



LEARNING, TEACHING, AND LEADING IN

Healthy School Communities

Summary

Principal leadership matters. In fact, the recent evaluation of the Healthy School Communities (HSC) pilot project showed that the role of the principal was the most critical piece of the puzzle in implementing meaningful school change and school improvement. Other elements were crucial—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 via the influence and role the principal took in the implementation of HSC.

What Are Healthy School Communities?

HSC is a worldwide effort to promote the integration of health and learning and the benefits of school-community collaboration. It is part of a large, multiyear plan to shift public dialogue about education from a narrow focus centered on curriculum and accountability systems to a whole child approach that encompasses all factors required for successful student outcomes.

Healthy school communities are school settings in which students, staff, and community members work collaboratively to ensure that each student is emotionally and physically healthy, safe, engaged, supported, and challenged. Every school has students who are absent for physical health-related issues, such as asthma and upper respiratory infections, or students who struggle to concentrate because of pain from cavities or other injuries. In other cases, students may be preoccupied with conflict at home or may feel unsafe or, for a variety of reasons, unsupported at school. And in all too many cases, students are disengaged by lesson content and left unchallenged by rote memorization of facts for an invalid assessment. Each and every one of these situations and conditions impede students' ability to perform to their best and, indeed, teachers' ability to teach most effectively. Until the school is a healthy, safe, engaging, supportive, and challenging place to be, many of the best school improvement initiatives will fall short.

In the spring of 2006, ASCD launched Healthy School Communities and commenced a pilot study of school-community partnerships in the United States and Canada that focused on effective school improvement efforts. ASCD engaged an evaluator from the initiation of the project to follow school-community teams as they used the Healthy School Report Card (HSRC); gauge fidelity of HSC implementation; and gather feedback from sites on the full range of technical support provided. At its core, the evaluation sought to find out, *What levers of change in a school community allow for the initiation and implementation of best practice and policy for improving school health?* The results from the evaluation provide guidance on how sites can best implement change, as well as overarching findings to improve school improvement effectiveness and ultimately increase student success.

HEALTHY SCHOOL COMMUNITIES ARE BUILT ON

- **Belief in the Whole Child.** They demonstrate the belief that successful learners are emotionally and physically healthy, knowledgeable, motivated, and engaged.
- **Best Practice Leadership.** They demonstrate best practices in leadership and instruction across the school.
- **Strong Collaborations.** They create and sustain strong collaborations between the school and community stakeholders and institutions.
- **A Systems Approach.** They use evidence-based systems and policies to support the physical and emotional well-being of students and staff.
- **A Healthy Environment.** They provide an environment in which students can practice what they learn about making healthy decisions and staff can practice and model healthy behaviors.
- **Data.** They use appropriate data to continuously improve.
- **Networking.** They network with other school communities to share best practices.

Key Findings

The evaluation identified nine levers that catalyzed significant change in the culture of the participating school communities. The most effective sites demonstrated all of these levers to a great extent, with these levers working in concert to support sustainability of the change.

The Nine Levers of School Change

1. Principal as leader.
2. The creation or modification in school policy related to HSC.
3. Authentic and mutually beneficial community collaborations.
4. Integration with the school improvement process.
5. Effective use of the HSRC and planning process for continuous improvement.
6. Effective and distributive team leadership.
7. Active and engaged leadership.
8. Ongoing and embedded professional development.
9. Stakeholder support of the local HSC effort.

Several findings, however, stood out as pivotal to ensure change. Without these elements, schools found implementation more difficult and sustainability in jeopardy.

Principal leadership was imperative for success of the Healthy School Communities Project, and when the principal led or co- led the HSC effort, the school improvement plan included goals and objectives related to healthy schools. Effective principal leadership was also evidenced by the use of distributive leadership, the effective use of data for administrative decision making, use of a systems approach to school-community collaboration, and the ability to work effectively with CBOs [Community-Based Organizations] that shared the common mission of child-adolescent health promotion and academic success. In addition, the sustainability of Healthy School Community efforts was strongest for pilot sites with very strong principal leadership.

—**Robert F. Valois**, Project Evaluator and Professor,
Department of Health Promotion, Education,
and Behavior at the University of South Carolina

Principal as Leader

Effective leadership was imperative. However, what was most interesting was the impact the principal had in driving both implementation of HSC and improvements via HSC to the school community. The influence of the principal was paramount. It was clear that at sites where the principal was not only onboard but also actively en-

gaged in leading the process, the HSC initiative was more quickly and fully embedded in the school improvement process. Successful HSC teams had a principal who was not merely supportive of the initiative but rather key in organizing and leading the team through the process. Principal leadership in these sites not only provided an automatic “educational acceptance” of the initiative to the wider school body, but also used the interpersonal and managerial skill of the principal in aligning stakeholders.

Principal-led teams were found to develop more diverse committees, involve more stakeholders, and initiate more systemic change to school policy and process. Further study into the specific skills and assets that principals bring to the table is warranted, but principal leadership of the process takes what may have been seen as merely a “health issue”—which might be considered beneficial but somewhat separate from education—and positions it directly under the responsibility of the principal and the school improvement process.

The findings indicate that it is not sufficient for a principal to merely give permission for this work, and a school community cannot expect a high level of success if the principal delegates the lead role to another individual, such as a school health coordinator. The principal must lead or co-lead this effort for it to be systemic and sustainable. Current school health practices that designate a staff coordinator to lead the team and rely only on administrator buy-in will continue to leave health on the periphery, rather than allowing it to move into the central position it must play within school improvement.

What also became clear during the evaluation was how these elements are interrelated. Principal-led HSC teams were able to engage the community; provide educational acceptance to the initiative; promote systemic change; and address the foundational criteria that influence all aspects of school effectiveness. In short, principal leadership became the pivot from which other elements of success could grow.

Systemic Rather Than Programmatic Approach

For change to be meaningful and sustainable, it needs to address school improvement at the systemic level, rather than just the programmatic level. Programmatic changes are more likely to be tried and rolled back or become “siloed” as the property of a particular staff member or department. Systemic change allows for improvement across the school and subsequently will affect programs and policies. Systemic changes become embedded into the everyday running of the school and are not necessarily affected when key staff transfer, change roles, or retire.

Authority to make systemic changes often resides with the principal, the administration, and the school board.

The evaluation found that when the HSC team leadership did not include these parties, the HSC teams were both less likely to have a diverse stakeholder representation on the team—including key community stakeholders—and more likely to focus on a programmatic rather than systemic approach.

“Our concern is not only how much our children weigh, but what is weighing them down.”

—**Angela Tuck**, Principal, Edgewood Elementary School, Pottstown Schools, Pa.

Authentic Community Collaboration

The most effective HSC teams engaged community organizations and members in the early stages of the work. These collaborations involved joint assessment and engagement in solving problems and identifying and sharing resources. Although the HSRC does not prescribe predetermined steps, it does strongly recommend the engagement of community members on the HSC committee as it discusses and formulates the Healthy School and School Improvement Plans. Community members who are part of the HSC committee become engaged and empowered as they are granted the same opportunities for input and ownership as other school-based stakeholders. Their involvement significantly contributes to plan development that is relevant and achievable within each unique setting and often supports evaluation of plan efforts.

Health Improvement Supports School Improvement

A healthy school environment provides the foundation for other programs, projects, and initiatives. It is this foundational environment that allows a positive school climate to develop, a healthy school culture to grow, and effective programs and curriculum to be successfully introduced to enhance teaching and learning and, ultimately, ensure the success of students.

But what is meant by the term health? When health is discussed in the context of HSC, it is not referring only to the physical, and it is

A SYSTEMS APPROACH

Iroquois Ridge High School (The Ridge)

One of the areas that the HSRC highlighted for The Ridge was the importance of students feeling safe and welcomed in school, fostering a sense of belonging so that students are connected to the school community and its culture before they even walk through the doors. Current students mentor incoming students through orientations and team-building exercises and by role modeling what it means to be a citizen of The Ridge.

In addition, carefully constructed leadership development—such as pairing, peer mentoring and tutoring, and student-directed clubs and teams—is put into place to develop students' 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 North Carolina Schools System (OCNC)

The OCNC school system has a long history of addressing the needs of its students and has successfully used the HSRC as a tool for implementing and sustaining systemic change. OCNC has sought to develop safe and healthy school learning environments and shared social work services and has benefited from strong administrative support.

AUTHENTIC COLLABORATION

Hills Elementary School (HES)

HES formed close connections with its community, which translated into both additional financial and service support. Community partners included local governmental and nongovernmental agencies, universities, community colleges, community centers, boys and girls clubs, theaters, banks, and other local businesses.

In turn, HES was able to provide greater support for the community. They actively reached out to parents and families by collaborating with the local community college to provide English lessons for Spanish speaking parents. In addition, the HES Care for Kids Program—a parent-owned, nonprofit organization providing child care for HES students—was established to better serve the needs of its parent community.

Iroquois Ridge High School (The Ridge)

Shared leadership at The Ridge means that students, staff, parents, and community members direct school leadership—with the administration leading from behind in a facilitation role. This model allows inclusion of all stakeholders and leverages their area of expertise to directly contribute to the success of the school.

The strength of this structure is that when every stakeholder feels responsible for the success of the school, the community as a whole comes together to steward change and sustain culture. In this collaborative model, the entire community owns the culture.

One issue addressed by the school community was the adoption of a youth health clinic to the area. Students and parents took part in the political process to receive council approval. Collaboration was essential with stakeholders from the clinic, the school, public health, and the nearby community center working closely and collaboratively to find funding, facilities, and, ultimately, health staff. The community's first and only youth health clinic is scheduled to open its doors in 2010.

not referring only to the health of the students. It is a broad understanding or view of health. It encapsulates the physical, mental, social, and emotional well-being of participants in the school community and an environment that supports the ability to be healthy.

The evaluation team found that sites that used the HSRC within the context of the school improvement process were more likely to engage in meaningful and integrated planning than sites that did not.

Conclusion

If principals wish to effectively implement systemic school improvement via tools such as the HRSC, then they need to lead the team and the process. Principal leadership dispels any notion that an initiative is extraneous to the school or the educational process and allows community stakeholders into the workings of the school. Principal leadership, however, does not necessarily mean principal-run. The creation of an effective and distributive team leadership was also one of the nine levers of change cited in the findings. Schools that engage and use stakeholders, both inside and outside the school walls, are able to access a wide array of skills, knowledge, and resources; spread ownership; empower and unite teams; and, ultimately, increase the effectiveness of the school and improve the educational process.

In turn, schools that focus efforts on the foundational aspects of their school and their school improvement process are able to provide a setting in which effective teaching and learning can excel. By directing resources onto the health—in its broadest definition—of the school environment, staff,

and students, schools are dramatically affecting all actions, programs, and processes that take place in the school setting.

Health isn't a buzz word 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 upon 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 at Howe.

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

The health of the school and its participants cannot be underestimated as a precursor to effective teaching and learning. Students must feel safe or connected to their schools; staff must feel supported and secure; parents must feel welcome; and individuals must not feel physically restricted, for any number of reasons, from being able to perform at school. Otherwise, their ability to teach and learn effectively will be affected. Schools must address these foundational issues to effectively implement meaningful school change via the school improvement process—a process that is best initiated through principal leadership that starts with a core understanding of the benefits of a healthy environment and a positive school culture that empowers and authentically involves community and that targets systemic rather than programmatic improvement.

KEY RECOMMENDATIONS

ASCD recommends the following key elements for school sites wishing to initiate and sustain meaningful school change and school improvement:

1. Planning teams should be principal-led.
2. Plans should address systemic issues at the school.
3. Collaboration should commence from the start of the planning process.
4. HSC planning should align with and be the basis of the overall school improvement process.
5. Planning should focus on those aspects revealed by assessment to have the most need.
6. Team leadership should aim to build a team to facilitate the process.
7. Team leadership should ensure all stakeholders understand the value of their involvement.
8. Ongoing purposeful professional development should be integrated to support the process.
9. School administration should actively seek out and access community resources.



**HEALTHY SCHOOL
COMMUNITIES**

The ASCD Whole Child Initiative

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