



BULLYING PREVENTION: EXAMPLES OF HEALTH DEPARTMENT ACTIVITIES

DEVELOPED BY
CSN NATIONAL INJURY AND VIOLENCE PREVENTION RESOURCE CENTER
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INTRODUCTION

Bullying is increasingly being recognized by public health professionals as a serious issue affecting the health and safety of children and young adults. The Maternal and Child Health Bureau and its grantee, the Children's Safety Network National Injury and Violence Prevention Resource Center (CSN), encourage state health departments to address this issue and to use the resources on the Stop Bullying Now! Web site (www.stopbullyingnow.hrsa.gov).

This document summarizes the information CSN collected during the spring and summer of 2006 from 16 states and 1 territory about their health department's efforts to address bullying prevention. There is substantial variation among the types of activity that each state and territory has embarked on, based on factors specific to the state or territory and its resources.

The examples included here are reported by the respondents and have not been evaluated by CSN for efficacy. They are provided to serve as a catalyst for bullying prevention activity within health departments and to encourage partnerships to reduce bullying behavior. We hope that some of these ideas will serve as inspiration for states and territories interested in working on this important topic.

Contact information is provided for respondents, so that interested readers may contact them to learn more about their programs. When possible, CSN has designated respondents who are no longer at their positions with an asterisk (*). A companion to this document, *At-a-Glance Summary of Health Department Responses*, summarizes key information in an easy-to-read chart format.

PROCESS

CSN staff initiated this project in order to describe the level of bullying prevention activities within state and territorial health departments. The information in this document was collected in the following ways:

1. A notice was posted to three e-mail lists—CSN, which includes injury and violence prevention professionals in state and local health departments; State Adolescent

Health Coordinators; and the Comprehensive Health Education Network—in March 2006. It stated, “Public health practitioners bring an important perspective to the issue of bullying prevention. CSN is interested in learning more about what state/territorial health departments are doing regarding bullying prevention, either in leading efforts or participating in efforts that are organized by other agencies. If you are involved in this issue, please reply with a brief description of your activities; you may receive a follow-up call.”

2. Staff reviewed state documents to learn about health departments’ involvement in bullying prevention activities. References to bullying were found in 2 State Adolescent Health Plans and 12 Title V Block Grant application narratives, and those states were contacted directly for information on their bullying prevention activities.
3. Staff learned about activities from colleagues and at professional meetings.

CSN contacted all respondents at least once for clarification, additional information, and approval of how they were quoted in the final document.

SUMMARY OF RESULTS

Sixteen states and 1 territory provided information on their bullying prevention efforts in their health departments. In five states—Hawaii, Massachusetts, Maine, Minnesota, and Nebraska—2 people responded to the request, yielding a total of 22 individuals who responded.

Overall, state and territorial health departments are addressing bullying prevention in a variety of ways, depending on funding source, policies, type of partners they work with, and other factors. Some common themes emerged and are listed below.

In cases where a response fell into more than one category, it was counted in all relevant categories in the summary below.

Person in Health Department with Lead

Ten respondents coordinated injury, violence, and/or suicide prevention programs, 5 were coordinators or directors of adolescent health, and 3 were directors of Maternal and Child Health (MCH) units. Most respondents were located within the MCH unit or the Injury and/or Violence Prevention unit.

Theoretical Approach

Eight states said that their approach was based in positive youth development and/or promoting proactive factors; this was also referred to as “reducing risk factors” and “assets-based prevention.” Five states followed a school climate change approach, and four states used the Olweus Bullying Prevention Program.*

* The Olweus [pronounced ol-VEY-us] Bullying Prevention Program is a comprehensive, school-wide program designed for use in elementary, middle, or junior high schools. Its goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The Olweus program has been implemented in more than a dozen countries around the world. For more information, visit <http://www.clemson.edu/olweus/>.

Strategies/Activities

In order to compare the strategies and activities used across states, they were grouped into five main categories: coalition/planning, community-based, professional training, research, and school-based. Fifteen state or territorial health departments address bullying through one or more school-based methods, mainly student trainings and programs and/or promoting policies or school climate change. Twelve were part of coalitions; 10 were involved in training for teachers, mental health workers, and other professionals; 4 were involved in community-based efforts; and 2 were involved in research.

Resources Used

The resources used varied. Six states mentioned the Olweus Bullying Prevention Program by name and three mentioned Stop Bullying Now! Web site. Other programs were also described.

Funding

Eleven states supported bullying prevention efforts through funding from the Centers for Disease Control and Prevention (CDC), such as Enhancement of State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE), Rape Prevention and Education, the Preventive Health and Health Services block grant, and the Division of Adolescent and School Health. Six states received state funding for bullying prevention.

Partners

Fourteen states or territories partnered with the Department of Education^{*}, 6 with community-based organizations, and 3 with universities.

Evaluation

Five states responded that their bullying prevention efforts were evaluated or that they were in the process of evaluating their programs.

Related Programs

Six states are addressing sexual violence prevention as part of, or related to, a bullying prevention program. Other variations include bullying prevention programs that are run in Spanish, targeted to adults in the workplace, or connected to gang violence prevention.

^{*} Note: For ease of comparison and grouping, we are using the blanket label “Department of Education” to describe similar entities (e.g., Department of Public Instruction, Office of Public Instruction).

COLORADO

- **Jarrod Hindman, Program Manager, Office of Suicide Prevention, and Youth Violence Prevention Coordinator, Prevention Services Division, Colorado Department of Public Health and Environment**

I am coordinating Colorado's Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention [ESCAPE] grant [a CDC planning grant]. We are creating a strategic plan that is looking at shared risk and protective factors for multiple types of child and adolescent violence. Bullying and school violence are two of the types of violence we are targeting. We are analyzing state-level data, policy, and programs to identify the most relevant shared risk and protective factors, and will identify strategies at the personal, relationship, community, and societal levels of influence to best impact youth violence. Our strategic plan is scheduled for completion in October of 2006.

We also collaborate with The Colorado Trust, a grant-making organization in Denver, who has awarded grant dollars to a number of Colorado communities to implement bullying prevention programs. The Center for the Study and Prevention of Violence [CSPV] University of Colorado is represented on my advisory board. CSPV created the Blueprints for Violence Prevention program and has identified evidence-based youth violence prevention programs that are identified nationally. They have evaluated several bullying prevention programs, and the Olweus Bullying Prevention Program is one of their Blueprint programs. They are very influential and important to our work related to youth violence and bullying at the Department of Public Health.

From the Adolescent Health in Colorado Report (2003)

This report explores eight areas of health concern, and advances 10 action steps for continuing to improve the well-being of Colorado teens. One of the 11 chapters, titled "From Bullying to Homicide," is devoted to violence prevention, including bullying. Below is a selection from that chapter:

There is increasing evidence that daily schoolyard aggression can develop into more serious aggression and violence. On May 2, 2002, Colorado's Governor signed the Colorado Bullying Prevention Law. It amends the Colorado Safe Schools Act by adding a provision requiring each school district to include a specific policy in the district conduct and discipline code concerning bullying prevention and education. Additionally, the law requires that the school's policies concerning bullying prevention and education are available to the public. Colorado's anti-bullying project, NO BULLY, has a toll-free hotline (1-866-NO-BULLY) for information about bullying and ways to address it. The hotline is staffed by the Center for the Study and Prevention of Violence at the University of Colorado in Boulder, a clearinghouse and research center on the causes and prevention of violence. The information line is open from 9 a.m. to 5 p.m., Monday through Friday, with voicemail at other times. The Web site, www.no-bully.com, includes information and resources on bullying for children, parents, and teachers, organized by school level.

CONNECTICUT

➤ **Lisa A. Davis, Section Chief, Family Health Section, Connecticut Department of Public Health**

There are two programs funded through the Connecticut Department of Public Health that directly relate to bullying.

First is the Connecticut Sexual Assault Crisis Services, Inc. [CONNSACS], which receives state and federal CDC funding. Through CONNSACS' member centers, a variety of presentations (some in English, and some in Spanish) are provided to children and youth on the topic of bullying prevention. Typically, these presentations are conducted in elementary schools. CONNSACS has encouraged member centers to shift from more traditional community education strategies that focus on risk-reduction techniques for victims to a stronger emphasis on primary prevention information and messages that target potential perpetrators and bystanders. In addition, CONNSACS has encouraged member centers to reinforce primary prevention information and messages through multi-session presentations and other activities. For example, some member centers have experienced some success in collaborating with schools (at the request of the schools) in making changes to policies and/or practices in an effort to promote healthy, violence-free school environments.

The second program is the School Based Health Centers [SBHC]. Connecticut funds 66 SBHCs, some of which receive Title V funding. Each SBHC has an SBHC coordinator, and reporting to that coordinator are usually mental health staff and nurse practitioners who provide direct services to children/adolescents enrolled in the SBHC. In addition, health promotion/education activities may be provided to the entire school population as well as faculty and staff. Bullying was identified as an ongoing, major issue by DPH SBHC mental health staff last year. In response, one of the DPH SBHC staff shared some resources on bullying and compiled some additional Web -based resources, which were distributed to these SBHC mental health clinicians around the state.

The majority of SBHC sites indicated that a formal plan is in place to address intentional injury, which includes bullying. Several SBHC staff members are involved in bullying prevention activities in their respective schools/communities. Activities conducted to prevent bullying include but are not limited to groups that address anger management, social skills, conflict resolution, and life stress management. Support groups for GLBT students or a Gay/Straight Alliance are also offered at some schools. Presentations related to bullying prevention are also provided at some schools. Bullying prevention activities are conducted at the elementary, middle, and high school level. Individual counseling is also available to address bullying and related issues. The State Department of Education offers presentations, information, and resources geared toward improving school climate.

From the Connecticut Department of Public Health Adolescent Health Strategic Plan, May 2005

Priority issue #3: “Improve adolescent health and well being.” Violence is one of five specific health areas highlighted in the plan.

Page 30: “Input from adolescents suggests that violence is a key area of concern for them. Almost half of adolescents who were surveyed identified violence as one of their top three areas of health concern, with several specifically citing concerns about fighting and bullying. In addition, dating and domestic violence was identified as an emerging area of concern among stakeholders and adolescents.”

“Goal 3.7: Adolescents live in neighborhoods and go to schools that are violence-free.” Several cross-cutting and violence-specific strategies are planned to address this problem.

FLORIDA



➤ **Carol Vickers, Director, Coordinated School Health Program, Florida Department of Health**

The Coordinated School Health Program [CSHP], funded by CDC’s Division of Adolescent and School Health, is designed to provide a bridge between the departments of health and education on issues affecting the health and subsequent academic success of children. There are two CSHP offices in each funded state—one in the Department of Health, where I am the director, and one at the Department of Education, where my counterpart Penny Detscher is the director.

Bullying falls under two of these component areas: healthy school environment and psychosocial services. The Office of Safe and Drug-Free Schools is primarily responsible for the safety issue in schools, and there are also counseling, social work, and school psychology personnel at the Department of Education as well. Coordinated School Health works closely with the Office of Safe and Drug-Free Schools to plan, support, and promote their activities (primarily training).

The CSHP assisted the Department of Education’s Office of Safe and Drug-Free Schools in planning and conducting a state-wide bullying conference in April 2006 and 2007 in Orlando. Over 400 participants attended each year. The Stop Bullying Now! Web site, which is promoted by the Office of Safe and Drug-Free Schools, was prominent at the conferences. It is also a key component of Florida’s Statewide Campaign to Stop Bullying Now! which you can visit at: http://www.fldoe.org/safeschools/em_plan/hrsa.asp. The campaign has three components: (1) share HRSA and bullying information and resources with schools and districts (done through our conferences, Web site, announcements, and listserv); (2) provide method for districts/schools to report on their success in using HRSA materials (see our Web site); and (3) develop Statewide Campaign exhibit and display it at relevant conferences.

GUAM

➤ **Maggie M. Bell, MCH Coordinator, Guam Department of Health and Social Services**

I am the person that handles any bullying prevention activities within MCH. We are still working with a community-based organization that presents “Street Theater” activities within our middle and high schools. I am still pursuing the Education Policy Board to incorporate bullying prevention into school policies.

HAWAII

➤ **Martha Yamada, Public Health Nurse, Hawaii Department of Health**

➤ **Audrey Inaba, Public Health Nurse, Hawaii Department of Health**

We serve as members of the Hawaii Island Anti-Bully Coalition [HIABC]. Along with our colleagues, we facilitate to keep the coalition in motion. Formed in December 2000, HIABC consists of a group of individuals from East Hawaii who want to address the issue of bullying on the Big Island of Hawaii. The vision of the HIABC is to broaden the awareness of the problem of bullying by establishing strategies to promote positive alternatives to violence through collaborative efforts of community resources. Our coalition meets monthly and is open to any interested person in our community.

The coalition has conducted a variety of trainings and educational events, for example:

- *Conducted the Pahoa Elementary School Anti-Bullying Pilot Project with Project Coordinator for three years.*
- *Offered a conference titled “Building Courageous Children In Today’s Society” to our community; [the conference was] later aired on Na Leo (local TV). Speakers were Nan Stein and Creative Conflict Management (Carl and Irene Takeshita).*
- *Had display at Department of Education Family Focus event at Prince Kuhio Plaza (local shopping mall).*
- *Trained teachers at Teacher’s Institute held in Hilo; provided interactive activities that can be done in the classroom to initiate discussion, and shared books and audiovisual materials from the HIABC lending library.*
- *Did presentation at “Positive Coaching—Facilitating Extraordinary Accomplishments in Hawaii’s Youth” on bully-proofing sports and on the HIABC coalition.*
- *Started Olweus Bullying Prevention Program (evidence-based program) at Connections Charter School.*
- *Provided “Conflict Management Training for Service Providers” by Creative Conflict Management to Kamaaina Kids staff (after-school program) and Pahala community members.*

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HAWAII (CONTINUED)

- *Led Pahoa Inter/High School Anti-Bully Rally for 750 students.*
- *Offered Kau Summer Program (Nana Ike Kumu O Kau)—bullying prevention information and contract development.*
- *Engaged in strategic planning with interested community members to identify activities for HIABC.*

IOWA

➤ **Binnie LeHew, Violence Prevention Coordinator, Iowa Department of Public Health**

Staff from our adolescent health program and violence prevention program serve on the state work group of the Iowa Collaboration for Youth Development. This group of state agency stakeholders come together to develop policy and programming that supports an assets-based framework to promote the reduction of risk factors and increases in protective factors that help make youth healthy and successful. Bullying prevention is one of many types of violence that the Collaboration addresses. For more information, you can visit their Web site at www.icyd.org.

The Iowa Department of Public Health [IDPH] works closely with staff from the state department of education to provide resources and guidance to communities on the prevention of bullying. IDPH primarily does this through activities of its Sexual Violence Prevention Program (funded with federal Rape Prevention Education grant dollars), collaboration with school nurses on Title V activities, and the Iowa Child Death Review Team.

In collaboration with the Iowa Coalition Against Sexual Assault, 20 community programs offer educational curricula in their schools that address bullying in the pre-K through 6th grade levels. The Iowa Department of Education recommends all school districts adopt anti-bullying policies, and has provided training on how to implement the Olweus Bullying Prevention Program. During the 2007 legislative session, Iowa policymakers are considering a bill that would ban all bullying in the schools and require schools to have such policies.

The Child Death Review Team issues an annual report (similar to other states) that includes recommendations around bullying. If you want to view more information about their findings or recommendations, please go to http://www.idph.state.ia.us/do/common/pdf/legis/2006_child_death_report.pdf.

MAINE

- **Nancy Birkhimer, Director, Teen and Young Adult Health Program, Division of Family Health, Maine Center for Disease Control and Prevention (MCDC), Maine Department of Health and Human Services**
- **Cheryl DiCara, Director of Maine Youth Suicide Prevention Program (MYSPP), Division of Family Health, MCDC, Maine Department of Health and Human Services**

The MCDC has worked with an interagency committee on creating a safe school and community climate, and a sub-committee was formed to address bullying prevention. The Climate Committee was formed in response to the governor's executive order on MYSPP as a short-term working group. The group subsequently took on the work of developing the "Maine Best Practices Guide and Policy" and a Web site (<http://www.maine.gov/education/bullyingprevention>), as resources for schools in response to a bill passed in the legislature. This has been followed up with further collaborative work developing training for school districts.

Maine also has:

- *a related initiative in the Attorney's General Office that supports Civil Rights Teams in over 200 schools*
- *school climate guidelines as part of our Coordinated School Health Program (Department of Education and MCDC)*
- *ongoing workshops at our Maine Youth Action Network conferences*
- *several organizations and projects that work with Gay, Lesbian, Bisexual, Transgender, and Questioning youth (Gay, Lesbian, and Straight Education Network; Outright; Speakout; and the Ugly Ducklings Community Action Kit, a project of Hardy Girls, Healthy Women)*

MCDC supports two university agreements, one that uses a modified version of the Olweus Bullying Prevention Program and another that is piloting a girls bullying prevention curriculum. Evaluation results will be available on these initiatives from the MCDC office.

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MAINE (CONTINUED)

From the Maine Center for Disease Control and Prevention *Maternal and Child Health Services Title V Block Grant State Narrative for Maine (2007)*

Maine is the only state to select a state performance measure on the topic of bullying prevention.

“The percentage of elementary schools that have developed and implemented a comprehensive approach to the prevention of bullying in collaboration with the Maine Injury Prevention Program.”

The Title V block grant is administered by the Maternal and Child Health Bureau, as part of the Health Resources and Services Administration, U.S. Department of Health and Human Services

MARYLAND

- *** Marie D. Mensa-Wood, MPH, Health Educator, Rape and Sexual Assault Prevention Program, Center for Health Promotion, Education and Tobacco Use Prevention, Maryland Department of Health and Mental Hygiene**

Through the Rape Prevention Education Grant provided by the CDC, the Maryland Department of Health and Mental Hygiene [DHMH] has partnered with the Maryland State Department of Education [MSDE] to provide funding to local school systems for the support of school-based bullying and sexual harassment and assault prevention efforts. The partnership between DHMH and MSDE is the foundation of the Sexual Harassment/Assault Prevention Program [SHAPP]. SHAPP focuses on the prevention of bullying, teasing, harassment, sexual abuse, rape, and dating violence in the lives of Maryland youth. Students in all 24 local jurisdictions receive at least some education on these topics as part of the Comprehensive School Health Education Curriculum. Thirteen local jurisdictions participate with DHMH/MSDE in providing an enhanced educational program for students in elementary, middle, and high school. Participating systems receive funds for teacher and staff training, curriculum materials, and targeted activities related to rape and sexual assault prevention.

MASSACHUSETTS

- **Neil Maniar, Director, Youth Violence Prevention Program, Bureau of Family and Community Health, Massachusetts Department of Public Health (MDPH)**

The Massachusetts Youth Violence Prevention Program, located within the Division of Violence and Injury Prevention in the MDPH, is actively addressing bullying and harassment in the school, community, and workplace. We are collaborating with the Massachusetts Coalition for Youth Violence Prevention to develop a comprehensive Strategic Plan for Youth Violence Prevention. A core element of this strategic plan

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MASSACHUSETTS (CONTINUED)

addresses bullying and harassment. In addition, we have also highlighted the need to engage communities in comprehensive bullying/harassment prevention efforts through community mobilization and empowerment.

A key component of our approach to the development of bullying/harassment prevention initiatives is to engage youth to play a leadership role in prevention. We are currently developing a Youth Advisory Board as part of the Coalition for Youth Violence Prevention. This board will play a central role in the development of strategies to address bullying and harassment.

- **Paula Tessier, Director, Supportive and Healthy Communities for Gay, Lesbian, Bisexual, and Transgender Youth, MDPH**

We are involved in many activities related to bullying prevention, especially as it relates to the health and safety of gay, lesbian, bisexual, and transgender [GLBT] youth. One of our contracts with the GLBT Youth Support Project provides anti-bullying training to schools and human service organizations.

MINNESOTA

- * **Amy Okaya, Sexual Violence Prevention Program Coordinator, Injury and Violence Prevention Unit, Center for Health Promotion, Minnesota Department of Health (MDH)**
- **Mark Kinde, Director, Injury and Violence Prevention Unit, Center for Health Promotion, MDH**

We're two of a few staff at our agency that work specifically on violence prevention. Recently our agency completed the development of a state strategic plan to prevent child and adolescent violence, which focuses on promoting assets that help prevent bullying. Otherwise, MDH's sexual violence prevention program is working to translate best practices in bullying prevention (especially school practices and policies) for application in other workplace settings, in order to promote healthier adult relationships.

MONTANA

- **Dennis Cox, Adolescent Health and Youth Suicide Prevention Coordinator, Family and Community Health Bureau, Montana Department of Public Health and Human Services**

Last year we addressed this issue in Montana. Our Joint Committee for Healthy Kids [JCHK] group meets quarterly to coordinate our Department of Health and Human Services' Adolescent and School Health programs with our Office of Public Instruction's [OPI] Coordinated School Health program. Last summer our group was presented with a draft document outlining the need for a school policy and procedures to prevent bullying, intimidation, and harassment in schools. The paper was written by OPI's Division of Health Enhancement and intended to focus discussion on the responsibility of school boards, administrators, and staff in making the school environment a safe place

MONTANA (CONTINUED)

for all students. The document recommended that the JCHK and the Montana Healthy Schools Network seek action from the Board of Public Education that would encourage/require all districts to adopt and implement a bullying, intimidation, and harassment prevention policy by May 2006.

This was not without controversy, as many schools and school districts in Montana's more rural and frontier communities stood in opposition to this policy. I am excited to report that the Board of Public Education just approved/required that all schools in Montana would have the bullying prevention policy in place (I do not have the specified date for compliance as of this writing).

NEBRASKA

- **Linda Henningsen, Adolescent Health Coordinator, Nebraska Department of Regulation and Licensure, Office of Economic and Family Support, Office of Family Health, Nebraska Health and Human Services System**

Specific to actual programming coming out of the adolescent health program, our focus is on building capacity across the state to address all adolescent health issues. The current initiative includes the creation of a statewide network of people and organizations that support and use positive youth development practices and principles. In the past, the adolescent health program has supported individual projects, as was the case with the Family Health Conference in April 2006. The conference was attended by over 400 people from across the state. Dr. Susan Swearer of the University of Nebraska-Lincoln was recruited to provide a breakout session on bullying prevention at the conference. Dr. Swearer's session, "School Bullying, Prevention and Intervention," was well received.

Because the adolescent health program is supported by Title V funds, our state priority needs pretty much guide the program focus. We completed our five-year needs assessment, and unfortunately bullying and violence prevention for adolescents did not make the list of the top ten. Data governing the needs assessment process placed priorities in other areas.

- **Peg Prusa-Ogea, Injury Prevention Program, Nebraska Health and Human Services Injury Prevention Program**

The other partner that we work with is the Nebraska Domestic Violence Sexual Assault Coalition. They include bullying education when they do presentations in the schools. These would be activities funded by the Rape Prevention and Education money or the Preventive Health and Health Services Block Grant.

NEW JERSEY



➤ **Cynthia Collins, Program Manager, Child and Adolescent Health, New Jersey Department of Health and Senior Services (DHSS)**

New Jersey uses HRSA's "Stop Bullying Now" Web site as a resource. We had been collaborating with the State Coordinator for "NJ Cares About Bullying," in the NJ Division of Criminal Justice, until she left her position. That position has not been re-filled.

However, DHSS is engaged in bullying prevention activities through the "Community Partnership for Healthy Adolescents," a grant initiative within the Maternal Child and Community Health Program. The grant supports the infrastructure of the Partnership with a full-time coordinator and part-time administrative assistant. This initiative consists of eight grantees, who develop a community-wide plan for jointly addressing the priority health needs of their adolescents; identify, implement, and evaluate health education activities, best practices, or "model" programs to favorably impact the health behavior of adolescents; and coordinate health resources and services. All eight of the grantees currently work on violence prevention, some of which includes bullying prevention. Some of the partnerships also advocate for policy or changes. Some examples include out-of-school suspension policies of school districts; the probation policy requiring collaboration with the Suspension Alternative Program [SAP]; the case management policy of a community mental health center requiring referral to SAP; and school dress codes to eliminate gang attire and colors. The violence issues of the Partnership initiative are funded by the Preventive Health and Health Services block grant.

As of 2005, New Jersey was 1 of 22 states that had a state law on bullying. The anti-bullying bill was signed on September 6, 2002, and became law as N.J.S.A. 18A:37-13 et. seq. The law required that by September 1, 2003, all school districts issue policies prohibiting harassment, intimidation and bullying.

The following are examples of how four of the Partnership communities address bullying in New Jersey.

Montclair, NJ (Essex County)

- *The Olweus Bullying Prevention Program has been implemented, in stages, over a three-year period in the Montclair school district by the Statewide Parent Advocacy Network. Students, parents, teachers, guidance counselors, and administrative school staff, including ancillary staff—bus drivers, cafeteria personnel and aides, teaching assistants, community organizational staff, school security guards, and community healthcare providers—have all been receiving ongoing education and training. The school district is currently reviewing all codes of conduct to incorporate bullying consequences.*

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NEW JERSEY (CONTINUED)

- *The NJ State Bar Foundation is training parents to train other parents. Student forums are being held in middle and high schools for students to discuss bullying issues and consequences. A tracking system has been developed in three middle schools to identify and track reported bullying incidences for after-care. The school district is also using police officers to teach middle school students and their parents about gangs and how to prevent them.*

Monmouth County

- *The Olweus Bullying Prevention Program has been implemented in areas of Monmouth County by Prevention First. This agency is in the process of recruiting additional school sites interested in implementing the program, as Prevention First is the only agency in Monmouth County with a certified Olweus trainer on staff. For more information, visit www.preventionfirst.net.*

Bergen County

- *A five-day out-of-school SAP, developed by Bergen County Special Services, is available to Bergen County middle and high schools; it has grown from 4 schools sending 100 students in 2003 to 20 schools sending 308 students in 2005. Students are referred to SAP who demonstrate at-risk behaviors, including but not limited to bullying, truancy, uncontrolled anger, physical fighting, and substance abuse. SAP offers conflict resolution, art therapy, academic tutoring, mental health assessment, and counseling as well as on-site mentoring and physical activities provided by PAL [Police Athletic League] officers from the County Prosecutor's Office.*
- *Since there are substantial, documented links between bullying and gang activity, a workshop on "Gang Awareness and Prevention in Schools" was conducted in November 2005 for 82 school faculty and 170 sophomore student mentors from 10 high schools in Bergen County.*

Sussex County

- *In November 2003, the Center for Prevention and Counseling in Sussex County spearheaded the creation of a Community-Based Street Gang Awareness Task Force as a proactive, preventive response to the visible emergence of gang activity. The Task Force is dedicated to the prevention of street gang activity in every municipality in the county.*
- *The Task Force has grown from a membership of 15 to 45 individuals and includes representatives from law enforcement, government, human services, education, the business community, health professionals, and parents. The participation of faith-based organizations and youth group leaders is also sought. Recently, law students from Sussex County Community College have become involved.*
- *The multi-pronged, comprehensive, community-based prevention effort of the Task Force includes the following:*

- *Providing a mechanism for county-wide and inter-county coordination of gang-related information. This is accomplished through monthly meetings generally*

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NEW JERSEY (CONTINUED)

attended by approximately 25–30 individuals and the recording and distribution of minutes. In addition, a group e-mail [list] exists for communications that need to take place between meetings.

- *Raising awareness of the signs of gang activity, as well as what community members can do. Educational presentations have been approached, using a tier system: Law enforcement was initially engaged; then the education community, including school administrators, teachers, and advisors; followed by the business community; and finally parents.*
- *Coordinating the facilitation of appropriate gang prevention activities for youth, families, and community members. The type of group making a request for a presentation generally determines whether the County Prosecutor’s Office or a community-based agency will take the lead.*
- *Sussex County’s Community-Based Street Gang Awareness Task Force has been identified as a “community-based model” (in contrast to a County Prosecutor’s model) by the New Jersey Juvenile Justice Commission. This model is being recommended for replication in Mercer County.*
- *In October 2005, the 3rd Annual Bullying Summit was conducted with 900 middle school students, 50 high school students, and 90 adult advisors in Sussex County. Students worked in groups to create action plans for implementation for the remainder of the 2005–06 school year.*
- *In December 2005, a gang awareness presentation was presented to parents of at-risk youth in the Detention Alternatives Program in Sussex County. During the spring of 2006, three Parent Teacher Association [PTA] presentations on gangs and bullying were attended by approximately 250 PTA members.*
- *Additionally, the DHSS is actively involved with coordinating its activities and programs with the Department of Education’s Safe and Drug-Free Schools unit. Our program is also exploring possible collaborations with the Center for Applied Psychology, Rutgers University’s “Developing Safe and Civil Schools” Initiative, the State Bar Foundation of New Jersey, and the NJ Coalition for Bullying Awareness.*

Burlington County

Rachel’s Challenge, sponsored by the Burlington County Health Department Community Partnership, in collaboration with the School-based Youth Service Program and the Center for Family Guidance, took place in four Burlington County High Schools. Rachel’s Challenge is a national school campaign to promote peace, facilitated by a Columbine High School survivor. The focus is to bring safe and effective change in the school and community environments through a chain reaction of practicing acts of kindness to eliminate bullying. Over 5,000 students and adults attended the program, and the high schools now have student leadership clubs to keep the movement alive.

Additional information regarding bullying prevention efforts in New Jersey is available from the New Jersey Coalition for Bullying Awareness and Prevention, <http://www.njbullying.org>.

NORTH CAROLINA

➤ **Rebecca H. Reeve, Senior Advisor for Healthy Schools, North Carolina
Department of Health and Human Services, Division of Public Health**

The goal of North Carolina Healthy Schools is to create a working infrastructure between education and health to enable schools and communities to create a Coordinated School Health Program. The North Carolina Division of Public Health [DPH] works hand in hand with the North Carolina Department of Public Instruction [DPI] to promote school health policies and programs. Through collaborative efforts, such as the Healthy Schools Forum and health topic-specific committees, both agencies provide data, best practice information, and model policies for board members to consider. In North Carolina, every one of the 115 local education agencies has local control. Policies are proposed and approved on the local level. DPI and DPH have worked together closely at the state and local level to train School Health Advisory Boards and influence policies that support best practices.

OKLAHOMA

➤ **Suzanna Dooley, MCH Director, Oklahoma State Department of Health**

The Oklahoma State Department of Health, MCH Service, does not have a specific bullying prevention program but rather incorporates activities into other MCH initiatives in the following manner:

- **School Health:** *Efforts in regard to bullying prevention and developing healthy relationships are included via our School Health Monthly Resource Packets, the School Health Newsletter, the School Health Calendar, and multiple workshop/training opportunities in coordination with the State Department of Education's Safe and Drug-Free Schools Coordinator. The School Health Index trainings, provided by MCH to local schools, include information on this topic as well.*
- **Adolescent Pregnancy Prevention:** *State-funded adolescent pregnancy prevention projects receive technical assistance in this area, most recently provided by staff from the Oklahoma Bullying Prevention Initiative. Additionally, the projects address issues of sexual coercion and healthy relationship skills with the middle school students they teach.*
- **Adolescent Suicide Prevention:** *The Oklahoma Youth Suicide Prevention Council has incorporated bullying and social isolation issues into its community toolkit trainings, statewide conferences, and other initiatives. Members from both the Bullying Prevention Initiative and the State Department of Education's Safe and Drug-Free Schools program serve on this council.*

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OKLAHOMA (CONTINUED)

- **Oklahoma Bullying Prevention Initiative:** *The Injury Prevention Service of the Oklahoma State Department of Health provides training in the Olweus Bullying Prevention Program in two Oklahoma schools and provides technical assistance to local schools regarding the implementation of prevention components of research-based programs. While not located in MCH, Injury Prevention Service has long been a collaborator on adolescent health issues.*

VIRGINIA



- **Erima Fobbs, Director, Division of Injury and Violence Prevention, Virginia Department of Health**

On a limited scale, we have worked with the Safe and Drug-Free Schools Program at the Department of Education, the School Safety Center at the Department of Criminal Justice Services, and the Center for School-Community Collaboration at Virginia Commonwealth University to provide schools with educational materials and training on best practices. In 2006, a CDC award enabled us to begin coordinating a project that supports 25 elementary and middle schools in fully implementing the Olweus Bullying Prevention Program. We also provide these schools information about Stop Bullying Now! Our hope is that eventually the school districts that house these pilot sites will adopt this approach for all their schools.

WEST VIRGINIA

- **Patty Snodgrass, Director, Adolescent Health Initiative, West Virginia Department of Health and Human Resources**

The Adolescent Health Initiative utilizes a regional structure and provides funding to support a network of eight Adolescent Health Coordinators [AHCs] throughout the state. The AHCs offer several injury and violence workshops, including relational aggression and healthy relationships. Target audiences include professionals, parents, community organizations, and youth. In addition, the Adolescent Health Initiative provides educational materials and informational resources designed to complement the workshops offered. The Adolescent Health Initiative utilizes a positive youth development approach, which promotes the Search Institute's developmental asset framework with focused attention on the 21 Critical Objectives for Adolescents and Young Adults, Healthy People 2010 Objectives.