HPC, hazing prevention research should involve multiple stakeholders and be centered on the value of a comprehensive approach that is collaborative, strategic, and sustainable.

The HPC includes both research and practice in an integrated loop in order to build, implement, evaluate, and sustain best practices for eliminating hazing on participating campuses and develop a hazing prevention framework that can be adopted by others (Consortium Project, n.d.). Eight U.S. colleges and universities were recruited to participate in a cohort based on their commitment to launch a comprehensive hazing prevention program. From a strategic planning

perspective, one principle of effectiveness for prevention programs is to implement activities that research or evaluation has shown to be effective (Langford, 2008, 2009). This principle was addressed in the MOU, to which each university agreed.

Participating HPC universities formed campus coalitions with stakeholders from key constituencies, including athletics, student affairs, administrators, and the campus police. Campus coalitions began hazing prevention in the first of a three-year series of activities patterned after the Substance Abuse Mental Health Services Administration's (SAMHSA; an agency within the U.S. Department of Health and Social Services) Strategic Prevention Framework (SPF). The SPF is a planning process that guides selection, implementation, and evaluation of prevention activities (http://www.samhsa.gov/spf). The SPF can be used across a variety of prevention areas, multiple settings, and with many groups. The SPF guided development of the HPC's Core Implementation Strategies, which included "coalition-building, training for administrators and leaders working directly with students, social norms messaging, visible campus leadership statements against hazing, policy and protocol reviews, bystander intervention, and communication to the broader campus community" (StopHazing.org, 2014).

The goals in the first year were focused on assessment, requiring that campus staff gather baseline data relative to campus hazing culture; building and/or sustaining a coalition- based approach to hazing prevention; and putting into place systems to implement core hazing prevention strategies. As the cohort entered its second year, HPC researchers provided structure and guidance with a hazing prevention strategic approach that proceeded from careful analysis of the assessment data to explore the problem of hazing within a specific institutional context (Consortium Project, n.d.). The goal for the second year targeted implementation and aligned the work of the HPC universities to the following components: (a) steering HPC universities to

maintain a coalition-based approach established in the first year; (b) guiding HPC universities to execute identified hazing prevention strategies; and (c) engaging HPC universities in planning for evaluation in Year Three (MOU, 2013). During the third year, the focus became capturing the uniqueness of institutional campus-wide implementation of hazing prevention strategies in order to build a bank of resources for use with future universities. The third year goal was sustainability for functioning coalitions with an assessment data collection of core hazing prevention strategies (MOU, 2013). The research project team continued to provide technical assistance, facilitate communication between HPC institutions, and discuss challenges and successes involved in comprehensive hazing prevention (MOU, 2013).

When research objectives include meaningful involvement by community stakeholders in order to address local health issues in community settings (Giachello et al., 2003; Minkler, 2000), readiness can influence whether health interventions are implemented and ultimately integrated into communities (Castenada et al., 2012). The concept of community readiness for hazing prevention has not yet been systematically explored. Assessing the readiness of HPC universities to implement and sustain the hazing prevention initiatives they are developing can provide additional information with which to understand their successes and shortcomings.

Statement of the Problem

"Promising practices" in prevention are greatest when culturally appropriate and aligned with the community's level of readiness to recognize the problem, understand the importance of prevention, and invest in and implement such practices (Donnermyer et al., 1997; Edwards et al., 2000; Oetting et al., 1995, 2001; Plested et al., 1998, 1999; Thurman et al., 2003). Communities are at many different stages of readiness for implementing programs, and readiness is a major factor in determining whether a local program can be effectively implemented and supported by

the community (Edwards et al., 2000; Jumper-Thurman, Donnermeyer et al., 1997; Oetting et al., 1995; Oetting et al., 1998). Readiness can range from none at all to already having successful prevention in place and making real headway (Edwards et al., 2000; Feinberg, Greenberg, & Osgood, 2004; Oetting et al., 1995; Thurman et al., 2003). Effective and sustainable community mobilization based on multiple systems' involvement, available community resources, and community strengths have the potential to be considerable when the factor of community readiness is taken into account (Edwards et al., 2000; Feinberg, Greenberg, & Osgood, 2004; Oetting et al., 1995; Thurman et al., 2003;). The community readiness model was developed to meet research needs as well as offer a practical tool to help communities ready for change, enabling them to focus on directing their efforts toward a desired result (Edwards et al., 2000). The model's promise lies in its power to assist communities in maximizing resources and minimizing discouraging failures (Edwards et al., 2000).

No community has an easy time when it comes to developing, implementing, or sustaining any kind of prevention program (Edwards et al., 2000). The problem to be addressed in the following research is that the HPC implementation of evidence-based hazing prevention strategies occurred without knowledge of the stage/level of readiness of participating campus communities. The Community Readiness Model (CRM) takes into account prior involvement in prevention programming, knowledge about prevention programming, leadership and community support, information and awareness about the health issue, and available funding for prevention programming (Donnermeyer, 1997). The CRM literature hypothesizes that communities that are further along the readiness continuum will be more prepared to enact prevention programming and will thus experience greater levels of effectiveness and sustainability (Freedman, Whiteside,Brandt, Young, Friedman, & Hebert, 2011). Knowledge about the community

readiness of HPC universities will help assess preparedness to address hazing prevention, ensure foreword action, and potentially increase successful intervention, and ultimately transform hazing cultures.

Community Readiness Model (CRM)

The CRM was developed to measure a community's readiness and identify what methods should be applied to ensure that a prevention program is effective and sustained (Donnermeyer, Plested, Edwards, Oetting, & Littlethunder, 1997; Oetting et al., 1995; Oetting, Jumper-Thurman, Plested, & Edwards, 2001; Plested, Jumper-Thurman, Edwards & Oetting, 1998; Plested, Smitham, Thurman, Oetting, & Edwards, 1999; Thurman, Plested, Edwards, & Oetting, 2000). The CRM is based on the underlying premises that: (1) communities are at different stages of readiness for dealing with specific problems; (2) a higher stage of readiness will lead to more effectiveness in addressing the problem; (3) the stage of readiness can be accurately assessed; and (4) appropriate actions to increase a community's readiness level depend on the community readiness stage (Kelly & Stanley, 2014). The CRM interviews are designed to identify the readiness of communities to accept prevention programming and to measure targeted key members of a community relative to "community norms" and the community's gatekeepers (Stanley, 2014).

Community readiness has been measured through the use of key informants in the community (Oetting et al., 1995). Researchers for the Tri-ethnic Center for Prevention Research (Oetting, Pleasted, Edwards, Thurman, Kelly, & Beauvais, 1975) developed the Community Readiness Model (CRM) to help communities more successfully address issues such as drug and alcohol abuse and HIV/AIDS prevention (Stanley, 2014). Although the original model (Oetting et al., 1995) was used in assessing community readiness for substance abuse prevention and

intervention programs, it was designed with the supposition that readiness would be relevant to a wide variety of community-based prevention efforts. To date, studies have expanded the model's application to include other health-related prevention programs, social programs, and policy initiatives. The CRM provides a mechanism for community mobilization, a necessary means for health policy change (Slater et al., 2005). Although few studies have directly measured a community's readiness for public policy change or evaluated a policy's effectiveness, the model appears to be suitable for this purpose, as health policy development is a public health intervention.

The CRM has been used to understand readiness for increasing smoke-free environments and local policy development; it assisted in identifying advocates with helpful information for advancing smoke-free policy (York & Hahn, 2008). The CRM, during that same timeframe, was used to study the progress of a campus tobacco coalition to determine strategies for readiness regarding tobacco policy at the University of North Carolina, Wilmington (Whipple, Caldwell, Simmons, & Dowd, 2008). Their findings indicated the North Carolina campus to be in the Initiation Stage of readiness (i.e., "this is our responsibility; we are now beginning to do something to address this issue").

Reasons for using the CRM are numerous. It can conserve valuable resources (e.g., time, money, people), because it is efficient, inexpensive, and an easy-to-use tool; it promotes community recognition and ownership of the issue at hand; it helps to assure that strategies are culturally congruent and sustainable in promoting strong community ownership; it encourages the use of local experts and resources instead of reliance on outside experts and resources; and finally, it creates a community vision for healthy change (Kelly & Stanley, 2014).

One way to find out what is going on in a community is to ask the people in that

community (Edwards et al., 2000). Indeed, the key informant method has a long and successful history in needs assessment (Aponte, 1978; Edwards et al., 2000; Hagedorn et al., 1976; Schwab, 1975; Werlin, 1976). Multiple key informants, when involved with the community, may know what is happening with students regarding hazing practices and/or hazing policy and prevention.

Looking across multiple levels of influence within each university, and interviewing key informants to elucidate perspectives for every HPC campus community, will assist in identifying the capacity or readiness of each campus community to meet HPC goals. The Community Readiness Model (CRM) can be used to assess readiness for change and assist with increased capacity for the implementation of comprehensive hazing prevention (Stanley, 2014).

Because the process of community change is often multifaceted and challenging, a noteworthy value of the CRM is guiding those involved in prevention efforts toward focused and manageable strategies. Additionally, the CRM recognizes influential factors in campus community environments and helps to reinforce other key variables for moving communities forward with their plans (Kelly & Stanley, 2014). It pinpoints readiness as a major factor in determining whether prevention programming provides effective communication and is supported by a community (Stanley, 2014), which in turn permits the development of community interventions that correspond to the level of readiness of the community. This sets up communities for maximal success.

The CRM allows researchers to understand the community context in which programs are implemented (Kakefuda, Stallones & Gibbs, 2008). According to researchers at the Tri-ethnic Center for Prevention Research, communities that do not move forward with their prevention goals due to political changes within the communities and/or personnel changes, may cause those who have been trained to leave the community (Edwards et al., 2000).

The CRM is a practical tool meant to help communities mobilize for change (Edwards et al., 2000). Based on experience working directly with communities, strategies for change and successful implementation at each stage of readiness were developed to allow communities to move towards more advanced levels of readiness (Edwards et al., 2000). University communities positioned to engage in hazing prevention need to be *"ready"* in order to effectively implement prevention programming. Examining the readiness of the university communities participating in the HPC study can help identify factors that may influence the successful implementation of hazing prevention programs. Although it might seem that readiness is signaled by a university's willingness to participate in the HPC, readiness means something more. The aim of assessing readiness is to identify specific characteristics relative to different levels of problem awareness and readiness for change (Plested, Thurman, Edwards, & Oetting, 1998; Oetting, Thurman, Plested, & Edwards, 2001; Plested, Jumper-Thurman, & Edwards, 2006; Thurman, Plested, Edwards, Foley, & Burnside, 2003). Knowledge about readiness can shed light on the processes needed to address hazing programmatically (Travis, Learman, Brooks, Merrill, & Spence, 2012). Matching an intervention to the community's level of readiness is essential for success (Plested, Jumper-Thurman & Edwards, 2006).

Research Questions

The purpose of this study was to assess community readiness of universities participating in a multi-year hazing prevention initiative. In seeking an in-depth understanding of the role community readiness plays in the adoption of a comprehensive hazing prevention approach, it is essential to study factors that influence engagement in, and commitment to, hazing prevention in higher education. The following research questions guided the methods and strategies used in this investigation:

(1) What is the level of community readiness of HPC universities to implement and sustain comprehensive hazing prevention?

(2) What factors were perceived to influence capacity and readiness to meet HPC goals?

(3) What readiness factors were perceived to strengthen a comprehensive approach to hazing prevention?

Gap for Hazing Prevention Readiness in Higher Education

The review of the hazing literature shows a significant gap between hazing-related research and the evidence-based planning and implementation needed for hazing prevention in Institutions of Higher Education (IHE). To date, the HPC has provided the most sustained research in hazing prevention research. The HPC research aided in identifying stages/levels of readiness as well as highlighted factors that may positively influence the implementation and sustainability of hazing prevention efforts. The current study contributes to the CRM literature by assessing readiness for future hazing prevention in higher education.

Readiness Conceptual Framework for Hazing Prevention

Using a socio-ecological approach can lead to a more comprehensive understanding of health-related issues and provide a foundation for more effective health interventions for real people living in complex environments (Guttmacher, Kelly, & Ruiz-Janecko, 2010). The Socio-ecological Model Framework (SEM) (Bronfenbrenner, 1977, 1979) has been used to identify the levels of influence that may make hazing prevention more successful.

Norms and attitudes represented within the SEM levels of influence (refer to Table 2.1, Chapter 2) must be taken into consideration because the principles of readiness are essential to ensuring that prevention programs are designed to fit for those most affected by the potential

change (Oetting et al., 1995). Community readiness focuses on how to mobilize communities by creating programs that match levels of readiness in response to the local dynamics of the community (Dnika, Learman, Brooks, Merrill, & Spence, 2012; Thurman, Plested, Edwards, Foley, & Burnside, 2003). Similarly, Weiner, Amick, and Lee (2008) characterized readiness as "the extent to which community members are psychologically and behaviorally prepared to implement change at the organizational level (p.3). Thus, perceived readiness factors are critical to sparking desired change(s) in organizations and communities (Weiner et al., 2008). Preparing members of stakeholder groups within SEM levels of influence to gear up for change is likely to be quite involved due to the need of articulating shared values and building consensus among members (Donnermeyer et al., 1997). To reap the benefits, all stakeholder groups need to be involved in hazing prevention. Within the process lies recognition of the capacity of community and organizational members to buy-in to facilitate investment (across all levels of influence), ensuring hazing prevention programming is culturally relevant (Thurman et al., 2003).

To strengthen data analysis for this investigation, I developed a hybrid conceptual framework, looping in prevention program planning and evaluation to illustrate a relationship between SEM levels and stages of *readiness* for hazing prevention. The Readiness Conceptual Framework (Figure 1.1) merges the SEM and CRM in a visual display of the research relative to *readiness.*

The Readiness Conceptual Framework for hazing prevention illustrates a synergistic relationship between SEM levels of influence and the CRM stages of readiness. The framework is an interpretive interaction that merges planning and evaluating in a linked utilization of levels of influence and stages of readiness. The CRM studies are well established: a problem can be measured across multiple dimensions (leadership, resources, knowledge of issue, community

efforts and community climate), can be variable across dimensions, and can be variable across different segments of the community so that communities are able to successfully implement change Community Tool Box, n.d.). One underlying premise in the CRM Handbook (p. 11) is that stages of readiness can be accurately assessed.

The synergistic relationship allows potential for a researcher to more accurately describe and identify prevention in the levels of influence and in scored meanings of stages of readiness. For example, when the levels of influence are more deeply represented, there may be a greater likelihood of higher readiness scores. If one level of influence is weak or missing a key factor, then readiness scores may reflect lower – showing less acceptance at one level of influence. In a similar way, evaluating and/or scoring communities for readiness, a plan of action may be more accurately designed to assist moving a community further ahead in hazing prevention strategy implementation. In multiple studies regarding prevention programs showing significant effect(s) in communities, reducing rates of problem behaviors demands coordination of strategies across a range of community actors (Butterfoss et al.,1993; National Crime Prevention Council, 2000).

SEM *Levels of Influence*	*Intrapersonal*	*Interpersonal*	*Organizational*	*Community*	*Public Policy*
University	Hazing (Student Data)	Club, Team & Student Orgs. Anti-hazing Information	Policy, Protocols	Hazing Awareness; Cultural Norms	Hazing Regulation State Law

Strategic Prevention Framework **- Planning and Evaluation-** *Core Implementation Strategies*

CRM ***Stages of Readiness***	No Awareness Denial/Resistance	Vague Awareness	Pre-planning	Preparation Initiation Community Acceptance	Stabilization Community Ownership	Resistance

Figure 1.1. HPC Readiness Conceptual Framework.

Organization of this Manuscript

Chapter two reviews the literatures on hazing and comprehensive prevention planning in higher education. An in-depth description of the theoretical frameworks utilized as well as a review of the literature on the Community Readiness Model (CRM) set the stage for this case study. Chapter three addresses the methodology employed: first, description of the population and sample; second, a portrayal of the research design; third, a discussion of data collection procedures; and lastly, presentation of procedures utilized for holistic analysis. Holistic analysis of the case includes description, themes, and interpretations or assertions of the whole case (Yin, 2003). In chapter four, the case study findings are presented in tables, figures, and narrative descriptions. Finally, in Chapter five, I discuss the implications of this research. The usefulness of the CRM in assessing community readiness for HPC prevention efforts is discussed, and the CRM is advanced as a promising tool for future hazing prevention efforts in higher education.

CHAPTER 2

LITERATURE REVIEW

Initiatives designed to raise awareness about hazing and reduce the likelihood of its occurrence are in place at select universities (NASPA, n.d.). For example, Florida Atlantic University implements hazing prevention during National Hazing Prevention Week, to educate university students to recognize, prevent, and report hazing http://www.fau.edu/fslife/hazing. At the University of Colorado Boulder, every Greek Letter organization is required to prohibit any form of hazing in any of their programs and activities and educate all active and new members regarding hazing (http://www.colorado.edu/greeks/information-greek-life/hazing). Despite these efforts, hazing persists (Allan, Payne, & Kerschner, 2015; Allan & Madden, 2012).

In this chapter, I review the literatures on the nature and extent of hazing in the U.S. and on health promotion and ecological perspectives in higher education. The literature on campus violence prevention is also included. I then delineate the Strategic Prevention Framework, used by the Hazing Prevention Consortium to frame their prevention approach. Then, I explain the Socio-ecological Model more in-depth. Finally, I discuss the Community Readiness Model literature and its potential usefulness for hazing prevention work in higher education.

The Issue: Hazing

Initiation and Hazing

Across societies and time, groups have initiated new members through rituals designed to foster a sense of belonging, and sometimes those rites or activities have crossed the line into hazing – behavior that is humiliating, dangerous, or even illegal (Hoover, 1999; Johnson, 2002, 2007, 2009; Holman, 2004; Nuwer, 1990). Scholars have examined the boundary between hazing and initiation to better understand exactly when that line has been crossed. Initiation

frequently refers to a trial period that must be completed before one is allowed to enter into the sacred meetings of a society with all the rights, responsibilities, and obligations that full membership affords (Winer, 2007). Hazing can occur through reprisals, retaliations, and exclusions (Kirby & Wintrup, 2002; Robinson, 2001). When groups or teams make use of humiliation and danger to initiate new members, initiation becomes hazing (Hoover & Pollard, 2000).

Hazing, in the U.S., is often considered a negative form of initiation when dangerous and/or high-risk activities are included (Kirby & Wintrup, 2002; Wintrup, 2003). While it gives the perception of accomplishing the goals of initiation, it often fails to do so (Wintrup, 2003), and it can be uniquely violent and dangerous (Somers, 2007). Hoover and Pollard (2000) argued that this type of initiation is anti-social and unacceptable.

Hazing behaviors are not universally regarded as negative. A prevalent and longstanding view is that hazing is a harmless rite of passage designed to help develop camaraderie and respect among teammates or other peer groups (Kittle, 2012; Taylor, 2001). Defenders of hazing make statements such as, “Hazing is seldom dangerous despite the occasional tragedies and deplore as we might the existence of any hazing, a sense of balance is required” (Fitzgerald, 1962, p. 141). Additionally, several scholars have noted that participation in Greek-letter student organizations, despite the widespread use of hazing as initiation, has been found to increase retention and student engagement (Hayek et al., 2002, Pike & Askew, 1990). For many, hazing is an acceptable means to a desired end (Kittle, 2012).

One study estimated that 80% of National Collegiate Athletic Association (NCAA) athletes experienced some form of hazing when joining a team (Hoover, 1999). In the Hoover study, she described initiation rites as ‘‘comprised of pro-social behaviors that build social

relationships, understanding, empathy, civility, altruism, and moral decision-making'' (Hoover, 1999. p.3) and espoused that when conducted properly, they have a place in sport and society (Crow & MacIntosh, 2009). Similarly, 100% of athletes responding to a nationwide survey on hazing practices were involved in some form of initiation when joining their athletic teams, yet only 12 percent reported the initiation as hazing (Hoover, 1999).

Several authors have chronicled the frequent occurrence of hazing in athletic settings and have confirmed that the number of reported hazing incidents on athletic teams at all levels (e.g., high school, university, amateur, and professional) has continued to increase (Allan & Madden, 2008; Crow & MacIntosh, 2009; Hoover & Pollard, 1999; Saunders & Bente, 2013; Thomas, 2003; Zeigler, 2006).

Though efforts have been made to advance the prevention of hazing, such as the 2008 NCAA Hazing Prevention Summit, the problem persists in sporting organizations (Allan & Madden, 2008; Saunders & Bente, 2013). Further, when hazing deaths occur among athletes, overwhelmingly alcohol has been involved (Hollmann, 2002; Nuwer, 1999; Rutledge, 1998). More importantly, it is incumbent on researchers to examine dangerous and risky behaviors (e.g., high levels of alcohol consumption) acknowledged after numerous hazing events in higher education.

Hazing and Campus Culture

Recent research suggests that hazing is woven into the fabric of student life and campus culture in U.S. colleges and universities (Allan & Madden, 2008; Allan, Payne, & Kerschner, 2015). Sixty-nine percent of college students in a national study recognized hazing as part of campus culture, largely due to an awareness of hazing practices within teams or student organizations other than those in which they participated (Allan & Madden, 2012). However,

even when hazing occurs in higher education settings, it is not always recognized as such by students (Allan & Madden, 2008). In one study, 9 out of 10 students experiencing hazing behaviors reported that they had not been hazed (Allan & Madden, 2008, 2012). Prior knowledge of a group's hazing activities does not appear to deter students from signing up – 32% of students said they had heard of or were aware of hazing behaviors before joining a team or other student organization (Allan & Madden, 2008). Furthermore, many students either condone hazing or see it as "work" that needs to be completed – community service not being defined as "work" (Montague et al., 2008, p. 273).

Some self-reports of students who have participated in hazing are at odds with the view that hazing promotes group unity and fosters camaraderie. The majority (two-thirds) of respondents in a national study survey did not cite group bonding or team unity as outcomes of their hazing participation (Allan & Madden, 2008). Similarly, three-fourths of respondents did not feel a "sense of accomplishment" after completing hazing activities.

Hazing can be used as a way for athletes to foster a distinction between themselves (the in-group) and outsiders (Crow & MacIntosh, 2009; Keating et al., 2005; Kirby & Wintrup, 2002). New athlete initiates, known as rookies, have reported being grateful for hazing, because it means they are then considered privileged members of the team (Holman, 2004). The power differential that exists between team veterans and rookies, however, makes it all but impossible for new members to decline participation in hazing; instead, rookies must toe the line and display absolute commitment to their sport by learning and participating in the requirements, including hazing, for team membership. Through meeting their teammates' expectations, athletes show their dedication, commitment, and willingness to "take one for the team" (Allan, 2004; Bryshun & Young, 1999; Kirby & Wintrup, 2002; Waldron & Kowalski, 2013).

Stereotypes about hazing suggest that it is only a problem in athletics and Greek-letter organizations (Allan & Madden, 2008). Most often students base what they know about hazing on what has been shown on TV with fraternities and sororities (Allan & Madden, 2008). Although fraternities are frequently blamed for reckless and deadly hazing activities, sororities, military organizations, athletic teams, marching bands, and other clubs also engage in such practices (Cimino, 2013; Crow & Rosner, 2002; Ellsworth, 2004; Holmann, 2002; Hoover, 1999; Hoover & Pollard, 2000; Nuwer, 1990, 1999; Shaw, 1992, Silvera & Hudson, 2016; Wegener, 2001; Winslow, 1999).

Nature and Extent of College Hazing

Hazing is a broader campus problem that can touch any student, not only those involved in athletics or the Greek-letter organizations. Hazing experiences reported by college athletes can be described generally as degrading, physically overpowering, alcohol-fueled events (Waldron & Krane, 2005). Since its inception in the mid-1990s, www.StopHazing.org has received reports of hazing involvement among students in marching bands, theatre groups, ski clubs, church groups, club sports, freshmen camps, orientation groups, military groups, residence living units, and other social and academic clubs (Allan & Madden, 2008).

The intensity of hazing activities involved in initiation periods often escalates over time. This change in the character of hazing from early to later events is consistent with "foot in the door techniques" (Keating et al., 2005). Foot in the door is a technique used by groups to encourage compliance; once individuals agree to small requests, the likelihood of agreeing to subsequent larger requests is greater (Keating et al., 2005).

Another study found that athletes' hazing rituals include beatings or paddling, forced and excessive alcohol consumption, shaving heads, and engaging in or simulating sexual acts

(Waldron & Kowalski, 2009). Hazing can involve embarrassing, disgusting, painful, and challenging facets where victims are often put at risk for physical, psychiatric, and social harm that can lead to feelings of shame as well as reluctance to report what has occurred (Finkel, 2002; Keating et al., 2005).

More than half (55%) of respondents reported at least one hazing experience; 61% of male respondents and 52% of female respondents involved with a student organization or team experienced a behavior that met the standard definition of hazing (Allan & Madden, 2012). Reported hazing experiences included: (1) being awakened during sleep and/or sleep deprivation, (2) association with specific people and not others, (3) being transported and dropped off in an unfamiliar location, (4) enduring harsh weather conditions without proper clothing, (5) humiliation (e.g., attend skits or roasts where members are embarrassed, disgraced, or shamed), degradation (i.e., being yelled at or cursed at by other members), (7) drinking large amounts of non-alcoholic beverages, (8) drinking game involvement, (9) tattoos or body piercings, (10) performing embarrassing singing or chanting in public spaces on campus, (11) wearing embarrassing or unclean clothing, and (12) watching and performing sex acts (Allan & Madden, 2012). The seriousness of sexual assault, some of which is fatal, has been reported frequently. In the last five years, one scholar, Susan. P. Stuart (2013), has written about hazing and sexual harassment in the *New England Law Review*.

"Warriors, Machismo, and Jockstraps: Sexually Exploitative Athletic Hazing and Title IX in The Public School Locker Room" (Stuart, 2013) describes how physically abusive and sexually exploitive hazing on boys' athletic teams in public schools has become an increasingly frequent feature in the news. The attributes of sexually exploitive hazing have all the earmarks of sexual harassment and sometimes sexual assault:

"Team leaders use sexual assaults to keep younger members in their place, feminize them by asking young members to dress like women, or otherwise challenge their ability to conform to a hegemonic masculine sports stereotype (Stuart, 2013)."

Actionable harassment is determined by the constellation of circumstances that surround the gender-oriented conduct, including students' ages, expectations, relationships, and the number of students involved. Sexual harassment is prohibited behavior under Title IX and includes any unwanted and unwelcome sexual advances; gender-targeted harassment, and not just sexually suggestive behavior, has proved sufficient to prosecute in court under Title IX (Stuart, 2013). Indeed, sexually exploitative hazing often leads to athletes being charged with crimes committed during hazing activities. These types of hazing behaviors can have legal consequences.

Institutional and Legal Consequences of Hazing

Hazing involves potential liability issues for universities and national fraternal organizations (Crow & Rosner, 2002; Ellsworth, 2013). There are litigation costs associated with combating hazing and medical costs associated with addressing injuries connected with hazing (Montague et al., 2008). One costly form of legal action is civil. Parents of victims have brought civil suits against universities and local and national headquarters of fraternities (Finkel, 2002). The results have been variable, but some families have won or settled for anywhere from hundreds to millions of dollars (Nuwer, 1999; 2016).

As the number of deaths and injuries continue to grow, institutions of higher education are becoming more and more likely to be held responsible, in part, or sued because they failed to take appropriate and necessary action to combat hazing (Crow & Rosner, 2002; Ellsworth, 2004; Hollmann, 2002; MacLachlan, 2000). For educational institutions, some of the risks include

student attrition, abusive campus climates, and negative publicity (Allan & Madden, 2008).

Most states have criminalized hazing practices; however, there is lack of uniformity from state to state (Montague et al., 2008). Hazing is illegal in 44 states, but six states do not have anti-hazing laws: Alaska, Hawaii, Montana, New Mexico, South Dakota, and Wyoming ("States with Anti-Hazing Laws," n.d.). It is a crime to engage in hazing in many states and a crime to know of hazing and not report it (Montague et al., 2008). Massachusetts, for example, obligates secondary and postsecondary schools to provide all students with the state's hazing policy and penalizes schools for not reporting a witnessed hazing incident (Finkel, 2002).

A Florida statute made serious hazing a felony in 2005 and required that each university adopt a written anti-hazing policy (Finkel, 2002). Florida's hazing law was tested in 2014 by an incident in the marching band at Florida A&M University (FAMU). Dante Martin, a band member, was convicted and sentenced to a minimum one-year sentence and up to 22 years (15 for manslaughter; seven for three counts of felony hazing) in the beating and death of Robert Champion, another FAMU band member (2014, November 3). Following the verdict, the Florida State Attorney stated that he hoped the seriousness of the Martin judicial decision would deter other young men and women in band, athletics, fraternities, and clubs from conducting hazing activities qualifying as demeaning and deadly. A jury deliberated just two hours before delivering the verdict to Circuit Judge Renee Roche (2014, November 3), demonstrating that hazing consequences are becoming more severe (more so than in the past). As more hazing allegations end up being settled in courts, state hazing laws are upheld in decisions that highlight the seriousness and as a result, provide significant remuneration for hazing victims and their families.

Considerable financial cost of hazing may be best illustrated in a lawsuit brought by a

former Francis Marion University (FMU) student in South Carolina after he was hospitalized in October 2011 for eight days following a "Hell Night" initiation process for Phi Beta Sigma's Francis Marion chapter. The student was allegedly beaten with hazing paddles that caused acute renal failure and damages to his internal organs, according to his attorney. The former student filed a 2013 civil suit against an active Phi Beta Sigma member, FMU alumnus, and Florence high school teacher. The student won a $1.6 million settlement (Nuwer, 2016).

In conclusion, the extant literature shows the consequences of hazing to be costly (psychologically and physically) to students involved as well as financially to university campuses and surrounding communities (Allan & Madden, 2012; Finkel, 2002). The literature points to the seriousness of hazing in higher education and to institutional responsibility for hazing prevention. Additionally, comprehensive prevention planning framed in the health promotion and readiness literature supports cultural change for institutions in which hazing practices thrive, in order to promote student safety and protect the lives of all involved.

Comprehensive Prevention Planning in Higher Education

Changing social and physical environments, policies, and implementing interventions to address the individual level provides a workable structure for improving the overall health and safety of university students (Wells et al., 2014). The social environment includes the primary influence on individuals, the community or organizational climate, which, in turn, impacts the degree that community conditions promote positive versus negative behaviors (Casteneda et al., 2012). Understanding community climate is a critical part of understanding the hazing culture of that community. Prevailing norms (e.g., views on hazing) can determine if the community will accept or reject a prevention intervention (Beebe et al., 2001). Therefore, it is important to assess the degree to which the community climate promotes positive change, helps coalition planners

remove obstacles, and provides incentives for innovative program adoption (Casteneda et al., 2012; Stith et al., 2006).

Based on principles of prevention science (Nation et al., 2003), comprehensive hazing prevention in higher education is best when research-based and systematically evaluated and when all students, campus staff, administrators, faculty, alumni, and family members make a serious commitment to stop hazing behaviors (Allan & Madden, 2012; Allan, Payne, & Kerschner, 2015). Intervention and prevention efforts designed broadly and implemented in an encompassing manner, specifically addressing students involved in campus organizations and athletic teams, are considered best practices (Allan & Madden, 2012). Educational awareness needs to start early in students' campus experiences and send a clear message that hazing will not be tolerated and that those engaging in hazing will be held accountable (Allan & Madden, 2012).

Public health issues, such as hazing, are complicated problems. Comprehensive solutions are most likely to come through systematic approaches that allow for feedback and evaluation as they are devised. There is no one-size-fits-all solution for high-risk behaviors in higher education settings (Langford, 2008). Taking into account the complexity of today's social problems as well as understanding the diverse settings, structures, cultures, and students on their campus will likely help campus administrators find the interventions their campus needs (Langford, 2008). In other words, programs that are targeted to meet the needs and circumstances particular to each campus are likely to be most effective and successful.

The public health approach to prevention is informed by a "science of prevention" in which strategies for intervention and prevention are grounded in theory and research, include rigorous assessment and evaluation, and are based on accurate information and analysis (Allan, Payne & Kerschner, 2015). Hazing prevention builds on other fields in public health that address

the prevention of sexual assault, violence, and substance abuse, among other phenomena (Allan, Payne & Kerschner, 2015). Following prevention protocol for addressing violence in higher education, an environmental scan can be performed, utilizing a campus ecological perspective to analyze what is going on in a college campus.

Campus Violence Prevention

A problem analysis that includes statistics, policies, and programs provides a thorough review of campus conditions to help college administrators identify campus assets and existing initiatives that can be mobilized as part of a coordinated and comprehensive campus response (Langford, 2004). Program analyses for prevention begins with an environmental scan on hazing and other violent behaviors. From a public health perspective, a program must be analyzed to must begin with acceptance and understanding that violence is a complex issue and assumes many forms. According to Langford (2004), a long list of types of campus violence includes hazing; and, studies have found that no single factor can pinpoint the causes of violent behaviors. Many factors, such as individual characteristics and attributes of campus and community environments, can be organized according to the social-ecological framework (Chalk & King, 1998; Reiss & Roth, 1993; Stokols, 1996;). The nature and strength of these factors will vary across settings and by type of violence (Reiss & Roth, 1993). The SEM recognizes that health- and safety-related behaviors are shaped through multiple levels of influence—individual, group, institutional, and community as well as public policy and societal factors (Langford, 2004).

Furthermore, Langford (2004) emphasized the recommendation(s), commonly made in prevention science, to utilize a delineated process to guide the work of campus and community stakeholders. Once a course has been identified by senior administrators, Langford (2004)

suggested that leadership establish as well as support the long-term, collaborative process to create and sustain a comprehensive, strategic, multi-component, coordinated approach for preventing violence and promoting safety on campus. Multiple partners must be brought together to examine local data; identify and prioritize local problems; target those problems with an appropriate mix of strategies; construct a logic model, work plan, and evaluation plan; create infrastructure to support implementation; and evaluate the effectiveness of these efforts (Langford, 2004). When the analysis has been conducted, a planning process is set to formulate integrated initiatives addressing violence and to coordinate efforts across different types of violence (Langford, 2004). The planned efforts expand an ecological approach for community-based interventions and set the foundation for creating comprehensive hazing prevention.

Comprehensive Hazing Prevention Recommendations

Key recommendations to universities for creating comprehensive hazing initiatives are: (a) identify and address multiple contributing factors across multiple levels of influence (i.e., individual, peer, and group), (b) conduct a local analysis, (c) include prevention, early intervention, and response components, (d) use multiple, coordinated, and sustained strategies, (e) ensure programs, policies, and services are coordinated and synergistic, (f) ensure that each component of the initiative has clearly defined goals and objectives that are informed by data and research, and (g) build collaborations or partnerships (Langford, 2008). According to research conducted on campus-based environmental management with a focus on preventive approaches, the vast majority of colleges and universities have not put into place the basic infrastructure necessary to develop, implement, and evaluate a comprehensive approach needed for a comprehensive program (Dejong & Langford, 2002, 2008). A task force that reports directly to the university president, who publically expresses support and invests money and resources for

hazing prevention, has more potential to be successful (Dejong & Langford, 2002, 2008), rather than merely focusing on specific student groups (e.g., fraternities/sororities, intercollegiate athletics).

Utilizing a set of principles and a collaborative process helps campuses and communities create hazing prevention initiatives tailored to their needs and circumstances (Langford, 2008). For designing effective interventions, the principles are prevention-focused, comprehensive (addressing all campus constituents and on- and off-campus settings), planned and evaluated, strategic and targeted, research-based, coordinated and synergistic, multi-component oriented, and supported by infrastructure, institutional commitment, and systematic (Langford, 2008).

Health Promotion in Higher Education

Educational awareness alone has not been sufficient as a deterrent against unhealthy behaviors on most college and university campuses; a more holistic approach is needed (Campo et al., 2005). Contemporary health promotion includes efforts to change organizational behavior, as well as the physical and social environment of communities; to develop and advocate for policies that support the community environments; and to employ a range of strategies that operate on multiple levels (Campo et al., 2005).

One relevant definition of community used in health promotion interventions is that it is "an ecosystem with capacity to work toward solutions to its own community identified problems or community as a social system (Hawe, 1994; Whitefield, 2013). In fact, designated health promotion intervention involves harnessing and enhancing natural problem-solving and helping the process in the community (Hawe, 1994; Whitefield, 2013)." The concept was built on an earlier definition describing community as a geographic/demographic cluster or a "unit" for addressing health or social problems. This type of conceptualization of community was

designated as a “unit of solution” (Hawe, 1994). Moreover, framework principles of the American College Health Association (ACHA) highlight institutions of higher education (IHEs) as symbolic units of collective identity that function on units of patterned social interactions. Colleges and universities, as institutions of higher education, fit the ACHA definition of community.

The ACHA promotes campus health care for students and provides leadership for advancing the health of college students and campus communities through advocacy, education, and research (acha.org, n.d.). The ACHA guidelines are useful for planning and serve as a practice tool that health educators can use in implementing health intervention programs to promote protective lifestyle behaviors on university campuses (Wells et al., 2014). As recently as 2012, the Standards of Practice for Health Promotion in Higher Education revised guidelines to continue serving the assessment and quality assurance of health promotion in higher education. At the same time, the guidelines provide a more explicit scope of practice and essential functions for the field for health promotion and prevention (ACHA, 2012; National Commission for Health Education Credentialing, 2010). The framework principles for guiding health promotion practice are: (1) health is the capacity of individuals and communities to reach their potential, (2) the specific purpose of health promotion is to support student success, (3) IHEs are communities, (4) health promotion professionals in higher education practice prevention, and (5) health promotion in higher education is facilitating, rigorous, and inclusive (ACHA, 2012).

Closer examination of the principles illuminate IHEs as communities (i.e., a symbolic unit of collective identity that functions on units of patterned social interactions). The principles also aid in providing specificity via community components. While health promotion

frameworks recommend collaborative and organizational efforts of health promotion professionals include mobilizing a wide range of interdisciplinary campus community partners (Wells et al., 2014). In addition, utilizing a socioecological-based approach is key to examining and addressing health issues at multiple levels: intrapersonal, interpersonal, institutional, community, and public policy (ACHA, 2102; Nation, Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, & Davino, 2003). At its core, the work of health promotion prevention models a socio-ecological approach in that it takes into consideration both personal and campus population-level problems, while enhancing individual, group, and institutional health and safety (ACHA, 2012).

In community-based hazing prevention, the socio-ecological approach is a way to study the complex interplay between the individual, relationship, community, and societal factors (Dahlberg & Krug, 2002). It allows an understanding of the range of factors that put people at risk for violent behaviors within an ecological approach for community-based interventions.

Ecological Approach for Community-based Health Interventions

The ecological perspective emphasizes the interaction and interdependence of factors within and across all levels of a health issue, giving considerable weight to people's interactions with their environments (U.S. Department of Health and Human Services, 2005). Taking an ecological perspective offers the advantages of multilevel interventions that combine behavioral and environmental components. Two key concepts of the ecological perspective help to identify possible intervention points for promoting health: first, behavior both affects and is affected by multiple levels of influence; and second, individual behavior both shapes, and is shaped by, the social environment (U.S. Department of Health & Human Services, 2005).

From an ecological perspective, knowledge and understanding relevant to desired health

actions, are important. An ecological perspective is characterized by the following principles: (1) different dimensions of well-being are reciprocal and linked in multiple ways environmentally, (2) individual and community well-being are contingent upon multiple aspects of the person/population, as well as multiple dimensions of the environment, (3) health is an outcome of the quality of the person-environment fit, (4) certain individual or environmental conditions exert a disproportionate amount of influence on health and well-being, and (5) whereas physical and social environments are interdependent, a comprehensive understanding of health results from multidisciplinary approaches (Grzywacz & Fuqua, 2000).

An ecological approach is fundamentally concerned with specifying individual and environmental conditions for individual action. Applying ecological theory to community-based health interventions relies on understanding principles that illuminate the fit between individuals and their environment while understanding that environment and social conditions interact with individuals to exert influences on their health and safety (Guttmacher et al., 2010). Multiple psychosocial and environmental influences on health-related behavior encompass knowledge and education, beliefs, values, attitudes, social norms, behavioral intentions (e.g., level of probability of readiness to act; stage of change), behavioral outcomes, and environmental (includes policy development and implementation) as well as individual levels of support (Green & Tones, 1999; Tones & Tilford, 1994). In sum, an ecological approach calls for an interdependent, multidimensional, multilevel, interactional view of the etiology of individual or community health (Grzywacz & Fuqua, 2000). Within an ecological approach, health promotion is integral.

Hazing Prevention as Health Promotion

Health promotion is defined as a process of enabling people to achieve maximum potential for optimal health, encouraging increased control over and improved health in their everyday lives

(Green et al., 1996). A strong reciprocal relationship between behavior and environment defines health promotion – making a combined education and ecological approach core. Ecological approaches in health promotion view health as a product of the interdependence between the individual and subsystems of the ecosystem such as community, culture, and physical and social environments (Macdonald & Bunton, 1992). The ecological approach for health promotion prevention programming sets the stage for hypothetical application of the SEM to best understand readiness.

Hazing is a threat to the health and safety of students in higher education (Allan & Madden, 2012; Allan et al., 2015) as hazing allegations, injuries, and deaths are continuing realities on college campuses (Allan & Madden, 2015; Saunders & Bente, 2013). These allegations and injuries stem from students involved in Greek life, athletics, student leadership organizations, the band, and other student groups on campus (Saunders & Bente, 2013). Campus administrators have a duty and responsibility to create an environment that fosters education and leadership, while maintaining the safety of students who participate in co-curricular opportunities, (Saunders & Bente, 2013); and, hence hazing prevention and other forms of violence have become a priority.

Knowing and understanding the role of health programming on university campuses is key to promoting the health and safety of student populations. Health promotion and the prevention of life-threatening behaviors go hand in hand as each provides a way to understand what might protect students and change university cultures that normalize dangerous student behaviors, such as high-risk drinking, suicide, relationship violence, and hazing (Allan, Payne, & Kerschner, 2015).

Theoretical Frameworks

Theories are useful during the various stages of planning, implementation, and evaluating prevention programming (Lewis, Rimer, & Glanz, 2002). They can help to shape the pursuit of answers to 'Why' 'What' 'How"? They can help determine what a researcher needs to know in developing and organizing intervention programs (Lewis et al., 2002). Insights can be gained regarding how to shape program strategies to reach people and organizations and have an effect on them (Lewis et al., 2012). The theories utilized for investigating the readiness of comprehensive approaches to hazing prevention in higher education shaped this research study.

Strategic Prevention Framework

As previously discussed, planning for the HPC was grounded in the Strategic Planning Framework (SPF) (SAMSHA, 2014). The SPF has six components; each component drives the development and implementation of evidence-based core strategies for hazing prevention programming. The SPF components are: (1) assessment, (2) capacity, (3) planning, (4) implementation, (5) evaluation, and (6) sustainability. The SPF and core implementation strategies provide a road map for HPC hazing prevention research. While the SPF is not a framework I used in my case study, it is central to the HPC. I wanted to mention the SPF in the hope that my examination of the community readiness of the HPC, the SPF and core implementation strategies will be reinforced.

The HPC research design is fortified by the Socio-ecological Model. Utilizing the all–inclusive approach connecting multiple-levels of influence to hazing prevention provides impetus to conduct a qualitative, secondary data analysis. Coding and analyzing secondary data from the university web sites will assist in illuminating levels of influence that relate to a comprehensive approach to hazing prevention. Looking across SPF/core

implementation strategies and incorporating mixed methodology will help determine HPC community readiness.

Socio-ecological Model

The Socio-ecological Model (SEM) is a comprehensive approach to health promotion that provides a means of situating health behaviors with a specific locus and focus within a complex set of multi-scaled and interacting social, ecological, and institutional determinants (Robinson, 2008). The socio-ecological approach integrates person-focused efforts to modify health behavior with environment-focused interventions to enhance physical and social surroundings (Stokols, 1992, 1996; Jamner & McLeroy, 1994) and provides a heuristic device for understanding multifaceted structuring and health interactions in and within communities (Townsend & Foster, 2010; Robinson, 2008). Social ecological models are visual depictions of dynamic relationships among individuals, groups, and their environments (Goldman, McLeroy, Green, Earp, & Liberman, 2015) and are derived from a systems orientation to human development, in which individuals are understood to influence and be influenced by people and organizations with whom they interact, available resources and institutions, and societal norms and rules (Bronfenbrenner, 1992). In the health promotion discipline, ecological models have been used to understand and identify targets for both general and specific health behavior interventions (McLeroy, Bibeau, Steckler, & Glanz, 1988; Sallis, Owen, & Fisher, 2008; Stokols, 1996).

One example of an ecological model, the SEM, has been used to understand and address underage and excessive alcohol use on college campuses (Toomey et al., 2007). Complementary components borrowed from the environmental management approach to prevention are used to operationalize variables relevant to university settings (Toomey et al., 2007). The environmental

management approach addresses risk factors unique to campus and community settings and includes strategies such as offering alcohol-free social, extracurricular, and public service activities; creating a health-promoting normative environment, restricting the marketing and promotion of alcoholic beverages both on and off campus; limiting alcohol availability; and increasing the enforcement of alcohol-related laws and policies.

The SEM is often used in community health promotion to address high-risk behaviors. The SEM integrates a broad, comprehensive perspective of the multiple levels of influence affecting health behavior and health outcomes (Richards et al. 1996). The levels of influence include intra- and interpersonal factors, and community and organizational (or institutional) factors, and public policies (Table 2.1).

Table 2.1 A Socio-ecological perspective: Levels of Influence, Robinson, 2008.

Levels of Influence	Description
Intrapersonal	Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits
Interpersonal	Interpersonal processes and primary groups, including family, friends, peers, that provide social identity, support, and role definition
Organizational	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors
Community	Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations
Public Policy	Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management

SEM is used to design health promotion programs that aim to change behavior through educational activities and other intrapersonal-level strategies (Robinson, 2008). Social and environmental influences are often neglected in SEM-based programs, however (Robinson, 2008). Interventions targeting multiple levels of influence, in multiple settings, and utilizing multiple intervention strategies are necessary to improve the health of vulnerable populations.

Community Readiness Model Theory and Research Application

The Community Readiness Model (CRM) was designed to quantify community readiness to address a specific issue (Sliwa et al., 2011). Just as individuals progress through stages of change, so do communities (Sliwa et al., 2011). The CRM draws from theories of community-level processes and social action to measure the progress of change in a group (Slater et al., 2005; York et al., 2007). Effective and sustainable community intervention must be based on multiple systems and utilization of within-community resources and strengths (Edwards et al., 2000). Considering the flux and complexity of a community's movement through the stages of change it is important to assess, when addressing a particular issue, community readiness prior to intervention development and implementation (Schroepfer et al., 2009).

The tradition of community development recognizes complex interactions that are involved in community-level consensus seeking and community action (Plested et al., 1998). Community health centers throughout South Carolina were recruited to participate in a study designed to assess readiness to increase access to fresh fruits and vegetables among populations disparately affected by health disparities in the state (Freedman, Whiteside, Brandt, Young, Friedman & Hebert, 2011). Staff members at selected community health center(s) explored the development of environmental interventions, including increased access to farmers' markets purposely developed in communities more likely to be adversely affected with high rates of poverty, communities of color, and/or communities with limited access to healthy foods (Freedman, 2007; Freedman, Bell & Collins, 2013; Herman, Harrison & Jenks, 2006; Jones & Bhatia, 2011; Suarez-Balcazar, Martinez, Cox & Jayraj, 2006), focused on reducing diet-related health conditions. The impetus for the study led to the goal to research community health centers' readiness to indicate preparedness for establishing onsite farmers' markets (Freedman et

al., 2011). Five themes related to readiness for establishing farmers' markets at community health centers were identified from the data: capacity, social capitol, awareness of health problems and solutions, logistical factors, and sustainability. From the themes, a variety of different strategies were identified to implement farmers' markets as an obesity intervention and that would be applicable to meet the needs of individual community center needs and progress.

The research on hazing prevention in higher education is similar to the aforementioned study on the exploration of health centers' readiness for preparedness for farmers' markets to address obesity prevention. The readiness of communities engaging in hazing prevention is a strikingly similar in the regard that many themes relative to the dimensions and stages of readiness will be utilized to meet the needs of each community and its progress.

Community Readiness Model

Different communities are at different stages of readiness for implementing prevention programs. Just as individuals progress through stages of change, so do communities (Sliwa et al., 2011). Community readiness is understood as the observable and psychological characteristics of a community that influence its ability to change (Beebe et al., 2001; Chilenski et al., 2007), including, but not limited to, organizational resources and the capacity and attitudes of the community (Feinberg et al., 2004; Sliwa et al., 2011). For the purposes of prevention efforts, a community is where residents experience their society and culture; a community of place—a group of people sharing specific geographic and social contexts for activities (Edwards et al., 2000).

Community readiness has been associated with the perceived effectiveness of community coalitions, which may play a critical role in the implementation of community-wide initiatives (Feinberg et al., 2004; Sliwa et al., 2011; York & Hahn, 2007). Readiness is a major factor in

determining whether a community is capable of effective implementation of prevention programming and whether such programming is supported by the community. In theory, community readiness provides a basic understanding of the intervention process in communities that enables researchers to accurately describe the developmental level of a community relative to a specific issue or a problem (Thurman et al., 2003). One disadvantage of the TTM is that it has been applied most frequently in response to a request for help rather than proactively with those not actively seeking help to change (Prochaska & DiClemente, 1992).

The Community Readiness Model (CRM) is a theoretical model, originally created for use in alcohol and drug abuse prevention programs, that can be used to assess community readiness in the content of a range of health-related issues (Edwards et al., 2000). It was developed to provide a readily accessible and low-cost method (available at no charge at triethniccenter.colostate.edu) for researchers, prevention specialists, and community workers to identify obstacles to change within a community, as well as strengths and resources that can be mobilized. The CRM can be used in conjunction with other data gathering tools to better understand the macro-environment in which behavior takes place (Kelly & Stanley, 2014).

The CRM was designed to document the readiness of communities to accept prevention programming and to target key members of a community relative to “community norms” and the community’s gatekeepers (Stanley, 2014). In other words, the CRM is designed to assess the capacity of a community to implement change efforts (Ehlers et al., 2013). One way to learn about a community is to listen to the people in that community (Edwards et al., 2000). Often called the key informant method, inquiring of and listening to community members has a long and successful history in needs assessment (Aponte, 1978; Edwards et al., 2000; Hagedorn et al., 1976; Schwab, 1975; Werlin, 1976). The CRM honors the importance of the key informant, as

well as being based on psychological readiness (e.g., having an understanding of what is necessary to implement the work, or having to learn more in order to fully commit) for implementation and factors related to community development (Plested et al., 1998).

The CRM has been used to build on a growing interest in community-based childhood obesity prevention programs (Sliwa et al., 2011). The research team modified the CRM interview script to focus on childhood obesity before conducting interviews in each community (Sliwa et al., 2011). Interviewers contacted a mayor or city manager, school district superintendent, school food service director, and a representative from the community coalition that submitted the application. Four people were interviewed in each community, for a total of 40 interviews (Sliwa et al., 2011). The study findings supported the idea that the ability to evaluate readiness is central to determining whether a community is able to successfully execute a given intervention (Plested et al., 2006; Sliwa et al., 2011; Thurman et al., 2003); a targeted community must demonstrate willingness to change and the collective ability to address the chosen issue (Sliwa et al., 2011). Without information gained from the CRM, communities risk over- or underestimating their capacity for implementation and making insufficient use of their resources (Sliwa et al., 2011).

In another study, researchers used the CRM to assess readiness for physical activity programming as a childhood obesity prevention effort in 17 public K-12 schools in the United States (Ehlers et al., 2013). Their findings suggested that the CRM has utility in physical activity promotion and provided preliminary evidence of the schools' influence on childhood obesity (Ehlers et al., 2013; Sliwa et al., 2011). The highlights of the study included preliminary contextual information on school community readiness, evidence of the potential mutability of school community climate, and information regarding youth participation in physical activity. The study also confirmed the importance of assessing and improving a school's readiness prior

to school-wide interventions (Ehlers et al., 2013). The CRM also provided an opportunity to improve the effectiveness and sustainability of physical activity interventions (Ehlers et al., 2013).

CRM Components

The CRM is a multi-dimensional model that measures the following nine stages of readiness: (1) no awareness, (2) denial/resistance, (3) vague awareness, (4) preplanning, (5) preparation, (6) initiation, (7) stabilization, (8) expansion/confirmation, and (9) community ownership (Stanley, 2014). Potential factors influencing hazing prevention implementation in higher education can be found in any one or more of the nine stages. Community readiness encompasses five dimensions or aspects to guide communities toward increased readiness for change (Stanley, 2014). The five dimensions are: a) community knowledge of efforts, b) leadership, c) community climate, d) community knowledge of the issue, and e) resources. Readiness can vary by dimension; each dimension receives its own community readiness score.

CRM components include: a) set of open-ended survey questions about the community's attitudes, knowledge, beliefs, and so on about an issue, b) a small number of key respondent interviews using the survey, c) scoring of the completed interviews using scales provided for each dimension of community readiness, d) calculation of readiness scores on five dimensions using the interview scores, and e) use of final readiness scores to develop a plan for action (Stanley, 2014). The community-specific model builds cooperation among systems and individuals, as well as provides a roadmap for the community development journey (Stanley, 2014).

Key informant interviews are conducted to obtain fact-based information from people knowledgeable about the problem. Transcribed key informant interviews are scored on the five dimensions and anchored by descriptive statements. A partial sample taken from the Tri-Ethnic

Center Community Readiness Handbook (2012) illustrates scoring (Figure 2.1). The knowledge of efforts' dimension score is at a 3 readiness level, readiness stage of vague awareness; the leadership dimension is scored at a 2 readiness level, readiness stage of denial and resistance.

Dimension	Readiness Level	Readiness Stage
Knowledge of Efforts	**3**	**Vague Awareness**
Leadership	**2**	**Denial/Resistance**

Figure 2.1. Readiness Level and Community Readiness Stage.

Stage 3: Vague Awareness, could be demonstrated by any of the following statements: (1) "Something should probably be done, but what? Maybe someone else will work on this," or (2) "A few community members have at least heard about local efforts, **but know little about them,"** or (3) "Leadership and community members **believe this issue may be of concern in the community.** They show no immediate motivation to act," or (4) "Community members have only **vague knowledge** about the issue (e.g., they have awareness that the issue may be a problem and why it may occur," or (5) "There are **limited resources** (such as a community room) identified that could be used for further efforts to address the issue."

The meanings of anchored rating scale scores measuring two readiness level dimensions (CRM, 2014) are shown in Figure 2.2.

Knowledge of Efforts	**3**	**Vague Awareness**
A few community members have heard about local efforts, but **know little about them.**		
Leadership	**2**	**Denial/Resistance**
Leadership believes that this *is* a concern, in general, but believes that it *is not* a concern in this community or that it can't or shouldn't be addressed.		

Figure 2.2. Anchored Rating Scales Meanings.

Community Readiness for Prevention

Since its inception, the CRM has been used in hundreds of applications nationally and internationally and has been applied to issues beyond drug and alcohol use (Kelly & Stanley, 2014). As mentioned, various public applications to health and social problems, such as obesity (Ehlers et al, 2013; Findholt, 2007; Sliwa et al., 2011), intimate partner violence (Brackley et al., 2003), and brain injury (Kakefuda et al., 2008; Stallones et al., 2008) have been studied. Given its history of use in various health prevention areas, the CRM is likely to be helpful for assessing community readiness for intervention development and implementation of comprehensive hazing prevention in higher education (Schroepfer et al., 2009).

The Socio-ecological Model (SEM), serving as the case study explanatory theory, provides the framework for identifying and examining multiple levels of influence in hazing prevention efforts. HPC university websites were coded and analyzed in order to provide one perspective on the hazing prevention cultures of HPC universities. Looking across and analyzing SEM levels of influence helped to determine constructs useful in determining levels of readiness to change toward progress for more sustainable hazing prevention outcomes.

The CRM has been adapted to quantify community readiness. In order to measure the progress of change, the stages of readiness address the implementation of health promotion and prevention. Because the CRM takes into account historical issues, cultural relevancy of change, and whether or not there will be long-term acceptance for change, it can help communities to change by maximizing their resources and minimizing discouraging failures (Edwards et al., 2000). The stages of change findings yield a more cognizant understanding of the importance of timing in the planning and implementation of prevention programming (Donnermeyer, Plested, Edwards, Oetting, & Littlethunder, 1997). Movement towards the identification of the

communities' capacity and readiness factors may, in turn, help to establish next steps towards change -- reaching HPC goals and guiding universities to action and maintenance in hazing intervention and prevention. The CRM will verify change as well as assist communities to monitor progress and develop future plans.

CHAPTER 3

RESEARCH DESIGN

Exploring hazing prevention readiness in a select group of higher education communities was the focus of this investigation. I designed the investigation as a case study drawing on a basic interpretive qualitative approach and employed the CRM to identify specific characteristics of a university's readiness to change, such as level(s) of hazing awareness and the resources available to engage in prevention initiatives. More specifically, I measured and examined institutional readiness for involvement in a comprehensive approach to hazing prevention in higher education. The purpose of this inquiry was to deepen understanding about the role of institutional readiness in broadening engagement in, and ensuring commitment to, sustainable hazing prevention outcomes in higher education.

In this chapter, I discuss the research design, sources of data, data collection procedures and data analysis. I have included my positionality as a researcher.

Research Questions

In seeking a more in-depth understanding of the how institutional readiness relates to multiple levels of hazing prevention strategies, I examined factors that influenced engagement with and commitment to hazing prevention in higher education. The following research questions were used to guide this study:

(1) What is the level of community readiness of HPC universities to implement and sustain comprehensive hazing prevention?

(2) What factors are perceived to influence capacity and readiness to meet HPC goals?

(3) What readiness factors are perceived to strengthen a comprehensive approach to hazing prevention?

Case Study Research

The case study enables a researcher to gather and analyze data from a variety of sources to illuminate a case. Yin (2009) named five components of effective case study research design: (1) research questions; (2) purpose of the study; (3) analysis; (4) linking data back to research questions; and (5) criteria for interpreting findings. A hallmark of case study research is the use of multiple data sources to enhance data credibility (Patton, 1990; Yin, 2013). Data from multiple sources in the case study are converged in the analysis process, which adds strength to the findings, as various strands of data are braided together to promote greater understanding of the case (Baxter & Jack, 2008). Case studies often encompass a process of collecting and integrating qualitative interviews to facilitate a more holistic understanding of what is being studied (Baxter & Jack, 2008).

Case study designs can address a wide range of questions that ask why, what, and how of an issue and assist researchers to explore, explain, describe, evaluate, and theorize about complex issues in context (Harrison, Burkes, Franklin, & Mills, 2017). Outcomes can lead to an in-depth understanding of behaviors, processes, practices, and relationships in context (Harrison et al., 2017). A basic interpretive approach requires understanding and co-operation between the researcher and the participants, such that texts based on interviews are mutual, contextual and value bound (Lincoln and Guba, 1985; Mishler, 1986).

Methods

Participants

The sample was comprised of higher education professionals participating in hazing prevention at the HPC universities. A purposive, representative sample was drawn from HPC hazing prevention coalitions to serve as key informants (also called key respondents). HPC

liaisons were invited to suggest additional key informant volunteers. This type of research participant recruitment is often called snowball sampling and is a technique frequently used for in-depth interview studies (McMillan & Schumacher, 2010).

Obtaining permission to contact the liaison of each coalition was the next step in compiling a key informant list. HPC liaisons were asked to refer professionals fitting the characteristics of potential key informants as follows:

Potential key informants who emerge as representatives may come from:

a) athletic administrators

b) student affairs

c) student activities

d) residence life staff

e) campus police and campus personnel working with fraternities and sororities

f) prevention specialists or health educators

g) recreational sports directors

h) judicial affairs

i) student athlete leaders

j) alumni

k) parents

l) community representatives, or

m) health centers.

A representative sample was drawn from for the interviews. I followed up, repeating this method of requesting, until I secured three key informants per HPC. I interviewed: (1) the primary liaison for each HPC university, (2) a frontline prevention specialist, and (3) a high-

ranking administrator, such as one of any senior level Student Affairs representative or other representatives of the Student Affairs Division.

Demographic data of key informants collected during CRM interviews is displayed in Table 3.1.

Table 3.1 A summarization of these data describe the sample of interviewees in this study.

Key Respondents' Demographics	
Work Life %	
Fraternity/Sorority Affairs	31%
Health Prevention Specialist	23%
Dean of Students	23%
Community Standards' Director	8%
Student Affairs	15 %
Race/Gender %	
White/Female	46%
White/Male	46%
Other/Male	8%
Age %	
25-34	23%
35-45	31%
45-64	46 %
Time Living in Community %	
2-5 years	15%
6-15 years	39%
18-25 years	23%
25-30 years	23%

The following numbers (some overlap) reflect key respondents' demographic data: 46% were female and 54% were male; 31% were project HPC liaisons; 39% were high-ranking administrators; 39% worked directly with fraternities and sororities; and 23% were frontline

prevention specialists. The average age of interviewees was 40; a majority identified as White Caucasians; all were professionals; and on average they had lived in their communities between 15-20 years.

Data Collection

Interviews with HPC key informants served as the primary data source. To answer the first research question as well as to respond to the second and third research questions, interview transcripts provided rich data for describing the readiness of each individual HPC as well as HPC universities as a whole to implement and sustain comprehensive hazing prevention programs.

The Community Readiness Handbook outlines the following steps in assessing community readiness via interviews: (1) identify and clearly define the issue, (2) identify and clearly define the communities, (3) prepare the interview questions, (4) choose the key respondents, (5) conduct and transcribe the interviews, (6) score the interviews and (7) calculate average dimension scores (Stanley, 2014). The issue, hazing prevention, had been identified and defined (Step 1), as had the communities (HPC universities) to be included in the study (Step 2). The scope of the proposed study comprised the remaining steps (3-7).

Utilizing a set of open-ended interview questions (Appendix A), adopted from the Community Readiness Handbook and based on the CRM dimensions, was Step 3. Preparing the interview questions (Step 3), required use of the mandatory interview questions in bold. None were omitted. An introductory script, which had been tested for face validity (Stanley, 2014), was used to ensure that interviewees understood hazing prevention on his or her campus. A pilot test of interview questions to ensure the reliability of the hazing prevention-specific items showed that no modifications were necessary to finalize the interview protocol.

CRM Interviews

According to the literature, the CRM instrument's validity and reliability have been documented for over 50 years (Stanley, 2014). CRM interviews were conducted to determine readiness of the HPC cohort to implement evidence-based strategies to prevent hazing. There were 15 participating key respondents.

Each interviewee was asked a set of demographics questions pertaining to: (1) work life categories, (2) race/gender, (3) age, (4) living in community, and (5) length of time living in community (Table 4).

Permission was secured from each key respondent prior to scheduling participation in a 45-60-minute individual interview using GoToMeeting. Once key informants had agreed on an interview date and time, I began conducting and recording CRM interviews. The time span was May, 2016 and July, 2016, with interview times ranging between 40-70 minutes. Following the CRM protocol, each data respondent interview was recorded using GotoMeeting software for video conferencing.

CRM Interviewing and Scoring

CRM Interviewing

Once key informants had agreed on an interview date and time, I began conducting and recording CRM interviews. The time span was May, 2016 - July, 2016, with interview times ranging between 40-70 minutes. Each community readiness interview was recorded using GoToMeeting software. Fifteen interviews were conducted and recorded. All recordings were saved to a Google docs folder on the same laptop that was used to interview and record. Two recordings from the fifteen interviews were unable to be transcribed. One interview representing another HPC site had no audio for transcribing and one additional interview did not record.

Thirteen successfully recorded interviews were saved for transcription to happen between August, 2016 and December, 2016.

CRM Interview Data

A Google docs folder was used to share transcribed interviews with a second scorer. Approximately 10 of 13 interviews were transcribed. When the first interview transcription wasread and scored by both scorers using the scoring guide from the CRM Handbook (Appendix E), the researcher arranged, with GoToMeeting software, a date and time with a second scorer to meet. The purpose of the meeting was to discuss scores and to go through the scoring process in order to reach consensus. This meeting aided both scorers in becoming more familiar with the scoring process. The remaining interview transcripts were read and scored individually. A phone meeting was scheduled in mid-December to discuss and calibrate the remaining scores, by reaching consensus, of the 12 remaining interview transcripts.

CRM Scoring

Upon successful recruitment of a sezcond scorer, the Google docs folder of transcribed interviews was shared with the second scorer. At this time, approximately 10 of 13 interviews had been transcribed. When the first interview transcription was read and scored by both scorers, the researcher arranged, using GoToMeeting software, a date and time to meet with the second scorer. The intent was to discuss scores and to go through the scoring process in order to reach consensus. This meeting helped both scorers to become more familiar with the scoring process. The remaining interview transcripts were read and scored individually. A phone meeting was scheduled in mid-December to discuss and calibrate the remaining scores, by reaching consensus, of the 12 remaining interview transcripts.

Each scorer read the transcribed interviews beginning in late November. The second

scorer and I read scored ten transcripts according to the scoring guidelines from the CRM Handbook (Appendix E). The three remaining interview transcriptions were scored in early December, 2016.

Fifteen interviews were conducted and recorded. All recordings were saved to a Google docs folder on the same laptop that was used to interview and record. Two recordings from the fifteen interviews were unable to be transcribed. One interview representing another HPC site had no audio for transcribing and one additional interview did not record. Thirteen successfully recorded interviews were saved for transcription between August, 2016 and December, 2016.

All recordings were transcribed once and scored by two different scorers using anchored rating scales for each dimension (Appendix B). Scored interview results informed answers to my first and third research questions.

Coding Hazing Prevention Strategies

In alignment with the interpretive frameworks, I established a set of codes to identify hazing prevention strategies and artifacts per multiple levels of influence and a second set of codes for analyzing the interview transcripts. By adapting the levels of influence from the SEM, the first coding process informed my secondary data analysis of university websites. The SEM codes were: INTRA for intrapersonal, INTER for interpersonal, COM & ORG for community and organizational (combined), and HPSL for public policy (hazing prevention state laws).

Codes per level of influence were: Intrapersonal (INTRA), student hazing and hazing definitions; Interpersonal (INTER), anti-hazing information specific to students, clubs, groups, teams; Community (COM)/Organizational (ORG), hazing policy, student groups, clubs, team trainings, events, broader community representation (alumni, parents, police, faculty/staff, administration) encompassing hazing prevention awareness and strategies; and Public Policy

(HPSL), state laws. Although community and organizational levels of influence were coded separately, data findings in Table 4.1 were combined for efficient reporting.

An analysis of university websites, pertaining to hazing prevention for each HPC institution, was conducted to demonstrate the SEM Levels of Influence for each university. In order to view hazing prevention web pages and code for the levels of influence in the SEM Framework, I used screenshots taken from each university website. I coded the screenshots and returned to the web sites to further seek data on each level of influence as needed. Table 4 identifies the SEM levels of influence data findings after coding 8 HPC university web sites.

Following the initial round of coding, I returned to the interview transcripts in order to look for emergent themes across the HPC cohort. This second round of coding was to illuminate factors that influenced the capacity and readiness to meet HPC goals (research question 2) and help answer the third research question by identifying readiness factors perceived to strengthen a comprehensive approach to hazing prevention.

In order to obtain emergent themes, a second coding process entailed finding statements/phrases (a string of words with a subject and predicate) and highlighting them. Two different color highlighters were used throughout, while reading and re-reading interview transcripts. Highlighter colors were matched with each research question; a blue highlighter was used to identify statements/phrases pertaining to the second research question and a green highlighter was used to identify statements/phrases related to the third research question. This process enabled me to identify emergent themes in response to the second research question and provided supporting qualitative data to inform any perceived influences in a comprehensive approach to hazing prevention (Question 3).

Analysis

The mixed methods utilized within CRM components include a set of survey questions, consisting of open-ended questions about community attitudes, knowledge, and beliefs about hazing and prevention. The scoring and calculation of readiness is quantitative. Following the recommendation in the CRM Handbook (2014, p. 29), upon completion of interview scoring, I wrote a brief report that included the dimension scores, their meanings (from the rating scales), and the major themes. To do this, I read all interview transcripts to identify major themes for each dimension, strengths, weaknesses, and obstacles to action, and leaders and other community members that were enlisted (p. 29). The data were derived from interview transcripts and university websites and analyzed using qualitative methods. Scored results/rating scale meanings for readiness have been cited as evidence-based in CRM literature (Stanley, 2014). I analyzed thirteen transcribed interviews for specific themes, aggregating the information into five clusters of concepts (Stake, 1995) widespread within the HPC cohort.

Qualitative methodology emphasizes the underlying qualities of entities and processes and their implicit meanings. Quantitative methodologies are generally viewed as deductive, where the conclusions drawn follow logically from certain premises (Grbich, 2013). The methodology is anchored in the appreciation of the sociological constructed nature of reality attaching the researcher in a positively rewarding manner to the research (Baxter & Jack, 2008). A benefit to be derived from the researcher's participation in whatever capacity and degree is determined by resolve and commitment to not only unearth rich and useful information, but to situate it in context through analysis for the best possible meaning and report (Baxter & Jack, 2008; Baxter & Rideout, 2006; Hancock & Algozzine, 2006).

To yield a convergence of evidence, I examined the SEM levels of influence, which

helped to identify the SPF and core implementation strategy findings (qualitative, secondary analysis), as outlined by the HPC for each HPC university participating in the HPC. In addition, I provided in detail the interview scored results and identified applicable rating scale meanings (quantitative), provided by the CRM Handbook.

CRM for Hazing Prevention in Higher Education

In this investigation, the CRM scored results were analyzed and interpreted by stages of readiness for the HPC cohort. Identified artifacts from the SEM data analysis helped to explain levels of influence. A secondary data analysis encompassed a varied, qualitative description of university engagement (levels of influence) in hazing prevention and identified the core implementation strategies that had potential to support hazing prevention readiness in future universities. These data postulate perceived readiness factors to strengthen a comprehensive approach to hazing prevention in higher education. Finally, this study was a pragmatic effort to move past looking simply at implementation of hazing prevention and toward understanding how higher stages/levels of readiness might support implementation of such programs, with the ultimate goal of enabling ongoing hazing prevention promotion to protect the health and safety of all university students everywhere.

The scored stages of change assisted in the translation of the meaning of readiness to engage in building and sustaining a coalition-based approach for full implementation of core hazing prevention strategies within a collaborative prevention model. The process of translating the scores included discussing, between coders, ratings until consensus was reached, putting scores into tables, and then assigning meaning. This process is described more fully in Appendix B.

Also for this investigation, I utilized qualitative methods for an analysis of university

websites; I oversaw the double scoring of transcribed interviews and was able to identify and describe relevant stages/levels; and subsequently, I used codes to find emergent themes from transcribed interviews. Using an inductive approach to form conclusions in support of my quantitative findings (readiness scores/stages/levels), allowed for elaboration of explanatory concepts, appropriately theoretically underpinned, and some generalization (Grbich, 2013).

Further, the scored transcribed interviews generated data to inform Question 1. The data analyses were combined in order to examine the level of readiness of each HPC university and how that level of readiness related to hazing prevention strategies on multiple levels. Research question two was supported by my findings via the emergent major themes as well as by quotes excerpted from interview transcripts. Research question three was informed by rating scales' meanings provided by the CRM Handbook (2014), as well as by the major themes identified from coding the interview transcripts.

A systematic procedure (Figure 3.1) for content analysis process was utilized in the task of coding themes – statements/phrases– and to allow manageable undertaking.

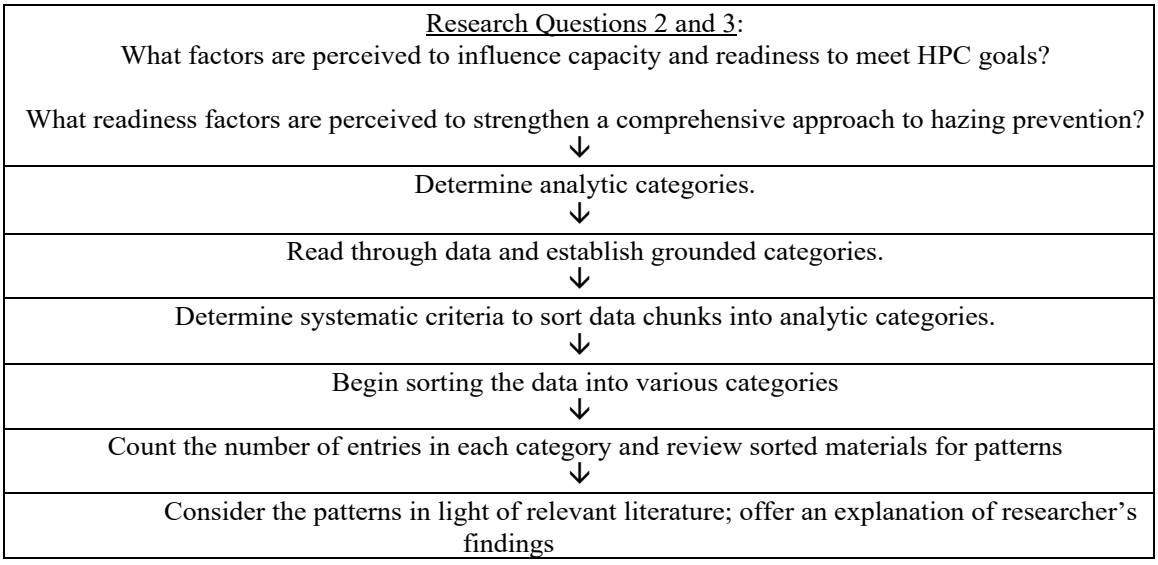

Figure 3.1. Content Analysis Procedure. Adapted from: Illustrations from Practice, Figure 9.2 (Berg, 2004, 2008; Hancock & Algozzine, 2017).

The SEM, acting as the explanatory portion of the conceptual framework, provides organization for illuminating the various levels in the synthesis. This type of social medium analysis allows for one perspective of the context of readiness. For example, the data analysis will illuminate the prevention strategies in place in preparation to initiate hazing prevention in the university communities. A synthesis of narrative and descriptive information per levels of influence for participating HPC coalitions will be shared as a result of the secondary data analysis.

Second, the completed interviews for campus readiness were transcribed using transcription software. A second scorer was recruited from graduate students in Higher Education. The individual was recruited based on her prior background with health prevention literature. The second scorer agreed to score interview transcripts with the principal investigator.

Both scorers scored the transcripts following the scoring process delineated in the CRM Handbook in Appendix A. The interviews were scored using scales provided for each dimension of community readiness. Scoring consensus between the two scorers was reached during two phone conferences. Using the interview scores, readiness on five dimensions were calculated. Once scored and calculated, I utilized the rating scales to describe the scores.

In Step 7 of How to Conduct a Community Readiness Assessment (Stanley, 2014, p.28), the average dimension scores and overall average score have to be calculated. First, the average of the consensus scores is reached by adding the scores for all interviews and dividing by the number of interviews. For instance, the consensus scores for Knowledge of Efforts across all interviews, (4.0+6.0+6.0+4.0=6.0+4.0+6.0+3.25+6.5+5.0+5.0+5.0+50) /13 are used to get the average – 5.06.

The Overall Community Readiness Score is calculated as the average of the five

dimension scores. For the HPC cohort, the overall community readiness score is 4.60 of a possible 9, per the stages of readiness. The HPC Cohort Readiness Levels, Stages, and Score Meanings (Table 4.3.) illustrate an average of the consensus scores for each dimension across all interviews.

Further qualitative analyses with interview transcripts entailed a different coding process to respond to the second and third research questions. I read and coded the interview transcripts to establish repeated categories. I read each transcript two times to code for factors perceived to influence capacity and readiness to meet HPC goals and perceived factors that strengthen a comprehensive approach to hazing prevention. For example, reading the transcripts with research question two in mind, I highlighted statements or phrases repeated by key informants that may indicate factors that influenced capacity and readiness to meet HPC Goals. I re-read the transcripts to code for perceived factors that strengthen a comprehensive approach to hazing prevention.

The interview transcripts were analyzed inductively and iteratively. Using a process of layering, I combined sub-themes to make five overall themes for the HPC. The data derived from the transcript analysis were relevant to perceptions of readiness for hazing prevention and demonstrated overlap with the SEM findings. The data are illustrated in tables and figures created from my research findings.

As I proceeded with analysis of my descriptive data, I collapsed the preliminary data analysis in combination with the thematic analysis, so that each set of data informed the next, providing feedback in a looped process. Thematic analysis allows the build-up and capacity to confirm a holistic view of readiness under examination (Grbich, 2013).

Trustworthiness

Qualitative research entails the researcher taking an active role in the collection and interpretation of findings. To be credible, qualitative researchers must be good and trustworthy. Qualitative researchers are cautioned against narrow thinking, and instead it has been suggested that researchers not impose their own assumptions on their participants (Stake, 1995). I used multiple sources of data to confirm my findings to triangulate. Any discrepant data or outliers have been reported.

Other methods of enhancing trustworthiness of qualitative data analysis include keeping an audit trail and careful inventory of one's data gathering and analysis methods so another researcher could easily follow the steps taken and understand how I arrived at the findings based on the conceptual framing in this study. Also, the usefulness and validity of the CRM relied on trained interviewers and scoring, strategically chosen key respondents, and the defined issue and community. The validity, reflexivity, and extension of the findings were important in order to establish credibility. Concerning reflexivity, rigorous self-scrutiny was key throughout the research process. I carefully followed the script and probed only to obtain additional information from each key informant. Mechanically recorded data and transcription software were used to recheck data findings. For example, if I needed additional clarification, I was able to refer back to the transcribed interviews.

Construct validity has been demonstrated over the course of the development of the CRM by researchers at the Tri-Ethnic Center for Prevention Research (Oetting, Plested, Edwards, & Beauvais, 2014). The CRM is a broad scale theory that tests hypotheses that derive from the theory. The hypotheses have been proven to be accurate many times, leading to the construct validity of the model (Thurman et al., 2003). Explication of the hypotheses tested and results

have been published in numerous peer-reviewed articles (Donnermeyer et al., 1997; Oetting & Edwards, 1995, 1997; Thurman et al., 1998, 2000, 2003).

The validity and credibility of the conclusions drawn from research depend on the research design and data collection methods used in the study. The study design and data collection methods of this investigation were developed with validity, reliability, and credibility issues in mind. Key informants provided multiple perspectives on hazing prevention and represented the groups who had a stake in hazing prevention.

Strengths and Limitations of Method(s), Analytic Strategy, and Sample

The strengths of the methods, analytic strategies, and sample are: (1) secondary data were coded from university web sites; data were organized and analyzed to identify and report any additional quality information pertaining to respective HPC universities, (2) the interview questions and scoring guide have been field tested with various prevention programs for many years (Stanley, 2014), (3) two scorers were used for interview scoring helping to ensure construct validity (data collection/analysis), and, (4) a second round of coding with the transcribed interviews yielded similarities in the web sites and interview scored results, thus identifying multiple influences in the web sites as well as the CRM interview results. The major themes illustrated overlap and reinforced research findings.

Limitations to my case study include the task of obtaining a larger sample that represented 8 HPC universities. I strived to obtain a minimum of three interviews with key informants per HPC university. When I started to email liaisons in late May 2016 and requested 2-3 key informants, this was near the end of the HPC cohort's third year. I emailed the liaisons several different times. Two university liaisons never responded.

Finally, one university is not represented primarily due to a lack of key informants

recommended by the liaison. I was able to interview this liaison in late August. This interview resulted in data loss due to an inaudible recording. And so, thirteen interviews amounted to a little over half of the proposed twenty-four key respondent interviews. In total, I conducted and successfully recorded thirteen interviews from May to August 2016. Thirteen recorded interviews were transcribed September to December 2016.

Another limitation was the fact that this case study purpose was to find out the readiness of the HPC cohort. The cohort score is the result of the averaged scores of thirteen key informants (5 universities). The CRM Handbook required me to average the scores to determine the readiness level and stage. The scores for separate universities were not included.

In Figure 3.2, disaggregate scores of University 1 scored equal to or lower than 4.6 and University 2 scored higher. Figure 3.2 shows the difference between several universities level and stages of readiness, which means that several universities were more than prepared.

Figure 3.2: Disaggregate Scores

University 1 Dimensions	Readiness Level	Readiness Stage
Knowledge of Efforts	4.66	Preplanning
Leadership	4	Preplanning
Community Climate	3.41	Vague Awareness
Knowledge of Issue	4.16	Preplanning
Resources	4.16	Preplanning
University 2 Dimensions	Readiness Level	Readiness Stage
Knowledge of Efforts	5	Preparation
Leadership	5.25	Preparation
Community Climate	4	Preplanning
Knowledge of Issues	5	Preparation
Resources	7	Stabilization

The last major limitation pertains to the SEM data found on university websites. It was difficult to know what was troublesome and/or true with static information found on each

website. I reported my findings from screenshots; and, double-checked each website for what I may have missed.

Generalizing remained on my mind as the case researcher (Belcher, 1992). Although I was limited in my experience with hazing prevention, it was possible that prior knowledge of prevention of other issues may have affected transferability.

Threats to the internal validity of the data include confounding constructs and variables. I attempted to control confounding variables by identifying them early and making appropriate changes to the study. One confounding variable is that participating HPC key informants reported a long history with hazing prevention or achieved maturation being involved for a long period of time, which could have led to selective bias/loss.

There was also the possibility that respondents' prior knowledge of hazing prevention or opinions about hazing prevention may affect the transferability of study results to other universities and settings. External validity threats also include the Hawthorne effect, which is when participants change their behavior in response to being studied. I attempted to control for these threats by assuring key informants that the purpose of the assessment was to study readiness and to determine HPC capacity to fully implement hazing prevention programs, not to assess or evaluate history and/or knowledge about hazing or hazing prevention.

Researcher Positionality

As a researcher, I needed to analyze my research findings by checking for my biases. More importantly, I had to be careful not to compare with current or past prevention work experiences. I reminded myself daily my findings would not be influenced by any preconceived ideas regarding each HPC university.

As a researcher, I thought about my previous experiences with other comprehensive

prevention programs. I was careful to avoid allowing my professional experiences to influence the way I interpreted the interview data collected by avoiding any assumptions of what the interviewee should have said or did not say when I interpreted the interview findings. Another way I did this was to ensure the sample was representative of the HPC communities. It was important to remind myself that biases could occur non-deliberately because of my lack of experience in obtaining an unbiased sample and/or the ability to secure enough key informants.

The biases of the HPC coalition liaison may have some influence on the study findings through his or her suggested key informants. For example, the HPC liaison may have referred stakeholders who are already likely to be in favor of hazing prevention.

All identifiers for key informants interviewed were removed before scoring the completed interviews. This step avoided potential bias that may have resulted from the interviewer knowing the key informant or knowing information (e.g., age or employment history) about them.

According to what I have learned in my PhD program in Higher Education, the primary instrument for data collection and analysis in case study research is the researcher herself. A researcher is a human instrument and has to acknowledge herself/himself as the primary research tool. As such, it is imperative to consider my own biases, limitations, and views—throughout data collection, analysis, interpretation, and the reporting phases of the process. Qualitative research assumes that the researcher's biases and values impact the outcome of any study (Merriam, 1998).

For this study, in the interest of full disclosure and for guarding against unethical or unintentional influences on my interpretation of how universities engage in hazing prevention programming, I will discuss my professional experiences. I have spent more than twenty years

teaching and leading professional development on prevention programming and designing health promotion. I have served as a leader at the state level in curriculum, instruction, and assessment, implementing prevention programs as well as health promotion programs in Maine public schools. Currently, I am a faculty member for Community Health Education in a public liberal arts university. From this position, I am able to view hazing prevention in higher education on equal standing, fully comprehending daily functioning, the politics that can serve as a barrier and the glacial pace at which universities institute change.

In addition to the influence of my professional experience, my personal background may bias my methodological approach. I have spent my personal life immersed in change and fully comprehend firsthand what the process entails.

Summary

In chapter 3, I restated the research questions for this study. In the methods' section, I briefly described case study research as the utilization of multiple sources of data to enhance data credibility. Participants and the demographics of the interviewees were elaborated. In the research design section, I detailed my data collection and the logistics of storing confidential interview data. The means of obtaining multiple sources of data was delineated. Additionally, I described a process of collecting and integrating qualitative interview data to allow for a more holistic understanding of community readiness. This chapter also provided the rationale for the methodological decisions for my study. I discussed a systematic analytic process of data for this investigation. The chapter concluded with a discussion of the strategies that were used to enhance the trustworthiness of the findings.

Based on the methods detailed in this chapter, the next chapter, Chapter 4, presents the findings and results of the analysis. Chapter 5 discusses the findings, draws

conclusions based on examination of study results and review of the literature in hazing prevention, discusses the implications of the study for practice, and makes recommendations for further research.

CHAPTER 4

FINDINGS

The SEM (levels of influence), a cornerstone of HPC research, is supportive data in my case study. These secondary data, involved coding of the HPC university websites, are presented as one component of the qualitative analysis. SEM findings are illustrated in Table 4.1. These data assisted in explaining the connections made in measuring community readiness (in 13 interview transcriptions), representative of the HPC cohort.

Next, I delineated CRM interview scores. Scored meanings provided in Table 4.1. demonstrate data findings to answer the first research question. The HPC community readiness dimensions, levels, stages, and scored meanings are set up in tables and explained in the narratives before and after each table is introduced.

Lastly, I reported major themes from the CRM interview transcripts. The rich detail of the narrative excerpts provides answers to the second and third research questions.

Secondary Data Analysis

Finding 1: SEM Data Are Visible Across Campus Ecologies and Correlate with Readiness Dimensions.

SEM levels of influence are factors that influence capacity & readiness to reach HPC goals. The SEM data findings, coded for multiple levels of influence, were visible across campus ecologies and correlate with campus readiness dimensions. This first set of findings describes SEM (qualitative) data to answer the second research question; referring to factors that are perceived to influence capacity and readiness to meet HPC goals. There is congruency in the coded levels of influence for the eight universities. For example, all eight universities have hazing information or hazing data and a means for students to report hazing anonymously.

Additionally, each university showed evidence of varied educational trainings. Hazing policy was included in Student Codes of Conduct throughout the websites. State laws or State Boards of Education had policy and was included on each website.

Table 4.1. SEM Levels of Influence

University ↓	Intrapersonal (INTRA)	Interpersonal (INTER)	Community & Organizational (COM) & (ORG)	Public Policy (HPSL)
University A	✓	✓ Student Handbook, NCAA Hazing Prevention in Athletics & Anti-Hazing Policy	✓ Student Affairs HP; HP Coalition & Mission Statement; Report to List Hazing Contacts; Online Anonymous Reporting; Ed Trainings; President's Admin Letter; HPC Case Study Report; Yearly Activities/Iniatives	✓ State Law
University B	✓	✓ Hazing Policy & Conduct Code	✓ Police Department; Student Wellness CTR; Campus Activities & Student Engagement; Anonymous Reporting; National Collaborative Hazing Study; StopHazing.org link; Exemplary External web site links	✓ State Law
University C	✓	✓ Student Code of Conduct	✓ Reporting (Officials/Police); Campus Resources; Fraternities*Sororities Safety Regs; Letters from Leadership; Parent Association; Award Innovation for Campus HP Grant	✓ *Statute Board of Trustees/Regents State Universities*
University D	✓ Hazing Incidents	✓ Campus Code of Conduct & Sunshine Policy	✓ Fraterities*Sororities Sanctions; Confidential Reporting System; 24/7 Phone Consultation & Support Services	✓ State Definitions & Penalties
University E	✓	✓ Hazing Policy Conduct Standards	✓ University Policy Record 2015; Positive Organization Expectations – 1 hr. HP 16 program; Contact Office Dean of Students/File report at Just Report It	✓ Model Hazing Policy (developed by State Council of Higher Ed)
University F	✓ Hazing Issues/Hazing Continuum; How Can You Tell If Its Hazing	✓ Student Hazing Rules, 'The Standard'; First Year Student Awareness; Bystander Intervention	✓ Former Students' Education; Reporting Hazing List; Hazing Ed Trainings; Alternatives to Hazing	✓ Hazing Laws

Table 4.1 Continued

University G	✓	✓ 'Golden Rule' Student Handbook	✓ Hazing Policy; NHP Week on web site; Parent/Faculty/Staff Resource Links; Reporting Hazing App; External Resource Links' List; HP Assessments/HP 101, Fraternity & Sorority Life Module; Everyone's Responsibility Refresher 101; Hazing Solutions; Hazing Movie	✓ State Hazing Law (hazing definition in statute)
University H	✓ *Student Definition*	✓ *UA Hazing Policy & Student Code of Conduct/Disciplinary Issues*	✓ *HP Scope, Mission Statement; Resource List; Parent Page; Faculty/Staff Trainings; HP 101, HS Hazing (online)Fraternity/Sorority Life (online); Hazing Reporting Guide, Healthy Rites of Passage Guide, Positive Team Builder Guide; Staff/Student Leader's Hazing Video; Fraternal Law Partners Greek Anti-hazing Hotline*	✓ *State Law (consent is not a defense)*

CRM Readiness Scores

Finding 2: Knowledge of Hazing Prevention Efforts and Resources Were Higher Scored Dimensions; Leadership and Knowledge of Hazing Were Lower Scored Dimensions; Community Climate is Lowest Scored Dimension and Needs Most Focus.

The HPC Readiness Level is 4.60**,** which is the pre-planning stage of readiness. The overall community readiness score is 4.60, calculated by finding the average of the five dimension scores.

According to the CRM Handbook, the meanings are: (a) the knowledge of efforts dimension is some community members have at least heard about local efforts but know little about them; (b) the leadership and community climate dimensions is leadership and community members acknowledge that hazing is an issue of concern in their communities and something has to be done to address it; (c) the knowledge of hazing is that community members have limited knowledge about hazing; and lastly, (d) the resources' dimension is there are limited resources

that can be used to address hazing. The overall stage of readiness meaning is: This is important. What can we do?

Knowledge of hazing efforts and resources for hazing prevention are the strongest dimensions. Leadership and a basic knowledge of the hazing issue are slightly lower. Community climate is the dimension that shows need and will require more focus/support.

The second set of findings shows the (quantitative) data based on scored interviews.

Tables 5A and 5B illustrate averaged, double-scored HPC readiness scores. The five dimensions are on the left-hand side of the tables. Each university was identified as a number and a lower case letter, beginning with 1a and progressing to 5a. Five out of 8 universities in the HPC cohort are represented on the tables. The five dimensions are described in the CRM Handbook (Stanley, 2014) on page 10 and the (9) stages of readiness are described in the CRM Handbook (2014) on pages 7-9. Anchored Rating Scales for Each Dimension, with score meanings, are provided in the CRM Handbook, Appendix B (2014).

There was a wide range per dimension level of scores. The ranges were as follows: (1) Knowledge of Efforts: 3 – 6; (2) Leadership: 3- 6.5; (3) Community Climate: 2 – 5.75, (4) Knowledge of Issue: 2.25 - 6.5, and (5) Resources: 3-7.1. Score ranges per dimension demonstrated a 3-4-point spread. The ranges may be attributed to the perceived influences and strengths regarding each HPC university's comprehensive approach to hazing prevention. For example, individual HPC university leadership scores vary between 3-6.5 (vague awareness to stabilization) suggesting actively involved leaders in higher education contribute to a higher stage/level of readiness; thus, active leadership can be perceived as one influential factor for a higher stage/level of readiness.

It is important to note that when a readiness score is a whole number, the first of several

meanings apply; and, as the readiness score level calculates above, different meanings will apply (Appendix A, pp. 7-9). Per the stages, anchored rating scales provide meanings that change and evolve as the scores increase.

Table 4.2 Community Readiness Score Results

Dimensions	Interview 1a	Interview 1b	Interview 1c	Interview 2a	Interview 2b	Interview 2c
Knowledge of Efforts	4	6	6	4	6	4
Leadership	5.5	5	5	3	3.5	5.5
Community Climate	5.75	3.5	5.25	3.25	4	3
Knowledge of Issue	4	5	6.5	4	4.5	4
Resources	4	5.5	6.5	3.5	4	5

Note. n=13 interviews

Finding 2 Continued: Dimension Scores' High and Low Range

Table 4.3 illustrates average scores of the thirteen interviews. Per the CRM Handbook (Stanley, 2014), the knowledge of efforts' dimension is defined as "what the community knows about the current programs and services." As shown in Table 4.3, the HPC Cohort's Readiness Level score for the knowledge of efforts' dimension is 5.06. A readiness score of 5.06 is at the Preparation Stage of Readiness. The score meaning is found in the list of Anchored Rating Scales for Scoring Each Dimension (pp. 48-50) in the CRM Handbook (Stanley, 2014). The Readiness Stage of Preparation score meaning is "most community members have heard about local efforts made for hazing prevention. The attitude is concern and there is basic knowledge

about causes, consequences, signs, and symptoms of hazing."

The definition of the leadership dimension is "the leadership's attitude toward addressing the issue." In Table 4.3, the HPC Cohort's Readiness Level score is 4.69 for the

leadership dimension, which is at the Preplanning Stage of Readiness. Because a 4.69 Readiness Level is higher than a 4.0, the leadership dimension is higher on the list in the Anchored Rating Scales for Each Dimension. Therefore, the score meaning of 4.69 is determined closer to the Preparation Stage of Readiness and that rating scale meaning is, "Leadership is moving towards actively showing support of continuing or improving hazing prevention efforts, however, the level/stage does not demonstrate leaders as key players or driving forces in the hazing prevention work or that hazing prevention is a priority."

The community climate dimension is defined as, "what the community's attitude toward addressing the issue." The level and stage in the scored results is 3.79 for community climate, which is vague awareness. The 3.79 meaning is different than what the rating scales articulate for the beginning level/stage of vague awareness, which is "the community believes that the issue is not a concern." The HPC community climate dimension of vague awareness meaning for

3.79 is "the attitude in the community is 'we have taken responsibility.' There is ongoing community involvement in addressing the issue."

Knowledge of the issue of hazing prevention readiness level score is 4.40, placing the HPC cohort in Stage 4, Preplanning Stage of Readiness. The rating scale score meaning articulates that limited knowledge about hazing prevention is evident.

The two highest levels of readiness (5 average) for the HPC cohort were at the Preparation Stage of Readiness for Knowledge of Efforts (5.06) and Resources (5.04).

For the HPC cohort, the overall Community Readiness Score is 4.60, the high end of pre-

planning stage of readiness and moving towards the preparation stage of readiness. In the CRM Handbook explanations (Stanley, 2014, p. 8), there are five brief explanations included for the Pre-planning stage, such as "**Some** community members have at least heard about local efforts, but **know little about them**," and "Leadership and community members **acknowledge that this issue is a concern** in the community and that something has to be done to address it." The synthesis of these brief explanations was captured as "This is important. What can we do?"

In Step 7 of How to Conduct a Community Readiness Assessment (Stanley, 2014, p.28), the average dimension scores and overall average score have to calculated. The average of the scores is calculated by adding all scores and then dividing by the number of interviews. For instance, the consensus scores for Knowledge of Efforts across all interviews is calculated as (4.0+6.0+6.0+4.0=6.0+4.0+6.0+3.25+6.5+5.0+5.0+5.0+50) /13 to get an average.

Table 4.3 Community Readiness Score Results

Dimensions	Interview 3a	Interview 3b	Interview 3c	Interview 4a	Interview 4b	Interview 4c	Interview 5a
Knowledge of Efforts	6	3.25	6.5	5	5	5	5
Leadership	4.5	4.25	3	5	5	6.5	5.25
Community Climate	4	2	3.5	4	3	4	4
Knowledge of Issue	6.5	2.25	4	3.5	3	5	5
Resources	6	3	4	6	5	6	7

Note. n = 13 interviews

Table 4.4 HPC Cohort Readiness Levels, Stages, and Score Meanings

Dimensions	Readiness Level	Readiness Stage	Rating Scale: Score Meaning
Knowledge of Efforts	5.06	Preparation	**Most** community members have at least heard about local efforts. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.
Leadership	4.69	Preplanning	Leadership is **actively supportive of continuing or improving current efforts or** in developing new efforts (possibly attending committee or group meetings that are working towards these efforts). They are not key players or driving forces in these activities.
Community Climate	3.79	Vague Awareness	The community **acknowledges that hazing is a concern in the community** and that some effort is needed to address it. They may be passively supportive of current events. They may feel as if current efforts are sufficient to address hazing.
Knowledge of Issue	4.40	Preplanning	Community members have **limited knowledge moving towards basic knowledge** about hazing. For example, they are aware that hazing can be a problem and they know some limited information. They may know hazing occurs locally, but they have little knowledge about how much it occurs locally and/or its causes and consequences.
Resources	5.04	Preparation	There may be **some** resources identified that could be used for further efforts to address hazing. Some community members or leaders are actively working to secure these resources; current efforts may be funded but the funding may not be stable or continuing.

Notes. Overall HPC Cohort Readiness Level: **4.60**. Overall HPC Readiness Stage: **Pre-Planning.**

Major Themes of Transcribed Interviews

Finding 3: SEM Factors Influenced Capacity and Readiness for Hazing Prevention and Strengthen a Comprehensive Hazing Prevention Approach.

This major themes are from coding interview transcripts. The major themes helped to triangulate my findings. In addition, the themes provided data to substantiate my second research question and my third research question.

A process of reading and coding interview transcripts was undertaken to find data for answering research questions 2 and 3. As described in Chapter 3, the analysis of qualitative data targeting research question 2 first enabled me to determine the analytic category. A second coding process led to a set of five themes. Emergent themes and indicators are listed below in Table 4.5, Interview Themes. Alignment with the SPF has been identified in parentheses for each interview transcript theme.

Table 4.5 Interview Transcript Themes

1. Internal Hazing Prevention (Assessment and Planning)
   (a) Campus Coalition or Council
   (b) Leadership/Strategic Planning
   (c) HP Evaluation/Student Hazing Data Surveys
2. External Hazing Prevention (Implementation)
   (a) Web Site
   (b) Anonymous Reporting Online Mechanisms
3. Hazing Prevention Strategies (Implementation)
   (a) Educational Trainings
   (b) National Hazing Prevention Week (campus-wide, active participation)
   (c) Bystander Intervention & Social Media Campaigns
4. Hazing Prevention Policy & Law (Capacity)
   a) Website Policy
   b) Anti-Hazing Policy added to Student Conduct Codes
   c) State Laws
5. Hazing Prevention Accountability (Evaluation & Sustainability)
   (a) Level of Commitment & Resources
   (b) HPC Consortium Involvement

Identified major themes are relevant to the second research question and address the third research question. When aligned with research question 2 (perceived factors that influence readiness for meeting HPC goals), the major themes mirrored the Strategic Prevention Framework (SPF) steps delineated in the first year HPC goal. Per the SPF, guiding core implementation strategies (i.e., coalition-building, training for administrators and leaders, social norms messaging, visible campus leadership statements against hazing, policy and protocol reviews, bystander intervention, and communication to the broader campus community (StopHazing.org, 2014)) were evident.

Additionally, major themes illustrate commitment to hazing prevention as a campus-wide effort, such as "…hazing prevention is not one person's job. It's everybody's job" (Interview 1a.), and "We think it's important and we're going to find all the ways to make sure that what we're doing is working" (Interview 2b.). "Faculty, staff, students, alumni, you name it, we're all involved in it" (current hazing prevention efforts) (Interview 3a.), and "There's personal responsibility to buy-into the safety and security that's everybody's business to includes that of hazing when it occurs – that means faculty, staff, students, alumni, you name it, we're all involved in this" (Interview 3b.).

Meeting the HPC goal in year one, the first major theme was found within the secondary data website analysis as well as in interview transcriptions. On the hazing prevention websites, links to other pages informed the community about coalitions and/or councils. For example, one web site had a separate link for its Hazing Prevention Coalition. The same web page distinguished the HPC (highlighting the national research initiative and providing the StopHazing.org link). Moreover, the web page provided a coalition membership list (with professional responsibilities), a mission statement, and a 3-year action plan, listing strategies.

Several HPC web sites included university coalition vision and mission statements.

Internal Hazing Prevention Theme

Finding 4: Readiness Indicators and SEM Factors Were in Interview Data Excerpts.

The first theme, Internal Hazing Prevention, refers to the internal operation/organization of hazing prevention in the university. Internal Hazing Prevention is supported by excerpts from the coded analysis of transcribed interviews. As illustrated in Table 4.4, Internal Hazing Prevention includes the three sub-themes of assessment, capacity, and planning, which are also SPF components. The interview questions for this section highlight the first dimension of the CRM - knowledge of efforts and activities of hazing prevention among community members.

The internal hazing prevention theme indicators included: coalitions or councils (varied stakeholder group), leadership and strategic plans, and hazing prevention evaluation or student hazing data survey findings. These indicators align with the SPF components and core implementation strategies and are supported by the following transcript interview statements.

Internal Hazing Prevention

As referred to in chapter one, HPC hazing prevention guided a series of activities patterned after the SAMSHA Strategic Prevention Framework (SPF). The SPF guided development of the Core Implementation Strategies, which include "coalition-building, training for administrators and leaders working directly with students, social norms messaging, visible campus leadership statements against hazing, policy and protocol reviews, bystander intervention, and communication to the broader campus community" (StopHazing.org, 2014).

Campus Coalition or Council

Coalitions, hazing prevention teams, or councils, such as an "… active, broad campus coalition for number of years that has been looking at hazing behaviors from a community

perspective (Interview 2b.)" were identified as the core of hazing prevention efforts. These coalition-themed statements/phrases from key informants illuminate the representation:

> …hazing prevention team was something that met regularly here at the university with various constituents. You had members from Student Life …undergraduate students, graduate students, and then individuals from the community …police officers from campus and town …and other people that were just coming to these meetings (Interview 2a.)
>
> …council was established 2 years ago with 25 professional members; and, a handful are directly doing something about hazing; 30-50 members are active in support, however, hazing prevention becomes more passive when taking it back to departments/units' (Interview 4b.)

The theme findings illustrated campus wide representation; and, that coalitions are helpful for hazing prevention because of campus representation and active support towards hazing prevention. This theme was important in light of competing issues for campus resources. One thing that came to light in almost all the interviews was federal legislation regarding sexual assault prevention that had to be addressed due to attached funding.

Leadership/Strategic Planning

Leadership/strategic planning-themed statements/phrases, such as 'campus-wide, highly visible, leadership hazing statement,' were identified and perceived as essential by key informants. The 'top-down' hierarchy in higher education was inferred by several key informants and reinforced by having the campus leadership be visible and supportive of hazing prevention efforts. In the following meaningful excerpts, leaders across the university campuses were influential for the outcomes of hazing prevention efforts. Leadership commitment was

recognized as extremely important.

> The leaders supportive of addressing hazing prevention in our community are the Associate Dean of Students, in the Dean of Student's office, the Dean of Students, the Vice-Provost for Student Affairs, and ultimately, I do think it goes up to the Provost and the President … who both signed the letter that went out at the beginning of the year (Interview 1a.)
>
> …leadership within a couple of communities, in particular, the fraternity and sorority community and athletics community, the student leadership and the administrative leadership in both those areas is highly committed, so I think that says a lot (Interview 1c.)

According to most key informants, leadership was key. Leaders at all levels were widely represented and hazing prevention was supported by higher administration, such as university presidents and deans.

Hazing Prevention Evaluation and Student Hazing Data

Hazing prevention evaluation and student hazing data statements/phrases provided by key informants highlight internal hazing prevention as well as illustrate additional strategies guided by the HPC researchers. This theme was described as well advanced and instrumental in moving forward hazing prevention.

> …the evaluation that we did of the orientation for new fraternity and sorority members, we did last year, and made some changes from that evaluation … we also used the climate evaluation that Elizabeth did, two years ago, to look at our efforts …. annual hazing data is collected (Interview 3b.)
>
> …. Health & Prevention Strategies Office/measuring & evaluating …. data

> collection on hazing prevalence among students. Established evaluative benchmarks and have collected data for past 10-12 years (Interview 4a.) …survey data conducted with undergraduate students … data on social norms (2013, 2015) … informs all of our strategic decisions.…; established baseline data in 2013; hazing prevalence on campus and impact of efforts (Interview 4b.)

Hazing evaluation ranged from students' hazing prevalence to campus climate, encompassing baseline data on social norms, and changes made for prevention training.

External Hazing Prevention

The external hazing prevention theme referred to the implementation of available and accessible prevention tools to target a broader audience (students, faculty, staff, families, parents) in higher education. The theme's purpose is education and reporting, which was said to influence and support individuals outside of the coalitions.

Websites

Key informants described web sites as a way to get information out to students, faculty, staff, families, and parents. Descriptions such as comprehensive, accessible, and robust were used to describe their capabilities. Key informant statements/phrases exemplify the web sites as a key part of hazing prevention.

> …have a website where people can go and get all the information they need on hazing, whether you're a parent or whether you're a faculty member, or you're a student, or I've witnessed hazing (Interview 1b.) …. hazing prevention website targets the students, faculty, parents, families …. (Interview 1c.)

> The website is very comprehensive … we have a whole media campaign for students that is connected to the social norms campaign … do kind of a full court press with our first year students … have a mechanism for submitting reports of hazing … and we do get reports both from the lay members of the community, as well as the staff … health communication specialists maintain web site …. (Interview 4b.)

Hazing prevention websites are a universal means of providing information for all potential constituents that might be affected by hazing behaviors. Websites provided easy access and made available accurate hazing data, current training schedules, leadership statements or letters from the president, and policy, which served the capability of increasing knowledge of hazing prevention efforts. Websites were instrumental for implementing hazing prevention.

Anonymous Reporting Online Mechanisms

> We have a pretty robust website …been around for over ten years … would call it an initiative within itself …'one-stop-shop' … also has the capacity to report hazing confidentiality online …and also by telephone … (Interview4b.)
>
> … have an online anonymous reporting mechanism where community members can report hazing in a confidential way …it's been interesting to watch evolve in terms of the number of reports we get, the kinds of reports we get, the level of detail we get, and who is actually reporting … we're getting even the things that we consider maybe aren't any more or less physical, I think, kinds of activities, which is a great sign our community's becoming educated on topic … little tolerance for the extensive activities is dissipating… (Interview 4c.)

The anonymity of reporting was key as a preventive strategy and highly regarded as an

important mechanism for preventing hazing activities as well as promoting hazing efforts.

Hazing Prevention Strategies

Educational Trainings (Implementation)

Educational trainings for staff, student groups, athletic teams, fraternities, sororities, staff, parents, and so on, per HPC university, are listed (community and organization) in Table 4, SEM Influences, pages 63-65. One major theme was key and found in phrases such as, 'hazing prevention has been in place for staff for many years' (Interview 4a.), and 'we have annual education for fraternities and sororities about hazing …" (Interview 2a.), and '…mandatory bystander intervention skills include hazing prevention' (Interview 1b.). Phrases such as, '…educational components have been going on for close to a decade' (Interview 4b.) illuminates long-time commitment to hazing prevention training.

Further support for educational trainings was illustrated in the following HPC key informants' statements/phrases:

> . . . annually do new member orientation for new fraternity & sorority membership; all organizational leaders are oriented to hazing policy & hazing prevention; we offer train the trainer workshops; we have brochures and distribute those during orientation for fraternity and sorority membership to parents, which trainings include residence hall staff, coaches, and academic advising staff … so there's a wide range … over a number of years (Interview 4a.)
>
> We usually do some sort of educational training for all our varsity athletes . . . varsity coaches … for staff that work with students …ongoing training for medical staff … focus on high risk groups and student leaders we have

> greater access to … through a system called Org Sync, which is used for all of our over 1,000 students registered organizations and clubs on campus … (Interview 4b.)
>
> …recently piloted a program. This was part of the consortium last year in education and prevention sessions that we've piloted with a number of groups at this point; and we're looking to do training for facilitators this summer and fall so we can make it more broadly available to groups next year (Interview 5a.)

A variety of educational trainings were in place at each HPC university. The target audiences varied among student groups and included athletic coaches at several universities. Faculty were not included in educational trainings and were missing throughout the interviews with key informants.

National Hazing Prevention Week (campus-wide, active participation)

The following statements/phrases elucidate National Prevention Hazing Week that has been implemented to garner campus-wide, active participation in hazing prevention. The hazing prevention week had been established as a way to highlight awareness and buy-in of the importance of keeping students safe from harmful situations.

> …have a hazing prevention week on our campus, which kind of changes year to year depending on the staff involved, but we're typically doing some tabling, creating some awareness, letting students know what resources are available. We have students sign a banner, actually we have them sign a pledge that indicates they won't haze (Interview 2a.)
>
> …during National Hazing Prevention Week(NHP), our student wellness

> ambassadors always table and do the sign, the pledge that you're not going to haze people…see some work being done in NHP Week that includes a broader base…peer educator groups do a great job during NHP Week (Interview 3c)

One week in September, known as National Hazing Prevention Week, has been well – established and was referred to extensively in almost every interview. The pride of allegiance to devoting time and resources to this event was evident but lacked general understanding that it was only part of the solution for hazing prevention.

Bystander Intervention and Social Media Campaigns

Key informants accredited statements/phrases that demonstrate HPC efforts for implementing bystander intervention and/or social media campaigns:

> One of the things we are currently doing is creating a Bystander video to educate students about how to intervene in various types of situations involving mental health, sexual violence, and we added hazing … (Interview 4a.)
>
> …have a media campaign that uses social norms approach to correct misperceptions about the level of acceptability of hazing behaviors among our students … people recognize some posters that talk about hazing, which is our social norms campaign… people recognize that 87% of students say it's never acceptable to intimidate or humiliate new members or group team, or organization … has been reasonably well received (Interview 4a.)
>
> …social norms campaign that actually piggybacked off an Alcohol Social Norms Campaign that we had and we know is also highly liked by

students… (Interview 4b.)

… group that is not technically affiliated with the university hires students when they get requests from party hosts to come to their party and blend in, and use discrete kind of distraction techniques, bystander intervention techniques … to reduce risk of people at the party … (Interview 4b.)

I found widespread knowledge regarding the importance and effectiveness of bystander intervention and social media campaigns. Interviewees spoke about addressing hazing behaviors through the use of social media to access students and to provide factual information that also encompassed the little known (emotional) hidden harm of hazing.

Hazing Prevention Policies

Anti-Hazing Policies in Student Conduct Codes

One key informant states: 'obviously, we've had a policy for as long as I can remember (Interview 5a.) Additional statements/phrases attributing anti-hazing policy per HPC universities' Student Conduct Codes illustrate hazing prevention policy findings:

There is hazing information in our Student Conduct Code (Interview 2a.), …one way that somebody can learn about different definitions of hazing, forms of hazing, and reference that resource to understand and prevent hazing … we have policies …we have the Student Code of Conduct…so, I'd say there are pretty established policies (Interview 2b.)

…we have specific policies in our Student Conduct Code (Interview 2c.)

We have a strong policy … a pretty consistent and strong Student Code of Conduct, so when hazing is presented to the university, we now have an investigation team that can interview students and be able to come up with

> an unbiased investigation, then take the organization through a student conduct process that allows for an informal discussion first without having a hearing board and to talk about what might be some ways that if they accept responsibility that we can do an educational process to restore the injustice they've created (Interview 3b.)
>
> …going back to 2001 when the university established its hazing prevention policy and added it to our Code of Conduct for the first time … that is adjudicated through the office of the Judicial Administrator (Interview 4a.)

University hazing policies were key and spoken about in great detail providing clear evidence supporting the policy level of influence in the socio-ecological model.

State Laws

Several statements/phrases made by HPC key informants attribute state law support for hazing prevention:

> Policies are formal if it's a state law involved …clearly student matters get addressed from the local court system, the state system, … and obviously, we have policies within the institution that address this issue of hazing, as well (Interview 3a.)
>
> …have an enforcement role that our campus police play in enforcing both that policy and potentially the state law on hazing (Interview 4a.)

All key informants referred to their state laws as an important policy that influences hazing prevention practices and supports Student Conduct Codes.

Hazing Prevention Accountability

Level of Commitment and Resources

The following statements/phrases attribute HPC universities' commitment levels and resource allocations:

> We've been fortunate that the resources that we've needed have been available to us through our regular budgeting process (Interview 1c.)
>
> Current efforts are funded with the respective departments that provide primary leadership for these initiatives … our senior administration have created opportunities for us to educate other staff about hazing prevention ... (Interview 4a.)

Universities were varied in their level of commitment and resources, although HPC involvement was mentioned as a testament to supporting hazing prevention perceived to be helpful in strategically changing their community environments.

Hazing Prevention Consortium Involvement

Statements/phrases accredited to HPC key informants relative to the HPC Consortium involvement included:

> …certainly the Higher Education Program, or the Hazing Consortium, and Dr. Elizabeth Allan are leaders that are supportive of addressing hazing… (Interview 2c.)
>
> …the senior administration … have made financial investments, for example, in paying the fee for the participation in the HPC …our involvement in the HPC …a commitment administration made to that was a sign of an above average concern about hazing … (Interview 4a.)

> …joined the Consortium … really jump started our efforts and we brought together a small working group of professionals at that time to address hazing and really kind of got the ball rolling at that point (Interview 5a.)

According to these data, HPC involvement was perceived to demonstrate university willingness to support effective hazing prevention research.

Interpretation of Findings

My first research question: What is the level of community readiness of HPC universities to implement and sustain comprehensive hazing prevention? is addressed in the readiness results that identified a preparation level for capacity and readiness to implement and sustain comprehensive hazing prevention among HPC universities. Readiness scores for the dimensions' knowledge of efforts (preplanning), leadership (preplanning), and knowledge of the issue (preparation) are at a high level of pre-planning or have reached the preparation stage of readiness. In short, the readiness findings dovetailed with those of previous hazing prevention recommendations (e.g., Langford, 2008). All levels of influence were represented. The analysis in this investigation revealed the cohort (represented by 5 of 8 universities) is at the preparation stage of readiness to take action towards change that is more likely to transform the culture of university environments closer in order to be safer for students.

Furthermore, influential factors for capacity or readiness to achieve the HPC goals and perceived factors for a comprehensive approach (research questions 2 and 3) are demonstrated across SEM levels of influence for 5 of 8 universities. Data excerpts supported each SEM level. For example, each HPC university web site had intrapersonal and interpersonal levels represented by hazing definitions and hazing data or incidents. Likewise, showed one form or

another of Student Conduct Codes including hazing information for their communities. The most robust part of each web site was at the community/organizational level; these levels included university mission statements, a mechanism for community members to report anonymously, and public leadership statements that showed strong support of preventing hazing practices. At the public policy level, state law or State Council of Higher Education/State Board of Trustees were found on each web site. Another consistent listed hazing prevention strategy was educational training(s), although the range of targeted groups varied from one university community to another university community.

Themes 4-12 are evident within each level (Table 4, SEM Influences, pp. 63-65). Multiple excerpts support and illustrate SEM Influences, as well the HPC readiness findings.

The second research question, seeking out factors perceived to influence capacity and readiness, were demonstrated by the readiness scores and rated scale meanings.

Finding 5: Data Findings Align to Langford's Recommendations for A Comprehensive Approach to Hazing Prevention and Were Substantiated by SEM and Interview Data.

The CR dimensions supported the Langford (2008) recommendations for a comprehensive approach to hazing prevention by the HPC; and, were substantiated by SEM multiple levels of influence & interview data excerpts within the major themes.

The third research question sought the perceived factors that strengthen a comprehensive approach to hazing prevention. The findings directly aligned with Langford's (2008) key recommendations to universities for creating comprehensive hazing initiatives: (a) identify and address multiple contributing factors across multiple levels of influence (i.e., individual, peer, and group), (b) conduct a local analysis, (c) include prevention, early intervention, and response components, (d) use multiple, coordinated, and sustained strategies, (e) ensure programs,

policies, and services are coordinated and synergistic, (f) ensure that each component of the initiative has clearly defined goals and objectives that are informed by data and research, and (g) build collaborations or partnerships.

Table 4.6, Comprehensive Approach Recommendations (Langford, 2008), aligned with Readiness Research Findings for HPC.

The SPF components of assessment, capacity, planning, implementation, evaluation, and sustainability (in parentheses) have been aligned to themes and then illuminated throughout with statements/phrases mined from transcribed interview excerpts. Additionally, the SPF alignment supports that there is variability within the community readiness scores and rating scale meanings. Furthermore, the SEM influences' findings (Table 4.6) show significant overlap with the transcribed interview excerpts.

Table 4.6 Comprehensive Approach Recommendations → HPC Readiness Findings

Key Recommendations (Langford, 2008)		HPC Readiness Findings
Identify and address multiple contributing factors across multiple levels of influence (i.e., individual, peer, and group).	→	Table 4, SEM Influences
Conduct a local analysis	→	Table 4, SEM Influences (Interpersonal, Intrapersonal, and Community/ Organizational), Themes 1c., 2a. and 2b., and 3c.
Include prevention, early intervention, and response components	→	Themes 1-5, Table 4, SEM Influences
Use multiple, coordinated, and sustained strategies	→	Themes 1-5, Table 4, SEM Influences
Ensure programs, policies, and services are coordinated and synergistic	→	Table 4, SEM Influences (Interpersonal, Intrapersonal Community/Organizational/ Policy; Themes 2a. & 2b.
Ensure that each component of the initiative has clearly defined goals and objectives that are informed by data and research	→	Table 4, SEM Influences; Themes 1-5
Build collaborations or partnerships	→	Table 4, SEM Influences; Themes 1a., 1b., 2a. & 2b., 3a. & 3b., 4a., and 5b.; CRM Readiness Dimensions and Rating Scale Meanings

Summary

In chapter four, I reported the research study findings using Tables to present data and providing narrative descriptions with data excerpts to support the findings. Additionally, SEM data, community readiness scores, community readiness results per dimension, levels/stages, and rated scale meanings for the HPC cohort were included. Major themes, supported by narrative excerpts from transcribed interviews, were delineated. Finally, I examined alignment between Langford's (2008) key recommendations for a comprehensive approach to hazing prevention and the HPC research findings.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

The purpose of this study was to determine community readiness in HPC universities committed to comprehensive hazing prevention and the health and safety of their students. Utilizing the CRM, I measured and examined institutional readiness relative to a comprehensive approach to hazing prevention in higher education in order to deepen an understanding about the role institutional readiness has in broadening engagement in and ensuring commitment to sustainable hazing prevention outcomes in higher education.

In chapter one, I stated that communities are at many different stages of readiness for implementing programs and followed with what CR scholars have found: When the factor of community readiness is taken into account, there is considerable potential for effective and sustainable community mobilization based on multiple systems' involvement (Edwards et al., 2000; Feinberg, Greenberg, & Osgood, 2004; Oetting et al., 1995; Thurman et al., 2003). I found that readiness has potential to influence engagement in, and commitment to, a comprehensive approach hazing prevention in higher education. Furthermore, I triangulated my findings with SEM data (coded from university websites) and major themes (coded from the transcribed interviews) to corroborate a comprehensive approach to hazing prevention.

In the examination of the SEM, which supports a socio-ecological approach towards hazing with intention to enhance individual, group and institutional health and safety (p. 31), I was able to show the community involvement in its multiple levels of influence. Moreover, as an ecological perspective emphasizes an interaction and interdependence of factors within and across all levels of a health issue, I was able to demonstrate considerable evidence to the multiple levels' interactions with their community environments.

Following the readiness conceptual framework, I finalized a synergistic relationship between the multiple levels of influence for SEM and the CRM stages of readiness for planning and evaluating hazing prevention. With this vein of thought, I coded transcripts of the CRM interviews to extract themes to support what perceived factors might influence capacity and readiness for the HPC universities to meet the HPC goals.

According to the literature, the readiness of a community in terms of leadership, organizational resources, identifying attitudes of the campus community towards hazing prevention, and policy are key determinants of success (Ehlers, Huberty, & Beseler, 2013; Feinberg, Greenberg & Osgood, 2004; Huberty, Beets & Beighl, 2011). The CRM provides a useful platform to evaluate universities' capacity to adopt change efforts (i.e., readiness) in relation to specific issues, such as hazing prevention (Ehlers, Huberty, & Beseler, 2011, 2013, 2014). The readiness results identified factors connecting capacity and readiness for comprehensive campus hazing prevention. For example, campus communities that are ready have fully functioning coalitions with campus-wide representation and have involved key representatives in HPC training for three or more years. Additionally, in this study, other factors perceived to strengthen a comprehensive approach to hazing prevention were revealed, such as the benefits of leadership's financial support and hazing information and policies found on university websites dedicated to hazing prevention.

It is important to mention the gaps I found regarding the lack of involvement of key community members. The mention of key people, such as faculty, parents and some students was missing in the interview responses. Faculty need to be included in educational awareness and trainings about hazing because of their involvement in the campus community (i.e., faculty interact with students on a daily basis and often serve as advisors for students). Leaving faculty

out was an obvious omission. Faculty members have varied opportunities to be supportive to students who may be dealing with hazing.

Throughout the interview transcripts, there was little mention of who may not be knowledgeable of hazing and/or hazing prevention. A majority of the educational trainings for hazing prevention targeted only students involved in extracurricular activities. Student codes of conduct included anti-hazing policy, which was highlighted in one interview in reference to residential students. Not one key informant mentioned orientation for incoming students or commuting students as groups targeted for the implementation of strategies for hazing prevention.

Universities are expected to take proactive steps to provide an environment conducive to learning and, therefore, universities can be held accountable for the profound consequences of hazing risks. Comprehensive prevention planning provides the means for universities to implement policy and strategies for students' safety, specific to hazing. The literature for health promotion, campus violence prevention, and readiness support the necessity for cultural change in university communities experiencing hazing. Adopting a more comprehensive hazing prevention approach that features environmentally focused strategies is a shift from simply toughening campus policies and stricter enforcement practices (Dejong & Langford, 2002). Currently no "model" for hazing prevention exists that will work for every institution (Allan, Payne & Kerschner, 2015; Langford, 2008). The findings from this investigation underscore this reality and contribute to the development of a knowledge base that can support more efficacy for campus hazing prevention.

In my study, I have addressed the seriousness of hazing; an untold number of students have suffered and some have died as the result of hazing practices. Hazing can involve high-risk

behaviors that are dangerous, abusive, and sometimes illegal (Allan & Madden, 2012; Hoover, 1999; Campos, Poulos, & Sipple, 2005; Finkel, 2002; Gerschel, Katz-Zindel, Small, & Zandieh, 2003; Hoover & Pollard, 2000). Like high-risk drinking and sexual violence, hazing can harm individuals and impact the campus climate, yet little is known about how to effectively prevent campus hazing. The findings from this research show that HPC coalitions engaged in taking a comprehensive approach, across SEM levels of influence, are following scholars' recommendations (Allan, Kerschner & Payne, 2015; Guttmacher, Kelly, & Ruiz-Janecko, 2010; Langford, 2008) while working to inform best practices for intervention and prevention (Allan & Madden, 2008, 2012; Allan, Kerschner & Payne, 2015; Owen, Burke & Vichesky, 2008). The documented and alleged injuries and deaths attributed to hazing practices jeopardize students' safety. To mitigate the costs that often result from liability and litigation, the findings from this investigation support the call for hazing prevention to be extended beyond campus staff (e.g., student affairs, student life, health prevention specialists), to include administrators, faculty, family members, alumni, and all students.

Communities are at many different stages of readiness for implementing hazing prevention, and readiness is a major factor in determining whether a local program can be effectively implemented and supported by the community (Edwards et al., 2000; Jumper-Thurman, Donnermeyer et al., 1997; Oetting et al., 1995; Oetting et al., 1998). In this study, I interviewed HPC participants to determine the overall readiness of the HPC Cohort. The aim of assessing readiness is to identify specific characteristics relative to different levels of problem awareness and readiness for change (Plested, Thurman, Edwards, & Oetting, 1998; Oetting, Thurman, Plested, & Edwards, 2001; Plested, Jumper-Thurman, & Edwards, 2006; Thurman, Plested, Edwards, Foley, & Burnside, 2003). Knowledge about readiness can shed light on the

processes needed to address hazing programmatically (Travis, Learman, Brooks, Merrill, & Spence, 2012). The CRM is systematic, measurable, and consistent. The interview questions helped me learn what community members knew about hazing as well as the efforts to prevent hazing. Key informants provided information on who was missing in hazing prevention and, thus, would allow opportunities to include everyone and to address the cultural attitudes around hazing. Allan and Madden (2008, 2012) identified that students who have experienced hazing reported they had not been hazed. Additionally, prior knowledge of a group's hazing activities did not deter students from signing up. Montague et al., (2008) also found that many students either condone hazing or see it as "work that needs to be completed (p. 273)." The results of this investigation suggest that CRM can assist with campus efforts by assessing which groups or sub-communities are most in need of hazing prevention.

Framed in five dimensions, the CRM questions asked participants about their knowledge of hazing, how important leaders perceived hazing to be and, in turn, how leadership supported efforts to aid in their campus community's goals for hazing prevention. A set of questions regarding the community climate were asked, specific to what concern there was about hazing and how much of a priority addressing hazing was to community members. The knowledge level about hazing was included to provide detail about exactly how much community members knew about cause, consequences, signs and symptoms, how much hazing occurs, ideas about what could be done, and the effects hazing had on family members and friends. Finally, interview questions were asked about available resources (i.e., funding, space, FTEs) and whether or not there would be support for continued hazing prevention efforts. Several policy questions were included to specifically inquire what participants' thoughts were about strengthening hazing policy. Key informants told their campus story by answering the CRM interview questions. The

key informants assisted in an environmental scan to identify if a campus environment is safe or unsafe. Asking key informants in this consistent and measurable way was a systematic way to find out was happening in the social environment(s) on campus communities. Findings from this study extend what is known about campus hazing culture. Key informants provided general knowledge and understanding of hazing culture. Campus hazing culture is heterogeneous and dynamic. Because of this, articulation regarding cultural values/meanings for similar experiences by community members was evident. For example, key informants spoke about hazing knowledge in different sub-groups. Athletic groups and fraternities were trained in hazing with the same information and, seemingly, valued hazing prevention in different ways. Campus climate assists with campus culture to be more salient and allows for better understanding among differing cultural values/meanings. In the CRM Handbook, community climate was defined as 'what is the community's attitude toward addressing hazing?' By asking questions such as, "how much of a priority is hazing prevention in your community?" and "are community members supportive of addressing hazing in your community?' my findings indicated that community climate scored lowest as a dimension and as a result, needs the most focus.

Community readiness is understood as the observable and psychological characteristics of a community that influences its ability to change (Beebe et al., 2001; Chilenski et al., 2007). Different communities are at different stages of readiness for implementing hazing prevention and progress through stages of change. I learned specific information about each HPC university and collectively, systematically identified their readiness to change. I solicited information in a consistent manner and drew meaningful conclusions by using a reliable set of interview questions. By interviewing thirteen key informants from HPC universities about hazing practices, prevention programming, leadership, community support, and available funding, I identified

factors that influenced hazing prevention program implementation. Using the readiness conceptual framework, I was able to illustrate a synergistic relationship between SEM levels of influence and the CRM stages of readiness. In coding the interview data, rich data were detected for the SEM levels of influence (e.g., hazing policy, student codes of conduct, educational trainings, National Hazing Prevention Week, student groups, hazing data, etc.). The SEM recognizes that health- and safety-related behaviors are shaped through multiple levels of influence—individual, group, institutional, and community as well as public policy and societal factors (Langford, 2004). This case study research analysis extended the knowledge about hazing practices and programming through the CRM interviews and websites.

Bearing in mind the CRM literature, I employed the CRM with the first HPC cohort. My findings showed that hazing prevention efforts were mid-way (4.60) through the nine stages of readiness outlined and in four out of five of the dimensions. HPC universities scored high in their knowledge of hazing prevention efforts and in providing the necessary resources/funding; scored lower in leadership and community members' knowledge of hazing; and showed the greatest area of need in addressing community climate.

I was able to document the readiness of HPC communities to accept prevention programming by asking the community's gatekeepers (people knowledgeable about hazing) to provide fact-based information and relate whether or not hazing prevention was supported in their communities. Their knowledge assisted me to find potential factors that influenced hazing prevention implementation by obtaining fact-based information from people knowledgeable about the problem. The CRM measures the progress of change in a group through stages of readiness and identifies community intervention based on multiple systems and utilization of within-community resources and strengths. In the CRM interviews, key informants articulated

the strengths and weaknesses in hazing prevention for the HPC. My study findings showed that much work had been done to raise awareness and engage campus communities in hazing prevention, however the findings about community climate revealed that attitudes about the importance of hazing prevention needed more focus. About half of the key informants deemed hazing prevention as a competing issue on campus communities. Another common concern was the need for students' attitudes to change around hazing. Several key informants spoke about the inability to make those not directly involved in hazing prevention care enough to stop hazing; saying the efforts to stopping hazing often seemed insurmountable.

The CRM scored results provided data to address the first research question: What is the level of community readiness of HPC universities to implement and sustain comprehensive hazing prevention? Identified artifacts from the SEM data analysis helped to explain levels of influence and provide answers to the second research question: What factors are perceived to influence capacity and readiness to meet HPC goals? The socio-ecological approach integrates person-focused efforts to modify health behavior with environment-focused interventions to enhance physical and social surroundings (Stokols, 1992, 1996; Jamner & McLeroy, 1994) and provides a heuristic device for understanding multifaceted structuring and health interactions in and within communities (Townsend & Foster, 2010; Robinson, 2008). A secondary data analysis encompassed a qualitative description of university community engagement (levels of influence) in hazing prevention as well as identification of the core implementation strategies utilizing a coding process. The HPC university websites were the designated sources of information, allowing public access and a simple way to code for the levels of influence. The coded websites also helped to identify the core implementation strategies and the SPF. These data demonstrated the potential to support hazing prevention readiness of universities engaging in comprehensive

hazing prevention. Furthermore, I referred back to the data findings to address the third research question - What readiness factors are perceived to strengthen a comprehensive approach to hazing prevention? The data analysis relative to the third question suggested readiness factors that could strengthen a comprehensive approach to hazing prevention in higher education. Finally, this study was a pragmatic effort to build the knowledge base of hazing prevention program implementation.

The CRM is a stimulus for systematically evaluating hazing prevention. Utilization of the CRM is one way to check on what is working and vice versa, not working in hazing prevention. Its use is advantageous in pointing out the existing barriers that may be blocking forward movement and the strengths that may be built on for change.

The knowledge of hazing behaviors and knowledge of efforts of hazing prevention aligned with ecological perspective key concepts. The CRM interview data served as a window for looking across multiple levels of influence; and, reinforced the purpose of an ecological approach – an interdependent, multidimensional, and an interactional view of the etiology of individuals and groups within the campus communities. The synergistic relationship of the SEM levels of influence and the CRM questions strengthened the storytelling (data); often, revealing stakeholders' commitment as well as contributions to hazing prevention. Likewise, several weaknesses were revealed. For example, participants talked about sexual assault prevention being a competing issue. According to the new federal mandate that happened during the time the HPC universities were streamlining prevention efforts to address hazing, sexual assault prevention had to be addressed. Another unlikely weakness that surfaced was the notable challenge of addressing student and alumni attitudes about hazing. Participants spoke about campus compliance with required hazing prevention strategies. Yet, when it came to stopping

hazing from happening, participants expressed frustration with what seemed to be a disconnect. The general feeling shared by numerous HPC participants: despite policy and educational awareness, hazing behaviors persists.

Implications and Significance

The CRM allows for matching an intervention to the community's level of readiness, which is essential for success (Plested, Jumper-Thurman & Edwards, 2006). This study identified overall readiness of the HPC and pinpointed levels of influence within hazing prevention strategies involved in the work toward campus-wide hazing prevention sustainability. Moreover, the importance of community resources was pointed out. Participants talked about the resources for HPC involvement and perceived this as a strength for a comprehensive approach to hazing prevention in higher education. Acquiring knowledge about the stages of readiness for hazing prevention in campus communities allows opportunity to plan for, and likely achieve, the implementation of core hazing prevention strategies. Future use of the CRM can assist campus communities in focusing their work and directing efforts toward a targeted result.

Implications for Research

Using the CRM as a model to change communities delineates a process that begins with defining the community, moves to interviewing key respondents, and then scoring to determine the readiness levels. The steps in the process allow communities to develop strategies and interventions to create change. The added value is the potential to engage more and different communities who express interest in comprehensive hazing prevention. Use of the CRM within specific sub-groups (e.g., Greek-letter organizations) of HPC universities may benefit climate change in ways that cannot be accomplished by asking 2-3 key informants to answer for the entire campus community. The CRM is a measureable and consistent way to collect data that can

informs movement through the nine stages of readiness.

There is much potential for future research. The CRM could be utilized in future research to: (1) replicate this study to add insights for viewing lessons learned in the HPC cohorts, and, (2) to assist with future planning and evaluation of the work of the HPC. Several future research questions (beyond identification of readiness) might be: (1) What is the optimal timing for universities to engage with the CRM for hazing prevention (2) Can improvement in campus hazing prevention be measured using the CRM? (3) In what ways might an abbreviated version of the CRM be beneficial for hazing prevention evaluation? and, (4) Can the CRM be used with specific groups in HPC communities to uncover or highlight key prevention information that might otherwise be overlooked?

For researchers, the CRM can provide essential knowledge about the development of strategies and interventions that are stage–appropriate and can potentially move communities into higher readiness levels. The CRM integrated community culture, leadership support, community climate, available resources, at the level of readiness to increase the likelihood of successful hazing prevention in higher education. The CRM model can also increase capacity and serve as a guide to the challenging process of changing culture for a healthier and safer community. In knowing this, new studies may be possible for hazing prevention in higher education.

Implications for Practice

One promising implication of this study is that CRM utilization contributes to knowledge that can help the field move past the implementation of programs and, ultimately, allow university prevention coalitions to institutionalize hazing prevention as an important piece of health promotion to protect the health and safety of university students. The primary use of the

CRM is to guide policymakers, coalitions, and community members guidance for individual communities to adopt stage-appropriate strategies (based on terms of dimensions and readiness). The use of the CRM with hazing prevention research and the findings of this case study may be useful to assist university administrators in moving forward toward a comprehensive approach to hazing prevention. The CRM allowed for key leaders of universities to be identified and interviewed during their complex, challenging process of community change. According to the CRM Handbook, the use of the CRM breaks down the process into a series of manageable steps (Stanley, 2014). The CRM helps in designing action plans to address prioritized dimensions, that includes next steps and focuses on achieving identified strategies. Furthermore, the CRM can provide a record of community strengths to draw upon, a mechanism for reporting any conditions or concerns, and can be used to increase resources or strategies to gain broader public support.

When there is a visible, high level commitment from leadership and the community-at-large, the CRM can help assure that intervention strategies are culturally congruent and sustainable (Community Toolbox, n.d.). For example, in the leadership dimension, commitment should be visibly demonstrated to foster campus communities that are free from hazing (Allan, Payne, Boyer, & Kerschner, 2018). By interviewing key stakeholders, actions needed by leaders can be planned to assist in changing HPC communities to ensure safety for all.

Future implications may include adapting the utilization of the CRM model to high-risk groups in universities, especially groups that have experienced hazing or wish to prevent hazing from happening in their environments. The CRM may be used with sub-communities on campus (e.g., fraternities or the Greek system as a whole). Matching interventions to the readiness level of the sub-communities is key and may be useful to respond to the local dynamics of that

community. For example, a barrier to preventing hazing may be limited knowledge or comprehension about how hazing is defined, hazing policy or statute, and/or different types of hazing behaviors. Another barrier may be the members in a sub-community may not know the long-lasting consequences, such as the hidden harm, that hazing has on individual members and the group. The CRM can help to identify these barriers so they can be mitigated earlier in the process.

The CRM may also be useful to help different schools/communities that have experienced hazing behaviors and wish to prevent hazing from happening in the future. High school prevention programs attempting to address hazing could benefit. Ideally, successful colleges and universities should mentor high school students before they graduate and move onto higher education. In corroboration, parents of a Florida State University student, who died last year in an alleged hazing incident (2018, March 13), state: “Breaking the cycle of hazing requires accountability and education, and, education needs to start in high school.” The CRM could be useful to assist high school communities in hazing prevention efforts to implement planned, measurable, and impactful programs.

The CRM is an easy-to-use tool and can be employed in program evaluation. According to the literature on community readiness assessing, the CRM can provide insight into key outcomes in ways that traditional evaluation methods may not bring to light (2006). Another future use of the CRM is as a steward of funds, assisting in quickly assessing whether or not proposed hazing prevention programs stand a chance to succeed. Grant making organizations need to utilize their resources efficiently and may suggest that the grantee use the model to develop the infrastructure (tailored to its stage of readiness) and support that will make it possible to implement change successfully (2006).

Conclusion

In my professional prevention experience, making change in communities by implementing focused prevention programs takes commitment, perseverance and persistence. As more students continue to be harmed in serious hazing events and reported in the media, university leaders are committing to sustainable hazing prevention programming in order to protect the health and safety of members of their communities. One university leader, President Cooper of The Ohio State University, stated his resolve recently to making hazing prevention a top priority stating, "We commit to collaborating with parents, the University, chapters, and their national or international headquarters to advance safety and accountability in our Ohio State fraternity system. We will continue to advocate for the advancement of tangible solutions to the problems that exist within our community" (2017, November, 17).

The CRM can contribute to ensuring commitment to sustainable hazing prevention outcomes in higher education. Findings from this study indicate that the CRM may be useful for future hazing prevention research and practice. In order to increase hazing prevention success in higher education, the promise of community readiness assessment is that it can provide additional insight into preliminary intervention efforts necessary in order to broaden understanding and promote buy-in. More research gained will provide more lessons learned, which will be helpful knowledge to institutionalize comprehensive hazing prevention in colleges, universities, and public schools and thus, create safer environments for all students.

In conclusion, the concept of community readiness will be useful in supporting future research related to building an evidence-base for hazing prevention. Deepening understanding of the role of institutional readiness may assist with broadening campus engagement in hazing prevention efforts, and ultimately holds promise to ensure commitment to sustainable hazing

prevention outcomes in higher education. In order to increase hazing prevention success in higher education, community readiness assessment may provide additional insight into preliminary intervention efforts necessary to broaden an understanding and buy-in. Findings from this study indicate that the community readiness model may be beneficial in future hazing prevention consortium research and practices.

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APPENDIX A

COMMUNITY READINESS QUESTIONS

1. **On a scale from 1-10, how much of a concern is** (*issue*) **to members of** *(community),* **with 1 being "not a concern at all" and 10 being "a very great concern"?** *(Scorer note: Community Climate question)*

Can you tell me why you think it's at that level?

Interviewer: Please ensure that the respondent answers this question in regards to ***community members*** *not in regards to themselves or what they think it should be.*

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to address (issue). By efforts, I mean any programs, activities, or services in your community that address (issue).

2. **Are there efforts in** (*community)* **that address** (*issue*)**?**

If ***Yes****, continue to question 3; if* ***No****, skip to question 16.*

3. **Can you briefly describe each of these?**

Interviewer: Write down names of efforts so that you can refer to them in #4-7 below.

4. How long have each of these efforts been going on? *Probe for each program/activity named.*

5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?

6. **About how many community members are aware of these efforts? Would you say none, a few, some, or most? Why do you say it's__?** *(fill in blank with their answer)*

7. **Of those who are aware of the efforts, what do they know about them?**

Probes: Can they name the efforts?

Do they know the purpose of the efforts? Do they know who efforts are targeted to? Do they know what they do?

Do they know the effectiveness of the efforts?

8. **Are there misconceptions or incorrect information among community members about the current efforts?** *If yes:* What are these?

9. How do community members learn about the current efforts?

10. Do community members view current efforts as successful?

Probe: What do community members like about these programs? What don't they like?

11. What are the obstacles to individuals participating in these efforts?

12. What are the strengths of these efforts?

13. What are the weaknesses of these efforts?

14. Are the evaluation results being used to make changes in efforts or to start new ones?

15. Is there any planning for additional efforts to address (*issue*) going on in (*community*)?

Only ask #16 if the respondent answered "no" to # 2 or was unsure.

16. Is anyone in (*community*) trying to get something started to address (*issue*)? Can you tell us about that?

LEADERSHIP

I'm going to ask you how the leadership in (community) perceives (issue). By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

17. Using a scale from 1-10, how much of a concern is (*issue*) **to the leadership of** (*community)***, with 1 being "not a concern at all" and 10 being "a very great concern"?**

Can you tell me why you say it's a___?

18. How much of a priority is addressing this (*issue*) **to leadership?**

Probe: **Can you explain why you say this?**

19. Does leadership support current efforts to address (*issue*)**?**

*If **yes**:* **How do they show support? For example, is it passive support or are they actively involved in such things as planning or participating in the current efforts?**

If they are actively involved: **How are they actively involved?**

Probes:
Are they involved in a committee? Do they speak out publicly?

Have they allocated resources to address the issue?

20. Would the leadership support additional efforts in the community to address (*issue*)**?**

If yes: **How might they show this support? For example, by passively supporting or by being more actively involved in planning or participating in the efforts?**

Probes: Would they speak out publicly in favor of these efforts?

Would they directly participate in planning or implementing new efforts? Would they allocate resources to new efforts?

21. Who are leaders that are supportive of addressing this issue in your community?

22. Are there leaders who might oppose addressing (*issue*)? Who are these?

COMMUNITY CLIMATE

23. Using a scale from 1-10, how much of a concern is (issue) to community members, with 1 being "not a concern at all" and 10 being "a very great concern"?

24. How much of a priority is addressing this issue to community members?

Probe: **Can you explain your answer?**

25. Are community members supportive of current efforts to address (*issue*)?

If yes: **How do they show support? For example, is it more passive support or are they actively involved in planning or participating in the efforts?**

26. Do community members believe that additional community efforts are needed?

If yes: **Under what circumstances would they support additional efforts?**

How might they show their support for more efforts? (For example, would they get involved in planning or participating in the efforts or would their support be more passive?)

27. What are the primary obstacles to addressing (*issue*) in the community?

28. Are there ever any circumstances in which members of (*community)* might think that this issue should be tolerated? Please explain.

29. Describe (*community*).

KNOWLEDGE ABOUT THE ISSUE

30. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about (*issue*)**?**

Why do you say it's a_____?

31. Would you say that community members know a lot, some, a little, or nothing about each of the following as they pertain to (*issue*)? (*After each item, have them answer.)*

- the causes *(Prompt as needed with "a lot, some, a little, or nothing".)*
- the consequences
- the signs and symptoms
- how much (*issue*) occurs locally
- what can be done to prevent or treat (*issue*)
- the effects on family and friends?

32. Are there misconceptions among community members about (*issue*)**, e.g., why it occurs or what the consequences are? *If yes:* What are these misconceptions?**

33. What type of information is available in (*community)* about (*issue*) (e.g., newspaper articles, brochures, posters)?

If they list information, ask: Do community members access and/or use this information?

RESOURCES FOR EFFORTS *(time, money, people, space, etc.)*

If there are efforts to address the issue locally, begin with question 34. If there are no efforts, go to question 35.

34. How are current efforts funded? Is this funding likely to continue into the future?

35. What resources are available to address (*issue*) **in** (*community)***?**

Probe: Volunteers?
Financial donations from organizations? Grant funding?
Experts? Space?

Would community members and leadership support using these resources to address (*issue*)**? Please explain.**
Is anyone in the community looking into using these resources to address this issue?

36. Do efforts that address (*issue***)** have a broad base of volunteers? Please explain.

37. On a scale from 1 to 10, what is the level of expertise and training among those working on (*issue*) (with 1 being ―very low‖ and 10 being ―very high‖)? Why do you say it's a__?

38. Are you aware of any proposals or action plans that have been submitted for funding to address (*issue*) **in** (*community)***?**

If Yes: **Please explain.**

Additional policy-related questions:

39. What formal or informal policies, practices, and laws related to this issue are in place in your community? (Prompt: An example of "formal" would be established policies of schools, police, or courts. An example of "informal" would be similar to the police not responding to calls from a particular part of town.)

40. Are these segments of the community for which these policies, practices, and laws may not apply, for example, due to socioeconomic status, ethnicity, or age?

41. Is there a need to expand these policies, practices, and laws? If so, are there plans to expand them? Please explain.

Demographics of respondent (optional)

1. Gender:

2. What is your work life?

3. What is your race or ethnicity?

___ Anglo **African American**
___ Hispanic/Latino/Chicano **American Indian/Alaska Native**
___ Asian/Pacific Islander **Other _____**

4. What is your age?

19-24 **25-34**
35-44 **45-64**
55-64 **65 and above**

5. Do you live in (community)? YES NO If no: What community?

6. How long have you lived in your community? _____

7. Do you work in your community?
YES NO If no: What community

APPENDIX B

ANCHORED RATING SCALES

(Those directly involved in local efforts are not included in the definition of "community members".)

Community Knowledge of Current Efforts

Note: If there are no efforts, this dimension receives a N/A (not applicable).

1 Community has no knowledge about local efforts addressing the issue.

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-

-

2 Community members have misconceptions or incorrect knowledge about current efforts.

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-

-

3 **A few** community members have at least heard about local efforts, but **know little about them**. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

-

-

-

4 **Some** community members have at least heard about local efforts, but **know little about them**. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

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5 **Most** community members have at least heard about local efforts. For example, they know local efforts exist and may recognize their names, but they have little other knowledge.

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6 **Most** community members have at least **basic** knowledge of local efforts. For example, they can identify specific efforts and their basic purposes.

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7 **Most** community members have **more than basic** knowledge of local efforts, including names of specific efforts, basic purposes, target audiences, and other specific information about the efforts.

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8 **Most** community members have **considerable** knowledge of local efforts, including the level of program effectiveness.

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-

9 **Most** community members have **considerable and detailed** knowledge of local efforts, including the level of program effectiveness and evaluation data on how well the different local efforts are working and their benefits and limitations.

The additional dimensions of leadership, community climate, community knowledge about the issue, resources related to the issue (people, money, time, space, etc.) will also be included.

BIOGRAPHY OF THE AUTHOR

Stephanie was born in 1953 in Sacramento, California to parents in the United States Air Force. Her family traveled extensively and in 1971, she graduated from Wagner High School at Clark Air Force Base in the Philippines. Upon high school graduation, Stephanie took college-level coursework at the University of Maryland (1971-1972) and after a family transfer, at Marymount College in Salina, Kansas (1972-1973). Many years later, after marriage and children, she enrolled as a nontraditional student (1989) at the University of Maine at Farmington (UMF). Her intention was an elementary education major for Maine teaching certification. While enrolled at UMF, she was required to take a Contemporary Health course for graduation. Taking that course led to changing her career path. As a result, she switched to a Community Health Education major. In May 1993, she obtained her BS degree, with a School Health Concentration, K-12 Teaching Health Certification. From fall 1993-present, Stephanie has taught health education in grades K-12 in two different school districts in Maine (1993-1996) and a high school in the Southwest (1996-1999). In 1998, she began her graduate studies.

Late 1999, Stephanie took a position at the Maine Department of Education (MDOE) as a school health coordinator for Maine schools. Her work included school site health promotion, suicide prevention, healthful eating, increased physical activity, and tobacco prevention focus areas. Her position was funded by the Centers for Disease Control, Division of Adolescent School Health Cooperative Agreement. While at the MDOE, she completed her MEd in health education and health promotion from Plymouth State University.

As a result of participation in suicide prevention research in 12 Maine high schools (2002- 2005), she enrolled in an Individualized EdD at the University of Maine (2005). In 2012, Stephanie switched her doctoral program to the Higher Education PHD.

Her career experiences at the MDOE and membership in national professional organizations have been invaluable to her current research interest regarding community readiness for hazing prevention in higher education. A question of interest for Stephanie has always been, "when is a community ready to change the culture and prevent unhealthy behaviors so there is a safer and healthier environment for everyone in that community?

She is a candidate for the Doctor of Philosophy degree in Education with a concentration in Higher Education from the University of Maine in May 2018.