Table of Contents

Introduction ................................................................. Page 3

Platforms

School-Based Health ....................................................... Page 4
   Bullying Prevention
   Cost Benefit Analysis
   Pennsylvania Youth Survey (PAYS)
   Coordinated School Health Council
   Childhood Obesity
   Holistic Educational Approach to Learning (HEAL)

United States-based Clinical Health Promotion... Page 10
   Medical Home
   Worksite Wellness
   Combat Stress Intervention Program (CSIP)

International Clinical Health Promotion........... Page 13
   WHO Health Promoting Hospitals and Health Services
   A Clinical Pediatric Health Promotion Intervention
   Health Promoting Hospitals Data Model

Program Evaluation....................................................... Page 14

Violence Prevention ....................................................... Page 15
   School Safety
   Firearm Injuries

Community Education ..................................................... Page 17
   U.S. Transportation
   Undergraduate Public Health Curriculum

Thought Leadership......................................................... Page 18
   Child Human Rights

Additional Resources

References ................................................................. Page 19

Staff Biographies ........................................................ Page 20

List of Publications and Presentations................. Page 24
Dear Friends and Colleagues:

Since 1997, our dedicated staff has provided professional support to schools and communities in Pennsylvania, the U.S. and throughout the world. With the support and encouragement of our CEO, Tom Kurtz, and the WRI Board of Directors, we have received significant funding and recognition for our initiatives.

With a dedicated approach to prevention, health promotion and wellness, we strive to be the catalyst for positive change in behavior and health. The dedicated staff of the Center for Health Promotion and Disease Prevention (CHPDP) utilizes the science, practices and theories of public health. We support health systems, businesses, communities and schools in identifying, implementing and monitoring evidence-based health and wellness programs. Our ultimate goal is to enable and empower populations pursuing better health.

Our areas of specialty, or PLATFORMS, include Child and Adult Bullying Prevention (peer harassment), Clinical Health Promotion, Childhood Obesity, Violence and Injury Prevention Initiatives, Worksite Wellness, Community Needs Assessment, Program Evaluation, School-based Health Promotion and Public Health Undergraduate Curriculum Development. Simply stated, the CHPDP provides consultation and supportive services in the development of clinical health promotion initiatives for industry, schools and health systems. Additionally, the CHPDP provides academic expertise in developing and existing public health undergraduate curriculums. As an educational resource to our citizens, academic centers and legislators, we comment on a number of issues, including health care reform (Health is Everywhere), mass transportation (Enhanced Development of the U.S. Rail System: An Economic and Health Benefit to Society) and community development.

Furthermore, as we all attempt to address the issues related to childhood violence, we are pleased to announce that the American Public Health Association will be publishing a book co-edited by Diana Schroeder and myself — A Public Health Approach to Bullying Prevention. Our authors are nationally and internationally recognized for their work in school climate, bullying prevention, LGBTQ issues, Cost Benefit Analysis, coalition development, program development, evaluation and sustainability.

In this brief, we provide an overview of our health promotion platforms and the activities we support. We welcome the opportunity to discuss our research and programs with anyone who shares our interest in enhancing the health of children, families, schools and communities. Thank you.

Sincerely,

Matthew G. Masiello, MD, MPH
Director, Center for Health Promotion and Disease Prevention
School-Based Health Platform

For the last several years, the CHPDP has been at the forefront of efforts to integrate health promotion and disease prevention activities in schools. Our school-based health approach is driven by outcomes and data, resulting in highly effective programs that produce documented results. CHPDP’s school-based health focuses include: bullying prevention, Cost Benefit Analysis of bullying prevention, the Pennsylvania Youth Survey (PAYS), the Centers for Disease Control and Prevention recommended Coordinated School Health Council, obesity prevention and Holistic Educational Approach to Learning (HEAL). We are confident that the evidence-based programs and tools that we use to monitor and evaluate the efficacy of our efforts will allow CHPDP to better serve the community and to expand such initiatives to larger populations.

Bullying Prevention

For more than a decade, the CHPDP has utilized the public health approach to address the widespread and pervasive issue of school-based bullying. As early as 1997, the CHPDP identified bullying as a significant and harmful issue facing school-aged children. In 2006, due to extensive experience and expertise, the CHPDP was named a signature partner under the Highmark Healthy High 5 Initiative™. When asked to lead efforts to address bullying prevention under this initiative, the CHPDP developed a bullying prevention program entitled: HALT!® A Bullying Prevention Program. This program utilized the evidenced-based Olweus Bullying Prevention Program (OBPP) as its primary intervention strategy. HALT!® has since been developed into the largest implementation and evaluation of the OBPP in the world, and in the process, the CHPDP has emerged as a nationally recognized leader in the field of bullying prevention.
From this original Highmark Foundation funded initiative, a state-wide coalition was formed. Key stakeholders from across Pennsylvania, united under the direction of the CHPDP and the Center for Safe Schools (CSS) to broadly address the issue of school-based bullying and to effectively coordinate future programmatic efforts. Partners in this coalition include: the CHPDP, the CSS, the Pennsylvania Department of Education (PDE), the Pennsylvania Commission on Crime and Delinquency (PCCD) and the EPISCenter at Pennsylvania State University. Additionally, the CHPDP has collaborated, on national and international levels, with Clemson University, the University of Norway and Saint Vincent College, as well as a variety of other community-based organizations. The CHPDP has been able to effectively create unique, cross-agency partnerships that endorse a public health approach to awareness, prevention, intervention and translational research.

**Bullying Prevention Programs and Services**

**Olweus Bullying Prevention Program (OBPP) Training and Technical Assistance:** The CHPDP employs certified OBPP trainers across the state of Pennsylvania, to train school staff on program implementation. These trainers also offer support and technical assistance to schools that are currently implementing and sustaining the OBPP in their buildings.

**Bullying Prevention Institute (BPI):** Housed at the CHPDP, the BPI offers professional development opportunities for school staff on a variety of bullying prevention topics. These events include sessions for members of school bullying prevention coordinating committees, as well as teaching staff and school administrators. Specifically, past topics include: Bullying and Depression, Parent and Community Engagement, Bullying and Hazing, Facilitating Effective Classroom Meetings and Implementing the OBPP with Fidelity. Additionally, BPI allows for the evaluation of any OBPP implementation and outcomes, and updates on any enhancements to the OBPP, based on needs identified during implementation. Through the BPI, CHPDP staff has built capacity for sustaining bullying prevention efforts with fidelity.
Bullying Prevention in the Urban Setting: The CHPDP is examining the effectiveness of the OBPP in urban schools/school districts. Focus groups have been convened to discuss the challenges of urban schools regarding bullying prevention. Additionally, a workgroup consisting of bullying prevention experts, who have extensive experience working with urban schools, are currently collaborating to determine best practices for the implementation of OBPP in urban settings.

Depression and Bullying: In response to recent media reports linking bullying to depression and suicide, the CHPDP is collaborating with a Licensed Social Worker to provide services to educators and school-based personnel. These individuals are given a presentation to enhance their understanding of the complex relationship between bullying, depression and suicide.

Adult Workplace Bullying: The CHPDP staff is trained on the latest research and methods for dealing with adult bullying in the workplace. These CHPDP experts are available to train and provide information to businesses, schools and agencies interested in learning more about this issue.

Monitoring and Evaluating Bullying Prevention Programs: The CHPDP utilizes existing survey instruments and has also developed several evaluation tools, along with its collaborators, to monitor program implementation, fidelity and overall effectiveness of efforts to prevent bullying. These tools include:

- **Olweus Bullying Questionnaire (OBQ):** The OBQ is used to collect student data regarding bullying behaviors and attitudes, bystander perception of bullying related issues, and general satisfaction with school.

- **Teacher Survey:** An on-line survey utilized to collect data regarding teacher’s attitudes, perceptions, and experiences with bullying behaviors.

- **School Support Staff Survey:** An on-line survey used to collect data regarding support staff’s attitudes and perceptions about bullying behaviors.

- **Parent Survey:** An on-line survey to collect data regarding parent attitudes and perceptions about bullying behaviors.

The CHPDP recently received funding from the Hunt Foundation to evaluate the OBPP in urban schools.
Olweus Quality Assurance System: The CHPDP collaborated with Clemson University and the CSS to develop the U.S. version of the Olweus Quality Assurance System (OQAS). The OQAS process is a management tool designed to protect the integrity of the OBPP by thoroughly monitoring the program implementation process. Additionally, the CHPDP employs two staff members who are specifically trained as OQAS site visitors. These site visitors assist schools that are interested in going through the rigorous OQAS process.

Olweus Technical Assistance Consultant: Two staff members of the CHPDP serve as national-level Olweus Technical Assistance Consultants (OTACs). OTACs are highly experienced OBPP trainers who provide support to newly trained OBPP trainers for a period of 18 to 24 months.

Readiness Assessment: The CHPDP collaborated with Clemson University and the CSS to develop a readiness assessment process for schools interested in implementing the OBPP. CHPDP staff are available to assist schools in assessing readiness and help develop a timeline that will help to promote successful implementation of the OBPP.

Fidelity Monitoring: The CHPDP staff were instrumental in the development of OBPP fidelity monitoring, which is an important aspect in implementing an evidence-based program. Fidelity site visitors are highly experienced and specifically trained to work with schools to monitor their fidelity to the OBPP model. Moreover, site visitors provide technical assistance and support to schools implementing the OBPP.

Bullying Prevention in the High School Setting: The CHPDP participated in a national work group of OBPP trainers to develop best practices for high schools interested in implementing the OBPP. CHPDP trainers are highly experienced and trained to work with high schools implementing the OBPP.

“À Public Health Approach to Bullying Prevention”
The CHPDP’s manuscript has been accepted by the American Public Health Association with an anticipated summer 2013 release date. This book is designed to serve as a resource for school administrators and other professionals who are interested in implementing effective bullying prevention programs, utilizing the public health approach.
**Coordinated School Health Council**

For more than a decade, the CHPDP has worked with schools in many facets to improve the overall health and learning outcomes of school-aged youth. The CHPDP secured grant funding and partnered with local school districts to establish a Regional Coordinated School Health Council – an innovative approach to bring numerous school districts together to comply with a federal mandate to develop school wellness policies and plans. Coordinated School Health Councils address the following components of health: comprehensive school health education, physical education, health services, nutrition services, counseling, psychological, and social services, healthy school environment, school-based health promotion for staff, and family and community involvement in school health. Based on the results of the school health indices collected by CHPDP staff, the eight components of the Coordinated School Health Council model were applied. Specifically, health promotion topics such as obesity, disaster preparedness and community preparedness planning, physical activity, bullying prevention and nutrition were addressed within local school districts.

**Childhood Obesity: KidShape**

Consistent with the community-focused aspects of the Coordinated School Health Council, the CHPDP implemented KidShape. KidShape is an evidence-based, family weight management program designed for children, ages 6 to 14, who have a BMI above the 85th percentile. Participants are taught health initiatives in weekly, two-hour sessions which are held over a nine week period.

**Holistic Educational Approach to Learning (HEAL)**

As an additional extension of the Coordinated School Health Council activity, the CHPDP partnered with a local hospital and school district to develop the “Holistic Educational Approach to Learning” (HEAL). Similar to the Coordinated School Health Council, HEAL focuses on the needs of individual school districts, giving educators the tools and knowledge necessary to effect changes in the classroom that impact individual student health and fitness, enhance academic achievement and improve self-esteem. The four components of this program include: wellness, education, and research; childhood development and disease awareness; childhood environment and learning; and resiliency.
Cost Benefit Analysis of Bullying Prevention

In 2012, the CHPDP partnered with Dr. Carla Zema, of Saint Vincent College, to develop and author a Cost Benefit Analysis (CBA) report to highlight the possible economic gains associated with effective bullying prevention programming. This report was the first of its kind and focused on three key areas: healthcare utilization, school cost savings and societal impact. The findings were significant and indicate that effective, evidenced-based bullying prevention programming may result in the following:

- Decreased healthcare utilization due to reduced health-related consequences of bullying.
- School cost savings as a result of decreasing bullying-related alternative placements, transfers and cyber school enrollments.
- Societal impacts including decreasing school dropout rates, decreased utilization of justice and social system resources throughout the life of students who had been bullied or were bullies.

Pennsylvania Youth Survey (PAYS)

Since 1989, the Commonwealth of Pennsylvania has conducted a survey of school students in the 6th, 8th, 10th and 12th grades to learn about their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence. The Pennsylvania Youth Survey (PAYS) is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency.

The data gathered in PAYS serve two primary needs. First, the results provide school administrators, state agency directors, legislators and others with critical information concerning any changes in patterns of the use and abuse of these harmful substances and behaviors. Second, the survey assesses risk factors that are related to these behaviors and the protective factors that help guard against them. This information allows community leaders to direct prevention resources to areas where they are likely to have the greatest impact.

All school districts in Cambria County participate in PAYS. The Windber Research Institute has been able to facilitate and work with the schools to analyze their individual school results and to determine how to better help them guide their efforts. By using PAYS as a data collection tool, WRI can help schools determine where they are succeeding and where they may need additional emphasis. It is this emphasis on data collection and analysis, followed by focused intervention that is the hallmark of WRI’s approach to school based health.
United States-based Clinical Health Promotion Platform

Medical Home
As a 1999 recipient of the Community Access to Child Health (CATCH) Award from the American Academy of Pediatrics (AAP), Dr. Masiello had the opportunity to formulate a strategy to care for special needs children in Cambria and Somerset counties. A short time later, his practice was identified by Pennsylvania’s AAP and the Commonwealth of Pennsylvania as one of the first Pennsylvania-based pediatric practices to receive recognition and funding to formally develop a medical home. Several years of funding allowed for ongoing staff education and administrative support. More than a decade later, and with support from the passing of the Affordable Care Act (ACA), the staff of the CHPDP began serving as consultants to clinical practices and hospitals that aspire to develop the medical home environment.

The CHPDP’s clinical health promotion initiatives are partly funded by Dr. Masiello’s Pfizer, Inc. Health Promotion Award.

Worksite Wellness
The CHPDP has a staff of medical and public health professionals with years of experience in developing and evaluating public health and workplace wellness programs. The CHPDP can offer a variety of workplace wellness programs for businesses interested in improving employees’ health and decreasing health care costs and utilization. In 2004, 38% of respondents to a CHPDP-prepared worksite wellness survey of businesses in Cambria County said that the “rising cost of healthcare” was the number one health-related issue impacting their businesses, while 65% of respondents said that the “increase of health problems” was the top challenge affecting their employees. However, since 2004, many businesses have seen annual increases in health insurance premiums of over 10%, and it is likely that almost every business today would report that the rising cost of healthcare is a top concern. Fortunately, properly designed worksite wellness programs have shown success in decreasing these costs and improving employee health.
The CHPDP’s worksite wellness program is modeled after the *Healthier Worksite Initiative* from the Centers for Disease Control and Prevention. The CHPDP’s programs focus on *modifiable* lifestyle factors such as diet, exercise, smoking and general health. Fifty to 70% of all diseases are associated with modifiable health risks that are potentially preventable (Whitmer, 2003). Programs are customized based on the size and type of the agency, resources, employee interests and management priorities. This increases the potential that program objectives will be realized and successful.

For a business interested in implementing a worksite wellness program, CHPDP staff will come to the workplace to meet with business leaders to determine the needs of the organization, which will be used to develop a tailored program. All programs will include a baseline assessment of employee health (Health Risk Appraisal (HRA)) and the establishment of a worksite wellness committee, as well as any or all of the following components: an employee blood screening and HRA, exercise and nutrition programs, smoking cessation counseling, and review of the organization's current wellness policies and programs.

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**Selected Worksite Wellness Reports**

- Memorial Medical Center Worksite Wellness Program Summary Report and Future Plans (2004-2007)
- Employee Interest in Weight Management Sessions (2006)
- Physician Follow-Up After an Employee Worksite Wellness Blood Screening (2006)
- Implementation of “Healthy Lifestyles”
- A Pilot Program as part of a Diabetes Prevention Effort (2006)
Combat Stress Intervention Program (CSIP)

The CHPDP partnered with Washington & Jefferson College to address the impact of PTSD and other combat stresses on local soldiers. More specifically, the purpose of the Combat Stress Intervention Program (CSIP) was to educate and equip educators, community members and physicians with the skills to address soldiers returning from combat. Subsequent to this social marketing campaign that spanned several counties within the Western Pennsylvania region, the CHPDP proposed a health promotion clinic for veterans and service members. Often times, soldiers who return to rural and suburban areas lack adequate access to mental health services. However, implementation of a health promotion clinic would serve as a “medical home,” a patient-centered model to effectively coordinate clinical and social services.

As a part of this social marketing campaign, CHPDP developed the following tip sheets for community members, educators and health care professionals.
International Clinical Health Promotion Platform

**WHO Health Promoting Hospitals & Health Services**

The CHPDP is one of two regional WHO-affiliated Health Promoting Hospital & Health Services (HPH) networks located in the U.S. Windber Medical Center, Windber Research Institute, Saint Vincent College and St. Mary Medical Center are members of this network. Aligned with the tenets of HPH, the CHPDP works to promote overall health and wellness and total quality management of health organizations. Against the rising incidence of chronic diseases, health promotion services are an important factor for sustained health, quality of life and efficiency. Through this affiliation, the CHPDP focuses on the translation and implementation of evidence-based programming in the U.S, as well as abroad. Dr. Matt Masiello served on the HPH Governance Board from 2010-2012.

**A Clinical, Health Promotion Initiative: Pediatric Asthma**

The CHPDP is currently collaborating with a fellow member of the WHO-HPH Italian network, the Laboratorio Clinico Pedagogico e Ricerca Biomedica (LCPeRB), Centro Io e l’Asma. The LCPeRB is a part of Spedali Civili, the third largest health care system in Europe. Since 2010, the two centers have worked to develop a clinical health promotion database and pediatric asthma intervention based on the Expanded Chronic Care Model. The database allows the clinical health promotion team to identify and follow important health-related and social issues impacting the lives of pediatric asthma patients. Additionally, these identified issues are used to refer asthma patients to interventions specific to their needs. This collaboration has resulted in an initiative that has provided a health promotion component to the existing pediatric clinical environment.

**Health Promoting Hospitals Data Model**

A multi-national, 78-site implementation of the HPH DATA Model was conducted among individuals from various HPH networks. Given the interconnectedness of health determinants and disease, a nine-question survey was inserted into patients’ medical records. Using this model, clinicians successfully identified patients in need of health promotion activity (Tonnesen et al., 2012). This effort was coordinated by Dr. Masiello with research support from the CHPDP staff.
Program Evaluation Platform

Evaluation is a key component of public health research. With certified evaluation staff and collaboration with strong, research institutions, the CHPDP offers evaluation services to organizations.

The CHPDP has provided evaluation support to the Heartwood Institute’s T.R.U.E. Respect Program. This included the development of pre- and post-intervention surveys for students and teachers, as well as a mid-year program review. The survey measured the attitudes of students and teachers about the program and assessed changes in knowledge regarding the project. The data was used by the Heartwood Institute to evaluate the effectiveness of their pilot program and make adaptations.

The CHPDP has also partnered with Clemson University to evaluate its large, population-based, public health bullying prevention program. Our evaluation strategy, as mentioned in more detail in the Bullying Prevention section, involves multiple assessments of students, teachers, school staff, parents and training staff. These assessments are used to measure changes in behavior, identify fidelity issues regarding program implementation and to provide direction for future programmatic activity.

In addition to the evaluation of school-based programs, the CHPDP is currently evaluating an Italy-based clinical intervention, in partnership with the Evaluation Institute at the University of Pittsburgh.

What we can offer in terms of evaluation services?

For organizations in need of assistance in evaluating their program, our staff is available to assess your project’s needs and to develop a comprehensive evaluation strategy. Typically, evaluations begin before the formal implementation of your program.
Violence Prevention Platform

School Safety

In response to the tragic events that took place in Newtown, Connecticut, the CHPDP partnered with a local mental health agency to offer a community forum. This forum brought together various stakeholders and community members to discuss key issues related to school and community safety. Due to CHPDP’s long history of working in the fields of bullying prevention, violence prevention and school safety, the Center has been able to comment on these issues and provide assistance to school administrators, legislators, law enforcement agents, parents and community members.

A panel of regional and local experts were assembled to address a variety of pertinent topics, including:

- School violence, bullying and firearms
- Proactive measures for mental health services
- School safety planning
- Creating a positive school climate

After brief presentations by panelists, a question and answer session was held. Meaningful dialogue among community stakeholders was generated and topics for future community forum events were discussed. Additionally, this format allowed for valuable networking opportunities for the diverse community representatives who were in attendance.

Approximately 80 people attended this event, which was live-streamed on YouTube, allowing for off-site participation. Live tweets were sent throughout the presentation to ensure that a broad audience was being reached, as well as to allow for feedback and input from a variety of sources.

An online survey was developed and emailed to all attendees to evaluate the usefulness of the forum. These results will help the CHPDP gain insight into stakeholders’ perceptions of issues like school violence and firearm ownership and help refine focus and content for future events.
**Firearm Injuries**

Beginning in 1994, the city of Pittsburgh sought to respond to disturbing statistics tied to firearm injuries in the children and adolescent populations. As a result, a coalition led by Dr. Matt Masiello raised the necessary funds to obtain gift certificates for the recollection of firearms, and ended up collecting over 4,000 operable firearms. The Pittsburgh Police Department stated that more weapons were collected in the four days of our annual program than the Police Department collects in an entire year. The Pittsburgh City Council, the Mayor’s Office, the Youth Crime Prevention Council, which was chaired by the United States Attorney of Western Pennsylvania, the Pennsylvania Chapter of the American Trauma Society, Blue Cross of Western Pennsylvania and many other community-based organizations all hailed the initiative. *This effort was also highlighted in a USA Today article entitled, “Gun Buybacks do Make Impact” (Wickham, 2000).*

Based on a four-year evaluation, this program was associated with a significant reduction in fatal and nonfatal firearm injuries in Pittsburgh (Table 1).

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Given the persistent gun violence in our society, Dr. Masiello and his current staff continue to address this matter. In the rural environment of Johnstown, Pennsylvania, they gathered a similar coalition, including our colleagues from the National Rifle Association. Here, his team developed a community and school-based violence awareness coalition, which is comprised of mental health professionals, educators and other school personnel, community leaders, public health professionals, social workers, law enforcement, local business owners and media outlets.
Community Education Platform

*U.S. Transportation*

We are 13 years into the 21st century, and the U.S. has yet to develop an effective transportation system. Clearly, the media and the general public are in need of more quality information regarding the benefit of an enhanced national rail service. Such information has not been readily available to the public, and what is available seems to be embedded in negative political discourse and presented only an economic perspective. However, the CHPDP serves as a unique resource regarding the issue of transportation in the U.S. Located in southwestern Pennsylvania, the professional staff works diligently to enhance health and wellness, to identify the means to prevent cancer and cardiovascular disease through genomic intervention and to study national and international public health concerns.

In response to high government expenditures on parking and road maintenance, environmental concerns, international competition and years of potential life lost due to non-rail travel, the CHPDP has developed a report entitled, *Enhanced Development of the U.S. Rail System: an Economical and Health Benefit to Society*. This document, available at: http://mattmasiellomd.com/?p=282, is intended for politicians, business leaders, academic centers and Americans.

*Undergraduate Public Health Curriculum Development*

National emphasis has been placed on the development of undergraduate programs that include the core competencies of health promotion and disease prevention. The CHPDP has supported this concept in working with colleges to develop unique, undergraduate, public health curricula and other health promotion and disease prevention efforts.
Thought Leadership Platform

Children’s Human Rights

For over a decade, Dr. Masiello and his team have commented and presented on the important issue of children’s human rights. In the 1990s, a Pittsburgh-based firearm injury prevention initiative prompted a community-wide effort to reduce morbidity and mortality due to firearm-related injuries among children, teenagers and young adults (Wickham, 2000).

Following this successful and non-partisan public health initiative, hailed by the Clinton Administration as “a model for other communities,” Dr. Masiello and his Pittsburgh-based team were asked to present their data at an annual American Academy of Pediatrics (AAP) meeting. For his efforts, Dr. Masiello, representing his hospital and community-based team, was awarded the “Healthy Communities for Pennsylvania 1996 Champion Award.”

Dr. Masiello and his team then took up the effort of commenting on the effects of war on children and Pennsylvania physicians’ opinions on the role of the AAP in advocating for children’s human rights in a wartime setting. “The Prevention of War Related Deaths of Children: The Advocacy Role of Pediatricians and the American Academy of Pediatrics,” was presented at the 2010, American Public Health Association’s annual meeting.

In 2012, a child sexual abuse scandal at Pennsylvania State University rocked the country. Dr. Masiello and attorney Jessica Kurtz commented on the need to embed child abuse research and preventative measures into the larger framework of child human rights research, legislation and funding. A proposal, An Institute for the Study of Human Rights of Children A Meaningful Response by Pennsylvania State University, was the result. Today, Dr. Masiello and his team continue to comment and write on this subject which he hopes will become part of our national discussion.

In 2012, Dr. Masiello was awarded the Pennsylvania Public Health Association’s Keystone Award for Distinguished Service in Public Health.
References


Staff Biographies

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Dr. Masiello is Director of the Center for Health Promotion and Disease Prevention (CHPDP) at the Windber Research Institute (WRI) in Windber, Pennsylvania. He also serves as U.S. Network Coordinator for the World Health Organization Health Promoting Hospital Network. From 2010 to 2012, he served on the Governance Board of a WHO Collaborative Center.

Over the past 15 years, from his initial days in Pittsburgh, Dr. Masiello has led his respective teams in the support, development and implementation of a multitude of evidence-based, health promotion initiatives. These programs now extend throughout Pennsylvania, nationally as well as internationally. His efforts include: childhood bullying prevention, clinical health promotion initiatives, childhood obesity and injury prevention initiatives, medical home development, worksite wellness programs, community need assessments, program evaluation services, coordinated school health council and public health undergraduate curriculum development.

Dr. Masiello has presented his work nationally and internationally through peer-reviewed journals, reports and national presentations. In 2012, along with other similar recognition over the years, he was awarded the Pennsylvania Public Health Association Keystone Award for Distinguished Service in Public Health. In response to these difficult and trying times, as we all attempt to address the issues related to childhood violence, he will have the opportunity to support schools and communities throughout America in the soon to be published (American Public Health Association), A Public Health Approach to Bullying Prevention.

Dr. Masiello earned his Bachelor’s degree form Marist College and his medical degree from the Universidad Autonoma de Guadalajara. His pediatric medical training was at Bridgeport Hospital and Yale University, and his pediatric critical care fellowship took place at Harvard University, Boston Children’s Hospital. His Master’s degree in public health was earned at the George Washington University School of Public Health and Health Services. He has held faculty positions at St. Vincent College and St. Francis University. He is a practicing pediatrician and has assisted in various national and international humanitarian projects.

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Diana Schroeder works as the Director of Bullying Prevention Initiatives for the Center for Health Promotion and Disease Prevention at Windber Research Institute in Windber, Pennsylvania, which addresses public health issues facing youth and families in Western and Central Pennsylvania. She is a summa cum laude graduate from Franciscan School of Nursing, the University of Illinois, and Indiana University. She currently holds a Master’s Degree in Nursing and is a member of Sigma Theta Tau, honor society for nursing. She will complete her doctorate of nursing practice in December, 2013. Diana is a Pediatric Clinical Specialist and currently holds a faculty position as Program Coordinator for the University of Pittsburgh-Johnstown BSN Nursing Program. For 15 years, Diana has worked in school-based prevention programming with Dr. Matt Masiello, her co-editor of A Public Health Approach to Bullying Prevention (Continued on page 21).
In addition to her work responsibilities, Diana has served as a school director at Westmont Hilltop School District for the past ten years and for the past two years has served as the School Board President. Her experience in health care and education has helped to streamline and enhance health promotion services for students and faculty.

She is a certified Olweus Bullying Prevention Program (OBPP) trainer since 2001 and is working with school districts around the state to implement OBPP through a partnership with the Highmark Foundation. Additionally, she serves on the state’s advisory committees for bullying prevention and safe schools, and has provided consultative services to other states interested in large scale implementation of bullying prevention programs. Mrs. Schroeder has had the opportunity to present her work on bullying prevention and other health-related topics nationally and has been a co-author on several journal publications related to bullying prevention.

**Shiryl Barto, M.Ed.**  
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Shiryl Barto works for the Center for Health Promotion and Disease Prevention at the Windber Research Institute in Windber, Pennsylvania as a director for bullying prevention initiatives. She holds a Master’s Degree in Education and has spent time as a classroom teacher and home school liaison, before turning her professional focus to violence prevention and school-based public health. Shiryl is a national Technical Assistance Consultant with the Olweus Bullying Prevention Program and has trained in the OBPP for over a decade. She consults with public and private agencies across the Commonwealth and has been asked to speak to national audiences about bullying and school-based interventions. Shiryl is currently working on the development, implementation and evaluation of the Highmark Foundation’s Bullying Prevention Initiative, formerly the Highmark Healthy High 5. This project has become the largest implementation of the Olweus program in the world, reaching over 275,000 students. Shiryl lives in Somerset County with her husband Stephen and their four children.

**Allison Messina, MHPE**  
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Allison Messina works as a program manager for the Center for Health Promotion and Disease Prevention’s Evaluation Department. She oversees the evaluation activities of the bullying prevention initiatives and works to ensure program fidelity. Her other responsibilities include grant writing, manuscript development, survey development and providing financial oversight of the office’s various grants. She has a Master’s Degree from the University of Pittsburgh's Graduate School of Public Health and a B.S. from the Pennsylvania State University in Bio-behavioral Health. She has worked in the public health field for over 10 years and has also developed adult and child wellness programs.
Karla Good, LSW  
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Karla Good works as a Program Manager of Community Outreach Initiatives and Communications for the Center for Health Promotion and Disease Prevention. She oversees the development of professional enrichment opportunities for educators and administrators, as well as a variety of community education events throughout the state. Karla is a certified Olweus Trainer and has conducted numerous Olweus Trainings throughout the state of Pennsylvania. Additionally, she has presented various workshops on the topics of bullying prevention and combat stress. She is also certified in adult workplace bullying prevention. Karla is a licensed social worker and provides school-based mental health services for students in grades K-12. Karla received a B.S. in Psychology from the University of Pittsburgh where she also completed her Master’s of Social Work in 2011.

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Charvonne Holliday is Director of International Projects and Research Associate of the Bullying Prevention Initiative at the Center for Health Promotion and Disease Prevention. Charvonne is also involved in the coordination and research of the World Health Organization’s International Health Promoting Hospital Network activity. Charvonne’s responsibilities are focused on clinical health promotion, school climate and community health and wellness, specifically related to bullying prevention, holistic education and pediatric asthma. Charvonne, a Bill and Melinda Gates Scholar, is currently pursuing a PhD in Public Health and certificate in Evaluation Science at the University of Pittsburgh.

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Annalisa Ferrau is the Administrative Coordinator. She has a Bachelor’s degree in Italian Language and Literature and a certificate in Western European studies. Annalisa is involved with HALT!* A Bullying Prevention Program and the Bullying Prevention Institute, as well as the Italy-based, clinical, pediatric asthma initiative in which she provides support with Italian/English translation and coordination.

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Dr. Thompson has a breadth of public health experience in clinical, research, academia, leadership and business aspects. Currently, Dr. Thompson holds a faculty position as the Director of the Undergraduate Public Health Program at Saint Francis University in Loretto, PA while also contributing to the public health efforts at the Center for Health Promotion and Disease Prevention at Windber Research Institute. For several decades, she was involved with clinical and global research projects at the University of Pittsburgh. Trina also Directed the Ultrasound Research Laboratory in the Graduate School of Public Health, where she oversaw subclinical cardiovascular disease measures for many local and international population studies and clinical trials. Dr. Thompson has published in peer reviewed journals and has conducted public health educational initiatives in Pittsburgh, PA.
Center for Health Promotion and Disease Prevention Staff

Front row from left to right: Diana Schroeder, MSN, RN; Matt Masiello, MD, MPH; Trina Thompson, DrPH, MPH, BSN.

Back row from left to right: Annalisa Ferrau, BA; Allison Messina, MHPE; Shiryl Barto, MEd; Charvonne Holliday, MPH; Karla Good, LSW
Recent Publications

Published journal articles


Holliday, C.N., Xie, Y., Masiello, M. (2010, Fall). Cambria County Health Coalition: a response to the County Health Rankings. Public Health Education and Health Promotion Section Newsletter, [online].


Recent Presentations From WRI:

Schroeder, D. Sick from Bullying, The Governor’s Bullying Prevention Summit, Des Moines, IA. 2012


Schroeder, D. Cost Benefit Analysis of Bullying Prevention, National Institute for Health Care Management [Webinar], Creating Safer Schools & Healthier Children: A Model Bullying Prevention Program, April 12, 2012

Schroder, D. Sick of Bullying or Sick Because of Bullying, Virginia Academy of Pediatrics. Virginia, 2012

Schroder, D. Sick of Bullying or Sick Because of Bullying, National Assembly of School-Based Health Clinics. Chicago, IL, 2012


Masiello, M. Pennsylvania Conference of State Trial Judges, Hershey, PA. July 2011

Schroeder, D. Bullying: Implications and Impact for School-Based Health Care. School-Based Health Care Convention, Chicago, IL, June 2011

Masiello, M. Hospitals/Health Services and Schools: Cooperation in establishing and sustaining health promotion initiatives—what works? WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

Masiello, M., Zema, C., Adons, B. Development of a workshop on health promotion programmatic evaluation. WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

Guarnaccia, S. & Holliday, C. A Health Promoting Hospital Initiative: development of an expanded chronic care model to address the public health epidemic of childhood asthma— a model for pediatric and adult clinical health promotion initiatives. WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

Masiello, M. WHO Summer School, Turku, Finland, May 2011


Masiello, M., Schroeder, D., Seigle, J. Let’s Talk Bullying Prevention A Call to Action. Pennsylvania American Academy of Pediatrics, [webinar], April 2011.

Barto, S. & Snyder, M. High School Implementation of OBPP: Voices from the Field. International Bullying Prevention Association Conference, Seattle, WA, November 2010

Schroeder, D. Sick of Bullying or Sick Because of Bullying. International Bullying Prevention Association Conference, Seattle, WA, November 2010
Masiello, M. Hospitals/Health Services and Schools: Cooperation in establishing and sustaining health promotion initiatives—what works? WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

Masiello, M., Zema, C., Adons, B. Development of a workshop on health promotion programmatic evaluation. WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

Guarnaccia, S. & Holliday, C. A Health Promoting Hospital Initiative: development of an expanded chronic care model to address the public health epidemic of childhood asthma—a model for pediatric and adult clinical health promotion initiatives. WHO International Conference on Health Promoting Hospitals & Health Services, Turku, Finland, June 2011

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Barto, S. & Snyder, M. High School Implementation of OBPP: Voices from the Field. International Bullying Prevention Association Conference, Seattle, WA, November 2010

Schroeder, D. Sick of Bullying or Sick Because of Bullying. International Bullying Prevention Association Conference, Seattle, WA, November 2010


Holliday, C.N. Cambria County Health Coalition: A Response to the U.S. County Health Rankings Initiative— a prioritization on childhood and adult obesity. Pennsylvania Public Health Association Conference, Harrisburg, PA, October, 2010

Masiello, M.G. The Educational and Corporate Development of a State Health Promotion Coalition- an Important Strategy in Addressing Large Population based Health Issues; a Model for the U.S. 18th International Conference on Health Promoting Hospitals & Health Services, Manchester, UK, April, 2010

Masiello, M.G. A Strategic Partnership between a Health Service and Schools in Developing an Optimal School Climate. 18th International Conference on Health Promoting Hospitals & Health Services, Manchester, UK, April, 2010

Masiello, M.G. Moderator: Plenary Session: 18th International Conference on Health Promoting Hospitals & Health Services, Manchester, UK, April, 2010

Masiello, M.G. Obesity, K-12 Health and Physical Education Conference, The DiSepio Institute, St. Francis University, March 4, 2010
Masiello, M.G. A Successful Statewide School based Bullying Prevention Model: The Impact of a Cooperative Children’s Health Promotion Initiative.
- International Bullying Prevention Association Annual Conference, Pittsburgh, PA, December 2009
- Pennsylvania Public Health Association Joint Conference, Pittsburgh, PA, October, 2009
- American School Health Association. 83rd Annual Conference, Denver, CO, October 2009
- PSEA Summer Leadership Institute, Gettysburg College, Gettysburg, PA, July 2009
- Prevention, Health & Wellness Expo, Pasquerilla Conference Center, Johnstown, PA, May 2009
- 17th International Conference on Health Promoting Hospitals & Health Services, Crete, Greece, May 6-9, 2009
- (Barto, S., & Good, K.) Institute on Family & Neighborhood Life Symposium, Clemson University, March 2009.
- Evidence Based Health Promotion Programs - WHO Winter School, Windber Research Institute, February 2009
- (Saylor, J.) Society for Public Health Education, 2009 Annual Meeting
- (Barto, S., Messina, A.) National Association of Health Education Centers Joint Conference, Harrisburg, June 2009
- (Schroeder, D.) Blueprints for Violence Prevention Annual Conference, San Antonio, April, 2010

Barto, S. Bullying Prevention Successes at the School Level. International Bullying Prevention Association Annual Conference, Pittsburgh, PA, December 2009

Masiello, M.G. Health Reform- The Role of a Health Promoting Hospital. Memorial Medical Center- Grand Rounds, Johnstown, PA, October, 2008


