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Organizing Community Change: STD/HIV Awareness in a Greek Student Body

Naomi Sleaf

Florida State College Office of Institutional Effectiveness and Accreditation

Allyce Heflin

Florida House of Representatives' PreK-12 Appropriations Committee

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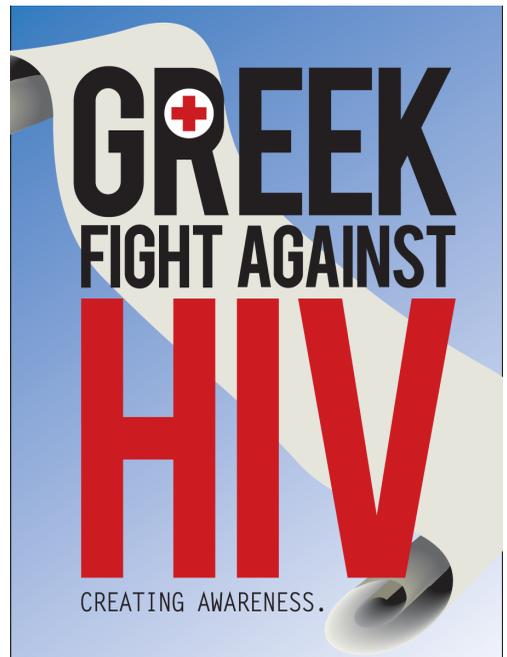
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Students play key role in a major university's decision to include STD/HIV information in risk-awareness seminars.

Organizing Community Change: STD/HIV Awareness in a Greek Student Body



***Naomi Sleep, Allyce Heflin,
Adrian J. Archuleta, and Wendy P. Cook***

Abstract

Sexually risky behaviors coupled with alcohol use elevate college students' risks for contracting STDs and HIV. College students in sororities and fraternities often perceive that risky behavior is a normal part of Greek life. This paper describes a structured change effort led by students who urged Greek student leadership, university administrators, and health educators to incorporate sexual health information and the associated risks of alcohol use into risk awareness seminars. In fall 2005 and spring 2006, 1,500 and 1,000 Greek students between the ages of 18 and 24 entering 55 Greek organizations at Florida State University participated in the risk awareness seminars. Incoming Greek students were provided with sexual health information that promoted responsible sexual practices and detailed the risks associated with alcohol use. Because of this change effort, Greek student leadership and Greek Life Administrators have standardized sexual health information as a component of the risk awareness seminars.

stakeholders who are dedicated to and affected by change. Such collaboration often necessitates amalgamating community resources to address the needs of high risk populations. At Florida State University, approximately 4,500 students participate in the Greek community as members of both sororities and fraternities. Greek council constitutions require all new members of the Greek community to attend two risk awareness seminars per year. Past seminars focused on alcohol related issues, but omitted the effects of alcohol and other substance use on sexual behaviors. Therefore, Risk Awareness Seminars offered by the university did not provide the Greek student population with information regarding risky sexual behaviors and Sexually Transmitted Diseases (STDs)/Human Immunodeficiency Virus (HIV).

Research indicates that alcohol abuse increases risky sexual behaviors such as unprotected sex and multiple sexual partners (Huang, Jacobs, & Dervensky, 2010; Paul, McManus, & Hayes, 2000; Wechsler, Dowdall, Davenport, & Castillo, 1995). While risk awareness seminars address alcohol use, they do not address the connection between alcohol use and risky sexual behaviors that increase the risk

Implementing an educational program that inspires a community to take preventative action requires the concerted effort of

of contracting STDs and HIV. The propensity of Greek students to abuse alcohol increases their potential risk for acquiring an STD or HIV (Wechsler, Kuh, & Davenport, 1996) and requires prevention and interventions strategies that incorporate invested community members. This paper presents a student-led change project approach that assisted in standardizing sexual health education in risk awareness seminars to address risky sexual behaviors and alcohol consumption among a high-risk Greek student body.

Literature Review

Contributing Factors to Risky Sexual Behaviors

National College Health Assessments (NCHA) between 2000 and 2009 indicate that STDs/HIV, condom use, and the number of sexual partners for college students within a 12 month period remained relatively consistent (American College Health Association, 2000-2009). For example, in 2000, 24.3% of students reported having two or more sexual partners within the last 12 months. In 2009, 23% of students reported the same number of partners (American College Health Association, 2000, 2009). Additionally, only 6% (oral sex), 51.6% (vaginal sex), and 30.2% (anal sex) reported using a condom mostly or always during sexual activity within the last 30 days (American College Health Association, 2009). As a result, college administrators and health officials are increasingly concerned with the prevalence of risky sexual behaviors within the college-age population (Scholly, Katz, Gascoigne, & Holck, 2005).

There are many factors correlated with risky sexual behaviors among college students, but perhaps the most significant is the use of alcohol or mood-altering substances. Alcohol myopia theory provides a link between alcohol use and risky sexual behavior, contending that the pharmacological effects of alcohol alter one's ability to process information and thereby disinhibit behavior (Steele & Josephs, 1990). When a person drinks alcohol, he/she processes basic biological cues such as sexual arousal, but is unable to process complex concepts such as the possibility of contracting diseases from sexual behaviors. Evidence suggested that drinking in a potential sexual situation

increases the probability of sexual intercourse, while decreasing the chance that risk discussion will occur (Cooper, 2002). Simons, Maisto, and Wray (2010) found a reduction in condom use during oral and vaginal sex and an increase in risky sexual behaviors while under the influence of alcohol and cannabis. Therefore, using marijuana and other substances likely affects the possibility that risk discussion will occur since such substances also reduce higher order cognitive functioning that allows individuals to evaluate risk taking behaviors (Pattij, Wiskerke, & Schoffemeer, 2008).

Other factors, such as perceived normative views or peer pressure, increase a student's risk for contracting STDs and HIV (Paul et al., 2000). Students' perceptions about their friends' sexual practices, activities, and attitudes reflect their own sexual choices and behaviors (Lynch, Mowrey, Nesbitt, & O'Neil, 2004; Paul et al.). From a normative view, friends' attitudes and sexual behaviors may be indicators of a student's inclination to engage in unprotected sex (Bon et al.). College students' perceptions of increased sexual activity and the number of partners among peers may lead a student to engage in riskier sexual behaviors (Lynch et al.).

Risky Sexual Behaviors and Alcohol Consumption

People under the age of 25 account for half of all newly diagnosed HIV infections (Centers for Disease Control, 2002), and three million new cases of sexually transmitted diseases each year (Barth, Cook, Downs, Switzer, & Fischhoff, 2002). The primary reason for the increased risk of STD and HIV infection among college age students is their propensity to engage in risky sexual behaviors (Anastasi, Sawyer, & Pinciario, 1999; Barth et al.). College students frequently engage in risky sexual practices such as unprotected sex and sex with multiple partners, and they also engage in sexual activities while using substances (Anastasi et al.; LaBrie, Earleywine, & Schiffman, 2002; Lewis, Malow, & Ireland, 1997; Lynch et al., 2004; Paul et al., 2000). Bon and colleagues (2001) reported that 14% of students had engaged in unprotected sex and 19% of students had engaged in oral sex while intoxicated, thus highlighting the frequency with which students engage in risky sexual behaviors while using substances.

Although condom use is the primary

method of STD and HIV prevention, less than half of college students reported using condoms consistently (Stern & Zak-Place, 2004). HIV and STD testing is also an important indicator of safe sexual behavior; however, only 2% of students reported a known diagnosis of HIV, while 3.8% reported known diagnoses of other STDs (Stern & Zak-Place). Because some STDs develop over longer periods with few symptoms, failure to be tested will likely increase the problems among this age group (McCaul, Miltenberger, Smyth, & Tulloch, 2004). Greek affiliated students' social activities elevate their risk for engaging in sexual behaviors that expose them to STDs and HIV (Larimer, Irvine, Kilmer, & Marlatt, 1997).

Risks to University Greek Populations

A study examining the effects of Greek membership on risky sexual behavior and alcohol use found that alcohol abuse and unsafe sexual activity were the most problematic issues within Greek organizations (Eberhardt, Rice, & Smith, 2003). Greek students were found to be more likely to consume unsafe amounts of alcohol than their non-Greek peers (Eberhardt et al.). Approximately 86% of fraternity and sorority members reported engaging in binge drinking, defined as five drinks for men and four for women (Wechsler et al., 1996). Of these members, 36% and 57% of non-resident and resident member men and 28% and 43% of non-resident and resident member women reported binge-drinking three or more times in the last two weeks (Wechsler et al.). Consequently, members of Greek organizations are more likely to report experience with the negative consequences of binge drinking, such as unwanted sexual advances and risky sexual behaviors (Eberhardt et al.). Larimer and colleagues (1997) contended that alcohol-related risks and the sexual and academic consequences stemming from its use have become a normal part of fraternity and sorority life. While Greeks and non-Greeks both engage in risky sexual behaviors, there are alarming differences in the sexual practices of Greek women. Overall Greek students reported more instances of unprotected sex while intoxicated than non-Greek students, and Greek-affiliated women were less likely to use a condom during vaginal intercourse than both non-Greek women and Greek-affiliated men (Eberhardt et al.).

Intervention Strategies

Many college health education programs attempt to heighten awareness of high-risk behaviors using threats of adverse effects, which demonstrate no effect on reducing students' high-risk behaviors (Scholly et al., 2005). However, individual self-efficacy significantly predicts one's intended condom use (Stern & Zak-Place, 2004). Self-efficacy is "confidence in one's personal ability to achieve a specific behavioral outcome that is said to enhance protective behavior" (Lewis et al., 1997, p. 153). College students' belief in their abilities to engage in preventative STD and HIV behaviors is the most important factor in their intentions to act (Stern & Zak-Place). Therefore, intervention strategies should bolster efficacious behavior by educating college students about the rates of STD/HIV infection for their peer group, the importance of risk communication with partners, and the increased risk of STD/HIV transmission when alcohol or other substances are involved in risky situations.

Some effective interventions utilize social norms theory to address risky sexual behaviors among college students. Social norms theory postulates that students' perceptions of their peers' behaviors influence their decision to engage in similar behaviors (Scholly et al., 2005). Acting on this perspective, universities should enact awareness campaigns using posters, fliers, pens, and campus-wide screensavers to provide students with statistics that reflect their peers' behaviors (Scholly et al.). Due to the correlation between risky sexual behaviors and perceptions of peers' sexual practices, educational interventions should provide information and statistics that reflect actual trends of students' sexual behaviors in order to correct any misconceptions about existing norms (Bon et al., 2001). For example, the National College Health Assessments (2009) indicates that 77.1% of college students report one partner or fewer in the last 12 months (American College Health Association). Intervention strategies that reflect students' actual sexual behaviors will likely encourage students to make safer sexual choices that reduce STD/HIV transmission.

Current intervention strategies for risky sexual behaviors and STD/HIV transmission focus on abstinence or safe sex practices. If partners use a condom properly and consistently

during sexual intercourse, they may reduce the risk of HIV by 70-100% (Lewis et al., 1997). Partners who discuss condom use are more likely to use them (McCaul et al., 2004). College men tend to use condoms when their partner puts forth the suggestion, while women are more likely to rely on their partners to initiate condom use (Lewis et al.).

However, college students are least knowledgeable about the STD/HIV infection rates for people in their age group (Opt & Loffredo, 2004). In a study of college students who voluntarily sought HIV testing, 75% of students indicated that they perceived their risk for STD/HIV transmission to be low or very low (Anastasi et al., 1999). Due to deficiencies in sexual health awareness, intervention strategies should be adapted to include an educational component addressing the risks that elevate STD/HIV contraction among the Greek student body. However, incorporating such information often requires change to an existing system where such deficiencies rest.

Change Strategy

To undertake a project that will elicit change in one's community and environment, a thorough approach that considers the depth and influences of proposed activities should be utilized. To consider the potential impact of the change, a well developed and proven approach that considers the change agent, target system, structural factors, and critical and facilitating actors is necessary. The field theory approach to implementing change provides a framework for examining and balancing action (Brager & Holloway, 2002). This approach identifies a potential problem within a particular organization or environment that will become the target system for change. Formally, the target system is "the individual, group, or community to be changed or influenced to achieve" a desired social goal (Barker, 1995, pp. 378). Identifying a target system, critical and facilitating actors, and driving and restraining forces requires an iterative process fueled by brainstorming sessions that helps understand the problem holistically.

Brainstorming sessions often allow groups proposing change to identify interrelated components of the target system and generate potential interventions that draw on the

experience of group members. Brainstorming during meetings at different phases of the project (i.e., prior to and following interaction with critical and facilitating actors) is an essential component in working with a target system and conducting and reassessing the group's analysis of the problem. Brainstorming allows groups to maximize the amount of input available, draw on the strengths and wisdom of group members' experience, and ensure that a project's direction and goals remain collaborative (Brager & Holloway, 2002). Initial brainstorming sessions assist in narrowing the target system to maximize the effectiveness of the change project.

Once the target system is identified, a force field analysis is conducted to examine the continuity of forces that support or defer opportunities for change. This analysis involves identifying critical and facilitating actors or those individuals who could make important decisions related to the overall goal(s) of the change project, as well as individuals who can contribute important resources toward its completion (Brager & Holloway, 2002). Thoughtful consideration of driving and restraining forces is critical to advance change, along with selection of potential interventions that will ameliorate restraining forces and maximize driving forces.

Methods for Targeting Change

Overview of Change Strategy

A field theory approach emphasized by Brager & Holloway (2002) was used as a foundation for a generalized change strategy. Figure 1 outlines the process utilized to enact change.

The student change agents (i.e., students who conceptualized and organized the initial change efforts) began by conducting initial brainstorming sessions to identify a social problem to address. The students' experiences with Greek organizations elicited concern for the risky sexual behaviors and alcohol/substance use among Greek students. Once the students targeted a problem, they conducted an initial force field analysis to identify critical and facilitating actors to include in decision-making processes, driving (i.e., resources) and restraining (i.e. barriers) forces, as well as the information and research needed to convince

Figure 1. Steps Outlining the Force Field Analysis

| Steps in Analysis | Contributing Factors |
|--------------------------|---|
| 1. Critical Actors | Panhellenic Council Interfraternity Council president |
| 2. Facilitating Actors | Assistant director of Greek Life University health educators |
| 3. Driving Forces | Assistant director of Greek Life University health educators Research and knowledge base Time and money Space and materials |
| 4. Restraining Forces | Social stigma Presumed assumptions and attitudes regarding HIV/STDs Social atmosphere and environment of the Greek community Special health information had never before been included in seminars Target population's view that HIV/STDs issue not applicable to them Target population and critical actors not aware of need for the education |

the critical actors of the severity of the problem.

Following an initial assessment, the student change agents conducted additional brainstorming sessions with the critical and facilitating actors during face-to-face meetings. These sessions considered how health educators could incorporate the information into the risk assessment seminars, determined the content most pertinent to the Greek student body, and helped to discover driving and restraining forces not previously identified by the group. Toward the end of the project, the meetings moved from brainstorming sessions toward a task group orientation to transition the project's implementation to the critical and facilitating actors. Through these meetings, the students hoped to build collaborative relationships between the University Health Center, Greek organization leadership, and the Greek Life Administration that would lead to the inclusion of sexual health information in the risk awareness seminars to benefit the target system (e.g., Greek student body). Overall, the goal of this project was to receive commitment from Greek student and administrative leadership to include sexual health information in the risk awareness seminars while establishing lasting relationships between the Greek Life Administration, Greek student leadership, and the University Health Center. The following sections provide more depth to the process described above.

Target Systems

Of the 55 fraternities and sororities at Florida State University, 35 Greek organizations are affiliates of the Panhellenic Sorority or Interfraternity Councils (University Office of Greek Life, 2008). Twenty fraternities and 15 sororities compose the interfraternity and Panhellenic councils, which act as governing bodies that oversee decisions and organize activities related to Greek life (University Office of Greek Life). Two additional governing bodies also regulate activities for different fraternities and sororities. Collectively, these sororities and fraternities are composed of racially and ethnically diverse groups comprised of males and females between the ages of 18-24. Unfortunately, leaders from the Multicultural Greek Council (11 fraternities) and the National Pan-Hellenic Sorority Council (nine sororities), representing a substantial number of racial and ethnic minorities in the Greek system, did not participate in the planning process.

As a result, the target system involved three components of the Greek community: the elected presidents from the Interfraternity and Panhellenic councils, the University's Student Health Center, and the Greek student body. Each component maintained a vital role in implementing this educational change in the Greek community. The presidents from the Interfraternity and Panhellenic councils coordinated and made determinations about including information in the risk awareness

seminars. The University's Student Health Center recognized the importance of incorporating information on risky sexual behaviors and STDs/HIV and provided health educators who presented these topics at the risk awareness seminars. It was necessary to connect the health educators to the Greek presidents, who plan and implement the risk awareness seminars to new members.

The last target system, and specific target population, consisted of the approximately 4,500 students who are members of Greek organizations at Florida State (University Office of Greek Life, 2008). Although it is important to address sexual health and risky behaviors among all Greek members, only those individuals entering the Greek system for the first time are required to complete the risk awareness seminars. Therefore, only individuals new to Greek life will benefit from the sexual health education. These individuals are consequently a more specific population of interest, or target population. After identifying the target system, the student change agents conducted an initial force field analysis to target key actors to contact.

Force field Analysis of Target Systems

Critical and Facilitating Actors

To identify critical and facilitating actors as well as driving and restraining forces (Brager & Holloway, 2002), a force field analysis was conducted (Figure 1). Through collaboration with the Greek Council advisor, the students identified the critical actors as those in charge of choosing topics for the awareness seminars and hiring the speakers to present the information: the presidents of the Panhellenic Sorority Council and the Interfraternity Council. Their approval was necessary before the risk awareness seminars could include content on risky sexual behaviors and STDs/HIV awareness. It was paramount that these two people were aware of and understood the importance of including sexual health education in the risk awareness seminars.

Facilitating actors help support change by gaining the attention of the critical actors (Brager & Holloway, 2002). Through face-to-face meetings with the critical actors, the group identified facilitating actors within the critical actors' and students' social networks.

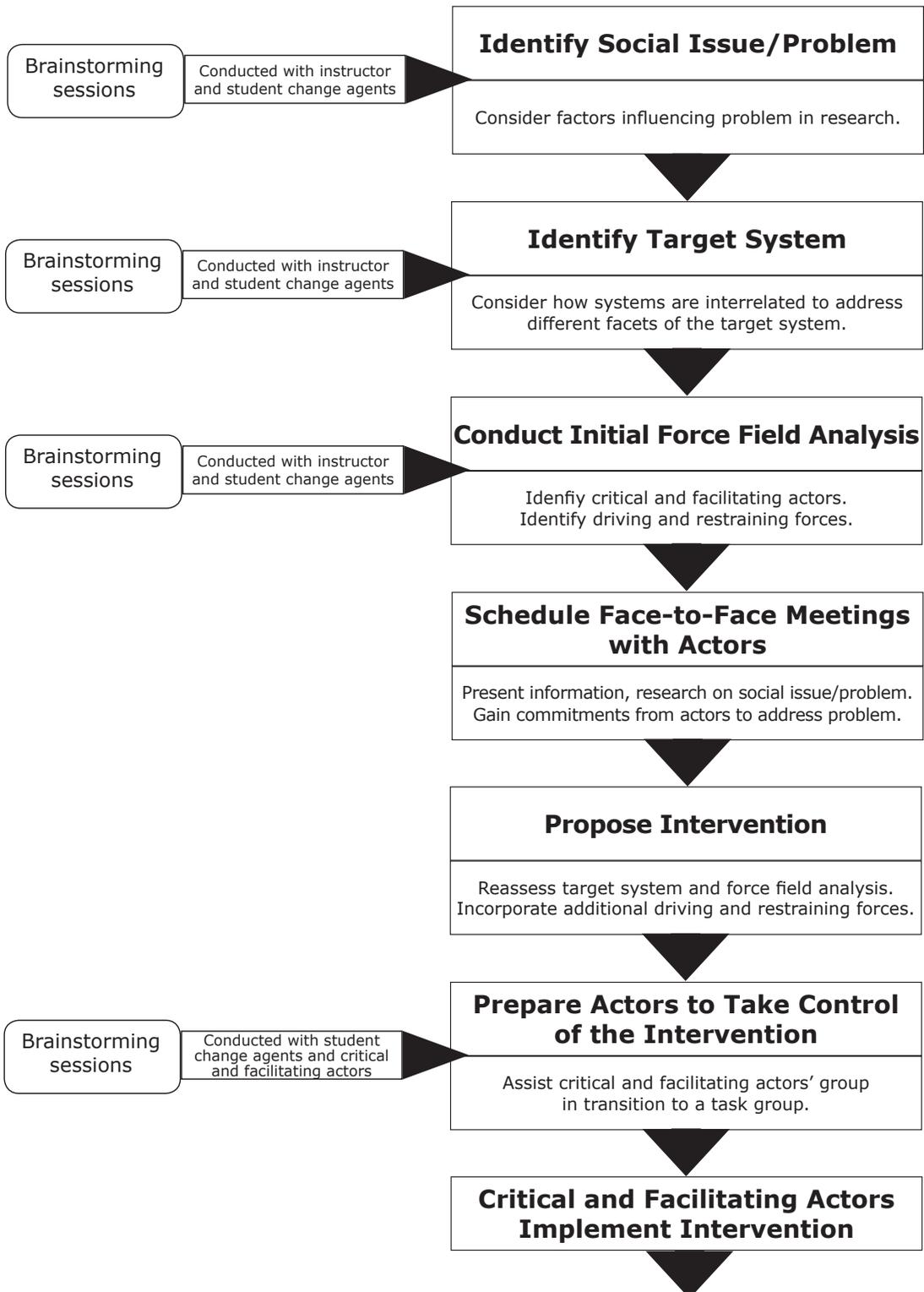
These facilitating actors could further assist in accessing the population of interest or lend their services and expertise in delivering the sexual health curriculum. Identifying facilitating actors with an established relationship with a group member or who assumed a position of influence among critical actors (i.e., individuals specifically identified by critical actors) assisted in gaining commitments to accomplish the change project and remove barriers likely to impede project implementation (i.e., restraining forces). After the student change agents (those organizing the initial project) identified critical and facilitating actors, the group held several meetings to discuss the important parameters for including the sexual health content in the risk awareness seminars (Figure 2)

For this project, the student change agents identified the assistant director of Greek Life and the health educators at the University's Student Health Center as facilitating actors. The assistant director provided information about the Greek community and the relationship between the Greek Council and the risk awareness seminars. Her understanding of the risks faced by the Greek community and approval for including risky sexual behaviors into the seminars likely influenced the critical actors' decision. The health educators' interest in including sexual health training in the awareness seminars, knowledge of STDs and HIV information, and accessibility to students made them important facilitators. The health educators' willingness to include risky sexual behavior information and perform the risk awareness seminars demonstrated to critical actors that changes in the seminars were possible.

Driving Forces

A driving force is something or someone that supports change. It includes concrete things such as people and physical locations and more abstract ideas such as attitudes, public opinion, and motivations (personal communication with co-author Wendy Crook, February 29, 2005). The group identified driving forces in two phases. First, the group conducted brainstorming sessions in the classroom with the instructor and peers to organize potential driving forces that would assist in the completed project and required procurement. Second, the group reassessed the driving forces for the

Figure 2. Overview of Change Strategy Used to Engage Target Systems



project after initial and subsequent meetings with the critical and facilitating actors. Although the driving forces did not change, utilizing these opportunities to reassess the resources available to the project was crucial as social and

organizational change demands flexibility.

The group identified existing research, time, space, and materials as driving forces for the project. The research literature helped clearly identify college students as a high-risk population

for engaging in risky sexual behaviors resulting in greater exposure to STDs and HIV. Following a reassessment, it became clear that the assistant director of Greek Life and the University's health educators occupied multiple roles, as their time, expressed interest, and support for the project became driving forces. The assistant director's monitoring of the Greek community activities was particularly important because of her potential influence on risk awareness topics. The student change agents utilized the health educators' expertise on the subject matter, as well as data specific to the university's Greek student body, to influence the decision of the critical actors. Time, money, space, and materials were also driving forces for this change project. The project's focus and limited number of tasks minimized the amount of time required to accomplish the identified goal and objectives. The availability of resources through the university allowed costs to be defrayed and use of existing space and materials increased the feasibility of changing the curriculum.

Restraining forces

The student change agents recognized that several restraining forces, or factors deterring change (W. Crook, personal communication, February 29, 2005), could significantly impact the short and long-term effectiveness of this change effort. Because HIV is stigma-laden, individuals sometimes presume that certain qualities predict who will contract the disease. In addition, social stigma often prevents individuals from being tested or discussing sexual health issues with their partners (Chesney & Smith, 1999). This stigma likely persists among college students, who may assume that STDs and HIV/AIDS awareness is not relevant. In addition, the relevance of alcohol abuse in Greek life socialization and the previous omission of information on sexual health and risky behaviors in the risk awareness seminars were additional concerns.

Engaging Systems in Change

To minimize restraining forces and maximize driving forces, the student change agents acted as coordinators, educators, and facilitators to engage the identified systems in the change project. The students helped to establish relationships between the University's

Student Health Center, the Interfraternity Council, the Panhellenic Sorority Council, and Greek Life Administration. Facilitating relationships supported by open dialogue through coordinated face-to-face meetings was critical because these relationships connected the individuals in Greek student leadership positions with key support (i.e., Assistant Director of Greek Life and the University Student Health Center). As educators, the student change agents presented research on the risky sexual behaviors of college students to critical and facilitating actors.

The unanticipated role of planner arose from engaging these different systems. The Panhellenic Council president requested assistance in developing the seminars. Working together, the Panhellenic Council president, health educators, and student change agents developed ideas for the seminars. These ideas included the creation of an educational pamphlet to distribute to students, as well as interactive role-play by students that addressed potential consequences from engaging in risky sexual behaviors due to alcohol use. The Panhellenic Council president felt that an open forum including information on alcohol policy and the effects of alcohol would engage students.

Results

Attainment of Goal and Objectives

The goal of the change project was to receive a commitment from the Greek community leadership to include sexual health and risky sexual behaviors information in the risk awareness seminars. The Interfraternity and Panhellenic council presidents committed to including information on risky sexual behaviors, STD and HIV awareness, and alcohol consumption in the risk awareness seminars. Assurance was given that healthy and safe sexual practices would be a major focus of the risk awareness seminars for Fall 2005. In addition, the Panhellenic Council president documented all of the planning and research to encourage future seminar planners to include sexual health education. In fall 2005, approximately 1,500 Greek students entering fraternities and sororities participated in the risk awareness seminar, and an additional 1,000 students completed the seminar in spring

2006. Unfortunately, the health educators and Greek Life Administration did not collect demographic information on individuals attending the risk awareness seminars. Therefore, the demographic makeup of these groups could not be determined, representing a significant limitation.

Two important objectives were established, both of which were accomplished during the course of this project. The first objective was to establish relationships between the Student Health Center, the Interfraternity Council, the Panhellenic Sorority Council, and Greek Student Affairs Administration. The second objective of the project was to increase awareness among Greek leadership of the importance of including risky sexual behavior training in their risk awareness seminars. During initial brainstorming meetings, the Panhellenic Council president requested specific information about the university's student population to create a pamphlet for participants in the risk awareness seminars. The health educator offered help in developing a pamphlet and offered to update the information as needed. The connection between the health educator and the council president was helpful in standardizing the sexual health information in the risk awareness seminars.

Evaluation of Force Field Analysis

The force field analysis was an accurate depiction of the anticipated events for the change project. Despite identifying individuals as critical or facilitating actors, not all individuals participated because of personal and professional time conflicts. Due to an unforeseen personal predicament, the Interfraternity Council president was unable to participate in the change project. His removal did not impede the change project because the Panhellenic president actively participated and played a key role in organizing the Greek risk awareness seminars. Due to scheduling changes, one of the University's health educators was unable to participate in the meetings. However, the personal and professional time conflicts did not affect the overall outcomes of the project. All decision-makers were amenable to including information on risky sexual behaviors in the risk awareness seminars. They recognized the risk to Greek students and were more than willing to

include the sexual health education component. Although decision-makers provided little resistance, it is difficult to determine whether educators relayed the information in a non-stigmatizing manner or whether students created obstacles for others by stigmatizing the sexual health information.

Target population and Target System

In evaluating the engagement of the target population, it is apparent that the project could have included more members of the Greek council and members of the Greek student body to provide a representative group of potential beneficiaries and benefactors. The Panhellenic Council president agreed to include the risky sexual behavior information in the risk awareness seminars, thereby successfully including the education component identified in the target system. By agreeing to include this new topic in the risk awareness seminars, the Panhellenic Council president helped to ensure the inclusion of sexual health information in future seminars.

Limitations

There were several limitations related to this process that should be considered. First, the student change agents transferred the responsibility of disseminating the sexual health information to the health educators and the Interfraternity and Panhellenic Councils, none of whom routinely gathered demographic information on individuals completing the risk awareness seminars. Therefore, the characteristics of those individuals participating in the risk awareness seminars are unknown. Second, this process did not include an evaluation of students' attitudes or behaviors following the educational session, so the immediate or long-term changes in Greek students' attitudes toward risky sexual behavior and alcohol and substance use also remain unknown. Lastly, the Multicultural Greek and National Pan-Hellenic Council leadership did not participate in the planning process. Therefore, the planning and brainstorming sessions represent a limited perspective and the delivery of the sexual health information may lack an important cultural perspective.

Discussion

The purpose of this paper was to present an approach for addressing risky sexual behavior and substance use among a Greek student body at high risk for STDs and HIV contraction. Utilizing this approach, student change agents obtained commitments from Greek organization leaders, a university administrator, and university health educators to incorporate sexual health information into risk awareness seminars. Administrators, Greek leadership, and health educators presented this information to 1,500 (fall) and 1,000 (spring) Greek students in the 2005-2006 academic year. In subsequent years, administrators and Greek leadership have continued to present this information to incoming Greek students. By empowering the Greek student leadership to promote healthy sexual practices, the Greek student body was exposed to educational material that hopefully will increase their awareness of how risky sexual behaviors affect their potential exposure to STDs/HIV.

Risky sexual behaviors, coupled with inappropriate alcohol use, represent a significant problem among college age students that leaves them vulnerable to contracting sexually transmitted diseases, including HIV (Halpern-Felsher, Millstein, & Ellen, 1996; Hingson, Heeren, Winter, & Wechsler, 2003). This risk is higher for members of Greek communities because alcohol and substance misuse resonate through their social activities (Larimer et al., 1997; Wechsler et al., 1996). Finding an appropriate venue for distributing information and preparing incoming students for Greek life is a challenge that is only complicated by the stigma associated with STD/HIV testing and prevention efforts. College students are the least knowledgeable about STD/HIV infection rates among their group (Opt & Loffredo, 2004). Additionally, stigma, limited exposure to information about STDs/HIV, perceived severity of the disease, and perceived consequences of infection influence whether college students pursue testing (Barth et al., 2002). Therefore, interventions and strategies that identify and address multiple facets of the target system are needed. Institutions and organizations may often omit the critical relationship between alcohol and sexual health practices or neglect to address the role that norms play in guiding

risky sexual behavior and alcohol use among students.

In instances where vulnerabilities are supported by existing educational deficiencies and organizational reinforcement, it is necessary for interventions to identify existing community support and resources to implement change. Furthermore, it is important for universities and Greek organizations to present sexual health information that raises awareness and promotes responsible and healthy sexual practices (e.g., condom use and testing). Drawing from Brager and Holloway (2002), the social action approach provides health professionals, organizations, and institutions a systematic method for recognizing and addressing risk for various populations.

Future change projects could benefit from broadening critical and facilitating actors. Inclusion of the student population is likely to harness additional support, creativity, and engagement of the target population and aid coordinators in identifying underlying forces not clearly accessible to outside groups. In addition, including leaders from the Multicultural Greek Council and National Pan-Hellenic Sorority Council in the planning process represents an important perspective that was not present. Including leaders who represent diversity could assist in determining whether the material presented was sensitive to a broader range of Greek students. By noting these improvements, future change projects could prove to be greatly successful and beneficial to universities or communities in need.

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About the Authors

Naomi Slep is a project coordinator for the Florida State College Office of Institutional Effectiveness and Accreditation in Jacksonville. Allyce Heflin is staff director for the Florida House of Representatives' PreK-12 Appropriations Committee. Adrian J. Archuleta is an assistant professor at the Kent School of Social Work, University of Louisville. Wendy P. Crook was an associate professor in the College of Social Work at Florida State University. Since the completion of this manuscript, Wendy Crook has passed way and we would like to acknowledge her amazing contributions not only to this research but also to this world. The positions and analyses presented in this article are the authors' and theirs alone.