A private foundation, the Highmark Foundation was created in 2000 with funding from Highmark Inc., Pennsylvania’s largest health insurer based on membership. The Foundation supports programs aimed at improving community health. In 2006, the Foundation introduced Highmark Healthy High 5, a $100 million, five-year health promotion initiative that supports lifelong good health for children and adolescents ages 6–18. Highmark Healthy High 5 centers around five critical health areas: nutrition, physical activity, grieving, self-esteem and bullying prevention. Through significant, multi-year grants, the Highmark Foundation has engaged several strategic community partners to implement solutions within the five areas, pursuing the following goals:

- **Raising Awareness** by communicating the importance of children’s health promotion through media, marketing and events and by convening experts to share and disseminate best practices.

- **Changing Behavior** by building upon current health promotion programs such as the Highmark Healthy High 5 School Challenge grant program, Highmark Healthy High 5 SPARK Active Recreation and Highmark Healthy High 5 Health eTools for Schools and by providing grants for evidence-based programs committed to a meaningful impact upon children’s health promotion.

- **Creating supportive environments** by engaging and educating parents and the community on how to develop healthy school and home environments and by creating supportive environments through grants to encourage and support healthy habits in children.
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Contents:

Executive Summary
Bullying Prevention Efforts Working .................................................. 1

Pennsylvania in the Forefront on Bullying Prevention
Positive Results Demonstrated Over Time........................................... 4
A Cause for Concern........................................................................... 4

Highmark Healthy High 5 Programs in Action
PA CARES......................................................................................... 9
Highmark Healthy High 5 HALT!........................................................ 10
The Bullying Prevention Institute....................................................... 12

Bullying Prevention Efforts at Work
Who Were the Study Participants?....................................................... 14
How Was the Study Designed and Measured?................................... 15
What Were the Evaluation Objectives?.............................................. 16
What Data Trends Are Revealed?...................................................... 16
Students’ reports of bullying others and being bullied........................ 16
Students’ perceptions of adults’ responsiveness to bullying............... 16
Students’ attitudes about bullying...................................................... 17
Teachers’ perceptions of bullying and school actions to address bullying 17
Overall High School Student Outcomes........................................... 18

HALT! and PA CARES Program Findings Encouraging....................... 18

Takeaway Implications...................................................................... 22

Conclusion
A Call to Bullying Prevention Action.................................................. 24
Executive Summary
Bullying Prevention Efforts Working

Bullying isn’t just a right of passage, a condition to be endured as part of growing up. Bullying is a pernicious, pervasive behavior that is keeping as many as 160,000 children away from school each day. Bullying has lasting emotional effects on its victims and ultimately hinders learning and a positive school experience for thousands of Pennsylvania children.

With the launch of its Highmark Healthy High 5 initiative, the Highmark Foundation in 2006 made a determined commitment to address bullying on a large scale. The Foundation recognized that over the years, many efforts were forged, but they were fragmented, under-sourced and underfunded. The Foundation took a different approach—it engaged partners throughout Pennsylvania and beyond, experts with success in bullying prevention—to demonstrate that focusing and collaborating together to institute an evidence-based approach would result in significant bullying reduction in classrooms.

By combining know-how of the experts with resources provided through the Foundation, successes have been realized. Prevention efforts are working. But work needs to continue to further delineate and replicate successes. This statement represents the primary findings and conclusions of “Bullying Prevention: A Statewide Collaborative That Works,” a report funded by the Highmark Foundation.

Prevention efforts are working. But work needs to continue to further delineate and replicate successes.

Conclusion
A Call to Bullying Prevention Action

Prevention science is dependent upon multiple levels of expertise—medicine, education, social service, nursing, sociology, psychology, public health, communications, economics, etc. There are key program development parameters in establishing a community-based health promotion initiative. They include (1) determining the needs of the community; (2) prioritizing those needs; (3) identifying the population to be targeted; (4) identifying an evidence-based program that will most likely demonstrate a positive impact in the identified population; (5) identifying implementation and sustainable funding; and (6) monitoring and evaluating the initiative. This approach will demonstrate and acknowledge a successful community-based health promotion initiative that enables and empowers a community to better health.

The preliminary impact data from this school and community-based prevention initiative, developed by the Highmark Foundation in response to the well-documented negative health and social effects of bullying, has clearly demonstrated the importance of adherence to prevention science and to identifying key partnerships. The Olweus Bullying Prevention Program (OBPP) is the most widely accepted, internationally recognized, evidence-based health promotion program developed to address the issue of school-based bullying—the most common form of violence in our society. As mentioned previously, this Pennsylvania-based bullying prevention initiative serves as the largest and most comprehensive effort to date to systematically and strategically address this public health issue. By a significant margin, more children have been evaluated in Pennsylvania to determine the effects of a bullying prevention/health promotion initiative than any other previous attempt worldwide.

The preliminary impact data has clearly demonstrated the importance of adherence to prevention science and to identifying key partnerships.
As it embarked on efforts to reduce school-based bullying, the Foundation convened key representatives of several Pennsylvania-based organizations to begin planning for more formally addressing the problem. Key organizations among them had received Highmark Healthy High 5 grants, and bringing these significant partners together began a strategic, collaborative effort to widely institute evidence-based bullying prevention approaches in schools.

According to current research, school-based bullying is the most common form of violence in our society. A 2008 study demonstrating the association between bullying and health problems concluded that bullying should be considered a significant international public health issue. (Gini & Pozzoli, 2008). In a July 2009 policy statement, the American Academy of Pediatrics commented on the success of the OBPP and recommended that pediatricians serve as advocates for schools to adopt evidence-based prevention programs (Klass, New York Times, June 9, 2009).

Knowing the deleterious health implications of bullying and seeing emergent efforts already in place in Pennsylvania to combat it, the Highmark Foundation responded with commitment and involvement. The results, built on an evidence-based program, dedicated partners and a willingness to work together have been positive and telling. “Bullying Prevention: A Statewide Collaborative That Works” seeks to outline and chronicle those results, the steps taken to achieve them and implications for future direction.

References:


High School Component: Particularly promising are initial results from students in participating high schools. These findings underscore the need to further understand the current application of the OBPP in high school settings and to develop ways to tailor and improve this implementation. This study’s preliminary results indicate an area of further investigation regarding differences between teacher and student perceptions of bullying behavior and the need for bullying prevention in high schools.

School Fidelity/Certification Rating: To the extent that a high level of fidelity to OBPP implementation is linked to positive program outcomes, a continued focus on assessing OBPP fidelity is needed. Understanding the link between fidelity of implementation and program outcomes in elementary, middle and high schools is necessary. Thus, a system is needed to certify the varying degrees of fidelity with which OBPP schools implement the program.

Continuing Education for Sustainability: Continuing education which has been available to trainers, parents, teachers and administrators, has likely had an important impact on fidelity of the program. Passing on the lessons learned from the project will have a direct relationship to long-term sustainability.

Quality Assurance in Training: As a result of the Highmark Foundation’s bullying prevention effort, a recertification process was developed for Olweus trainers in Pennsylvania. The purpose of this process is to facilitate consistent and effective training practices across the state. Standardization of training helps to ensure that the most recent and up-to-date research and resources in the field are shared and better assures a high standard of trainer acumen is set and achieved. The recertification process developed with Foundation funding will serve as a model program for other states.

Pre-Assessment Is Critical: HALT! and PA CARES demonstrated that undertaking significant pre-implementation assessment is related to consistent implementation of the program. It is necessary for schools to assess their readiness to implement a bullying prevention program. Assessment affords self-examination of commitment level and other factors necessary for success and helps secure administration and faculty support prior to beginning a project. Highmark Foundation—supported initiatives have gone beyond standard pre-implementation assessments of similar studies.

Ongoing Efforts of School: Year two preliminary data from HALT! Cohort 1 supports the need and importance of implementing OBPP more than two or more years, permitting evaluators to observe continued improvement in bullying prevention outcomes. This finding is consistent with previous findings of Dr. Dan Olweus.
Pennsylvania in the Forefront on Bullying Prevention

Bullying in schools is not a new phenomenon; however, current research reflecting the negative social effects of bullying has put bullying prevention at the forefront of Pennsylvania’s school violence prevention agenda. Clear evidence became available in the mid-90s, demonstrating the effectiveness of comprehensive bullying prevention strategies focused on school-wide interventions. These strategic efforts to support student health and safety laid the foundation for, what is today, the nation’s most significant school-based bullying prevention public/private partnership.

Pennsylvania’s focus on bullying prevention has spanned a decade, mirroring the best practices of national, state and local public health, education and juvenile justice organizations. With increased need for services and increased competition for scarce state and federal funds during this time period, public systems were being held to a higher standard of accountability for outcomes. In 1996, state leaders at the Pennsylvania Commission on Crime and Delinquency (PCCD) partnered with multiple federal agencies and the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder to conduct a national violence prevention initiative. The partnership’s purpose was to identify and replicate effective violence prevention programs. The project, Blueprints for Violence Prevention, identified 11 model prevention and intervention programs that meet strict scientific standards of program effectiveness. The Olweus Bullying Prevention Program (OBPP)—the only program that addresses school-based bullying prevention—was named as one of the 11 model programs. Because of its ongoing research activity and continued evidence of positive outcomes, the Olweus program has become the gold standard of bullying prevention.

To implement the Olweus model, grant funding was made available from both PCCD and the Pennsylvania Department of Education (PDE) through separate funding sources. In 2001, PCCD and PDE issued a grant to the Center for Safe Schools (CSS) to establish the Pennsylvania Statewide Bullying Prevention Committee, a cross-systems coordinating workgroup. In addition to staffing the statewide committee, the CSS also was funded to create and support the PA Statewide Bullying Prevention Trainers Network (BP Network).

In 2001 in partnership with the Statewide BP Network, Dan Olweus, Ph.D., University of Bergen, Norway, and Susan Limber, Ph.D., Clemson University and U.S. National Coordinator of the OBPP, CSS hosted the first training-of-trainers for OBPP in the United States. Thirty individuals from educational and non-profit agencies strategically located across the state were selected to become Olweus-certified trainers. With continued support from PCCD and the PDE, a second statewide training was held in January 2006. This effort added 21 more trainers to the BP Network and expanded the membership to a total of 50 active OBPP trainers. Trainers certified directly by Clemson University and at other national training sites are included in this total. The BP Network continued to support trainers through professional development, provision of resources and matching of trainers to schools.

Takeaway Implications

As a result of the Highmark Foundation’s effort, this study offers the largest coordinated implementation and evaluation of the OBPP in the United States. With the scale and scope of Highmark Foundation’s investment, several new outcomes were realized.

Strategic Partnerships: Results from this project indicate that the OBPP can be implemented successfully in large populations when strategic community partners are identified that have the capacity and track record of success. Schools, if left unsupported, may be unable to sustain these efforts on their own over time. The Foundation’s statewide and districtwide approach has enhanced partnerships between schools, districts and institutional coordinators (Windber Research Institute and the Center for Safe Schools). By providing a high level of technical support to schools, partnerships have helped to facilitate successful implementation of the OBPP.

To the extent that a high level of fidelity to OBPP implementation is linked to positive program outcomes, a continued focus on assessing OBPP fidelity is needed.
**Positive results demonstrated over time.** From 1998 to 2008, the Office of Community Health (OCH) at Memorial Medical Center in Johnstown, Pa., directed a southwestern Pennsylvania regional effort in bullying prevention. Nine rural school districts participated. The OCH embraced the program as a public health initiative and, for a four-year period, collected outcome data from all participating schools. By 2004, 18 of the 52 schools or 35 percent in Cambria County had implemented the OBPP with documented outcome measurements. And, in 2008, the bullying prevention project moved to Windber Research Institute. Data and experience gleaned from early years became vital in a continuing effort to advance bullying prevention programming across Pennsylvania. As the Highmark Healthy High 5 initiative gathers momentum, strategic focus is twofold—supporting wide-scale adoption of the OBPP and providing for capacity building.

**A cause for concern.** Today, the significant health and social issues related to bullying are both costly and long term. The OBPP defines a person as being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons and he or she has difficulty defending him or herself (Olweus, 1993). Bullying also is described as a “systematic abuse of power” (Smith, 2004). Though it is the high-level school violence associated with the use of weapons and death that captures the attention of the public, … it is bullying or low-level violence defined as peer aggression in the form of teasing, rumors, intimidation and physical confrontation that affects approximately 20—30 percent of our students on a daily basis. (Meyers-Adams, 2008).
Every day, 160,000 children miss school because of fear of being bullied (U.S. Department of Justice, National Association of School Psychologists, 2005).

Every seven minutes a child is bullied at school (U.S. Department of Justice, 2005).

Depression, suicidal thoughts, substance abuse and an increased tendency to crime are negative consequences associated with bullying (Olweus, 2009; AMA, 2002; Limber, 2006; Gini, 2009). Bullies in middle school, without intervention, are three times as likely to have at least one criminal conviction by the age of 24 (Limber, 2006; Olweus, 2003). More than a decade ago, research findings stated, “There is now reliable evidence that the experience of frequent victimization by peers at school is associated with relatively poor mental and physical health among young people (Rigby, 1998).”

In the classroom setting, students involved with chronic bullying eventually come to feel unsafe, to lack a sense of personal and academic satisfaction and to become fearful and apathetic. Over time, the student observers of bullying (bystanders) have a decreased sense of empathy for other students. Bystanders may feel unsafe and have difficulty learning (Blueprints, 2002; Olweus, 2009). Lower academic achievement, higher dropout rates and school absences are additional burdens placed upon students, schools, parents and society (Limber, 2006). Studies by the U.S. Secret Service and the Department of Education revealed that nearly 75 percent of the attackers in school shootings indicated that they were bullied or otherwise hurt by their peers prior to the shootings (Crawford, 2002).

Suicide is a well-documented and tragic outcome related to school-based bullying. It was the 1982 suicides of three Norwegian youths that led to a nation’s first attempt to address bullying as a public health issue. The Norwegian government response was to implement the OBPP. From the 1970s to this point, the Scandinavian bullying prevention work of Dan Olweus, Ph.D. had been the only attempt to systematically examine, in an ongoing fashion, the prevalence of social issues surrounding this behavior (Smith, 2004). The largest U.S. study on bullying was conducted in 1998 when approximately 15,000 students were surveyed. It was meaningful in that it defined bullying in the United States from the perspective of school grade occurrence, gender-specific bullying traits and social strata prevalence. This report, along with the European studies, provided a basis for future U.S.-based program activity and research (Espelage, 2004). The data and experience gleaned from previous research became vital in the Highmark Foundation’s efforts to advance bullying prevention through its Highmark Healthy High 5 initiative.
References:


At the end of 12 or more months of implementation of the OBPP in Cohort 1 HALT! elementary and high schools, positive findings observed included:

- Decreases in reports of being bullied among high school students (16 percent overall).
- Decreases in reports of bullying others among high school students (39 percent), 35 percent reduction in bullying others among elementary students. Decreases were observed in most specific forms of bullying.
- Increased perceptions among elementary high school students that adults at school were actively working to address bullying.
- Positive changes in perceptions of bullying, among elementary students about the importance of positive bystander behavior (e.g., 27 percent more elementary students said they would try to help a bullied student after implementation of the OBPP).

Consistently positive increases were observed in elementary, middle and high school teachers’ perceptions that their schools’ rules and policies about bullying had been clearly communicated to students (ranging from 17—69 percent), parents (ranging from 14—81 percent), teachers (ranging from 19—30 percent) and other staff (19—34 percent). These findings are important as the development and communication of school rules and procedures about bullying is a core element of the OBPP. Although it is the responsibility of teachers to communicate rules to their students, the onus typically is on administrators and/or members of schools’ coordinating committees to communicate rules to teachers, other staff and parents. From an outcomes perspective, it is highly encouraging that teachers feel that their leaders have done an exceptional job in this regard.

Overall high school student outcomes.

For HALT! and PA CARES, there were surprisingly positive intervention results for student reports of being bullied, bullying others, perceptions of adult responses to bullying and attitudes about bullying.

HALT! and PA CARES Program Findings Encouraging

Data from the HALT! Cohort 1 schools reveal that many program effects are stronger after two years of implementation than one. These findings are consistent with those of other studies that have observed the implementation of OBPP as an ongoing process (Olweus, 1993; Olweus & Limber, in press).

Highmark Healthy High 5 Programs in Action

In early October 2007, the Highmark Foundation held a bullying prevention summit in Hershey, Pa. This gathering marked the inaugural event of the Highmark Healthy High 5 Bullying Prevention Institute. More than 700 Pennsylvania educators, administrators and others came together to learn about school-based bullying and its impact. This forum, featuring nationally known experts, represents the largest assembly held to date solely to address bullying as a public health epidemic.

In early 2008, recognizing the importance of follow-up discussion at the highest levels and the need to coordinate efforts to assure diverse participation, the Highmark Foundation invited international and national leaders in bullying prevention and key grantees to collaborate on an expert panel. The group convenes semi-annually to discuss and provide input on issues relating to sustainability and supporting a statewide bullying prevention endeavor. Lasting and fruitful relationships within this group have solidified efforts to meet needs of stakeholders. Expert panelists include:

- Lynn Cromley, M.Ed. – Center for Safe Schools, Pennsylvania
- Marci Feldman Hertz, M.S. – Centers for Disease Control and Prevention, Georgia
- Susan Limber, Ph.D., MLS – Clemson University, South Carolina
- Matthew Masiello, M.D., MPH – Windber Research Institute, Pennsylvania
- Dan Olweus, Ph.D. – University of Bergen, Norway
- Diana Schroeder, MSN, RN – Windber Research Institute, Pennsylvania
- Gerald Zahorchak, Ph.D. – Secretary of Education, Pennsylvania

The evidence behind the Olweus model is the basis for the Highmark Foundation’s decision to invest in the program. It is known to reduce school-based bullying by 30—50 percent in schools that implement the program with fidelity.
The evidence behind the Olweus model is the basis for the Highmark Foundation’s decision to invest in the program. Supporting wide-scale adoption of the program by schools is a strategic component in bullying reduction efforts. The Olweus Bullying Prevention Program (OBPP) uses four areas of concentration to enable schools to address bullying systemically.

- School-wide measures focus on the ongoing training of the entire school staff, including a coordinating committee whose work drives the program in each building. School rules against bullying are posted throughout the school and students are surveyed yearly using the Olweus Bullying Questionnaire.

- Classroom measures include discussion, class meetings, role-playing and enforcement of school rules against bullying.

- Individual components of OBPP help guide a school’s response and cover on-the-spot interventions, follow-up meetings with the student who is bullied and the student who is bullying along with increased parental engagement.

- Community participation constitutes the involvement of local government, law enforcement, community agencies, media and other community partners who may provide valuable time, resources and information toward the success of the program. Spreading the anti-bullying message outside the walls of the school is an essential OBPP component.

In 2007, two bullying prevention programs based on the Olweus program were introduced to Pennsylvania schools through Highmark Healthy High 5 funding: HALT!© A Bullying Prevention Program and PA CARES (Creating an Atmosphere of Respect and Environment for Success). Also in 2007, the Foundation established the Highmark Healthy High 5 Bullying Prevention Institute to increase and sustain continual professional development. The Center for Safe Schools manages PA CARES. HALT! is managed by the Center for Health Promotion and Disease Prevention at Windber Research Institute (WRI). The Center also provides content and program development and staff support for the Highmark Healthy High 5 Bullying Prevention Institute. These three bullying prevention initiatives are detailed in this report section.

Students’ attitudes about bullying. Across most groups, increases were observed in the percentage of students who indicated they would try to help a bullied student, and decreases in the percentage who felt they would passively observe or join in bullying. For example, after two years of implementation, 27 percent more elementary students (from HALT! schools) said they would try to help a bullied student.

Teachers’ perceptions of bullying and school actions to address bullying. Very positive findings were observed regarding elementary, middle and high school teachers’ perceptions of bullying and activities to address bullying at school after one year of Olweus Bullying Prevention Program (OBPP) implementation. For example, there were marked increases (ranging from 14—131 percent) among elementary, middle and high school teachers in the likelihood that they regularly (two or more times per month) talked with their classes about bullying. This finding is encouraging, as holding regular class meetings is a core component of the OBPP. Class meetings are the venue through which much information about the program and the schools’ expectations are delivered to students and a time where community-building occurs. Seeing positive change in middle and high schools is particularly encouraging, as schools at these levels frequently have difficulty finding time for these important discussions.
What Were the Evaluation Objectives?
The initial goal of the Highmark Foundation bullying prevention effort was to produce a positive change in school climate by the end of the three-year implementation period. Examples of impact on school climate include the students’ perceptions of their teachers’ effectiveness in preventing and intervening in bullying situations, the rate at which students actively intervene in support of their peers, the rate that students express fear of being bullied and the students’ perceptions as to how much they enjoy school. The shift in the school climate is demonstrated in the primary work of Dan Olweus, Ph.D.

According to Dr. Susan Limber, it is not only important to see decreases in students’ reports of being bullied and bullying others, but it is also critical to observe changes in students’ perceptions of adults’ responsiveness to the implementation of the OBPP elements. In addition, a more positive school climate is created by decreasing the percentage of students who are “bystanders” when they see bullying occur and by increasing the percentage of students who actively try to help the bullied students.

What Data Trends Are Revealed?3
Students’ reports of bullying others and being bullied. Overall, reductions in student self-reports of bullying others were observed among nearly all cohorts and age groups. Results appeared to be particularly positive among high school students, where reductions were observed in bullying others of 15 to 39 percent, depending upon the specific cohort. Not unexpectedly, mixed findings were seen in students’ self-reports of being bullied, with some age groups and cohorts showing decreases (e.g., an 18 percent decrease in reports of being bullied among high school students in PA CARES schools) and others showing no positive program effects.

Students’ perceptions of adults’ responsiveness to bullying. Almost universally across age groups and cohorts, positive changes were observed in students’ perceptions that adults in the school were actively working to address bullying. There were reductions ranging from 11 to 53 percent in the number of students who felt that their teachers had done little to address bullying.

After three or more months of implementation of the OBPP in the PA CARES schools, positive findings were observed in participating elementary, middle and high schools, including:

- Decreases in reports of being bullied among middle school students (6 percent) and high school students (18 percent).
- Decreases in reports of bullying others among elementary students (14 percent) and high school students (25 percent).
- Increased perceptions among elementary, middle and high school students that adults at school were actively working to address bullying.
- Positive changes in perceptions of bullying, among elementary and middle school students about the importance of positive bystander behavior (e.g., 9 percent more middle school students believed they would try to help a bullied student after OBPP implementation).
- Positive changes in perceptions of bullying, among elementary and middle school students that adults at school were actively working to address bullying. There were reductions ranging from 11 to 53 percent in the number of students who felt that their teachers had done little to address bullying.

40 to 2 Cohort 1 school buildings (2008) and 47 Cohort 2 school buildings (2009) have been selected to date. An additional group of buildings will be selected for Cohort 3 (2010) at the end of 2009.

PA CARES (Creating an Atmosphere of Respect and Environment for Success) PA CARES is coordinated through the Center for Safe Schools. Since its inception in 2007, PA CARES has worked to build local school readiness and capacity for implementing successful intervention strategies within schools in Highmark Foundation service areas and across the Commonwealth.

PA CARES supports schools in their efforts to create safe learning environments, using a school building—level, mini-grant approach to deliver the Olweus Bullying Prevention Program (OBPP). This program integrates traditional training and communication tools, Web-based technologies and other activities designed to support research-informed practice. PA CARES expands the number of certified OBPP trainers and coaches who provide professional development training to schools. Trainers also track model implementation to support evaluation of bullying prevention efforts.

This comprehensive approach puts timely, accessible bullying prevention information and research into the hands of certified trainers, school personnel and community practitioners.

To date, 89 schools have received PA CARES mini-grants. These schools utilize PA CARES funds to contract with a certified Olweus trainer, purchase OBPP and other supportive materials and engage in other productive training and planning activities. Acceptance of a PA CARES mini-grant requires a school to commit to implement all OBPP components within the first program year and to fully implement the model for at least three years. PA CARES grantee buildings also make a commitment to fully participate in evaluation research for at least a three-year period.

In addition to delivering mini-grants to schools, the PA CARES initiative builds capacity for ongoing bullying prevention through Web-based and face-to-face activities. Bullying prevention has been accomplished through live online educational sessions and self-paced tools. In 2008, for example, the Center for Safe Schools hosted a live educational session on the new bullying legislation (HB 1067) prior to launching the “Preventing School Violence Readiness Series.” The live session provided educators an opportunity to review and pose questions about bullying policy and practice. The Readiness Series, in contrast, offers educators an opportunity to review research on school climate and provides guidance on how to sustain bullying prevention approaches. Upcoming PA CARES events include live online sessions for OBPP trainers and grantee, virtual office hours to provide OBPP support, and the launching of a self-paced PA CARES School Climate Toolkit.
PA CARES promotes the expansion of research-based bullying prevention practices through a number of activities to improve tracking and evaluation of OBPP implementation. For example, PA CARES has enabled the Center for Safe Schools to develop a comprehensive database of grantees, trainers and evaluation instruments to continually improve and support program practices. To ensure that program evaluation data is reported to stakeholders in a meaningful format, analysts use formative, process and fidelity evaluation data to develop program reports. Bullying prevention evaluation data also are used to develop research briefs highlighting key program outcomes and best practices. These research briefs help to support and inform a larger audience of practitioners, educators, parents and organizations with a focus on school climate and safety.

Highmark Healthy High 5 HALT!® A Bullying Prevention Program
HALT! is administered by the Center for Health Promotion and Disease Prevention at Windber Research Institute. The HALT! program varies from the PA CARES approach in that it provides support to public school districts that comprise many school buildings rather than individual buildings as in the PA CARES program. A limited number of schools located in specific regions within the Highmark Foundation’s service area are invited to participate. The regions include Allegheny County area, Erie area, Cambria/ Somerset counties and York/Harrisburg.

In each Pennsylvania region, HALT! provides certified Olweus trainers to offer intensive, ongoing support to participating districts throughout the first year of implementation. To help elicit high rates of fidelity and sustainability, technical assistance and program materials are provided throughout a three-year implementation period. Only five districts in each region were invited to participate in each of three HALT! cohorts. The overall mission of HALT! is to:

- bring effective, evidence-based bullying prevention strategies to schools and communities without current intervention;
- educate students, parents and faculty about the issues surrounding bullying;
- enhance the school climate toward a more pro-social model for all children;
- enhance the effectiveness of teacher and parent bullying behavior intervention; and
- create targeted regional “centers of excellence” in bullying prevention to provide best practice examples and resources for all schools.

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<tr>
<th>PA CARES</th>
<th># Schools</th>
<th># Student Responses</th>
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How Was the Study Designed and Measured?
For the purposes of this preliminary analysis, an age-cohorts design (Olweus & Limber, in press) was used to analyze program effects. Data from two equivalent age cohorts of students are compared at two or more points in time (pre-implementation and post-implementation). Measures used included the Olweus Bullying Questionnaire (OBQ, 2007), which was administered to students in the HALT! and PA CARES cohorts, and the Teacher Questionnaire (2008), administered to teachers in selected HALT! schools. For these preliminary analyses, a measure of relative change was used to calculate the difference in percentages between baseline (initial) assessment prior to program implementation and subsequent assessments.

The OBQ is a 40-item anonymous self-report measure that is completed by students in grades 3—12. For purposes of this report, we have used a measure of relative change (Olweus & Limber, in press), which is calculated as the difference in percentages between the baseline (initial) assessment prior to program implementation and subsequent assessments. As an example, if the percentage of bullied students in elementary school is 20 percent at Time 1 (baseline) and 15 percent at Time 2 (after 3+ months of implementation), the relative change score will be -25 percent [(15-20)/20 = -25 percent].

The Teacher Questionnaire is a 20-item anonymous questionnaire that is based upon the OBQ. It assesses teachers’ perceptions of bullying prevalence and their own (and others’) actions to prevent and address bullying. The questionnaire was made available to teachers to complete electronically. Teachers’ responses were compared prior to and after one year of implementation of the OBPP.

It is not only important to see decreases in students’ reports of being bullied and bullying others, but it is also critical to observe changes in students’ perceptions of adults’ responsiveness.
Bullying Prevention Efforts at Work

The research and evaluation components of HALT!, PA CARES and the Bullying Prevention Institute represent an important contribution of the Highmark Foundation to systematic bullying prevention efforts within Pennsylvania. There are 1.8 million public and private school students in Pennsylvania; 56 percent of those students (1.02 million) are located within Highmark Foundation’s service region. The Highmark Healthy High 5 bullying prevention effort will impact approximately 200,000 students, or 20 percent of all public and private school students within the Highmark Foundations’s service area. Four questions guide data offered within this report—(1) Who were the study participants? (2) How was the study designed and measured? (3) What were the evaluation objectives? and (4) What data trends are revealed?

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Figure 1: Student Participation in the Highmark Foundation Bullying Prevention Program Evaluation

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<td>1,010</td>
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<tr>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High Schools</td>
<td>3</td>
<td>999</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>2,009</td>
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<tr>
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Schools that had previously implemented Olweus prior to this initiative are not eligible to participate in HALT! or PA CARES. Thus, it is possible that many additional schools and students have already received a bullying prevention program. However, all schools within Highmark’s service area are invited to send their staffs to select Bullying Prevention Institute events. Thus, this project’s potential impact may be even greater.

The Highmark Healthy High 5 bullying prevention effort will impact approximately 200,000 students, or 20 percent of all public and private school students.

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The Highmark Healthy High 5 Bullying Prevention Institute

The October 2007 Hershey, Pa. gathering devoted to bullying also marked the inaugural event of the Highmark Healthy High 5 Bullying Prevention Institute. Among its chief purposes, the Institute supports efforts under way to implement the Olweus Bullying Prevention Program (OBPP) in Pennsylvania and to support those who are committed to reducing bullying behaviors among children in Pennsylvania schools.

The original summit included a lineup of nationally recognized presenters, experts and leaders in bullying prevention; a “Stand Up! Speak Out! Teen Forum” that engaged teenagers in a discussion of the impact bullying has on students and their school environment; and a half-day primer on bullying prevention tenets, “Bullying Prevention 101: A Look at the Basics of Bullying Prevention.” The interest in the summit spurred planning for further, regional continuing education credit sessions throughout the 2008-2009 school year. These sessions attracted more than 1,000 individuals, including certified OBPP trainers, school OBPP coordinating committee members, administrators and others concerned about bullying.

With Highmark Healthy High 5 funding, the Institute continues to plan and present regional sessions and also work to promote and advance best practices. Through this study and other strategies, it strives to raise awareness of the current body of evidence that demonstrates the urgency of reducing bullying among school-aged children and youth and the importance of approaches that have demonstrated positive outcomes. The delivery of Bullying Prevention Institute programs relies heavily upon established partnerships and collaborative relationships with leading experts and organizations. They include:

- Centers for Disease Control and Prevention
- Center for Safe Schools
- Clemson University, Institute on Family and Neighborhood Life (home of OBPP)
- Pennsylvania Department of Education
- Windber Research Institute
- University of Bergen, Norway

Future plans include sessions that focus on increasing skill levels of those involved in bullying prevention initiatives within the school, home or community setting. The Institute’s baseline measures and continuing benchmarking will facilitate analysis of the impact of investments made to prevent bullying in Pennsylvania. Through the Institute, HALT! and PA CARES schools will help to assure sustainability at lower costs.

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It is not only important to see decreases in students' reports of being bullied and bullying others, but it is also critical to observe changes in students' perceptions of adults' responsiveness.

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<tr>
<td>Elementary Schools</td>
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<td>6,048</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>23,444</td>
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How Was the Study Designed and Measured?
For the purposes of this preliminary analysis, an age-cohorts design (Olweus & Limber, in press) was used to analyze program effects. Data from two equivalent age cohorts of students are compared at two or more points in time (pre-implementation and post-implementation). Measures used included the Olweus Bullying Questionnaire (OBQ, 2007), which was administered to students in the HALT! and PA CARES cohorts, and the Teacher Questionnaire (2008), administered to teachers in selected HALT! schools. For these preliminary analyses, a measure of relative change was used to calculate the difference in percentages between baseline (initial) assessment prior to program implementation and subsequent assessments.

The OBQ is a 40-item anonymous self-report measure that is completed by students in grades 3–12. For purposes of this report, we have used a measure of relative change (Olweus & Limber, in press), which is calculated as the difference in percentages between the baseline (initial) assessment prior to program implementation and subsequent assessments. As an example, if the percentage of bullied students in elementary school is 20 percent at Time 1 (baseline) and 15 percent at Time 2 (after 3+ months of implementation), the relative change score will be -25 percent [\(\frac{15-20}{20} \times 100\% = -25\%\)].

The Teacher Questionnaire is a 20-item anonymous questionnaire that is based upon the OBQ. It assesses teachers’ perceptions of bullying prevalence and their own (and others’) actions to prevent and address bullying. The questionnaire was made available to teachers to complete electronically. Teachers’ responses were compared prior to and after one year of implementation of the OBPP.

PA CARES promotes the expansion of research-based bullying prevention practices through a number of activities to improve tracking and evaluation of OBPP implementation. For example, PA CARES has enabled the Center for Safe Schools to develop a comprehensive database of grantees, trainers and evaluation instruments to continually improve and support program practices. To ensure that program evaluation data is reported to stakeholders in a meaningful format, analysts use formative, process and fidelity evaluation data to develop program reports. Bullying prevention evaluation data also are used to develop research briefs highlighting key program outcomes and best practices. These research briefs help to support and inform a larger audience of practitioners, educators, parents and organizations with a focus on school climate and safety.

Highmark Healthy High 5 HALT!® A Bullying Prevention Program
HALT! is administered by the Center for Health Promotion and Disease Prevention at Windber Research Institute. The HALT! program varies from the PA CARES approach in that it provides support to public school districts that comprise many school buildings rather than individual buildings as in the PA CARES program. A limited number of schools located in specific regions within the Highmark Foundation’s service area are invited to participate. The regions include Allegheny County area, Erie area, Cambria/Somerset counties and York/Harrisburg.

In each Pennsylvania region, HALT! provides certified Olweus trainers to offer intensive, ongoing support to participating districts throughout the first year of implementation. To help elicit high rates of fidelity and sustainability, technical assistance and program materials are provided throughout a three-year implementation period. Only five districts in each region were invited to participate in each of three HALT! cohorts. The overall mission of HALT! is to:

• bring effective, evidence-based bullying prevention strategies to schools and communities without current intervention;
• educate students, parents and faculty about the issues surrounding bullying;
• enhance the school climate toward a more pro-social model for all children;
• enhance the effectiveness of teacher and parent bullying behavior intervention; and
• create targeted regional “centers of excellence” in bullying prevention to provide best practice examples and resources for all schools.

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• create targeted regional “centers of excellence” in bullying prevention to provide best practice examples and resources for all schools.
After six or more months of implementation of the OBPP in Cohort 2 HALTI schools, positive findings were observed in participating elementary, middle and high schools, including:

- Decreases in reports of bullying others among elementary (4 percent) and high school students (15 percent).
- Increased perceptions among elementary, middle and high school students that adults at school were actively working to address bullying.
- Positive changes in perceptions of bullying, among elementary, middle and high school students about the importance of positive bystander behavior as fewer elementary (13 percent), middle (9 percent) and high school (12 percent) students believed they could join in bullying; and more students in middle school (10 percent) and high school (20 percent) believed they would help a bullied student after OBPP implementation.

What Were the Evaluation Objectives?
The initial goal of the Highmark Foundation bullying prevention effort was to produce a positive change in school climate by the end of the three-year implementation period. Examples of impact on school climate include the students’ perceptions of their teachers’ effectiveness in preventing and intervening in bullying situations, the rate at which students actively intervene in support of their peers, the rate that students express fear of being bullied and the students’ perceptions as to how much they enjoy school. The shift in the school climate is demonstrated in the primary work of Dan Olweus, Ph.D. According to Dr. Susan Limber, it is not only important to see decreases in students’ reports of being bullied and bullying others, but it is also critical to observe changes in students’ perceptions of adults’ responsiveness to the implementation of the OBPP elements. In addition, a more positive school climate is created by decreasing the percentage of students who are “bystanders” when they see bullying occur and by increasing the percentage of students who actively try to help the bullied students.

What Data Trends Are Revealed?3 Students’ reports of bullying others and being bullied. Overall, reductions in student self-reports of bullying others were observed among nearly all cohorts and age groups. Results appeared to be particularly positive among high school students, where reductions were observed in bullying others of 15 to 39 percent, depending upon the specific cohort. More unexpectedly, mixed findings were seen in students’ self-reports of being bullied, with some age groups and cohorts showing decreases (e.g., an 18 percent decrease in reports of being bullied among high school students in PA CARES schools) and others showing no positive program effects.

Students’ perceptions of adults’ responsiveness to bullying. Almost universally across age groups and cohorts, positive changes were observed in students’ perceptions that adults in the school were actively working to address bullying. There were reductions ranging from 11 to 53 percent in the number of students who felt that their teachers had done little to address bullying.

1Forty-two Cohort 1 school buildings (2008) and 47 Cohort 2 school buildings (2009) have been selected to date. An additional group of buildings will be selected for Cohort 3 (2010) at the end of 2009.

PA CARES (Creating an Atmosphere of Respect and Environment for Success) PA CARES (Creating an Atmosphere of Respect and Environment for Success) is a unique bullying prevention program developed through the Center for Safe Schools. Since its inception in 2007, PA CARES has worked to build local school readiness and capacity for implementing successful intervention strategies within schools in Highmark Foundation service areas and across the Commonwealth.

PA CARES supports schools in their efforts to create safe learning environments, using a school building—level, mini-grant approach to deliver the Olweus Bullying Prevention Program (OBPP). This program integrates traditional training and communication tools, Web-based technologies and other activities designed to support research-informed practice. PA CARES expands the number of certified OBPP trainers and coaches who provide professional development training to schools. Trainers also track model implementation to support evaluation of bullying prevention efforts. This comprehensive approach puts timely, accessible bullying prevention information and research into the hands of certified trainers, school personnel and community practitioners.

To date, 89 schools have received PA CARES mini-grants.4 These schools utilize PA CARES funds to contract with a certified Olweus trainer, purchase OBPP and other supportive materials and engage in other productive training and planning activities. Acceptance of a PA CARES mini-grant requires a school to commit to implement all OBPP components within the first program year and to fully implement the model for at least three years. PA CARES grantee buildings also make a commitment to fully participate in evaluation research for at least a three-year period.

In addition to delivering mini-grants to schools, the PA CARES initiative builds capacity for ongoing bullying prevention through Web-based and face-to-face activities. Bullying prevention has been accomplished through live online educational sessions and self-paced tools. In 2008, for example, the Center for Safe Schools hosted a live educational session on the new bullying legislation (HB 1067) prior to launching the “Preventing School Violence Readiness Series.” The live session provided educators an opportunity to review and pose questions about bullying policy and practice. The Readiness Series, in contrast, offers educators an opportunity to review research on school climate and provides guidance on how to sustain bullying prevention approaches. Upcoming PA CARES events include live online sessions for OBPP trainers and grantee virtual office hours to provide OBPP support, and the launching of a self-paced PA CARES School Climate Toolkit.

4Forty-two Cohort 1 school buildings (2008) and 47 Cohort 2 school buildings (2009) have been selected to date. An additional group of buildings will be selected for Cohort 3 (2010) at the end of 2009.
The evidence behind the Olweus model is the basis for the Highmark Foundation’s decision to invest in the program. Supporting wide-scale adoption of the program by schools is a strategic component in bullying reduction efforts. The Olweus Bullying Prevention Program (OBPP) uses four areas of concentration to enable schools to address bullying systemically.

- **School-wide measures** focus on the ongoing training of the entire school staff, including a coordinating committee whose work drives the program in each building. School rules against bullying are posted throughout the school and students are surveyed yearly using the Olweus Bullying Questionnaire.

- **Classroom measures** include discussion, class meetings, role-playing and enforcement of school rules against bullying.

- **Individual components of OBPP** help guide a school’s response and cover on-the-spot interventions, follow-up meetings with the student who is bullied and the student who is bullying along with increased parental engagement.

- **Community participation** constitutes the involvement of local government, law enforcement, community agencies, media and other community partners who may provide valuable time, resources and information toward the success of the program. Spreading the anti-bullying message outside the walls of the school is an essential OBPP component.

In 2007, two bullying prevention programs based on the Olweus program were introduced to Pennsylvania schools through Highmark Healthy High 5 funding: HALT!© A Bullying Prevention Program and PA CARES (Creating an Atmosphere of Respect and Environment for Success). Also in 2007, the Foundation established the Highmark Healthy High 5 Bullying Prevention Institute to increase and sustain continual professional development. The Center for Safe Schools manages PA CARES. HALT! is managed by the Center for Health Promotion and Disease Prevention at Windber Research Institute (WRI). The Center also provides content and program development and staff support for the Highmark Healthy High 5 Bullying Prevention Institute. These three bullying prevention initiatives are detailed in this report section.

**Students’ attitudes about bullying.** Across most groups, increases were observed in the percentage of students who indicated they would try to help a bullied student, and decreases in the percentage who felt they would passively observe or join in bullying. For example, after two years of implementation, 27 percent more elementary students (from HALT! schools) said they would try to help a bullied student.

**Teachers’ perceptions of bullying and school actions to address bullying.** Very positive findings were observed regarding elementary, middle and high school teachers’ perceptions of bullying and activities to address bullying at school after one year of Olweus Bullying Prevention Program (OBPP) implementation. For example, there were marked increases (ranging from 14—131 percent) among elementary, middle and high school teachers in the likelihood that they regularly (two or more times per month) talked with their classes about bullying. This finding is encouraging, as holding regular class meetings is a core component of the OBPP. Class meetings are the venue through which much information about the program and the schools’ expectations are delivered to students and a time where community-building occurs. Seeing positive change in middle and high schools is particularly encouraging, as schools at these levels frequently have difficulty finding time for these important discussions.
Highmark Healthy High 5 Programs in Action

In early October 2007, the Highmark Foundation held a bullying prevention summit in Hershey, Pa. This gathering marked the inaugural event of the Highmark Healthy High 5 Bullying Prevention Institute. More than 700 Pennsylvania educators, administrators and others came together to learn about school-based bullying and its impact. This forum, featuring nationally known experts, represents the largest assembly held to date solely to address bullying as a public health epidemic.

In early 2008, recognizing the importance of follow-up discussion at the highest levels and the need to coordinate efforts to assure diverse participation, the Highmark Foundation invited international and national leaders in bullying prevention and key grantees to collaborate on an expert panel. The group convenes semi-annually to discuss and provide input on issues relating to sustainability and supporting a statewide bullying prevention endeavor. Lasting and fruitful relationships within this group have solidified efforts to meet needs of stakeholders. Expert panelists include:

- Lynn Cromley, M.Ed. – Center for Safe Schools, Pennsylvania
- Marci Feldman Hertz, M.S. – Centers for Disease Control and Prevention, Georgia
- Susan Limber, Ph.D., MLS – Clemson University, South Carolina
- Matthew Masiello, M.D., MPH – Windber Research Institute, Pennsylvania
- Dan Olweus, Ph.D. – University of Bergen, Norway
- Diana Schroeder, MSN, RN – Windber Research Institute, Pennsylvania
- Gerald Zahorchak, Ph.D. – Secretary of Education, Pennsylvania

The evidence behind the Olweus model is the basis for the Highmark Foundation’s decision to invest in the program. It is known to reduce school-based bullying by 30—50 percent in schools that implement the program with fidelity.

Consistently positive increases were observed in elementary, middle and high school teachers’ perceptions that their schools’ rules and policies about bullying had been clearly communicated to students (ranging from 17—69 percent), parents (ranging from 14—81 percent), teachers (ranging from 19—30 percent) and other staff (19—34 percent). These findings are important as the development and communication of school rules and procedures about bullying is a core element of the OBPP. Although it is the responsibility of teachers to communicate rules to their students, the onus typically is on administrators and/or members of schools’ coordinating committees to communicate rules to teachers, other staff and parents. From an outcomes perspective, it is highly encouraging that teachers feel that their leaders have done an exceptional job in this regard.

Overall high school student outcomes.

For HALT! and PA CARES, there were surprisingly positive intervention results for student reports of being bullied, bullying others, perceptions of adult responses to bullying and attitudes about bullying.

HALT! and PA CARES Program Findings Encouraging

Data from the HALT! Cohort 1 schools reveal that many program effects are stronger after two years of implementation than one. These findings are consistent with those of other studies that have observed the implementation of OBPP as an ongoing process (Olweus, 1993; Olweus & Limber, in press).
Examples of key findings from HALT! and PA CARES related to creating a positive school climate change are illustrated in the charts that follow.

**Figures 2—4: Bullying Behaviors**

![Chart showing percentage of students who bullied others by school level and years.](chart_url)

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<tr>
<td>2007</td>
<td>8.3%</td>
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<tr>
<td>2009</td>
<td>7.1%</td>
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</table>
Every day, 160,000 children miss school because of fear of being bullied (U.S. Department of Justice, National Association of School Psychologists, 2005).

Every seven minutes a child is bullied at school (U.S. Department of Justice, 2005).

Depression, suicidal thoughts, substance abuse and an increased tendency to crime are negative consequences associated with bullying (Olweus, 2009; AMA, 2002; Limber, 2006; Gini, 2009). Bullies in middle school, without intervention, are three times as likely to have at least one criminal conviction by the age of 24 (Limber, 2006; Olweus, 2003). More than a decade ago, research findings stated, “There is now reliable evidence that the experience of frequent victimization by peers at school is associated with relatively poor mental and physical health among young people (Rigby, 1998).”

In the classroom setting, students involved with chronic bullying eventually come to feel unsafe, to lack a sense of personal and academic satisfaction and to become fearful and apathetic. Over time, the student observers of bullying (bystanders) have a decreased sense of empathy for other students. Bystanders may feel unsafe and have difficulty learning (Blueprints, 2002; Olweus, 2009). Lower academic achievement, higher dropout rates and school absences are additional burdens placed upon students, schools, parents and society (Limber, 2006). Studies by the U.S. Secret Service and the Department of Education revealed that nearly 75 percent of the attackers in school shootings indicated that they were bullied or otherwise hurt by their peers prior to the shootings (Crawford, 2002).

Suicide is a well-documented and tragic outcome related to school-based bullying. It was the 1982 suicides of three Norwegian youths that led to a nation’s first attempt to address bullying as a public health issue. The Norwegian government response was to implement the OBPP. From the 1970s to this point, the Scandinavian bullying prevention work of Dan Olweus, Ph.D. had been the only attempt to systematically examine, in an ongoing fashion, the prevalence of social issues surrounding this behavior (Smith, 2004). The largest U.S. study on bullying was conducted in 1998 when approximately 15,000 students were surveyed. It was meaningful in that it defined bullying in the United States from the perspective of school grade occurrence, gender-specific bullying traits and social strata prevalence. This report, along with the European studies, provided a basis for future U.S.-based program activity and research (Espelage, 2004). The data and experience gleaned from previous research became vital in the Highmark Foundation’s efforts to advance bullying prevention through its Highmark Healthy High 5 initiative.
Positive results demonstrated over time. From 1998 to 2008, the Office of Community Health (OCH) at Memorial Medical Center in Johnstown, Pa., directed a southwestern Pennsylvania regional effort in bullying prevention. Nine rural school districts participated. The OCH embraced the program as a public health initiative and, for a four-year period, collected outcome data from all participating schools. By 2004, 18 of the 52 schools or 35 percent in Cambria County had implemented the OBPP with documented outcome measurements. And, in 2008, the bullying prevention project moved to Windber Research Institute. Data and experience gleaned from early years became vital in a continuing effort to advance bullying prevention programming across Pennsylvania. As the Highmark Healthy High 5 initiative gathers momentum, strategic focus is twofold—supporting wide-scale adoption of the OBPP and providing for capacity building.

A cause for concern. Today, the significant health and social issues related to bullying are both costly and long term. The OBPP defines a person as being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons and he or she has difficulty defending him or herself (Olweus, 1993). Bullying also is described as a “systematic abuse of power” (Smith, 2004). Though it is the high-level school violence associated with the use of weapons and death that captures the attention of the public, … it is bullying or low-level violence defined as peer aggression in the form of teasing, rumors, intimidation and physical confrontation that affects approximately 20—30 percent of our students on a daily basis (Meyers-Adams, 2008).
Pennsylvania in the Forefront on Bullying Prevention

Bullying in schools is not a new phenomenon; however, current research reflecting the negative social effects of bullying has put bullying prevention at the forefront of Pennsylvania’s school violence prevention agenda. Clear evidence became available in the mid-90s, demonstrating the effectiveness of comprehensive bullying prevention strategies focused on school-wide interventions. These strategic efforts to support student health and safety laid the foundation for, what is today, the nation’s most significant school-based bullying prevention public/private partnership.

Pennsylvania’s focus on bullying prevention has spanned a decade, mirroring the best practices of national, state and local public health, education and juvenile justice organizations. With increased need for services and increased competition for scarce state and federal funds during this time period, public systems were being held to a higher standard of accountability for outcomes. In 1996, state leaders at the Pennsylvania Commission on Crime and Delinquency (PCCD) partnered with multiple federal agencies and the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder to conduct a national violence prevention initiative. The partnership’s purpose was to identify and replicate effective violence prevention programs. The project, Blueprints for Violence Prevention, identified 11 model prevention and intervention programs that meet strict scientific standards of program effectiveness. The Olweus Bullying Prevention Program (OBPP)—the only program that addresses school-based bullying prevention—was named as one of the 11 model programs. Because of its ongoing research activity and continued evidence of positive outcomes, the Olweus program has become the gold standard of bullying prevention.

To implement the Olweus model, grant funding was made available from both PCCD and the Pennsylvania Department of Education (PDE) through separate funding sources. In 2001, PCCD and PDE issued a grant to the Center for Safe Schools (CSS) to establish the Pennsylvania Statewide Bullying Prevention Committee, a cross-systems coordinating workgroup. The CSS—a statewide clearinghouse on school safety and youth violence prevention established in 1988—provides training, technical assistance, grant management and program evaluation to schools and youth serving organizations. In addition to staffing the statewide committee, the CSS also was funded to create and support the PA Statewide Bullying Prevention Trainers Network (BP Network).

In 2001 in partnership with the Statewide BP Network, Dan Olweus, Ph.D., University of Bergen, Norway, and Susan Limber, Ph.D., Clemson University and U.S. National Coordinator of the OBPP, CSS hosted the first training-of-trainers for OBPP in the United States. Thirty individuals from educational and non-profit agencies strategically located across the state were selected to become Olweus-certified trainers. With continued support from PCCD and the PDE, a second statewide training was held in January 2006. This effort added 21 more trainers to the BP Network and expanded the membership to a total of 50 active OBPP trainers. Trainers certified directly by Clemson University and at other national training sites are included in this total. The BP Network continued to support trainers through professional development, provision of resources and matching of trainers to schools.

Takeaway Implications

As a result of the Highmark Foundation’s effort, this study offers the largest coordinated implementation and evaluation of the OBPP in the United States. With the scale and scope of Highmark Foundation’s investment, several new outcomes were realized.

Strategic Partnerships: Results from this project indicate that the OBPP can be implemented successfully in large populations when strategic community partners are identified that have the capacity and track record of success. Schools, if left unsupported, may be unable to sustain these efforts on their own over time. The Foundation’s statewide and districtwide approach has enhanced partnerships between schools, districts and institutional coordinators (Windber Research Institute and the Center for Safe Schools). By providing a high level of technical support to schools, partnerships have helped to facilitate successful implementation of the OBPP.

To the extent that a high level of fidelity to OBPP implementation is linked to positive program outcomes, a continued focus on assessing OBPP fidelity is needed.
As it embarked on efforts to reduce school-based bullying, the Foundation convened key representatives of several Pennsylvania-based organizations to begin planning for more formally addressing the problem. Key organizations among them had received Highmark Healthy High 5 grants, and bringing these significant partners together began a strategic, collaborative effort to widely institute evidence-based bullying prevention approaches in schools.

According to current research, school-based bullying is the most common form of violence in our society. A 2008 study demonstrating the association between bullying and health problems concluded that bullying should be considered a significant international public health issue. (Gini & Pozzoli, 2008). In a July 2009 policy statement, the American Academy of Pediatrics commented on the success of the OBPP and recommended that pediatricians serve as advocates for schools to adopt evidence-based prevention programs (Klass, New York Times, June 9, 2009).

Knowing the deleterious health implications of bullying and seeing emergent efforts already in place in Pennsylvania to combat it, the Highmark Foundation responded with commitment and involvement. The results, built on an evidence-based program, dedicated partners and a willingness to work together have been positive and telling. "Bullying Prevention: A Statewide Collaborative That Works" seeks to outline and chronicle those results, the steps taken to achieve them and implications for future direction.

References:


High School Component: Particularly promising are initial results from students in participating high schools. These findings underscore the need to further understand the current application of the OBPP in high school settings and to develop ways to tailor and improve this implementation. This study’s preliminary results indicate an area of further investigation regarding differences between teacher and student perceptions of bullying behavior and the need for bullying prevention in high schools.

School Fidelity/Certification Rating: To the extent that a high level of fidelity to OBPP implementation is linked to positive program outcomes, a continued focus on assessing OBPP fidelity is needed. Understanding the link between fidelity of implementation and program outcomes in elementary, middle and high schools is necessary. Thus, a system is needed to certify the varying degrees of fidelity with which OBPP schools implement the program.

Continuing Education for Sustainability: Continuing education which has been available to trainers, parents, teachers and administrators, has likely had an important impact on fidelity of the program. Passing on the lessons learned from the project will have a direct relationship to long-term sustainability.

Quality Assurance in Training: As a result of the Highmark Foundation’s bullying prevention effort, a recertification process was developed for Olweus trainers in Pennsylvania. The purpose of this process is to facilitate consistent and effective training practices across the state. Standardization of training helps to ensure that the most recent and up-to-date research and resources in the field are shared and better assures a high standard of trainer acumen is set and achieved. The recertification process developed with Foundation funding will serve as a model program for other states.

Pre-Assessment Is Critical: HALT! and PA CARES demonstrated that undertaking significant pre-implementation assessment is related to consistent implementation of the program. It is necessary for schools to assess their readiness to implement a bullying prevention program. Assessment affords self-examination of commitment level and other factors necessary for success and helps secure administration and faculty support prior to beginning a project. Highmark Foundation—supported initiatives have gone beyond standard pre-implementation assessments of similar studies.

Ongoing Efforts of School: Year two preliminary data from HALT! Cohort 1 supports the need and importance of implementing OBPP more than two or more years, permitting evaluators to observe continued improvement in bullying prevention outcomes. This finding is consistent with previous findings of Dr. Dan Olweus.
Executive Summary
Bullying Prevention Efforts Working

Bullying isn’t just a rite of passage, a condition to be endured as part of growing up. Bullying is a pernicious, pervasive behavior that is keeping as many as 160,000 children away from school each day. Bullying has lasting emotional effects on its victims and ultimately hinders learning and a positive school experience for thousands of Pennsylvania children.

With the launch of its Highmark Healthy High 5 initiative, the Highmark Foundation in 2006 made a determined commitment to address bullying on a large scale. The Foundation recognized that over the years, many efforts were forged, but they were fragmented, under-sourced and underfunded. The Foundation took a different approach—it engaged partners throughout Pennsylvania and beyond, experts with success in bullying prevention—to demonstrate that focusing and collaborating together to institute an evidence-based approach would result in significant bullying reduction in classrooms.

By combining knowledge of the experts with resources provided through the Foundation, successes have been realized. Prevention efforts are working. But work needs to continue to further delineate and replicate successes.

Conclusion
A Call to Bullying Prevention Action

Prevention science is dependent upon multiple levels of expertise—medicine, education, social service, nursing, sociology, psychology, public health, communications, economics, etc. There are key program development parameters in establishing a community-based health promotion initiative. They include (1) determining the needs of the community; (2) prioritizing those needs; (3) identifying the population to be targeted; (4) identifying an evidence-based program that will most likely demonstrate a positive impact in the identified population; (5) identifying implementation and sustainable funding; and (6) monitoring and evaluating the initiative. This approach will demonstrate and acknowledge a successful community-based health promotion initiative that enables and empowers a community to better health.

The preliminary impact data from this school and community-based prevention initiative, developed by the Highmark Foundation in response to the well-documented negative health and social effects of bullying, has clearly demonstrated the importance of adherence to prevention science and to identifying key partnerships. The Olweus Bullying Prevention Program (OBPP) is the most widely accepted, internationally recognized, evidence-based health promotion program developed to address the issue of school-based bullying—the most common form of violence in our society. As mentioned previously, this Pennsylvania-based bullying prevention initiative serves as the largest and most comprehensive effort to date to systematically and strategically address this public health issue. By a significant margin, more children have been evaluated in Pennsylvania to determine the effects of a bullying prevention/health promotion initiative than any other previous attempt worldwide.

The preliminary impact data has clearly demonstrated the importance of adherence to prevention science and to identifying key partnerships.
Through the Highmark Foundation’s comprehensive and strategic approach to program implementation, partnerships and evaluation, a cultural change has come about in participating schools. The Foundation, through its Highmark Healthy High 5 initiative, has become clearly recognized as a prevention and health promotion resource in contrast to its being previously recognized as a resource for funding prevention programs. Most importantly, secondary to this cooperative effort, a cultural change also has taken place in many of Pennsylvania’s schools. Bullying is now an understood behavior that no longer will be tolerated. Bullying can no longer disrupt an educational environment. Bullying can no longer prevent the student or teacher from having a relaxed and safe day in class or in the schoolyard. Bullying prevention efforts are active.

Schools, however, must fully take part in maintaining the positive momentum. Efforts to change school culture not only take time, but require that interest and attention remain acute or successes will eventually fade. School leaders must recognize that success requires a serious and long-term commitment on their part. Schools must be willing to allocate resources to bullying prevention and include programming in budgeting and strategic planning processes so that bullying prevention continues to work.

A cultural change also has taken place in many of Pennsylvania’s schools. Bullying is now an understood behavior that no longer will be tolerated.

Planned action steps based upon outcomes include:

- Demonstrate this bullying prevention initiative as a landmark health promotion event, using media, health and educational professional literature, professional national and international presentations.
- Further delineate the role and responsibilities of partnerships.
- Develop a cost-effective and strategic process intended to sustain the positive impact of bullying prevention achieved to date.
- Identify additional key partners and stakeholders.
- Recognize parents as extremely important participants in this continuing endeavor to address school-based bullying. The studies have clearly determined that the most successful programs are those associated with the training and education of parents.

As school-based bullying prevention efforts become commonplace, this Pennsylvania project will serve as a model for others. Implications from this project will likely have an impact upon generations of students who will work to break the cycle of school-based bullying. The Highmark Foundation bullying prevention initiative is working.
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Contents:

Executive Summary
Bullying Prevention Efforts Working .................................................. 1

Pennsylvania in the Forefront on Bullying Prevention
Positive Results Demonstrated Over Time......................................... 4
A Cause for Concern................................................................. 4

Highmark Healthy High 5 Programs in Action

PA CARES................................................................. 9
Highmark Healthy High 5 HALT!................................. 10
The Bullying Prevention Institute........................................... 12

Bullying Prevention Efforts at Work
Who Were the Study Participants?............................................... 14
How Was the Study Designed and Measured?............................ 15
What Were the Evaluation Objectives?.................................... 16
What Data Trends Are Revealed?.............................................. 16

Students’ reports of bullying others and being bullied.............. 16
Students’ perceptions of adults’ responsiveness to bullying........ 16
Students’ attitudes about bullying............................................. 17
Teachers’ perceptions of bullying and school actions to address bullying........ 17
Overall High School Student Outcomes.................................. 18

HALT! and PA CARES Program Findings Encouraging.............. 18

Takeaway Implications .......................................................... 22

Conclusion
A Call to Bullying Prevention Action........................................... 24