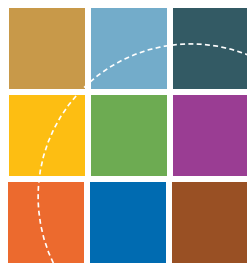


The Healthy School Communities Model



Aligning Health & Education

in the School Setting



Healthy School Communities Information

www.ascd.org/hsc

www.ascd.org/healthyschoolcommunities

healthyschoolcommunities@ascd.org

Healthy School Communities Contact Information

Sean Slade

Director, Healthy School Communities

1-703-575-5492, sslade@ascd.org

Adriane Tasco

Project Manager, Healthy School Communities

1-703-575-5614, atasco@ascd.org

Author: Robert F. Valois

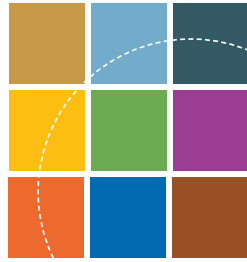
Robert F. Valois is a professor of health promotion, education, and behavior in the Arnold School of Public Health at the University of South Carolina and served as the evaluation consultant for the Healthy School Communities pilot project. Valois holds a Bachelor of Science degree in health science from the SUNY College at Brockport, N.Y.; a Master of Science degree in school health and a Doctor of Philosophy degree in community health and educational psychology from the University of Illinois at Urbana-Champaign; and a Master of Public Health degree in health behavior from the University of Alabama at Birmingham Medical Center, School of Public Health. His research and teaching focus on adolescent and school health, healthy school communities, and program evaluation. Contact Valois at RFValois@sc.edu.

Coauthors: Sean Slade and Ellie Ashford

Gene R. Carter, *Executive Director*; Judy Seltz, *Deputy Executive Director*; Eric Bellamy, *Deputy Executive Director*; Judy Zimny, *Chief Program Development Officer*; Theresa Lewallen, *Managing Director, Constituent Programs*; Molly McCloskey, *Managing Director, Whole Child Programs*; Sean Slade, *Director, Healthy School Communities*; Adriane Tasco, *Project Manager, Healthy School Communities*; Gary Bloom, *Managing Director, Creative Services*; Mary Beth Nielsen, *Manager, Editorial Services*; Alicia Goodman, *Associate Editor*; Catherine Guyer, *Senior Graphic Designer*; Mike Kalyan, *Manager, Production Services*; Sarah Plumb, *Production Specialist*; BMWW, *Desktop Publishing*

© 2011 by ASCD. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission from ASCD. Readers who wish to duplicate material copyrighted by ASCD may do so for a small fee by contacting the Copyright Clearance Center (CC), 222 Rosewood Dr., Danvers, MA 01923, USA (phone: 1-978-750-8400; fax: 1-978-646-8600; web: www.copyright.com). For requests to reprint rather than photocopy, contact ASCD's permissions office: 1-703-575-5749 or permissions@ascd.org. Translation inquiries: translations@ascd.org.

The Healthy School Communities Model

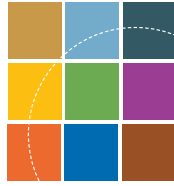


Aligning Health & Education

in the School Setting

Foreword: Aligning Health and Education—A Paradigm Shift	1
The Benefits and Drawbacks of the Traditional Coordinated School Health Model	2
The Need for a New View of Health and Education	4
Healthy School Report Card Pilot Study:	
Defining the 9 Levers of Change.	6
Lever 1: The Principal as Leader	10
Moving School Health Leadership to the Principal	11
As Seen in Healthy School Communities.	12
Lever 2: Active and Engaged Leadership.	15
What Makes Leaders Effective	16
As Seen in Healthy School Communities.	17
Lever 3: Distributive Leadership.	19
What Is Distributive Leadership?	20
As Seen in Healthy School Communities.	20

Lever 4: Integration with the School Improvement Plan	22
What Is a School Improvement Plan?	22
School Improvement Is Collaborative	23
Building a School Improvement Plan Around the Whole Child.	24
As Seen in Healthy School Communities.	25
Lever 5: Effective Use of Data for Continuous School Improvement.	28
Making Data Meaningful for School Improvement	28
As Seen in Healthy School Communities.	30
Lever 6: Ongoing and Embedded Professional Development	33
The Features of Effective Professional Development.	34
As Seen in Healthy School Communities.	35
Lever 7: Authentic and Mutually Beneficial Community Collaborations	37
The Concept of School Community	38
Building Authentic Partnerships	39
As Seen in Healthy School Communities.	40
Lever 8: Stakeholder Support of Local Efforts.	44
Involving Stakeholders Increases Sustainability	46
The Change Process Encourages Understanding and Commitment	46
As Seen in Healthy School Communities.	47
Lever 9: The Creation or Modification of School Policy Related to the Process	50
The Limits of Programmatic Change	51
The Effect of Systemic Change on Policy and Practice	52
As Seen in Healthy School Communities.	52
References	55



Aligning Health and Education: A Paradigm Shift

Today's climate in education is in a state of flux. Public debate centers on how schools can do what they do even better—despite shrinking budgets and new challenges. But as the authors of this volume assert, educational reforms will be effective only if students' health and well-being are identified as contributors to academic success and are at the heart of decision and policy making. Schools, in concert with students, their families, and communities, must consider how well schools are accomplishing their missions and how they can best help students realize their full potential.

—Eva Marx, Susan Frelick Wooley, and Daphne Northrop, 1998, p. 293

Written more than a decade ago, this quote from the landmark publication *Health Is Academic* (Marx, Wooley, & Northrop, 1998) still—unfortunately—holds true today.

Health and well-being have, for too long, been put in a silo—both logistically and philosophically—apart from school and education. Rarely has health been included in or required to be an integral part of the school's educational process. But when it has, the results have been surprising. Schools that work purposefully toward enhancing the mental, social, emotional, and physical health of both their staff and students frequently report the results that principals and administrators want to hear:

- higher academic achievement from students (Basch, 2010; Case & Paxson, 2006; Crosnoe, 2006; Haas & Fosse, 2008; Hass, 2006; Heckman, 2008; Koivusilta, Arja, & Andres, 2003; Palloni, 2006),

- increased staff satisfaction and decreased staff turnover (Byrne, 1994; Dorman, 2003; Grayson & Alvarez, 2008),
- greater efficiency (Bergeson, Heuschel, Hall, & Willhoft, 2005; Harris, Cohen, & Flaherty, 2008; Lezotte & Jacoby, 1990),
- the development of a positive school climate (Basch, 2010; Benard, 2004), and ultimately
- the development of a school-community culture that promotes and enhances student growth (Battin-Pearson et al., 2000; Bond & Carmola Hauf, 2007; Fleming et al., 2005; Klem & Connell, 2004; Ladd, Birch, & Buhs, 1999; Nelson, 2004; Rosenfeld, Richman, & Bowen, 1998).

So what has held back educators and education leaders from wholeheartedly embracing health and well-being across their schools and systems? The answer is somewhat twofold: On one hand, there are schools that believe they exist only to educate children academically. However, this notion is dispelled by the overwhelming evidence (see Basch, 2010; Case & Paxson, 2006; Crosnoe, 2006; Haas & Fosse, 2008; Hass, 2006; Heckman, 2008; Koivusilta et al., 2003; Palloni, 2006) showing that students' physical, mental, social, and emotional health play a significant role in determining what they can learn cognitively.

On the other hand, there are schools that appreciate the effects of health on student growth and learning but that haven't comprehensively aligned health and education. A core reason for this lack of alignment may be the very existence of the traditional coordinated school health model. The fact that there has been a structure designed to cater to the health needs of students has inadvertently allowed education to ignore or push aside health, perpetuating the separation of the two.

THE BENEFITS AND DRAWBACKS OF THE TRADITIONAL COORDINATED SCHOOL HEALTH MODEL

First introduced in 1987, the eight-component model of coordinated school health is a broad and defined approach to school health that incorporates aspects not previously organized and coordinated, such as family and community involvement; counseling, psychological,

and social services; and a healthy school environment (Allensworth & Kolbe, 1987). However, the key is to have all eight entities aligned and coordinated across the school. The U.S. Centers for Disease Control and Prevention's Division of Adolescent and School Health disseminated this model, providing a standard framework for organizing school health nationwide.

The coordinated school health model has continued to evolve over the past 20 years, most recently being reconceptualized as an ecological approach (Lohrmann, 2010b) that involves multiple layers of factors that influence students' and staff's health and safety. Yet one important element has remained: a school health coordinator at the school or district level is responsible for implementing the program.

Many school systems view the development, implementation, and institutionalization of a coordinated school health program as a time-intensive, labor-intensive endeavor, and they are unable or unwilling to support it. Because time and funds are at a premium in every school building, coordinated school health programs with the greatest potential to improve overall health and well-being, school efficiency, and academic outcomes are relatively non-existent in the majority of the schools where they are most needed.

A successful, sustainable coordinated school health program requires high-quality planning, implementation, and institutionalization. But achieving that degree of support is difficult when school health is seen not as a systematic approach to addressing school improvement, but as a programmatic issue. Programmatic changes either tend to be tried and rolled back or tend to become the project of an individual staff member or department, which make them unsustainable if the staff member leaves or the department makeup changes and no one is willing or able to take charge.

The health-centered, coordinated school health approach has undoubtedly had some success. For example, it has been adopted by 46 states in the United States and has been adapted for Mexico, Canada, Egypt, Saudi Arabia, Oman, and West Africa. However, it has never had the broad, encompassing success and influence over the whole school environment that its proponents had envisioned.

THE NEED FOR A NEW VIEW OF HEALTH AND EDUCATION

Educators and, too frequently, health professionals themselves have viewed the coordinated school health program as a health initiative. As Charles E. Basch stated in his 2010 research review, *Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap*, “Though rhetorical support is increasing, school health is currently not a central part of the fundamental mission of schools in America nor has it been well integrated into the broader national strategy to reduce the gaps in educational opportunity and outcomes” (p. 9).

What is required is a change in how we view health and education; a change in how the two operate, align, and integrate in the school and community setting. Moreover, the biggest change must be in how education views health. The conversation needs to be directed not toward health professionals but toward education professionals. We must outline and define the education benefits of healthy students; healthy staff; and a healthy, effective school—for education’s sake.

This does not mean that the onus of health and well-being should be transferred from health to education in the school context. Nor does it imply that the expertise of health professionals should be ignored, disregarded, or sidelined. Rather, health and education should be required to work in tandem, just as the school and community must work together to establish safe, connected, and resource-rich environments with common goals and aligned strategies.

Twenty years ago, there was a need to target the health and well-being of students through a separate and distinct structure to focus attention and resources toward health. Today there is a need to combine, align, and merge these structures so that the systems work in unison. We do not have the time or resources to continue the current push-me\pull-me environment.

Similar calls for greater alignment have made increasingly more noise over the past decade. In 1998, Eva Marx, Susan Wooley, and Daphne Northrop stated in their pivotal publication, *Health Is Academic*, that “we must connect the dots between health and learning” and that “limited resources and a shared commitment to children’s well-being make a coordinated approach not only practical but preferable” (p. 9). Even more enlightening was the realization, more than a decade ago, that “the promise of a coordinated school health program thus far outshines its practice” (p. 10).

Lloyd Kolbe followed this up in 2002 in his piece “Education Reform and the Goals of Modern School Health Programs,” simultaneously summarizing the benefits and questioning the developing role of school health programs:

In sum, if American schools do not coordinate and modernize their school health programs as a critical part of educational reform, our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education, health, and social outcomes. And, we will forfeit one of the most appropriate and powerful means available to improve student performance.
(p. 10)

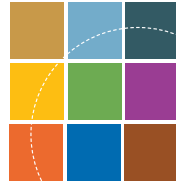
More recently, Tena B. Hoyle, R. Todd Bartee, and Diane D. Allensworth (2010) wrote:

Insistence on alignment of programs under the “health” banner is detrimental to the purpose and mission of both school health and school improvement. Persistence in garnering support for health “programs” rather than finding the niche of the health-promotion process in ongoing school improvement efforts contributes to insurmountable language and organizational barriers that detract from the existent value of health in the school setting.
(p. 165)

Less has been articulated about how to achieve this paradigm shift. How do we go about aligning health and education? How do we set out to overlap and link these entities that have traditionally been divided and siloed? The first step is belief. The second is action.

To better align, coordinate, and link health and education in the school setting, we must expand the conversation to include educators—teachers, school staff, and administrators. That is the premise of this publication. It takes the concept of health, combines it with education in the school setting, and—most important for its implementation and sustainability—outlines for school personnel action steps and their benefits for the education process.

The following chapters describe the actions that schools and school communities need to take to realize systemic change that improves the health, well-being, growth, and development of their students, staff, and schools. The actions are divided into nine levers of change that focus, like all school improvement efforts, on the administration, staff, students, and community at the school level.



Healthy School Report Card Pilot Study: Defining the 9 Levers of Change

ASCD's Healthy School Communities is part of a large, multiyear plan to shift public dialogue about education away from a traditional, narrow academic focus and toward a whole child approach that encompasses all factors required for successful student outcomes. This shift calls for a redefinition of what it means to be a successful learner.

Rather than defining achievement solely in terms of academic test scores, ASCD believes a successful learner is knowledgeable, emotionally and physically healthy, civically engaged, prepared for economic self-sufficiency, and prepared for the world beyond formal education. In 2004, ASCD adopted a position statement on the whole child that recognized the necessity of having the family and community, as well as the school, engaged with children to help ensure positive outcomes for each learner. The following year, ASCD initiated a multiyear plan to recast the definition of a successful learner and, in 2008, established the Commission on the Whole Child to carry out this work.

As part of the whole child mission, Healthy School Communities (HSC) is a school improvement and community-building resource aimed at creating healthy environments that support learning and teaching. HSC was designed to provide opportunities for schools to network and share best practices. According to the underlying vision of the initiative, healthy school communities do the following:

- Demonstrate the belief that successful learners are emotionally and physically healthy, knowledgeable, motivated, and engaged.
- Carry out best practices in leadership and instruction across the school.
- Create and sustain strong collaborations between the school and community institutions.
- Use evidence-based systems and policies to support the physical and emotional well-being of students and staff.
- Provide an environment in which students can practice what they learn about making healthy decisions and staff can practice and model healthy behavior.
- Use data to continuously improve.
- Network with other school communities to share best practices.

In spring 2006, ASCD selected 11 school communities—8 in the United States and 3 in Canada—to be part of a three-year pilot program to implement the HSC approach. Two of the U.S. participants were school districts with multiple schools; the rest were individual schools. The purpose of the pilot study was to ascertain what factors enabled a school to most easily implement a school improvement and coordinated school health program and, subsequently, what factors allowed these changes to become embedded across the school-community environment. In essence, the pilot study aimed to answer the question, What are the levers of change in a school or community that allow for the initiation and implementation of best practice and policy for improving school health? In this context, a *lever* is an aspect of the project that caused a positive change.

Each HSC pilot site agreed to carry out the school improvement process outlined in *Creating a Healthy School Using the Healthy School Report Card: An ASCD Action Tool (1st Edition)* (Lohrmann, 2005), which called for the establishment of a diverse HSC team to engage the community in creating healthy environments that support learning and teaching. Pilot sites also agreed to assess the school health environment and develop and integrate an HSC action plan into the school improvement process.

Over the course of the pilot program, the schools made great strides in creating healthy school environments. As required by the HSC approach, each school used the results of the Healthy School Report Card, an assessment rubric derived from proven best practices and federal and international guidelines, to develop practices and initiatives that best suited

its individual circumstances. Based on their individual report card results, some schools focused on nutrition, physical activity, and access to health care while others focused on engaging the community, giving students a voice, and student-centered teaching. The developments at each site reflected the needs and desires of that site's faculty, staff, students, and community members.

An evaluation of the pilot program—based on the results of the Healthy School Report Card, face-to-face meetings with key personnel and stakeholders, and other measures—sought to identify how the culture of a school community can be changed to focus more on promoting health. Overall, the ASCD team of evaluators found a series of levers that catalyzed significant change in the culture of the participating school communities:

1. The principal as leader.
2. Active and engaged leadership.
3. Distributive leadership.
4. Integration with the school improvement plan.
5. Effective use of data for continuous school improvement.
6. Ongoing and embedded professional development.
7. Authentic and mutually beneficial community collaborations.
8. Stakeholder support of the local efforts.
9. The creation or modification of school policy related to the process.

The team's assessment of each site suggests that these levers work in concert to support the implementation and sustainability of the HSC concept as part of school improvement.

Although all nine levers are crucial, several levers were determined to be pivotal. The most important was the first: the principal as leader. The evaluation team deemed the role of the principal the most critical piece of the process in implementing meaningful school change and school improvement. Without principal leadership, which is distinct from principal support, the process was likely to stagnate; with principal leadership, it thrived.

Other elements were also essential—such as an understanding that health improvement supports school improvement, authentic community collaboration, and the ability to make systemic rather than merely programmatic change—but these pieces, more often than not,

arose from the influence of the principal and the role the principal took in implementing the HSC approach.

This publication outlines and unpacks each of the nine levers of change, describing the research and practice behind each and providing clear, meaningful steps for schools in all settings to follow. The levers provide a guide for schools and communities wishing to better care for and cater to their students' and staff's health and well-being, enhance the potential resources available to all schools and local communities, and develop a climate and culture conducive to effective teaching and learning.



Lever 1: The Principal as Leader

In many ways the school principal is the most important and influential individual in any school. . . . It is his leadership that sets the tone of the school, the climate for learning, the level of professionalism and morale of teachers and the degree of concern for what students may or may not become. He is the main link between the school and the community and the way he performs in that capacity largely determines the attitudes of students and parents about the school. If a school is a vibrant, innovative, child-centered place, if it has a reputation for excellence in teaching, if students are performing to the best of their ability, one can almost always point to the principal's leadership as the key to success.

—U.S. Congress, 1972, p. 56

Leadership can be simply defined as the “ability to influence and inspire others towards the achievement of common goals” (O’Leary, 2007, p. 148). It has also been described as the “process of social influence, in which one person can enlist the aid and support of others in the accomplishment of a common task” (Chemers, 2002, p. 140). However, leadership may be best described as a human capital enterprise—a process that requires as much skill in building relationships as in directing (Fullan, 2000).

In the school reform movement, the vital role of school leadership and particularly the role of the school principal has garnered increasing attention (Davis, Darling-Hammond, LaPointe, & Meyerson, 2005). The evidence suggests that school leadership matters and has a strong effect on creating a school culture that promotes “powerful teaching and learning for all students” (Davis et al., 2005, p. 3).

The most effective principals demonstrate the major aspects of being effective change agents, as outlined by Fullan (2001), who says that they

- Provide resources for their schools,
- Communicate effectively with all stakeholders,
- Embrace resistance as a time to learn or discuss,
- Maintain a visible presence, and
- Build and sustain relationships inside the school and with community stakeholders.

The manner in which the principal develops relationships can fundamentally determine the success or failure of the change process. In fact, research suggests that improvement of relations is the single common factor in every successful school change initiative (Fullan, 2001). As a pivotal aspect of school change, reform, and improvement, the importance of relationship building cannot be underestimated.

Additionally, effective principals frequently possess the status and the interpersonal and managerial skills essential to communicate effectively and build relationships. Described as *emotional intelligence*, the leader's ability and willingness to be tuned in to faculty and staff as people can promote higher levels of enthusiasm and optimism and less frustration among employees (Leithwood, Louis, Anderson, & Wahlstrom, 2004). Principals with strong emotional intelligence are also better able to convey a sense of mission, which can indirectly increase performance (McCull-Kennedy & Anderson, 2002).

MOVING SCHOOL HEALTH LEADERSHIP TO THE PRINCIPAL

One area that influences the effectiveness of the school but in which principals have not traditionally had a leadership role is school health (Allensworth, Lawson, Nicholson, & Wyche, 1997; American Cancer Society, 1999; Kolbe, 2005). Most often school health efforts have been planned, implemented, and evaluated under the leadership of a school health coordinator, in conjunction with a school health team or council (Hoyle, Samek, & Valois, 2008; Kolbe, 2005). Yet research has shown that school health initiatives that have the most effect on the school and its participants often begin with and are sustained by effective leadership and strong administrative support (Hoyle et al., 2008; Rosas, Case, & Tholstrub, 2009; St. Leger, Kolbe, Lee, McCall, & Young, 2007; Valois & Hoyle, 2000).

No matter how committed school health coordinators are to creating strong programs, they do not have the ultimate decision-making authority and leadership that is vested in the school principal. The principal holds the key to establishing community engagement, embedding health and well-being throughout the whole school, and forming a positive school culture.

When the principal leads a school health initiative, subsequent actions are almost mandatory and the initiative becomes embedded in the school improvement plan. As a result, the school staff includes, targets, and assesses specific goals and objectives related to healthy schools. They also link, streamline, and focus on goals and strategies that align across curricula, initiatives, services, and policies. Principal leadership increases the potential to initiate authentic collaboration with community stakeholders, too. The principal is able to attract and invite members—such as parents, neighbors, businesses, and local agencies—into the school community far more readily and with greater authority than other school staff.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

The HSC pilot sites evaluation emphasized the importance of principal leadership, showing that effective principal leadership was imperative to schools successfully implementing the HSC process, securing the involvement of the school community, and improving the chance for sustainability.

At HSC sites where the principal was on board and actively engaged in leading the HSC process, the initiative was quickly embedded in the school improvement process. Successful HSC teams had a principal who was not only supportive of the initiative, but also played a role key in organizing and leading the team through the process. When the principal had a leadership role, faculty and other school staff were more likely to embrace the HSC process, and principals often used their interpersonal and managerial skills to engage stakeholders from the wider community.

It is not sufficient for a principal to merely give permission for the school staff to carry out health initiatives, the evaluation findings indicate. The principal must lead or colead the effort for it to be systemic and sustainable. If the principal delegates the lead role to

someone else, such as a school health coordinator, a school community cannot expect a high level of success. In HSC pilot schools where a staff coordinator was designated to lead the HSC team, health promotion efforts were more than likely to remain on the periphery of school importance and function, rather than taking a central position within school improvement efforts. In addition, the HSC team was less likely to use a systems approach, instead taking a programmatic or event focus to its work, the evaluation found.

It became evident during the evaluation process that the elements of HSC success are correlated, and principal leadership is the core piece from which other elements of success can develop. Principal-led teams were able to more effectively engage the community, foster integration and acceptance of the process across the school, promote systems change for health promotion, and address the foundational criteria that influence all aspects of school effectiveness. The school principal was the keystone to HSC success.

Teams with enthusiastic and authentic principal leadership were also more likely to develop committees with diverse membership, involve more stakeholders, and initiate more systematic change to school policies and processes. The most successful HSC principals all exhibited a high level of emotional intelligence while providing resources for their schools, communicating effectively, embracing resistance, maintaining a visible presence, and building and sustaining relationships inside the school and with community stakeholders.

The principal at **Iroquois Ridge High School**, an HSC site in Ontario, Canada, was engaged and embedded in the HSC process from the beginning. She saw the value of a whole-school approach to incorporating health and well-being across the school and community and saw it as pivotal that she lead the initiative. At this school, there was no initial barrier of the principal viewing the HSC approach as only a health initiative. Once schools understand that health and education are partners and key to student and school success, they correctly see processes such as HSC as underpinning school improvement.

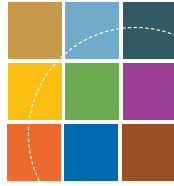
For successful and sustained school improvement throughout the HSC process, the most successful principals constantly pursued sustained change in school structures, effective practices, and sound policies. They were not focused on short-term, programmatic modifications. For example, the principal at **Edgewood Elementary School**, an HSC site in Pennsylvania, quickly saw the whole-school implications of the HSC approach. Although

the school initially viewed it as a healthy eating initiative, the HSC approach quickly became the focal point behind developing formative assessments, reviewing professional development, assessing the school environment, enhancing the social and emotional climate, and the school improvement process overall. Edgewood soon looked at expanding HSC across the entire Pottstown School District through the leadership of the principal. It employed a coordinator, sought stakeholder participation, and maintained the leadership required to make HSC integral across the whole school, its processes, and its policies.

For school improvement through health promotion, active and engaged principal leadership matters.

You couldn't get any of these programs across if you didn't have superintendents and principals involved. They are the chief marketers and encourage the teachers and staff with their example of support and involvement.

—Nancy Passikoff, School Nurse, Des Moines, New Mexico



Lever 2: Active and Engaged Leadership

It is one of life's great ironies: schools are in the business of teaching and learning, yet they are terrible at learning from each other. If they ever discover how to do this, their future is assured.

—Michael Fullan, 2001, p. 92

The underpinnings of leadership in schools are no different than those of leadership in other institutions. Just as effective leadership is considered fundamental in the business world, it also needs to be considered fundamental to the work of schools and education (Marzano, Waters, & McNulty, 2005).

However, a position of leadership does not bestow a person with the abilities of an effective leader. At the same time, a person cannot develop effective leadership skills by merely completing coursework. It is a combination of the two. Effective leaders do possess similar theoretical understandings of what constitutes an effective leader, but it is the action—and subsequent learning from that action—that transforms these skills and understandings into traits and characteristics of effective leadership. *Action* is the key word, because action is both the method for developing the requisite skills and a major part of the effective leadership process.

WHAT MAKES LEADERS EFFECTIVE

The underlying skills and understandings that make a leader effective were summarized by Stogdill (1974) as including

- Surgency—activity or energy level, speech fluency, sociability, social participation, and assertiveness.
- Emotional stability—emotional balance, self-confidence, and independence.
- Conscientiousness—responsibility, initiative, personal integrity, and ethical conduct.
- Agreeableness—friendliness, social nearness, and support.

Similar findings were reported by Bentz (1985, 1987, 1990) from his research on executive personnel selection: “Using the Guilford-Martin Personality Inventory, Bentz (1985, 1990) noted that executives promoted to the highest levels were active and articulate (i.e., surgency); independent, self-confident, and emotionally balanced (i.e., emotional stability); and hard working and responsible (i.e., conscientiousness)” (Hogan, Curphy, & Hogan, 1994, p. 498). Bentz reported multiple and significant associations “between these personality factors and leaders’ compensation, immediate and second-level superiors’ ratings and rankings, and peer groups’ ratings of leadership effectiveness over a 21-year period” (Hogan, Curphy, & Hogan, 1994, p. 498).

More recently, researchers have focused on the processes of leadership, stressing the actions that assist leaders in further developing and honing skills into traits. Engaged leaders are leaders who are both action-oriented and actively leading. They are not just directing or taking part but are practicing three different aspects of leadership: directional, motivational, and organizational (Swindall, 2007).

Directional leadership, as defined by Swindall (2007), involves the ability to develop a vision for an organization, regardless of whether the vision is new or a modification of an existing one. Every person in the organization should know what the vision is and how his work contributes to it, Swindall says. Successful directional leaders are able to provide a path that engages all members of their team, and “there is perhaps no better way to build consensus than to have buy-in from employees at all levels,” Swindall writes (p. 169). “Not only do you create buy-in of the vision, you let employees see how their work contributes to the vision.”

Motivational leadership gives employees something to move toward, not away from, Swindall (2007) explains. It entails asking people what will inspire them, focusing on what employees are doing well, and focusing on the best members in the organization, Swindall says. Motivation comes from being part of something productive or purposeful, Swindall writes, and motivational leaders seek to celebrate small successes by establishing a dedicated time to celebrate every day and a method to celebrate every success.

Organizational leadership focuses on constructing and supporting the team and cultivating a culture that will last beyond any individual member of the organization, Swindall (2007) writes. He says that, ultimately, all members of an organization or team want to be trusted and given the flexibility, responsibility, and decision-making power to do their jobs. Effective, engaged organizational leaders move toward real empowerment by requiring their team to think about problems and solutions, Swindall explains, and they provide information to all members, delineate responsibility, and share decision making. Because empowerment is a product of an engaged culture, according to Swindall, true empowerment is a process and cannot be achieved by a list of action items. Although the process is not easy for everyone, it is an essential component of an engaged, effective leader, Swindall argues.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

As noted in the previous chapter, principal leadership is the pivotal piece of success for the HSC process, and principal-led HSC teams were able to more effectively engage the community, foster integration and acceptance of the process across the school, promote systems change for health promotion, and address the foundational criteria that influence all aspects of school effectiveness.

Principals at **T. C. Howe Community High School**, **Iroquois Ridge High School**, and **Hills Elementary School** were skilled in developing a vision, a purpose, and a team. Each principal exhibited the ability to engage school staff and the local community in the entire process, recruiting and garnering support from an array of stakeholders and benefitting from this early and ongoing collaboration. These education leaders were also effective at communicating the HSC vision—that is, the initiative as a way to improve the efficiency and effectiveness of the whole school, not just the health and well-being of students—and letting faculty and staff know how they could contribute to that vision.

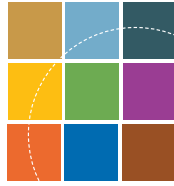
During the HSC pilot program, the highly active and fully engaged leadership of the principal at **T. C. Howe Community High School**, an HSC site in Indianapolis, Indiana, helped the school develop more than 40 new community partnerships, which provide much-needed support for students and staff. As coleader of the HSC team, the principal made sure that teachers across the school understood the HSC vision and its role in school improvement. Additionally, the principal developed a rapport with the community and ensured that the community felt a sense of ownership for the school.

At **Iroquois Ridge High School**, an HSC site in Ontario, Canada, the HSC approach helped systemically engage all leaders at both the school and community levels. The school, which is guided by a tradition of excellence and a commitment to innovation, developed a culture in which teachers and administrators are dedicated to the students and the broader community. The high school's principal, who is a highly active and engaged leader, was innovative in moving some of her progressive and caring faculty to leadership positions. She made a point of sharing data with students, faculty, staff, and parents and empowering these groups to use the data for decision making.

At **Hills Elementary School**, an HSC site in Iowa, the HSC process and the principal's leadership led the faculty and staff to use Adelman and Taylor's (2007) learning supports principles to help reduce barriers to learning, and they have adopted a positive behavioral support model and philosophy. The principal at Hills Elementary was progressive and actively engaged in gradually changing the culture of her school to support positive behavior for safety, building character, and enhancing learning. Her active leadership was also the driving force behind the school's seamless integration of these principles into its policy and daily routine.

The biggest impact, the most significant change, has been everyone moving together in the same direction—understanding what health is and what it means to our students. The strengths have been seeing that we can have different disciplines, different aspects of education coming together to impact our students.

—Vanessa Saylor, Partnership Coordinator,
Pottstown School District, Pennsylvania



Lever 3: Distributive Leadership

The role of principal has swelled to include a staggering array of professional tasks and competencies. Principals are expected to be educational visionaries, instructional and curriculum leaders, assessment experts, disciplinarians, community builders, public relations and communications experts, budget analysts, facility managers, special programs administrators, as well as guardians of various legal, contractual, and policy mandates and initiatives. In addition, principals are expected to serve the often conflicting needs and interests of many stakeholders, including students, parents, teachers, district office officials, unions, and state and federal agencies. As a result, many scholars and practitioners argue that the job requirements far exceed the reasonable capacities of any one person.

—Stephen Davis, Linda Darling-Hammond, Michelle LaPointe,
and Debra Meyerson, 2005, p. 3

Principals cannot do it all, and they shouldn't be expected to. In today's complex school environments, it is neither realistic nor sustainable. The answer isn't to have principals do less but to have smarter and more collaborative leadership. As Fullan (2002, p. 20) stated, "An organization cannot flourish—at least, not for long—on the actions of the top leader alone. Schools and districts need many leaders at many levels."

Schools are complex, changing places that bring together an assortment of people with varying skills, interests, and resources. A leadership structure, therefore, that is suited to change and adaptation is warranted now more than ever. Leadership that is not vested in only one person allows the school to account for the widening array of issues and tasks that the modern school encounters and also allows for sustainability and growth. To sustain progress, information, authority, and ultimately ownership, leadership must be distributive.

WHAT IS DISTRIBUTIVE LEADERSHIP?

Distributive leadership—a term often used interchangeably with *team leadership*, *shared leadership*, and *democratic leadership*—has received significant attention in the United States and abroad and can indicate both school leadership that involves multiple leaders and leadership as an organizational quality, rather than an individual attribute (Spillane, 2005). The term itself also begins to outline the practice of school leadership (Spillane, 2005).

The theory of distributive leadership starts by emphasizing that people work together and recognizing one another's skills and expertise. This humanistic approach seeks to empower faculty, staff, and stakeholders to see themselves as decision makers and active participants, rather than followers or recipients (Jay, 2006). Serrat (2009) summed it up by stating, “The distributive leadership approach views leadership as a social contract. It shifts the emphasis from developing leaders to developing ‘leaderful’ organizations, through concurrent, collective, and compassionate leadership with a collective responsibility for the latter” (p. 4).

This does not mean that no one is responsible for the overall performance of the school or organization. Instead, “the job of administrative leaders is primarily about enhancing the skills and knowledge of people in the organization, creating a common culture of expectations around the use of those skills and knowledge, holding the various pieces of the organization together in a productive relationship with each other, and holding individuals accountable for their contributions to the collective result” (Elmore, 2000, p. 15). Distributive leadership is about creating many leaders and building and maintaining leadership capacity throughout the school.



AS SEEN IN HEALTHY SCHOOL COMMUNITIES

Effective leadership, especially that of the principal as outlined in the chapter about lever 1 (see page 10), was essential to the HSC sites both successfully implementing and sustaining healthy school communities, the evaluation team found. The most effective sites were led by individuals who involved the team in all aspects of the HSC effort, from needs assessment to planning, facilitating, conducting, and evaluating.

Numerous sources of evaluation data clearly showed that the HSC principals who successfully led their schools to initiate significant change displayed a belief in their faculty, staff, and team members; conducted themselves both professionally and purposefully; and

had a distributive leadership philosophy and style. These leaders empowered stakeholders, demonstrated effective communication, and maintained an ongoing and focused role in ensuring effective team functioning for school improvement.

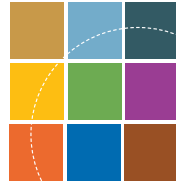
In addition to having a good grasp on a systems and a macro approach to school improvement, successful principals and other leaders from the HSC project also had a micro perspective on the whole child. They networked and worked toward policy and systems change while demonstrating the belief that successful learners are healthy, safe, engaged, supported, and challenged.

Orange County Schools, an HSC site in North Carolina, spread leadership responsibilities across various stakeholders. One of only two whole school districts to take part in the HSC pilot study, Orange County Schools realized early on that a distributive leadership structure was essential. Leadership was divided among the superintendent, chief academic officer, director of healthful living, and school improvement teams at the school level. Each school's improvement plan was designed to fit into the district plan, which included a goal focused on the HSC vision.

The principal at **Iroquois Ridge High School**, an HSC site in Ontario, Canada, quickly demonstrated a distributive leadership style and developed a plan for growing leadership at her school. She spread leadership responsibilities not only across various school groups and personnel but also across the local community and agencies. She led the process, provided support and direction when needed, and required collaboration among all parties. The success of this style has allowed HSC and the improvements at Iroquois Ridge to continue into the 2010–11 school year, even though the principal has transferred from the school. The momentum around the initiative was disbursed and distributed across staff and community members instead of being concentrated in one person or one role.

Public health's mandate is health, and education has a mandate for education. Traditionally we work in silos. I think it's really exciting to be in public health and education today because our goals are much more similar: we're both focused on youth success; we just have different ways of achieving that goal. All the more reason why we need to be working together.

—Mary Tabak, Public Health Nurse, Iroquois Ridge High School,
Ontario, Canada



Lever 4: Integration with the School Improvement Plan

Although reducing educationally relevant health disparities can powerfully enhance students' motivation and ability to learn, this strategy has not been explored as a missing link in school reform efforts.

—Charles E. Basch, 2010, p. 61

School improvement planning has become a vital component of the education process as well as a requirement of the majority of state educational authorities and local education authorities. The school improvement process is a collaborative effort in which the staff and faculty identify strengths and weaknesses in the school program and use that information as a basis for making positive changes in observable and measurable student outcomes (Michigan Department of Education, n.d.).

In a general sense, school improvement plans reflect the stated views of teachers and other district stakeholders about how to best improve their schools, their processes, and their outcomes (Mintrop, MacLellan, & Quintero, 2001).

WHAT IS A SCHOOL IMPROVEMENT PLAN?

A school improvement plan is a road map: it provides the path and structure for schools to make change (Education Improvement Commission, 2000). The path of a school

improvement plan provides guidance and also puts forth a common language and a common mission. When developed effectively, the school improvement plan sets meaningful short-term and long-term goals and targets. Importantly, a school improvement plan should “be selective, helping principals, teachers, and school councils answer the questions, ‘What will we focus on now?’ and ‘What will we leave until later?’” (Education Improvement Commission, 2000, p. 6).

One of the first and most important steps of developing a school improvement plan is organizing a team of stakeholders—teachers, parents, school councils, community leaders, and other community members—to conduct a data-guided needs assessment. Then as the plan is implemented, schools can evaluate the success of their process by collecting data similar to that in the needs assessment and tracking their progress. By comparing initial data to ongoing process data, a school and the public can measure the success of their improvement strategies (Education Improvement Commission, 2000).

It’s important to recognize that true school reform or school improvement takes time; in fact, the process of school improvement should be seen as continuous (Schmoker, 1999). Schools or school districts need to

- Create and maintain motivation for change.
- Develop stakeholder trust.
- Expect ownership.
- Provide opportunity for meaningful, purposeful change.

Kerins, Perlman, and Redding (2009) summed this up as the need to develop, “incentives, capacity, and opportunity, and these three components rest on a foundation of continuous evaluation and improvement of the system itself” (p. 7).

SCHOOL IMPROVEMENT IS COLLABORATIVE

As with any reform or change process, the school improvement plan needs to both involve stakeholders and be relevant to all stakeholders. An effective school improvement plan cannot exist as a separate entity; instead, it should encompass and provide a common path for improvement that aligns different aspects, entities, and processes of the school.

Anthony S. Bryk (2010) outlined five key areas of effective school improvement that reinforce this collaborative need. Many aspects are reflected in the levers of change identified in the HSC evaluation, including the need for principal leadership, community support, and development of a climate conducive to teaching and learning. Bryk (2010) also outlined the need for a coherent instructional guidance system:

Schools in which student learning improves have coherent instructional guidance systems that articulate the what and how of instruction. The learning tasks posed for students are key here, as are the assessments that make manifest what students actually need to know and provide feedback to inform subsequent instruction. Coordinated with this are the materials, tools, and instructional routines shared across a faculty that scaffold instruction. Although individual teachers may have substantial discretion in how they use these resources, the efficacy of individual teacher efforts depends on the quality of the supports and the local community of practice that forms around their use and refinement. (p. 24)

School improvement plans, therefore, have to take into account the how (policies, processes, professional development) and what (mission, curriculum, programs) of teaching and learning, as well as the where (physical, social, and emotional environment) and who (students, teachers, community). A school engaging in effective change and continuous improvement cannot adequately address only one aspect without taking into account the consequences on the others.

BUILDING A SCHOOL IMPROVEMENT PLAN AROUND THE WHOLE CHILD

Central to the development of a coordinated and comprehensive school improvement plan is a common belief or mission. ASCD's Whole Child Initiative supports the need for a comprehensive and systematic school improvement process that focuses on those we educate: the children. Children should be at the center of the discussion, and the goal is to educate them not only academically but also socially, emotionally, physically, and civically. According to *The Learning Compact Redefined: A Call to Action* (ASCD, 2007, p. 5), "It is time to put the students at the center of the education system and align resources to their multiple needs to ensure a balanced education for all."

It is from this central premise that schools are able to best align their policies and processes and structure a composite school improvement plan. The world in which our children are growing up has changed and continues to change. As a consequence, our education

systems need to change to remain relevant and effective. Unfortunately, many of our schools, education policies, and processes are remnants of the last century and have progressively less relevance in current society. A society that requires its citizens to think both critically and creatively, solve complex problems, and communicate well must also require its schools to help teach these skills. As stated in *Making the Case for Educating the Whole Child* (ASCD, 2009):

A strong foundation in reading, writing, math, and other core subjects is still as important as ever, yet by itself is insufficient for lifelong success. The demands of the 21st century require a new way of approaching education policy and practice—a whole child approach to learning, teaching, and community engagement. (p. 2)

A whole child approach to learning, teaching, and community engagement appreciates that, “children do not develop and learn in isolation, but rather grow physically, socially, emotionally, ethically, expressively, and intellectually within networks of families, schools, neighborhoods, communities, and our larger society” (ASCD, 2007, p. 11). To move everyone together and to align personnel, energy, and resources requires a common mission or goal vision.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

Schools that understand the need to develop a healthy, safe, secure, and positive school climate—not only for the health and well-being of their staff and students, but also for the overall effectiveness of their school and the education process—rapidly recognize the need to align goals, resources, and personnel. The Healthy School Report Card is a school improvement tool that moves schools and communities toward a more whole child-centered approach to education, one in which each child in each school and each community needs to be healthy, safe, engaged, supported, and challenged. The resulting Healthy School Improvement Plan becomes the basis for overall school improvement.

HSC pilot sites that held a more comprehensive and encompassing understanding of whole child education saw, understood, and used the Healthy School Report Card not as a traditional health-promotion or coordinated school health tool, but as a school improvement tool. They aligned initiatives and evaluated projects and programs along the Healthy School

Report Card matrix, which resulted in various streams of projects and initiatives being coordinated under the broader, more meaningful banner of continuous school improvement. They also provided school-community members with a common language, path, and set of goals.

The school improvement and leadership team at **Des Moines Municipal School**, an HSC site in a rural New Mexico community comprised of four small villages, quickly recognized the Healthy School Report Card's potential for being the scaffold for school improvement. Using the report card's step-by-step process for systemic school improvement and the planning template to develop a vision, a mission, goals, objectives, strategies, and action steps, Des Moines Municipal School aligned HSC with the existing community development work it had undertaken through a rural revitalization project.

Des Moines Municipal School discovered that communication about and a commitment to a broader vision was critical to school and community improvement initiatives staying focused and purposefully directed toward systemic change. The aim was not merely to develop programs; it was to promote a common vision of a thriving school community. As a result, the HSC and community development teams created consistent and encompassing goals and objectives that focused on community collaborative education, beautification, economic development, positive school climate, and a healthy and welcoming school environment.

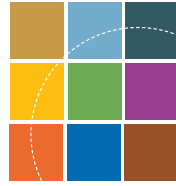
The leadership at **T. C. Howe Community High School**, an HSC site in Indianapolis, Indiana, also merged the objectives developed from their use of the Healthy School Report Card with their school improvement plan. T. C. Howe was a school in transition, expanding from a middle school to a combination middle and high school, with one grade level added each year during the HSC pilot program. Through their experience with the report card process, the members of the school's HSC team recognized the need for more family, parent, and community engagement for their rejuvenated school to succeed. The school needed to become the hub of the community once again, the team realized, and therefore it needed the help, support, and commitment of that community.

T. C. Howe's Healthy School Improvement Plan focused on increasing the community services offered at the school site and targeted opportunities for renewed engagement with the

school. In the space of less than four years, the school achieved that. Now T. C. Howe has an on-site community health clinic that is evolving and growing in its service delivery and has more than 40 community partners. The school provides, among other things, a base for the YMCA, a parent center, family reading nights, projects in community services, and health occupations wellness education in partnership with the local community hospital.

Health isn't a buzzword at Howe; it is a frame of mind and an approach to caring for one another and to building a better school community. The concept has become such an integral part of the school's identity that the staff integrated a detailed action plan into the school's improvement plan based on our latest results from the Healthy School Report Card. While plenty of the pieces and partnerships in place have required extreme efforts or additional funding, the real prize comes in realizing that health and wellness are now central to the way we think and act.

—Jamie Buffington, Special Education Teacher,
T. C. Howe Community High School, Indiana



Lever 5: Effective Use of Data for Continuous School Improvement

Educators have made great strides in using data. But danger lies ahead for those who misunderstand what data can and can't do.

—Frederick M. Hess, 2008, p. 12

Schools have been collecting data for decades, but not until recently have most school and school district leaders discovered the power of data—purposefully collected and analyzed—to promote school improvement (Messelt, 2004). It is no surprise that schools that have effectively made continuous change are also the schools that have been the most effective at using data to make decisions about policies, programs, and processes (Mid-continent Research for Education and Learning, 2003).

Data use is a key part of the school improvement process, providing indicators of where you have been, where you are, and where you are going. The continuous collection, analysis, and use of data also allow schools to change or alter course as they go. With access to data, leaders are able to make decisions with full knowledge about what they have achieved and what will best ensure continuous improvement.

MAKING DATA MEANINGFUL FOR SCHOOL IMPROVEMENT

Although the collection of data has become more widespread, there is the counter issue of using the data effectively. Data collected for the sake of collection itself has little or no meaning

to the school improvement process. In fact, several researchers (e.g., Celio & Harvey, 2005; Ingram, Louis, & Schroeder, 2004) have recently cited the problem of administrators and other decision makers drowning in too much data (Marsh, Pane & Hamilton, 2006).

Data have to be used to be helpful, and for leaders to use them effectively, they have to understand them. To this end, schools should both collect data that intrinsically has meaning to them and use local sources of data where and when possible. In short, data collection should be an action research approach to school improvement (Calhoun, 2002). Schools should be prepared to look beyond large-scale achievement data sources and source local data.

Bernhardt (1998) identified several domains of data that can provide useful and contextual information, including

- Perception data, “which can reveal student, teacher, and parental attitudes about learning, teaching, and school programs” (Heritage & Yeagley, 2005, p. 327).
- School processes data, “which include curriculum, teaching strategies, school climate, school-community communication efforts, professional development, and any other aspect of school operation that can impact student learning” (Heritage & Yeagley, 2005, p. 327).

Many other researchers and school improvement experts have echoed this sentiment. Flowers and Carpenter (2009) outlined the enormous amount of data available to schools:

Leadership and Professional Development

- leadership team meeting minutes
- grade-level meeting minutes
- interdisciplinary team meeting minutes
- professional development calendar
- school assessments
- years of teaching experience
- type of certification
- turnover rates of teachers and staff
- budgets

Instructional Practices

- curriculum materials
- lesson plans

- examples of student work
- rubrics and assessment criteria
- student self-assessments
- master schedule
- technology capacity
- benchmark testing results
- standardized test results
- gradebooks
- attendance rates
- discipline rates

School Climate

- safety data
- climate survey results
- dropout rates
- student services/guidance records

Parent Involvement

- parent attendance rates at activities
- types of parent activities
- parent communication examples
- PTA or PTO meeting minutes
- parent survey results

These readily available data can be useful when making decisions at all levels of your school's functioning, from the grade or subject level to the school level. (pp. 64–65)

To deepen their knowledge base, teachers and administrators can use such local data to get a broader understanding of what is and what is not in their schools (Heritage & Yeagley, 2005). Using data does not have to equate to working with volumes of numbers and complicated statistics (Schmoker, 2003). The aim of data collection and analysis isn't to gather large quantities of data but to gather and use meaningful data.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

The school-community level process outlined in *Creating a Healthy School Using the Healthy School Report Card: ASCD Action Tool* (Lohrmann, 2005, 2010a) is a locally organized

data collection and analysis system that brings school, community, and parent stakeholders together to assess the characteristics integral to the school improvement process through a focus on a health and well-being. By having the school and community involved in both the collection of relevant data and its analysis, they are better placed to see gaps in services, policies, or practices and to find solutions.

In addition, the HSC process itself can be a valuable opportunity for incorporating citizen stakeholders in a school-community, health-related initiative. Involving the school community in analysis creates an authentic, empowering, and participatory school-community health initiative. Through the analysis process, citizen stakeholders and school communities can develop insight and ownership of an initiative, which can lead to a sustained commitment at the school-community level for school improvement. The amount of interest in a new school-community initiative can indicate the school community's readiness to create and sustain a culture of continuous school improvement.

In the HSC pilot program, several schools were noteworthy in their collection, analysis, and use of data. These school communities recognized that they could seamlessly merge data derived from the report card process with other types of data that support their school improvement plans.

The HSC team at **Iroquois Ridge High School**, in Ontario, Canada, noted how well the Healthy School Report Card tool paralleled its annual school climate survey and provided a greater depth of data for certain aspects of its planning. The team used the report card results to generate dialogue among students, faculty, and staff. In line with its approach of empowering students and giving them an authentic voice in school-community decision making, the team shared with students the results of the Healthy School Report Card, which school leaders noted were not surprising in regards to the school's student achievement goals in other data sources. Iroquois Ridge leaders also found the report card results manageable for planning and implementing changes to their health-related goals, noting that they justified the school's prosocial approach to behavior and education.

In response to the report card results that parent engagement was significantly lacking, Iroquois Ridge used its HSC funding to hire a part-time parent engagement coordinator who could collaborate with parents and families on potentially sustainable efforts. Based on

data collected by the high school, the school board funded a full-time parent engagement coordinator after the initial HSC funding period.

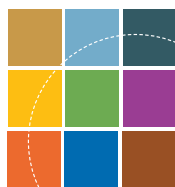
At **T. C. Howe Community High School**, in Indianapolis, Indiana, the principal grasped the connection between school improvement and the objectives derived from the Healthy School Report Card. She maintained a strong and cohesive HSC team, collected appropriate data, and made data-driven presentations and decisions that justified the continuation of the HSC work, even if she was transferred to another school. The principal also connected report card data to student achievement data, tracking the improvement in student achievement with the improvements made through HSC. The school's HSC team linked its decisions about partnerships and strategies to both sets of data.

From the report card process and results, the team realized that it needed more parent and community involvement as the school evolved into a combination middle and high school. The school also focused its efforts on opening the site's fitness facilities to the community and developing a beneficial, mutual relationship with a local hospital for training students to become certified professional personal fitness trainers.

The director of **Blackstone Academy**, an HSC site in Rhode Island, developed a data committee that now meets regularly. This committee compared its state assessment data with Healthy School Report Card data for its school improvement plan and noted that the school needed to make curriculum and schedule changes to address student learning. The school's HSC team designed and implemented the changes through an engagement process that included staff and students, who were familiar with the data and thus comfortable with the transitions.

We review the data monthly and, from the data, make decisions about whether we need to change our interventions or change what we are doing. We're not all the way there. We definitely have a long way to go. But our spring scores are amazing. And some of our kids have made two years' growth. They're really . . . flourishing, so that's impressive.

—Carmen Dixon, Principal, Hills Elementary School, Hills, Iowa



Lever 6: Ongoing and Embedded Professional Development

Notable improvements in education almost never take place in the absence of professional development.

—Thomas Guskey, 1999, p. 4

If we wish to change our systems, change our processes, and develop the potential inherent in all of our schools and communities, we must purposefully rally, encourage, and develop involvement, and frequently the logical avenue for this is professional development. Anthony S. Bryk (2010) outlined professional capacity development as one of five key characteristics for school improvement. This is primarily because the school, the school community, and as a consequence any school improvement process is a “human-resource-intensive enterprise” (Bryk, 2010, p. 24).

Research on effective professional development has emphasized the need to develop environments where staff are part of the team, as opposed to a traditional didactic instructional session (Darling-Hammond & Richardson, 2009). For teachers to be part of the school improvement process, they need to know that their opinions, voices, and input matter. By developing collaborative and collegial learning environments where staff members feel safe to express themselves, discuss, and take an active part in the school improvement process, schools are more readily able to promote school change beyond individual classrooms. When the professional development process involves the whole school, “they are able to create a critical mass for change” (Darling-Hammond & Richardson, 2009, p. 48).

This human capital model of professional development and school improvement, according to Waldron and McLeskey (2010), is pivotal to not only improving teacher practices but also developing a collaborative culture for change, and it can allow members to be both recipients and sources for information (Rose, 2010). As Thomas Guskey (1999) stated in *Evaluating Professional Development*:

Many modern educational reforms require teachers and school administrators to transform their roles and take on new responsibilities. Structural changes in the way schools are organized, shared decision making and alternative school governance policies, and efforts to encourage greater parent and community involvement all require educators to change the way they go about their jobs and redesign the culture in which they work. (p. 3)

Unfortunately, the majority of U.S. schools are not offering such professional development (Birman et al., 2007; Blank, de las Alas, & Smith, 2007). Too frequently planned professional development is one-shot or one-day activities (Wei, Andree, & Darling-Hammond, 2009) or, as Darling-Hammond and Richardson (2009) describe it, an “ineffective, drive-by workshop model” (p. 47). Most schools still lack the structures, experience, or expertise for developing collective work on problems of practice (Wei, Andree, & Darling-Hammond, 2009).

THE FEATURES OF EFFECTIVE PROFESSIONAL DEVELOPMENT

The questions of what aspects of professional development work and, especially, what aspects work best to promote and assist school improvement are important ones. Guskey (1999) writes that professional development should be thoughtfully conceived, well-designed, and well-supported. Activities need to be planned and purposeful and fit into the larger objective, he says.

John L. Brown (2005) in *Making School Improvement Happen with What Works in Schools: School-Level Factors: An ASCD Action Tool* outlined Robert J. Marzano’s thoughts about the need for job-embedded professional development for school improvement that addresses the site-based needs and issues of those involved. If schools are focusing on an empowering, engaging school improvement initiative, professional development should align with that goal and follow that improvement process. As a result, staff and community members will have a clearer understanding of the purpose of the initiative and the parameters of their roles. Dedicated professional development times are also ideal for gathering local data (see “Effective Use of Data for Continuous School Improvement” on page 28) from those intrinsically involved in the school improvement process.

Brown (2005) also highlighted the potential and, in the case of school improvement initiatives, necessity of involving the community in professional development processes. To this end, professional development does not always equate to training days. Effective professional development can take varying formats, including mentoring, group collaboration, peer coaching, observation, and discussions (Diaz-Maggioli, 2004). Professional development should mirror, or at least not confound, the premise behind the school improvement initiative under way.

When professional development is related back to the school improvement process and is an ongoing process that draws on the knowledge, skills, and understandings inherent in the school community, it is easier to include, involve, and invite community members to be part of the process (Epstein, 2005). This then becomes an empowering course of professional development, as opposed to a deficit-based form of in-service training of staff by outside experts.

By taking this proactive, inclusive approach, schools are able to improve both the scope and quality of their family and community involvement (Epstein, 2005). The intrinsic involvement of the community in the school improvement process also doubles, as Sanders and Lewis (2005) state, as “a means to generate both needed resources to support school improvement efforts and students’ learning, as well as community support for educational expenditures and school referendums” (p. 1).

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

The HSC pilot study evaluation team found that sites that used the Healthy School Report Card within the context of their school improvement processes were more likely to engage in more meaningful and integrated planning than sites that did not. On the other hand, sites that had separate planning processes ran into confusion and difficulties, in some instances. Although the time, funding for, and delivery of education professional development can be challenging in our current economic environment, the Healthy School Communities pilot program inspired a variety of professional development efforts.

Hills Elementary School, in Iowa, implemented schoolwide professional development that encompassed the teaching faculty as well as all adults who were in contact with the

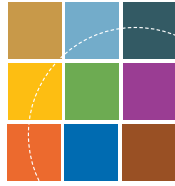
children, including custodians, bus drivers, secretaries, and food service personnel. Everyone engaged in professional development to implement a program that directly addressed and improved the school climate and culture. Through this all-inclusive professional development, all adults were knowledgeable and skilled in the concepts and practices of positive behavioral supports, which helped ensure a consistent approach schoolwide.

A significant focus of professional development at **Orange County Schools**, an HSC site in North Carolina, was new staff and teacher orientation for health, safety, and wellness procedures and the sustainability of a safe and healthy school environment. New employee orientation now includes a wide range of additional health and safety topics, such as wellness policies, the school safety surveillance system, and crisis response, beyond what was traditionally delivered regarding safety, health, ergonomics, and pandemic flu.

At **Iroquois Ridge High School**, in Ontario, Canada, the principal and her team centered their HSC-related professional development on program development, focusing primarily on training and development for staff and student assistance in conducting their high school transition program, Link Crew. The Link Crew program is designed to welcome 9th graders to high school and help them feel comfortable throughout their first year. Built on the belief that students can help one another succeed, the Link Crew trains 11th and 12th grade students to be positive role models, motivators, leaders, and teachers who help freshmen find out how to be successful in high school (Iroquois Ridge High School, 2006). The objective of the Link Crew program is to encourage a sense of community and belonging for the entire Iroquois Ridge community.

Students at grade 9 really need someone to listen to them, someone to help guide them, and someone who understands their problems from their own perspective. So I decided at the end of grade 9 that I wanted to be one of those people who helped out the grade 9s. Grade 10, I spent a lot of time in leadership conferences learning how to coach, learning how to lead people, help them better themselves. And then grade 11 was my first experience as a Link Crew leader. I had my first group and they were an amazing bunch of kids. . . . Link Crew has really helped me develop as a person, and I'm hoping I can help other people develop as well.

—Sonu, 12th Grade Student, Iroquois Ridge High School,
Ontario, Canada



Lever 7: Authentic and Mutually Beneficial Community Collaborations

Strong, healthy communities are a reflection of the individual citizens who live, work, and play there. Schools provide wonderful opportunities to bring together students, families, educators, and other community members to build the collaborative partnerships that promote quality educational, recreational, and social opportunities for all citizens.

—DeAnn Lechtenberger and Frank E. Mullins, 2004, p. 21

Practitioners and researchers have long documented the benefits of schools and communities working together toward common goals and objectives (Lechtenberger & Mullins, 2004; Leithwood et al., 2004; Lockwood, 1996; Spillane, 2006; Warren, Hong, Rubin, & Sychitkokhong Uy, 2009). Communities “provide schools with a context and environment that can either complement and reinforce the values, culture, and learning process for their students or negate everything the schools strive to accomplish (Ada, 1994; Bricker, 1989; Nieto, 1992; Spillane, 2006)” (New Leaders for Tomorrow’s Schools [NLTS], n.d., p. 1).

Through collaboration, communities are more readily able to support schools and their processes “with crucial financial support systems as well as the social and cultural values necessary for success and survival in contemporary society (Mattessich & Money, 1993; Miller, 1991; Smith, Lincoln, & Dodson, 1991)” (NLTS, n.d., p. 1).

And there are gains for the community as well. In the article “Promoting Adolescent and School Health: Perspectives and Future Directions,” Robert Valois (2003) says that schools are functionally and symbolically the last enduring keystone of many communities. Schools “offer communities a focal point of educational services for children,” (NLTS, n.d., p. 1) adolescents, and adults, and a school culture can affect the culture of the greater community. But perhaps most important, schools have the potential to develop well-educated and responsible citizens prepared to engage in the local community (NLTS, n.d.). By working in harmony, schools, families, and communities can provide for a more promising future for all school-community stakeholders (NLTS, n.d.).

THE CONCEPT OF SCHOOL COMMUNITY

Throughout this chapter we have used the word *community*, and it is a term that has dual definitions. Community can have a geographical meaning that comprises the neighborhood and its families, businesses, and agencies. A second definition of community is that of a culture—that is, a shared sense of interaction, understanding, or being. These two characteristics are not mutually exclusive. In *School-Community Connections: A Literature Review*, Keyes and Gregg (2001) write that, “Although communities can certainly benefit from felicitous locations that may be rich in natural resources or have fortunate placements at transportation hubs, most physical features of community capacity are achieved (or not) through human agency, so attitudes and behaviors shape them, even as such features influence people’s attitudes and behaviors” (p. 9).

When discussing the interaction with and influence of the community on school improvement efforts, we are referring to both the geographical and cultural aspects. We initially define the players or stakeholders with respect to their geographical relationship to the school, but we are also talking about its culture. As we enter the second decade of the 21st century, we need to be conscious that there may even be a third definition of the term *community*, or at least an expansive definition of geographical community. Many interactions take place over the Internet—some take place only over the Internet—and so a school community may include many people, agencies, and entities that are physically many miles from the school. The community, from this perspective, can be geographically large but culturally specific.

Clifford W. Cobb (1992) summarized the meaning of community in *Responsive School, Renewed Communities* as follows:

In a community, people take responsibility for collective activity and are loyal to each other beyond immediate self-interest. They work together on the basis of shared values. They hold each other accountable for commitments. In earlier centuries, a person was born into a community and a set of reciprocal obligations. Now, those who seek an identity as part of a larger whole must invent community by voluntarily committing themselves to institutions or groups. (p. 2)

And according to Cobb (1992), the community includes

- responsibility
- collective activity
- loyalty
- working together
- shared values
- accountability
- commitment
- identity
- voluntarism

A supportive school-community culture, one which promotes open discussion, collaboration, and participation, can enable meaningful and engaging school improvement (Davis & Karr-Kidwell, 2003). Conversely, a culture that does not support shared leadership, ownership, or non-school-based participation makes effective school-community reform efforts more difficult. What is critical, as stated by Davis and Karr-Kidwell (2003), for those wishing to engage in school improvement is an understanding of their culture before they embark on the processes of change.

BUILDING AUTHENTIC PARTNERSHIPS

The most promising partnerships between schools and their surrounding communities extend beyond mere cooperation to include, among other things,

- meetings on curriculum development
- assessment studies
- delivery of health and social services
- child and adolescent enrichment programs
- after-school programming
- school improvement planning

All partners in the school community need to have a sense of ownership and control of meaningful aspects of the school's processes and functions. Token requests for involvement, which usually consist of volunteering or donating services for a set time period, do not inspire collaboration or require engagement and are neither empowering nor sustainable (Epstein & Salinas, 2004). Instead, the school and community should connect and understand mutual, intertwined goals that are beneficial for both. The school and the community need to perceive the partnership as a better way to achieve individual and collective goals. Forming a foundation for this kind of partnership often requires both the school and community to alter their preconceived notions about processes and procedures.

Because, as Batenburg (1995) suggests, “the two partners exist in radically different worlds” (p. 3), building true collaborations begins with each partner getting to know the other (Abravanel, 2003). To help establish and sustain a mutually beneficial collaboration, the school and community should

- Be aware of organizational cultural differences,
- Develop a respect for these differences,
- Be open to change, and
- Be sensitive to the details of potential challenges (who decides what is needed, how it should be delivered, and who will be targeted as the recipients of the services) where misunderstandings and possible frustrations may develop.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

One current model of collaboration, which was promoted through the HSC process, is a participatory, decision-making structure that uses community residents as well as agency

personnel to offer services to school-community members (Wehlage & White, 1995). When school professionals are not the sole decision makers of the type and level of services and education programs provided, the entire collaboration effort becomes more complex—and more authentic. It also has the potential to be much more successful, more ingrained in the culture of the school and community, and more sustainable in the long term (Wehlage & White, 1995).

The HSC pilot program was designed for sites to increase the quantity and quality of their community collaboration over the duration of the project and thus acquire new resources. The HSC evaluation team determined the pilot sites' level of progress in this area by evaluating each site's Healthy School Report Card results in the characteristics of family and community involvement and other related indicators.

Barclay Elementary and Middle School, an HSC site in Baltimore, Maryland, had an impressive record of community collaboration, both in regards to quality and quantity. The school worked closely with many local entities and education organizations and with an array of stakeholders, from individual volunteers for classroom assistance to those assisting with grant writing, gardening, and a wide range of extracurricular activities. Some of its collaborators include Goucher College, Johns Hopkins University, and Johns Hopkins University Hospital for mental health counseling and Girl Scouts and Boy Scouts. The Greater Homewood Community Corporation provided funding and administered a volunteer program on basic adult education, vision screening services, and eye glasses acquisition services; and the YMCA/YWCA of Central Maryland provided funding for multiple after-school programs at the schools.

However, Barclays' community collaborations were not limited to accessing personnel or resources for the school. The Abel Improvement Association was active with Barclay in getting school news out into the community and worked with the school to improve the playground, which became an additional resource for the community. With the help of Parks and People and the Maryland Agricultural Education Foundation, Barclay started a program to grow its own vegetable garden and incorporate agriculture into classroom instruction. The school was also able to link with organizations to cater for children's support services, academic enrichment, nutrition services, and state-run food banks. When

Barclay's budget required cutting the art teacher position, a higher education partner stepped forward and provided an art teacher for the school.

These collaborations were beneficial for the school and for the community and local organizations. At Barclay, the community recognizes that providing intervention services now will reduce costs down the road. For example, relationships with local colleges enhance the likelihood that students may attend them after their K–12 education and begin to break down any inhibitions students and families may have about college. Moreover, these collaborations allowed agencies and service providers to better understand, and to some degree influence, the processes at the school and better adjust their methods to suit them.

Another HSC school, **Queen Elizabeth Secondary School**, in British Columbia, Canada, collaborated closely with the local Surrey Parks & Recreation Commission on fitness classes for staff and a transition camp for 8th grade student leadership. The school also recruited the help of the Surrey Firefighters and the City of Surrey for landscaping improvements, which they made along with staff, parents, and students. The local community viewed these ventures as expanding opportunities and experiences for their children, and they reengaged the students and families with their communities and allowed the community to provide alternatives for students.

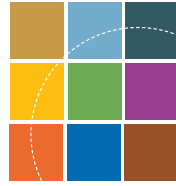
For **Des Moines Municipal School**, the size and location of the school caused all stakeholders to immediately view collaboration with the local community as beneficial for all concerned. The school is in the heart of New Mexico and 40 miles from the next nearest town or hospital, so it sought connections with a network of health care providers for its health clinic and rural revitalization initiative. Des Moines was able to establish a partnership with the High Plains Regional Education Corporation–Northeast Regional Service Center for professional development and related education services. Now more than ever, the school is the nucleus of the community, a place where agencies, families, and students gather. Sporting events and holiday pageants are the main community social gatherings, and town government meetings and even funerals are held at the school.

The HSC process allowed each pilot site to seriously consider the diversity of its present and projected community collaboration, and during the study each school increased either the quality or the quantity of its school-community and family collaboration. Their

successes in accessing the services, resources, and support of the local community and local stakeholders was achieved through inviting them in and provided meaningful, participatory involvement in the schools' ongoing development and improvement plans.

The school is the community and the community is the school. You can't talk about one without the other. It's really the heart of our community, the heart of everything that goes on: This is the hub. This is where it happens. And we understand . . . that if you want to effect community improvement, your school has to be a part of that. And if you're going to have school improvement, the community has to be a part of that—if you're going to see sustainable improvements.

—Damon Brown, President,
Des Moines Municipal School Board of Education, New Mexico



Lever 8: Stakeholder Support of Local Efforts

Bringing stakeholders together who have diverse backgrounds, experiences, and opinions strengthens the change process. If voices of stakeholders are left out, particularly the voices of those who have been historically marginalized, then the change process is weakened and is more susceptible to adverse reactions from these very same stakeholders.

—Roberto Joseph and Charles M. Reigeluth, 2010, p. 101

To succeed in implementing a major new initiative, schools or school districts must involve stakeholders—parents, families, students, community members, local agencies, and local businesses. And for stakeholders to become truly engaged and empowered in the process, they need to understand the value of their individual involvement, as well as the important role stakeholders play in general.

The previous chapter stressed the need for school staff and community members to take true ownership of the process and actions, not serve purely as token participants with no real say in developing policies and implementing plans. If stakeholders are going to be part of an authentic collaboration effort, they must be involved in the process early and have a true sense of ownership of their actions.

When communities are welcomed and brought into the school improvement process from the beginning, they are more apt to provide support for developing health-promoting

schools. As Eva Marx and colleagues (1998) wrote in *Health Is Academic*, “Effective school change involves students and families. It requires mobilizing both school and community resources to make children’s education and health a community priority” (p. 11).

The initial focus should be on communicating essential information to key stakeholders “using strategies that help them understand that the benefits of change will outweigh the costs and are more worthwhile than the status quo or competing directions for change” (Center for Mental Health in Schools at UCLA [CMHS], 2004, p. 33). And this means

- “The strategies used must be personalized and accessible to the subgroups of stakeholders” (CMHS, 2004, p. B-2).
- The stakeholders must be engaged in “processes that build consensus and commitment” (CMHS, 2004, p. B-2).
- “Time must be spent creating motivational readiness of key stakeholders and building their capacity and skills” (CMHS, 2004, p. 33).

It is not enough to bring stakeholders on board; they must also be or, more likely, become committed to the objectives. Duffy (2008) believes that “school system leaders who want their external stakeholders to support the district’s transformation journey must convince them that the changes the leaders are trying to achieve have merit and value” (p. 25). Duffy recommends that schools develop a comprehensive strategic communications plan to build long-term relationships among stakeholder groups and ensure community members that children are the district’s top priority and their fiscal resources are handled responsibly. Such a plan could enhance “community relations, media relations, counseling/consulting, research and development, marketing, communications training, public and employee engagement, crisis communications, staff/student relations, and digital media” (Duffy, 2008, p. 26).

Gaining stakeholders’ trust is vital to garnering support for transformational change, Duffy (2008) contends. Stakeholders “must be convinced the changes that system leaders envision for the district are within their grasp. This is an important psychological principle for gaining support for change because if people believe what you are proposing is impossible; they won’t join you on the journey” (Duffy, 2008, p. 26).

INVOLVING STAKEHOLDERS INCREASES SUSTAINABILITY

Bringing stakeholders in at the earliest stages of the planning process automatically generates buy-in and support for implementation and helps schools secure the resources they need to make requisite improvements. Moreover, when stakeholders are part of the initial planning, school leaders don't have to expend much additional time or effort convincing them to support the plan.

By sharing the workload, outside stakeholders can leverage a school's resources. As Lechtenberger and Mullins (2004) say, "If community leadership includes representation from all factions of the community, concerns can be shared and ideas generated to solve most problems facing today's schools, students, and families" (p. 21). Actively empowering stakeholders in the decision-making and planning process also increases the likelihood that improvements and discussion will be ongoing. For example, even if a pivotal school-based leader, such as the principal, transfers or retires, the process continues because of the ownership of other key stakeholders.

The Center for Mental Health in Schools at UCLA (2004) puts it this way: "In presenting the argument for sustainability, it is important to have a critical mass of influential and well-informed stakeholders who will be potent advocates for the initiative" (p. 14). And although many may initially view this diffusion of control as an impediment to the change process, research has consistently shown the opposite (Fullan, 2008; Hands, 2010; Joseph & Reigeluth, 2010).

THE CHANGE PROCESS ENCOURAGES UNDERSTANDING AND COMMITMENT

One significant outcome of effective school reform is change to school policy, process, and practice. Equally important, however, are the actions that precipitated those changes: gathering and garnering support, empowering stakeholders, establishing ownership, and structuring common language and purpose (Lohrmann, 2010a). Through this change process, relationships are formed, vision is solidified, and—as summarized in the chapter about lever 2—leadership is shared.

Yet pitfalls exist. School leaders developing a process for stakeholder support and involvement must be aware of existing relationships and collaborative efforts. It is better to be

inclusive than risk leaving people out, even if their potential contribution to the effort might not be readily apparent at first. As Hoover and Achilles (1995) put it in “‘The How’ of Collaboration”:

The hard part of collaboration is being politically savvy or sensitive to the working worlds and turf tussles of other professionals as well as to the infrastructure of education with its nearly terminal timidity in the face of change. It’s very easy to step on the toes of outsiders and not know it. Learning their hierarchies and their agenda is paramount to the success of the collaborative process. (p. 6)

It is essential for schools to give stakeholders concrete roles with clearly identified goals and actions. The Center for Mental Health in Schools at UCLA (2004) report says, “Meeting and meeting, but going nowhere is particularly likely to happen when the emphasis is mainly on the unfocused mandate to ‘collaborate’” (p. 98). The report also says:

The success of a sustainability campaign depends on stakeholders’ motivation and capability. Substantive change is most likely when high levels of positive energy among stakeholders can be mobilized and appropriately directed over extended periods of time. Among the most fundamental errors related to systemic change is the tendency to set actions into motion without taking sufficient time to lay the foundation needed for substantive change. Thus, one of the first concerns is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment for systemic changes. This calls for proceeding in ways that establish and maintain an effective match with the motivation and capabilities of involved parties. (p. 33)

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

At the start of the HSC pilot study, **T. C. Howe Community High School** in Indianapolis, Indiana, had only recently reopened after being closed for a number of years. The results of the Healthy School Report Card showed that the school needed to improve its school-community connections and collaboration, especially with families, parents, the parent-teacher organization, and community-based organizations. The surrounding community was pleased to see T. C. Howe rededicated and was interested in building relationships. Supported by the principal’s vision and leadership, the school increased its collaboration with community agencies and stakeholders from 2 to more than 40 school-community partners.

Still more important than the quantity of the stakeholder support was the quality of the relationships developed and the services shared or delivered. By focusing on increasing the involvement of the parent-teacher organization and improving relationships with the organization's leadership, T. C. Howe enhanced parent involvement. The school also developed a major collaboration with a local health network to expand the focus of its Learning Well Clinic to include mental health issues for students. This support enabled a total systems approach to improving health and well-being and, subsequently, the teaching and learning environment for all students and staff.

Following T. C. Howe's decision to offer the use of its fitness facilities to the community, a local hospital began working with the school on a curriculum to train students to become professional fitness coaches. Soon after, the National Collegiate Athletic Association in Indianapolis became another partner. Although community stakeholder support for school improvement efforts at T. C. Howe started slowly, it gained momentum as the community recognized the school's willingness to open its doors and embrace the social capital anchored to the surrounding neighborhoods and community-based organizations.

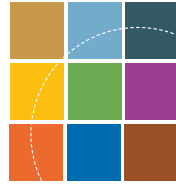
At the **Boston Arts Academy**, in Massachusetts, food services had deteriorated to the point where feedback from a student- and parent-conducted survey led to the school closing the cafeteria. However, the survey also raised support from community stakeholders for improvement from a local, nonprofit agency. A professional chef came to the academy and instructed the staff on how to prepare and serve more nutritious, better-tasting food and instructed the students on how to assist in these efforts.

Des Moines Municipal School, in New Mexico, is in a small farming and ranching community surrounded by rolling prairies at the foot of Sierra Grande Mountain. Its location creates serious problems with access to health care services, but the school has gained the support of community stakeholders to bring these services to their area. The Des Moines HSC team successfully developed a School-Based Health and Wellness Center in collaboration with Union County General Hospital to bring services to Des Moines Municipal School and, empowered by the New Mexico State Department of Health, the rest of the community. The health and wellness center is managed by the school district for students under guidance from the State Departments of Health and Education.

This process also enlightened the school board to the need for more community development, and it subsequently merged its school improvement planning with the Des Moines community development planning. This was a major accomplishment for the Des Moines Municipal School achieved through the support of its community stakeholders.

The biggest thing that this initiative has done, for not just the school but also the community as a whole, is really give everybody something they can buy into. I think it's always been something . . . under the radar—everybody knew how important school was; this just brought it out into the open.

—Justin Bennett, Union County Commissioner, New Mexico



Lever 9: The Creation or Modification of School Policy Related to the Process

Piecemeal change to improve schooling inside a school district is an approach that at its worst does more harm than good and at its best is limited to creating temporary pockets of “good” within school districts. When it comes to improving schooling in a district, however, creating temporary pockets of good isn’t good enough. Whole school systems need to be transformed in a sustainable way.

—Francis M. Duffy, 2006, p. 41

School improvement processes can be either piecemeal, “which entails making adjustments to the current paradigm of education,” or systemic, “which entails transforming the current paradigm into a different one” (Joseph & Reigeluth, 2010, p. 97). If we wish to have long-lasting, meaningful change in the way our schools function—and in what they are able to achieve—we must strive for systemic change.

Hubbard (2009) defines systemic change as “change to the overall structure and mission of an institution” (p. 746). To accomplish this, change leaders “must know what a system is and how it functions, and they must be skillful in using a specially designed protocol to navigate whole-system change in their school districts” (Duffy, 2006, p. 41). Yet, as Adelman and Taylor (2007) caution, “efforts to make substantial and substantive school improvements require much more than implementing a few demonstrations” (p. 57).

Because systemic change and true school improvement involve and affect the whole school, education leaders must be specifically trained to guide systemic change, work together effectively, and be sitting at key decision-making tables at which budget and other fundamental decisions are discussed (Adelman & Taylor, 2007). As has been mentioned throughout this publication, communication and dialogue are key to the process (Joseph & Reigeluth, 2010).

Significant change in one part of a school system requires changes in other parts of the system (Hargreaves & Fink, 2004), and systemic change in school districts must take into account “rich networks of interrelationships and interdependencies within the district and between the district and its ‘systemic environment’” (Duffy, 2006, p. 41). A meaningful change in one area of the school and its processes will influence other areas of the same school, because they are both part of a larger, interactive entity.

THE LIMITS OF PROGRAMMATIC CHANGE

As opposed to systemic change, programmatic change tends to last only as long as staffing and resources, including key personnel or funding, which undermines its effectiveness. Hubbard (2009) describes programmatic change as “tinkering change,” or “reforms intended to address a specific deficiency or practice” (p. 746), such as changing how an assessment report is structured, implementing a new program of instruction, or adopting a new or modified curriculum. Programmatic change is often owned by small numbers of key staff and frequently ends when those individuals leave the school or have new roles or alternate funding sources. As a consequence, as stated by Hubbard (2009), “the school as an institution remains largely untouched and unchanged” (p. 746).

A common tendency for those involved in school improvement or piloting new school programs is to perceive their work as a temporary demonstration, according to a report by the Center for Mental Health in Schools at UCLA (2007). Too often a new program is viewed, even by those who wish to implement it, as a temporary trial. And if new temporary programs are introduced annually, the school community soon becomes wary, developing an attitude of “I’ve seen so many reforms come and go; this too shall pass” (CMHS, p. 38). Attitudes such as these can be detrimental to continuous school improvement efforts, and reengaging stakeholders in this type of situation is critical.

Adelman and Taylor (2007) suggest that staff reframe the work within a broader context and involve themselves so that they have a voice in decisions. They write, “To counter the tendency toward viewing project functions as having limited value, project staff must view their special funding as an opportunity to leverage systemic changes to ensure sustainability of valuable school improvements” (2007, p. 71).

THE EFFECT OF SYSTEMIC CHANGE ON POLICY AND PRACTICE

Systemic change by itself has limited value unless a school community’s policies, practices, and procedures align to complement the goals of the systemic reform plan. Carr-Chellman and Almeida (2006) note that “many excellent, professionally designed solutions have failed miserably when they ‘hit the ground.’ This is often the case because of a lack of user empowerment and decision-making” (p. 45). Users should be empowered, rather than merely consulted, they say, because “lack of ownership typically results in users having a higher resistance to an innovation” (Carr-Chellman & Almeida, 2006, p. 45).

Throughout this publication, common themes have underscored each lever and are echoed here: the importance of developing relationships and requiring not merely stakeholder involvement but stakeholder ownership. Frequently this requires, at its core, a common vision and common mission. Too often policymakers fail to incorporate the vision to address foundational health and well-being issues into comprehensive school improvement efforts (CMHS, 2007). However, school reforms aimed at enhancing even academic improvement cannot succeed without concerted attention to addressing health and well-being barriers (ASCD, 2007; Basch, 2010; CMHS, 2007; Marx et al., 1998).

As long as programs are carried out in isolation, they are not likely to be effective in the long run; and systemic change is not likely to occur as long as improvement efforts are marginalized in policy and practice.

AS SEEN IN HEALTHY SCHOOL COMMUNITIES

The HSC approach seeks to engage the wider school community in evaluating and implementing systemic change, aiming for true and authentic school improvement.

Through the Healthy School Report Card assessment, **Iroquois Ridge High School**, in Ontario, Canada, found that it needed to focus its attention on student safety and security. To foster a sense of belonging so that students feel connected to the school community and culture before they even walk through the doors, Iroquois Ridge started a program in which incoming students are mentored by current students through orientations, team-building exercises, and role-modeling what it means to be a citizen of the high school. The school also put into place opportunities for pairing, peer mentoring and tutoring, and student-directed clubs and teams to help students develop leadership skills. These formal and informal leadership activities teach all students how to develop programs, initiate and facilitate change, and continue fostering a sense of ownership in the school.

Orange County Schools, in North Carolina, sought to develop safe and healthy school learning environments and successfully used the HSC approach to implement and sustain systemic change. With the backing of strong administrative support, Orange County Schools has applied the district's nutrition wellness policy to any food item coming into the school. The district's new safety policies include, among other things, training in blood-borne pathogens, back safety, sun safety, ergonomics, and responding to pandemic flu. In addition, the district has developed a policy for surveillance cameras in the newer school buildings and uses the I-Dent-a-Kid system, with parental approval, in which visitors to each school are photographed, logged, and tracked.

T. C. Howe Community High School, in Indianapolis, Indiana, faces many of the challenges that frequently plague urban, inner-city schools: a high rate of teen pregnancies, students from unstable homes, and untreated mental health issues. The HSC approach gave the school's leaders the momentum and direction they needed to supplement nascent efforts already in motion to improve the school and help their students lead healthier lives.

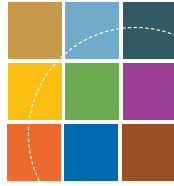
Quickly realizing that their goals were too limited to truly change the school, the principal and her team shifted their approach from implementing individual programs to changing their overall system. The principal explained, "We started closely analyzing our partnerships and what we can do with them. When you adopt the Healthy School Communities approach, you start assessing what you really need to have in place to make your school successful."

Now, T. C. Howe is open until 7 p.m. every day to offer students a place to hang out other than street corners or unsupervised homes, and the school's fitness center, which has exercise equipment and weights, is open to the community. The school also partnered with Indiana University to provide students with personal trainers and started a program called PE4Life to help students learn healthy, lifelong exercise habits. To serve students' physical and mental health needs, the school expanded its small, on-campus health clinic with resources and guidance from local hospitals.

And the resources available to students continue to expand and improve. The school climate has dramatically improved, as have the services available to all members of the school community. By building stronger alliances with existing community resources, the school's momentum toward improvement is ongoing.

Using [the Healthy School Report Card], we were able to determine our strengths and our weaknesses. We were also able to set goals and to implement this program in our other four elementary schools, as well as to involve our stakeholders, the individuals in our community who work with the students also.

—Angela Tuck, Principal, Edgewood School, Pottstown, Pennsylvania



References

- Abravanel, S. A. (2003, April). *Building community through service-learning: The role of the community partner*. Retrieved from [http://www.solv.org/programs/education/Building_Community_Through_Service-Learning .pdf](http://www.solv.org/programs/education/Building_Community_Through_Service-Learning.pdf)
- Ada, A. F. (1994). Foreword. In S. P. McCaleb (Ed.), *Building communities of learners* (pp. vii–viii). New York: St. Martin's Press.
- Adelman, H. S., & Taylor, L. (2007). Systemic change for school improvement. *Journal of Educational & Psychological Consultation, 17*(1), 55–77.
- Allensworth, D., & Kolbe, L. (1987). The comprehensive school health program: Exploring an expanded concept. *Journal of School Health, 57*(10), 409–412.
- Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (Eds.). (1997). *Schools and health: Our nation's investment*. Washington, DC: National Academy Press.
- American Cancer Society. (1999). *Improving school health: A guide to the role of school health coordinator*. Atlanta, GA: Author.
- ASCD. (2007). *The learning compact redefined: A call to action*. Retrieved from <http://www.ascd.org/ASCD/pdf/Whole%20Child/WCC%20Learning%20Compact.pdf>
- ASCD. (2009). *Making the case for educating the whole child*. Retrieved from <http://www.wholechildeducation.org/resources/WholeChild-MakingTheCase.pdf>
- Basch, C. E. (2010, March). *Healthier students are better learners: A missing link in school reforms to close the achievement gap*. Retrieved from http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf
- Batenburg, M. P. (1995). *Community agency and school collaboration: Going in with your eyes wide open*. Palto Alto, CA: Service Learning 2000 Center.
- Battin-Pearson, S., Newcomb, M. D., Abbott, R. D., Hill, K. G., Catalano, R. F., & Hawkins, J. D. (2000). Predictors of early high school dropout: A test of five theories. *Journal of Educational Psychology, 92*(3), 568–582. doi:10.1037/0022-0663.92.3.568
- Benard, B. (2004). *Resiliency: What we have learned*. San Francisco: WestEd.
- Bentz, V. J. (1985). *A view from the top: A 30-year perspective of research devoted to discovery, description, and prediction of executive behavior*. Paper presented at the 93rd Annual convention of the American Psychological Association, Los Angeles.
- Bentz, V. J. (1987). *Contextual richness as a criterion in personality research with executives*. Paper presented as the 95th Annual Convention of the American Psychological Association, New York.

- Bentz, V. J. (1990). Contextual issues in predicting high-level leadership performance: Contextual richness as a criterion consideration in personality research with executives. In K. E. Clark & M. B. Clark (Eds.), *Measures of Leadership* (pp. 131–143). West Orange, NJ: Leadership Library of America.
- Bergeson, T., Heuschel, M. A., Hall, G., & Willhofs, J. (2005). *Guidelines for participation and testing accommodations for special populations in state assessment programs*. Olympia, WA: Washington Office of Superintendent of Public Education.
- Bernhardt, V. (1998). *Data analysis for comprehensive schoolwide improvement*. Larchmont, NY: Eye on Education.
- Birman, B., LeFloch, K. C., Klekotka, A., Ludwig, M., Taylor, J., Walters, K., Wayne, A., & Yoon, K. S. (2007). *State and local implementation of the No Child Left Behind Act, volume II—Teacher quality under NCLB: Interim report*. Washington, DC: U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service.
- Blank, R. K., de las Alas, N., & Smith, C. (2007). *Analysis of the quality of professional development programs for mathematics and science teachers: Findings from a cross-state study*. Washington, DC: CCSSO.
- Bond, L. A., & Carmola Hauf, A. M. (2007). Community-based collaboration: An overarching best practice in prevention. *Counseling Psychologist, 35*(4), 567–575. doi:10.1177/0011000006296159
- Bricker, D. C. (1989). *Classroom life as civic education: Individual achievement and student cooperation in schools*. New York: Teachers College Press.
- Brown, J. L. (2005). *Making school improvement happen with what works in schools—School-level factors: An ASCD action tool*. Alexandria, VA: ASCD.
- Bryk, A. S. (2010, April). Organizing schools for improvement. *Phi Delta Kappan, 91*(7), 23–30.
- Byrne, B. M. (1994). Burnout: Testing for the validity, replication, and invariance of causal structure across elementary, intermediate, and secondary teachers. *American Educational Research Journal, 31*(3), 645–673.
- Calhoun, E. F. (2002, March). Action research for school improvement. *Educational Leadership, 59*(6), 18–24.
- Carr-Chellman, A. A., & Almeida, L. (2006, March). User-design for systemic change. *TechTrends, 50*(2), 44–45.
- Case, A., & Paxson, C. (2006). Children's health and social mobility. *Future of Children, 16*, 151–173.
- Celio, M. B., & Harvey, J. (2005, January). *Buried treasure: Developing a management guide from mountains of school data*. Seattle, WA: Center on Reinventing Public Education.
- Center for Mental Health in Schools at UCLA. (2004, August). *Sustaining school and community efforts to enhance outcomes for children and youth: A guidebook and tool kit*. Los Angeles: Author.
- Center for Mental Health in Schools at UCLA. (2007). *Turning a project or pilot into a catalyst for systemic change and sustainability*. Los Angeles: Author.
- Chemers, M. M. (2002). Efficacy and effectiveness: Integrating models of leadership and intelligence. In R. E. Riggio, S. E. Murphy, & F. J. Pirozzolo (Eds.), *Multiple Intelligences and Leadership* (pp. 139–160).
- Cobb, C. W. (1992). *Responsive schools, renewed communities*. San Francisco: ICS Press.
- Crosnoe, R. (2006). Health and the education of children from racial/ethnic minority and immigrant families. *Journal of Health and Social Behavior, 47*, 77–93.
- Darling-Hammond, L., & Richardson, N. (2009, February). Teacher learning: What matters? *Educational Leadership, 66*(5), 46–53.
- Davis, P. W., & Karr-Kidwell, P. J. (2003). *School leaders and community: Research and a plan for collaboration*. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, Educational Resources Information Center.
- Davis, S., Darling-Hammond, L., LaPointe, M., & Meyerson, D. (2005). *School leadership study: Developing successful principals*. Stanford, CA: Stanford Educational Leadership Institute.
- Diaz-Maggioli, G. (2004). *Teacher-centered professional development*. Alexandria, VA: ASCD.
- Dorman, J. P. (2003). Relationship between school and classroom environment and teacher burnout: A LISREL analysis. *Social Psychology of Education, 6*(2), 107–127.
- Duffy, F. M. (2006, March). Step-up-to-excellence: A protocol for navigating whole-system change in school districts. *TechTrends, 50*(2), 41.
- Duffy, F. M. (2008, April). Strategic communication during times of great change. *School Administrator, 65*(4), 22–25.

- Education Improvement Commission. (2000). *School improvement planning: A handbook for principals, teachers, and school councils*. Ontario, Canada: Author.
- Elmore, R. F. (2000, Winter). *Building a new structure for school leadership*. Washington, DC: The Albert Shanker Institute.
- Epstein, J. L. (2005, September). *Developing and sustaining research-based programs of school, family, and community partnerships: Summary of five years of NNPS research*. Retrieved from <http://www.csos.jhu.edu/p2000/pdf/Research%20Summary.pdf>
- Epstein, J. L., & Salinas, K. C. (2004). Partnering with families and communities. *Educational Leadership*, 61(8), 12–18.
- Fleming, C. B., Haggerty, K. P., Brown, E. C., Catalano, R. F., Harachi, T. W., Mazza, J. J., & Gruman, D. H. (2005). Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades? *Journal of School Health*, 75, 342–349. doi:10.1111/j.1746-1561.2005.tb06694.x
- Flowers, N., & Carpenter, D. M. H. (2009, October). You don't have to be a statistician to use data: A process for data-based decision making in schools. *Phi Delta Kappan*, 91(2), 64–67.
- Fullan, M. (2000, June). *The role of the head in school improvement* [Background paper]. Nottingham, England: National College of School Leadership.
- Fullan, M. (2001). *Leading in a culture of change*. San Francisco: Jossey-Bass.
- Fullan, M. (2002, May). The change leader. *Educational Leadership*, 59(8), 16–21.
- Fullan, M. (2008). *The six secrets of change: What the best leaders do to help their organizations survive and thrive*. San Francisco: Jossey-Bass.
- Grayson, J. L., & Alvarez, H. K. (2008, July). School climate factors relating to teacher burnout: A mediator model. *Teaching and Teacher Education: An International Journal of Research and Studies*, 24(5), 1349–1363. doi:10.1016/j.tate.2007.06.005
- Guskey, T. R. (1999). *Evaluating professional development*. Thousand Oaks, CA: Corwin.
- Haas, S. A., & Fosse, N. E. (2008). Health and the educational attainment of adolescents: Evidence from the NLSY97. *Journal of Health and Social Behavior*, 49(2), 178–192.
- Hands, C. M. (2010, June). Why collaborate? The differing reasons for secondary school educators' establishment of school-community partnerships. *School Effectiveness & School Improvement*, 21(2), 189–207. doi: 10.1080/09243450903553993
- Hargreaves, A., & Fink, D. (2004). The seven principles of sustainable leadership. *Educational Leadership*, 61(7), 8–13.
- Harris, J. R., Cohen, P. L., & Flaherty, T. D. (2008). *Eight elements of high school improvement: A mapping framework*. Washington, DC: National High School Center, American Institutes of Research. Retrieved from <http://www.betterhighschools.com/pubs/documents/NHSCEightElements7-25-08.pdf>
- Hass, S. A. (2006). Health selection and the process of social stratification: The effect of childhood health on socioeconomic attainment. *Journal of Health and Social Behavior*, 47, 339–354.
- Heckman, J. J. (2008). Role of income and family influence on child outcomes. *Annals of the New York Academy of Sciences*, 1136, 307–323.
- Heritage, M., & Yeagley, R. (2005, June). Data use and school improvement: Challenges and prospects. *Yearbook of the National Society for the Study of Education*, 104(2), 320–339. doi:10.1111/j.1744-7984.2005.00035.x
- Hess, F. M. (2008). The new stupid. *Educational Leadership*, 66(4), 12–17.
- Hogan, R., Curphy, G. J., & Hogan, J. (1994, June). What we know about leadership: Effectiveness and personality. *American Psychologist*, 49(6), 493–504.
- Hoover, S., & Achilles, C. M. (1995, August). "The how" of collaboration. Paper presented at the annual meeting of the National Council of Professors of Educational Administration, Williamsburg, VA.
- Hoyle, T. B., Bartee, R. T., & Allensworth, D. D. (2010, April). Applying the process of health promotion in schools: A commentary. *Journal of School Health*, 80(4), 163–166. doi: 10.1111/j.1746-1561.2009.00483.x
- Hoyle, T. B., Samek, B. B., & Valois, R. F. (2008). Building capacity for the continuous improvement of health-promoting schools. *Journal of School Health*, 78(1), 1–8.
- Hubbard, R. (2009, June). Tinkering change vs. system change. *Phi Delta Kappan*, 90(10), 745–747.

- Ingram, D., Louis, K. S., & Schroeder, R. G. (2004). Accountability policies and teacher decision making: Barriers to the use of data to improve practice. *Teachers College Record*, 106(6), 1258–1287.
- Iroquois Ridge High School. (2006). *IRHS link crew*. Retrieved from [http://chatt.hdsb.ca/~irhs/IRHS_WEB/link/Jay, J. \(2006\).](http://chatt.hdsb.ca/~irhs/IRHS_WEB/link/Jay, J. (2006).)
- Jay, J. (2006). *The dialectic of distributive leadership*. Retrieved from www.jasonjay.com/papers/Jay2006DistributedLeadership.pdf
- Joseph, R., & Reigeluth, C. M. (2010). The systemic change process in education: A conceptual framework. *Contemporary Educational Technology*, 1(2), 97–117.
- Kerins, T., Perlman, C., & Redding, S. (2009). *Coherence in the statewide system of support*. Lincoln, IL: Center on Innovation & Improvement.
- Keyes, M. C., & Gregg, S. (2001). *School-community connections: A literature review*. Charleston, WV: AEL, Inc.
- Klem, A. M., & Connell, J. P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health*, 74, 262–273.
- Koivusilta, L., Arja, R., & Andres, V. (2003). Health behaviors and health in adolescence as predictors of educational level in adulthood: A follow-up study from Finland. *Social Science & Medicine*, 57, 577–593.
- Kolbe, L. J. (2002). Education reform and the goals of modern school health programs: How school health programs can help students achieve success. *The State Education Standard*, 3(4), 4–11.
- Kolbe, L. J. (2005). A framework for school health programs in the 21st century. *Journal of School Health*, 75(6), 226–228. doi:10.1111/j.1746-1561.2005.tb06677.x
- Ladd, G. W., Birch, S. H., & Buhs, E. (1999). Children's social and scholastic lives in kindergarten: Related spheres of influence? *Child Development*, 70, 1373–1400.
- Lechtenberger, D., & Mullins, F. E. (2004). Promoting better family-school-community partnerships for all of America's children. *Beyond Behavior*, 14(1), 17–22.
- Leithwood, K., Louis, K. S., Anderson, S., & Wahlstrom, K. (2004). *How leadership influences student learning*. Retrieved from <http://www.wallacefoundation.org/SiteCollectionDocuments/WF/Knowledge%20Center/Attachments/PDF/ReviewofResearch-LearningFromLeadership.pdf>
- Lezotte, L. W., & Jacoby, B. C. (1990). *A guide to the school improvement process based on effective schools research*. Okemos, MI: Effective Schools Products in Cooperation with the Michigan Institute for Educational Management.
- Lockwood, A. T. (1996). *School community collaboration*. Oak Brook, IL: North Central Regional Educational Laboratory.
- Lohrmann, D. K. (2005). *Creating a healthy school using the healthy school report card: An ASCD action tool* (1st ed.). Alexandria, VA: ASCD.
- Lohrmann, D. K. (2010a). *Creating a healthy school using the healthy school report card: An ASCD action tool* (2nd ed.). Alexandria, VA: ASCD.
- Lohrmann, D. K. (2010b, January). A complementary ecological model of the coordinated school health program. *Journal of School Health*, 80(1), 1–9.
- Marsh, J. A., Pane, J. F., & Hamilton, L. S. (2006). *Making sense of data-driven decision making in education: Evidence from recent RAND research*. Santa Monica, CA: RAND.
- Marx, E., Wooley, S., & Northrop, D. (Eds.). (1998). *Health is academic: A guide to coordinated school health programs*. New York: Teachers College Press.
- Marzano, R. J., Waters, T., & McNulty, B. A. (2005). *School leadership that works: From research to results*. Aurora, CO: ASCD/McREL.
- Mattessich, P. W., & Money, B. R. (1993). *Collaboration: What makes it work*. St. Paul, MN: Amherst H. Wilder Foundation.
- McCull-Kennedy, J. R., & Anderson, R. D. (2002, October). Impact of leadership style and emotions on subordinate performance. *Leadership Quarterly*, 13(5), 545–559.
- Messelt, J. (2004). *Data-driven decision making: A powerful tool for school improvement*. Retrieved from https://www.ercd.k12.mn.us/promo/sage/images/Analytics_WhitePaper.pdf
- Michigan Department of Education. (n.d.). *Glossary of terms*. Retrieved from http://mde.advanc-ed.org/school_improvement_tasks/glossary_of_terms/
- Mid-continent Research for Education and Learning. (2003). *Sustaining school improvement: Data-driven decision making*. Retrieved from http://www.mcrel.org/PDF/LeadershipOrganizationDevelopment/5031TG_data_folio.pdf

- Miller, B. A. (1991). *Distress and survival: Rural schools, education, and the importance of community*. Portland, OR: Northwest Regional Educational Laboratory.
- Mintrop, H., MacLellan, A. M., Quintero, M. F. (2001). School improvement plans in schools on probation: A comparative content analysis across three accountability systems. *Educational Administration Quarterly*, 37(2), 197–218. doi:10.1177/00131610121969299
- Nelson, D. W. (2004). *2004 KIDS COUNT data book: Moving youth from risk to opportunity*. Baltimore, MD: Annie E. Casey Foundation.
- New Leaders for Tomorrow's Schools. (n.d.). *The importance of school and community collaboration*. Retrieved from http://www.michigan.gov/documents/The_Importance_of_School_and_Community_Collaboration_156613_7.pdf
- Nieto, S. (1992). *Affirming diversity: The sociopolitical context of multicultural education*. White Plains, NY: Longman.
- O'Leary, Z. (2007). *The social science jargon-buster: The key terms you need to know*. London: Sage.
- Palloni, A. (2006). Reproducing inequalities: Luck, wallets, and the enduring effects of childhood health. *Demography*, 43, 587–615.
- Rosas S., Case J., & Tholstrup, L. (2009). A retrospective examination of the relationship between implementation quality of the coordinated school health program model and school-level academic indicators over time. *Journal of School Health*, 79(3), 108–115. doi:10.1111/j.1746-1561.2008.00394.x
- Rose, M. (2010, April). Reform: To what end? *Educational Leadership*, 67(7), 6–11.
- Rosenfeld, L. B., Richman, J. M., & Bowen, G. L. (1998). Low social support among at-risk adolescents. *Social Work Education*, 20, 245–260.
- Sanders, M. G., & Lewis, K. C. (2005, February/March). Building bridges toward excellence: Community involvement in high schools. *High School Journal*, 88(3), 1–9. doi:10.1353/hsj.2005.0005
- Schmoker, M. J. (1999). *Results: The key to continuous school improvement* (2nd ed.). Alexandria, VA: Alexandria.
- Schmoker, M. (2003). First things first: demystifying data analysis. *Educational Leadership*, 60(5), 22–24.
- Serrat, O. (2009, September). Exercising servant leadership. *Knowledge Solutions*, 63, 1–6.
- Smith, R. C., Lincoln, C., & Dodson, D. (1991). *Let's do it our way: Working together for educational excellence*. Chapel Hill, NC: MDC.
- Spillane, J. P. (2005, Winter). Distributed leadership. *The Educational Forum*, 69(2), 143–150.
- Spillane, J. P. (2006). *Distributed leadership*. San Francisco: Jossey-Bass.
- St. Leger, L., Kolbe, L., Lee, A., McCall, D. S., & Young, I. M. (2007). School health promotion. In D. V. McQueen & C. M. Jones (Eds.), *Global perspectives on health promotion effectiveness* (pp. 107–124). New York: Springer.
- Stogdill, R. M. (1974). *Handbook of leadership: A survey of theory and research*. New York: Free Press.
- Swindall, C. (2007). *Engaged leadership: Building a culture to overcome employee disengagement*. Hoboken, NJ: Wiley.
- U.S. Congress, Senate Select Committee on Equal Educational Opportunity. (1972, December). *Toward equal educational opportunity: The report of the select committee on equal educational opportunity, pursuant to S. Res. 359, February 19, 1970*. Washington, DC: U.S. Government Printing Office.
- Valois, R. F. (2003, November/December). Promoting adolescent and school health: Perspectives and future directions. *American Journal of Health Education*, 34(6), 314–328.
- Valois, R. F., & Hoyle, T. B. (2000). Formative evaluation results from the Mariner Project: A coordinated school health pilot program. *Journal of School Health*, 70(3), 95–103.
- Waldron, N. L., & McLeskey, J. (2010). Establishing a collaborative school culture through comprehensive school reform. *Journal of Educational & Psychological Consultation*, 20(1), 58–74.
- Warren, M. R., Hong, S., Rubin, C. H., & Sychitkokhong Uy, P. (2009). Beyond the bake sale: A community-based relational approach to parent engagement in schools. *Teachers College Record*, 111(9), 2209–2254.
- Wehlage, G. G., & White, J. A. (1995). *Citizens, clients, and consumers: Building social capital*. Madison, WI: Center on Organization and Restructuring of Schools.
- Wei, R. C., Andree, A., & Darling-Hammond, L. (2009, February). How nations invest in teachers. *Educational Leadership*, 66(5), 28–33.

