

THE UNIVERSITY OF HULL

**Integrating Health Promoting Principles into the Context of a Standards Based
High School: An Autobiographical Action Research Case Study**

Being a thesis submitted for the Degree of Ph.D

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By

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ABSTRACT

This thesis documents the evolution of a research journey which remains a work in progress. The primary goal of this study was to collaboratively create and lead a health promoting high school. This study has two distinct but intertwined areas of focus: action research fieldwork conducted to design and infuse health promoting principles into the context of a traditional, standards based high school, and the documentation and reflection of the professional practice and leadership strategies used to implement the study.

This thesis documents the efforts of a school leader to respond to the array of information and research generated by governmental agencies, professional publications and mainstream media suggesting the need for public school educators and school leaders to address national public health goals and the health needs of children within the school setting.

Driven by the dearth of literature related to leading health promoting schools in conjunction with the abundance of compelling research citing the health needs of children and the connection of health to lifelong wellness, this study sought to work collaboratively with students, staff, district administrators, and members of the community to integrate health promoting principles into a traditional, standards based culture. Throughout the study intertwined phases of collaborative action research and reflective professional practice were supported by a continual infusion of a multidisciplinary array of literature resulting in the design and implementation of eco-holistic approaches to promoting health and well-being for staff and students within my school.

The outcomes of this study far exceeded my expectations. For example, the collaborative creation of a site specific coherent, conceptual, health promoting framework for the high school which integrated standards based initiatives

and health promoting principles was viewed as a significant milestone. Additionally, the voices of students whose predominant involvement drove the actions and design of the study resulted in creating substantial change to the health, physical education and nutrition as well as to support services leading to an improved school mission and health promoting school culture.

This study has responded to the growing need for school leaders to address the needs of the whole child and the whole school by creating a foundation and framework for change which aligns with standard based expectations and the goals of a democratic society at large. The documentation of leadership strategies utilized for this whole school approach fill a perceived gap in the literature and may have the potential to inspire and assist other aspiring health promoting school leaders gain the courage and confidence to create the deep changes and disruption to the 'status quo' required to infuse health into whole school improvement initiatives.

GLOSSARY OF TERMS

Antecedents – actions or issues which can precede and potentially impact a subsequent event or action.

Common Core of Leading – standards developed by the Connecticut State Department of Education to guide school leaders.

Coordinated School Health Model – Eight component health promoting model.

Counseling and Psychological Services -services provided to improve students' mental, emotional, and social health through individual and group assessments, interventions, and referrals (Connecticut State Department of Education (CSDE, 2007).

Critical Friends – Term used to describe leadership group who provided feedback and input into aspects of the study for corroboration.

Determinants of Health - The range of personal, social, economic and environmental factors which determine the health status of individuals or populations (Nutbeam, 1998).

Eco-Holistic - Term used to refer to the internal and external aspects of the school and community surrounding the school settings.

Empowerment - Process through which individuals gain greater control over decisions and actions affecting their health and well-being with individuals and social groups able to express their needs and present their concerns (Nutbeam, 1998).

Health – The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1986)

Health Education - Refers to biological knowledge (knowledge about what makes populations healthy); strategies to access services for health improvement and knowledge of the big issues that affect health, such as social, environmental, and political factors (WHO, 1997).

Health Literacy - Cognitive and social skills which determine the motivation and ability of individuals to access understand and use information in ways which promote and maintain good health (Nutbeam, 1998).

Health Promotion - The process of enabling people to increase control of and to improve their health (WHO, 1986.)

Health Promoting School - A health-promoting school is where all members of the school community work together to provide students with integrated and positive experiences and structures that promote and protect their health. This includes both the formal and informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health. The concept of the health promoting school is international in its development, with many countries around the world working on programs which support schools and their communities. (WHO Regional Guidelines - Development of Health-Promoting Schools, 1995, p. 3).

Healthy Public Policy- Characterized by an explicit concern and accountability for health and equity in all areas of policy. The main aim of healthy public policy is to create supportive environments which enable people to lead healthy lives. Such policy makes healthy choices possible or easier for citizens (WHO, 1988).

High School - Secondary school, grades 9-12, attended by students from age 14-18.

Intersectoral Collaboration - The relationship between part or parts of different sectors of society established to take action on an issue for the purpose of achieving health outcomes or intermediate health outcomes (Nutbeam, 1998, p. 14).

IVAC Model - Term created by (Jensen, 1995) which describes the processes of investigating, creating a vision, undertaking action and developing competence.

Multiple Pathways Schools - Secondary schools that promote student exploration and learning in vocational and content areas.

No Child Left Behind (NCLB) - Unfunded federal mandate in the USA which requires every state to set standards in reading and math.

Ottawa Charter - Identifies three basic strategies for health promotion: advocacy, enabling conditions; mediating between different interests in society in pursuit of health (Nutbeam, 1998).

Physical Education - A planned, sequential curriculum which provides cognitive content and learning experiences in a variety of areas and promotes each student's optimum physical development.

Public Health - The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (Acheson Report, 1988)

New Public Health - Term referring to a comprehensive approach to protecting and promoting the health status of the individual and society based on a balance of sanitary, environmental, health promoting, personal and community-oriented preventative Services implemented within a wide range of curative, rehabilitative and long term care (Capps, L., nd).

Risk Behavior - Specific forms of behaviors which are proven to be associated with increased susceptibility to a specific disease or ill-health (Nutbeam, 1998).

School Health Services - Services to appraise protect and promote health provided to students by a registered school nurse.

School Based Health Promotion for Staff - Opportunities for school staff to improve their health status through health related fitness programs. These opportunities may improve productivity, decrease absenteeism and reduced health insurance costs (CSDE, 2007).

Settings for Health - 'The place or social context in which people engage in daily activities in which environmental, organization and personal factors interact to affect health and well-being' (Nutbeam, 1998, p.19).

Standards Based Reform - School improvement initiatives based on a commonly defined set of expectations developed by the federal, state and local governments and accreditation organization.

Vocational Courses - Courses which provide an overview of a vocational or technical trade.

Whole Child Approach - Whole school strategies designed to address the social, emotional, physical and academic needs of all children.

Whole School Approach - Term used to describe all actions, activities, physical attributes, interventions, stakeholder behaviors designed to address the health needs of students and staff within the context of the school and community.

World Health Organization - Specialized agency of the United Nations, established in 1948, and governed by the World Health Assembly.

LIST OF ABBREVIATIONS

| | |
|-------|---|
| ASCD | Association for Supervision and Curriculum Development. |
| CAPT | Connecticut Assessment of Progress Test . |
| CDC | Center for Disease Control (USA). |
| CCL | Common Core of Learning. |
| CSDE | Connecticut State Department of Education. |
| CSHM | Coordinated School Health Model. |
| DHHS | Department of Health and Human Services. |
| ELL | English language learners. |
| ESEA | Elementary and Secondary Education Act. |
| IOM | Institute of Medicine (USA). |
| IVAC | Investigate, Vision, Action, Competence. |
| NCLB | No Child Left Behind. |
| NEASC | New England Association of Schools and Colleges. |
| PE | Physical education. |
| PLC | Professional Learning Community. |
| PPT | Parent, pupil team. |

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ACKNOWLEDGEMENTS

After many years of working in the field of education as both a teacher and school administrator the opportunity to participate in the University of Hull Connecticut cohort graduate program arose. After meeting with representatives from the University of Hull it became quickly evident that my prior educational experiences and academic pursuits aligned with ongoing research in the field of school health promotion which was being undertaken by a University of Hull Professor. It was my good fortune to be assigned to work with Professor Derek Colquhoun whose work would, for the next six years, inspire me to pursue research in this area. With his assistance I was able to design, create and lead a three and a half year research study whereby I was able to pursue my goal of transforming an unhealthy high school into a health promoting school.

The global awareness and significance of promoting the health and wellness of children within school settings had not been, prior to my working with Professor Colquhoun, a topic of discussion which arose in either my undergraduate or graduate studies. Upon reflection had it not been for the knowledge and inspiration I received from Professor Colquhoun I would not have become aware of an educational philosophy which I believe has the potential to significantly impact teaching, learning, achievement and lifelong health and welfare of children in the United States. This study has provided me with the opportunity to infuse together the multidisciplinary aspects of my education into a cohesive and meaningful 'living educational theory.' My professional practice has become forever changed by this experience – I am deeply grateful to Professor Colquhoun for his support, inspiration and guidance.

STATEMENT OF ORIGINALITY

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, this contains no materials previously published or written by another person except where due reference is made in the thesis.

Signature

Date

DEDICATION

My passion to create and lead a healthy school has been driven by memories and first-hand knowledge of the profound impact that school can have on one's life. While undertaking this research, the voices of my students, past and present, confirmed the need for the creation of schools which address the social, emotional, physical and academic well-being of all children. I dedicate this dissertation to those students who provided me with the inspiration and insight required to accomplish this thesis. I also dedicate this thesis to my husband Roger and to my children Matthew, Emily and Molly whose support provided me with the confidence and reassurance to believe that I was capable of managing the demanding tasks required to assume the role of health promoting school leader and doctoral student.

CHAPTER 1

1.1 Introduction

This thesis is the story of a three-year research study undertaken when I was appointed to the position of principal of a large, comprehensive high school in southeastern Connecticut, USA. This study has had, as its primary goal, the integration of principles that promote health with the educational and logistical leadership of a complex social structure which is a large modern high school.

This story is written from the perspective of a leadership position, and there it combines research that I conducted in order to design practices that infuse the promotion of good health into the context of a traditional, standards-based high school, on the one hand, and my own reflection on how this effort affected my overall role as the leader of the school.

This journey has taken place in a multi-layered context, including the forces at work on a national level, the standards and testing promulgated and administered by the State of Connecticut, and the factors at work at the local, that is, school-district level. Among other considerations, this context has meant that I have been constrained in various ways to maintain the school's qualifications for secondary school accreditation.

While there is an abundance of compelling research that connects the health of children to their academic achievement, there is a dearth of literature concerned with the actual process of leading a modern high school toward the promotion of health, especially in the context of the many requirements of school leadership. One such requirement is the need to work collaboratively with many stakeholders: students, staff, district administrators and members of the community. Therefore, while I have reviewed the relevant literature and used

insights from the literature in the design of health promoting practices, I have also led a collaborative process of accessing and implementing those practices. Ultimately we have developed what might be called an eco-holistic approach, infusing considerations of health into all aspects of the conduct of the school.

At the outset, I struggled as a newly hired principal, to develop trusting relationships with the many stakeholders involved because, this effort was new to almost all of them and, no one had previously considered how the promotion of health might have anything to do with the attainment of state standards or ongoing building initiatives with which they were all more familiar. The institutional and community norms at work within my school district focused on expectations that teachers and administrators would prioritize their efforts on improving test scores, and continue pre-existing initiatives in preparation of an upcoming New England Association of Schools and Colleges accreditation evaluation. I also quickly determined that my desire to work collaboratively with staff would most likely not be supported by the strong union leadership president who taught in my building who I was informed did not support teachers volunteering to assume responsibilities outside their job descriptions or disruptions to the status quo. In short, I had to struggle against the 'business as usual' mentality that pervades most American public schools.

In response to these constraints, it became necessary for me during the first year and a half to devote a significant amount of my time facilitating this study, modeling suggested practices, initiating and facilitating interventions and educating staff about the value of integrating health promoting principles into the operations of the school. The collaboration of the various stakeholder groups increased over the course of the study, as our relationship developed, but also as stakeholders increasingly recognized the positive impact that health promotion has had on the school's achievement of more traditional goals.

This development has been gratifying, because when I began this study, simultaneously with being appointed principal, I had little or no theoretical or empirical research available to guide me. I believe in the value of integrating the promotion of good health with the running of a school, and that belief was strong enough to help me persist, even when implementing this large scale study seemed to have the potential to disrupt the entire organization, which was not accustomed to change. So this study reflects the personal and professional challenges I have experienced over the past three years. This is not merely a research thesis; it is also a narrative of indecision, risk taking, frustration, hope, joy and the human capacity to change.

The first three chapters provide the overview of the thesis, a review of the literature relevant to the study's central concerns, and an outline of the research methodology. Chapters 4,5 and 6 report on each of the three research stages: *Chapter 4: Laying the Groundwork: Assessing the Culture and Building Support; Chapter 5: Gaining Momentum: A New Mission-Exploring, Empowering, Achieving; and Chapter 6: Integrating School Health Promotion into the Context: A Site Specific Conceptual Framework.* Each of these chapters presents an overview of findings; narratives of events; a literature review specific to the focus in each stage; an analysis of the data and critique of events; findings; processes; outcomes and narrative reflections. Chapter 7 provides a synthesis of the entire study and outlines my recommendations for future research and professional development in the area of leading schools that promote health as a central goal that is integrated with curricular and other goals.

An alternative thesis format, created by Davis (2003), was utilized as a model for this thesis. The adoption of this format was based on the same rationale adopted by Davis (2003) and was based on the belief that the format 'best reflected the evolutionary nature of a complex action research study not perceived to fit into the linear, mechanistic, traditional format used for doctoral

dissertations' (p. 2). Previous attempts to write up this study using a traditional format were unsuccessful.

1.2 A Personal Journey

On a personal level, writing this thesis provided me with the opportunity to investigate and reflect upon my own personal practice, my life and the multiple roles I have assumed over the past twenty-five years as: a teacher, school leader, researcher, doctoral student and mother. These reflections, in conjunction with the diversity of my experiences and the undertaking of this study have enabled me to expand upon my own 'living educational theory' (Whitehead, 1989).

My educational theory has evolved over time influenced by my own educational experiences and training, by the assimilation of literature from multidisciplinary sources and through first-hand experiences as a student, teacher and educational leader. As a result of the diversity of my experiences I have acquired insight and knowledge related to the value and connection between health and education and the role of the school leader in creating health promoting school environments.

At the same time, accepting the position of principal has required me to make a commitment to promoting academic excellence, to embrace strategies to improve test scores and accountability, and to promote the implementation of standards-based curriculum and other accountability based mandates. In other words, I was not able exclusively to use this new position to implement my ideas or to pursue my passion; rather, I had to address school climate and staff morale concerns and continue ongoing building and standards based accountability initiatives.

My decision to initiate a large scale study that had the potential to disrupt the status quo of the school was a risky decision, and yet, I felt that the infusion of

health promoting principles into the school's agenda had to be done holistically. Leaving that issue to the side, while focusing on concerns that were already on the table would have been a lost opportunity. An attempt to include health concerns later on would have been counter to my belief that those concerns must become an integral part of all the other functions of a school in order to be successful.

Discussions with district administrators at the central office level during and after the hiring process brought to light concerns about the high school that included parental complaints about the guidance department; concerns regarding the number of students failing physical education; the notable lack of support services; a dysfunctional library media center; an inadequate vocational arts program and concerns regarding the exceedingly high numbers of students not engaged in school related activities and others who were engaged in unhealthy risk-taking behaviors. I was informed during these conversations that district expectations for me were to continue ongoing building initiatives begun by the former principal whose primary focus was remediating accreditation deficiencies and improving standardized test scores.

The study utilized two conceptual frameworks for promoting health, specifically the *Coordinated School Health Model* (Allensworth & Kolbe, 1987); the *eco-holistic model* (Denman, Moon, Parsons & Stears, 2002) and the *whole child educational approach* advocated by the Association for Supervision and Curriculum Development (ASCD, 2007). Furthermore, the design, implementation and assessment of action research field work and leadership strategies implemented during the study were influenced by the knowledge acquired from the continuing review of theoretical and empirical literature from fields of public health; medicine; education; health promotion and leadership.

For the purpose of reporting the study, three distinct and yet continuous stages will be described, each focusing on the most notable actions and outcomes which took place during each particular year of the study. Within each stage, multiple cycles of action took place including diagnosing, planning, action, evaluation and reflection.

1.3 Driving the Research: The Evolution of a Passion

In my role as the school leader I am driven to use my position to advocate and stand up for the health, well-being and learning of my students (York-Barr, Ghre & Montie 2006, p. 76). As is with most reformers, perhaps I am driven by the ghost of my own past. Though it has been a long time since I was a public school student, I can vividly recall the lack of concern my traditional public school had for the social, emotional and physical needs of its children. I can call to mind the disappointment, discouragement, and frustration throughout those twelve years when I was longing to find support, compassion, guidance and assistance that would have helped me deal with family issues which included a chronically ill brother and dysfunctional family. I experienced little academic success and felt that my voice was silenced, my emotional needs unmet, and my creative talents in the areas of art and dance were left without validation. As a result, for me, academic achievement had no meaning, and the future seemed hopeless.

As high school graduation approached, it appeared that I was destined to fall prey to repeating a generational cycle for women, which included work, marriage, family and compliance. However, I challenged authority and the status quo, and sought a college setting where my interests and talents in the fine arts could grow. I have integrated this experience into my dealings with my students by turning it into a health promoting strategy whereby we discuss life's options when experiencing a crises. For me the choice was to become a survivor

rather than a victim, and from that moment I acquired the drive to prove 'them' wrong. My ability to convey this experience to my students has been beneficial to them and to this study, in that it fuels my belief in the commitment school leaders must make in establishing health-promoting relationships and organizations for their students. 'Health' in this context takes on a broader meaning of fostering a healthy self-image and supportive framework for achievement and well-being.

While my public school experiences were tumultuous, the experiences and opportunities that I sought out after leaving home were profoundly inspiring. After completing a degree in fine arts I went on to pursue graduate coursework in the areas of environmental education and environmental psychology during a period of time when these fields were emerging as programs of study within graduate schools. This course work provided the foundation for this study and the integration of health promotion as a school administrator. Exposure to the theoretical and conceptual underpinnings of environmental psychology aligns in many respects with the principles of health promotion and the educational philosophy associated with the whole child approach.

I have been guided by the work of Carter (2007); Jensen (1997); Allensworth & Kolbe (1987) and LeWallen (2004) who assert that while academic achievement is a priority for schools it cannot and should not be the only goal. In my role as a school leader, I struggle to find ways to express to my teachers that their role is to assist students to become healthy, productive participating citizens and that there is an inextricable link between a student's health, as broadly understood, and his or her ability to learn and achieve. One must acknowledge that many dedicated teachers give 100% - they cannot do more - but, one must insist, to achieve the goals I'm advocating they need to do some things differently.

1.4 The School Setting and Community Context

This single case study takes place in a suburban, comprehensive high school in southeastern Connecticut, USA. The twelve-year old high school is housed in a 350,000 square foot facility, has a student population which has ranged from 1030 in the first year of the study to 980 in the third year of the study and approximately 120 certified and non-certified staff. The high school facility also houses the district administrative offices which include the maintenance department; business office; special education services department and technology department.

Minority enrollment within the high school includes 49 Asian students, 32 African American students, and 110 Hispanic students. The number of incoming, non-English speaking (ELL) students has nearly tripled in the past three years including 24 students at the high school and an additional two hundred throughout the district. This increase has warranted the hiring of an English Language Learning Director and increased funding for curriculum development to meet the needs of these primarily middle-eastern students. Students are mainstreamed into regular education classes and at the high school level receive one period a day of support from the ELL teacher. Teachers report that their lack of ELL training and professional development has resulted in their inability to fully meet the academic, social or emotional needs of non-English speaking children and that they are often unable to communicate with them due to language barriers.

There are a total of 6 support staff at the high school and one school nurse to address the social, emotional and health needs of 1030 students. The staff includes: 4 guidance counselors, 1 social worker and 1 school psychologist. Guidance counselors are assigned a case load of 250 students. The social worker and psychologist are assigned a student caseload through pupil-parent team

meetings (PPT) counselor and teacher referral or upon request by student. Throughout the duration of this study the lack of coordination of services between the school nurse, guidance counselors, social worker and school psychologist and teachers was determined to be an essential need. Action plans undertaken to address this concern was addressed in this study and shall be discussed in Chapters 4, 5 and 6.

The total population of 3,200 students in the school district are housed in 11 schools which include: 1 high school; a grade 7-8 middle school; 8 neighborhood elementary schools and a grade 3-8 school for gifted children. Historically, students have attended local neighborhood schools, a practice motivated by the desire of parents for convenience and by culture. This practice has resulted in burdensome overhead expenditures and administrative costs placing a high financial burden on the district.

Within the district there are other political situations in operation. The first includes the perceived micromanagement of the schools by both political parties in town who, by law, have no jurisdiction over the school board. In particular, the perception of some is that the current political administration and Board of Education are strong proponents of the elite grade 3-8 school for gifted children in spite of its financial impact upon the school district. Other political controversy existing within the community surrounds tensions which exist between officials within the town government and district central office related to the hiring of personnel, perceived mismanagement of money by the school district and conflicting personal agendas. Conversations with some staff and members of the community point to entrenched cultural practice of hiring individuals who have political or familial connections to local school district administrators or individuals within the community who have power or influence. These same individuals report the belief that some individuals who

have become employed by the school district may be less than qualified to assume the positions for which they have been hired.

Another controversial issue which had the potential to impact the high school involved the desire of some members of the community, including influential politicians, to 'make better use of the high school facility' by reducing the number of schools in town and moving another grade level of students to the high school thereby increasing the student population to the maximum capacity of 1500 students. While state construction guidelines determined the capacity of the high school, to house 1500 students the design of the facility in reality does support the inclusion of other grade levels into the school.

The town government politically changed overtime with elections taking place twice during this study. The party currently in control has instigated drastic funding cuts and a zero percent budget increase over the past year resulting in reduced staffing which has impacted the high school by the reduction of one guidance counselor and the school based safety officer. This substantive change in services and support staff was reported to the New England Association of Schools and Colleges (NEASC) as having the potential to impact the next accreditation evaluation scheduled for September of 2011.

The high school itself is an impressive structure approximately 350,000 square foot in size. Due to its size, an outside maintenance company and security staff are employed full time to oversee: 75 classrooms; a triple gym; double weight room; fitness center (created during this study); performance center; library media center; recording studio and technology laboratory; child care facility; computer rooms; a double foods room; music and art rooms. The school campus reflects strong community support and tradition for athletics and consists of: a field house; football field; softball fields; 2 baseball fields; 4 tennis courts and a full size track.

Upon assuming the role of principal, I conducted conversations, reviewed documents, policies and practices, and concluded that oversight of the school facility, environmental and building security were issues which had not been addressed by the former principal. In contrast, my own interests and knowledge in the area of environmental education and psychology and design provided me with the expertise to recognize that the school's environmental problems were significant and that they had the potential to impact the school culture and achievement of students. My concerns for overall safety and security issues, air quality, and cleanliness, and the use of space were supported by my strong belief in the fact that my role as school leader included responsibilities for addressing and remediating concerns in these areas. The interventions and leadership strategies which I used during this study to respond to these concerns will be addressed in Chapters 4, 5, 6 and 7.

The high school program offers a wide array of college and vocational courses to meet the needs of college and non-college bound students. Forty-five percent of graduating students, over the past three years have been accepted to 2 and 4 year colleges. As reported by the guidance staff, the attrition rate of graduating students who attended college (35%) was extraordinarily high (25%). Many of these former students, who after leaving college, reported that they were unable to cope academically and emotionally. Others reported preferring to stay close to home and family. With the large population of non-college bound students and those reportedly ill equipped to complete a degree, it was determined that the vocation programming options, rigor and support services needed to be examined. Due to budgetary constraints no actions along these lines were taken for the 2008-2009 or 2009-2010 school years.

Vocational courses offered at the school include: construction; medical careers; culinary arts; automotive technology; fine arts; graphic arts and recording and television production. In year three of the study one art teacher and the culinary

arts teacher were eliminated due to budget cuts. Students wishing to progress beyond the introductory vocational courses offered at the high school have limited opportunities to enroll in a lottery program which admits a designated number of students from each surrounding school district into out of district vocational schools. This program has a cost to the district of approximately \$8,000 - \$11,000 per student which limits the number of students from participating. While it would clearly be more efficient for the district to expand its vocational programming efforts to seeking additional funding for the reimbursement of programs within the school setting, this determination was not made by district administrators during the course of this study.

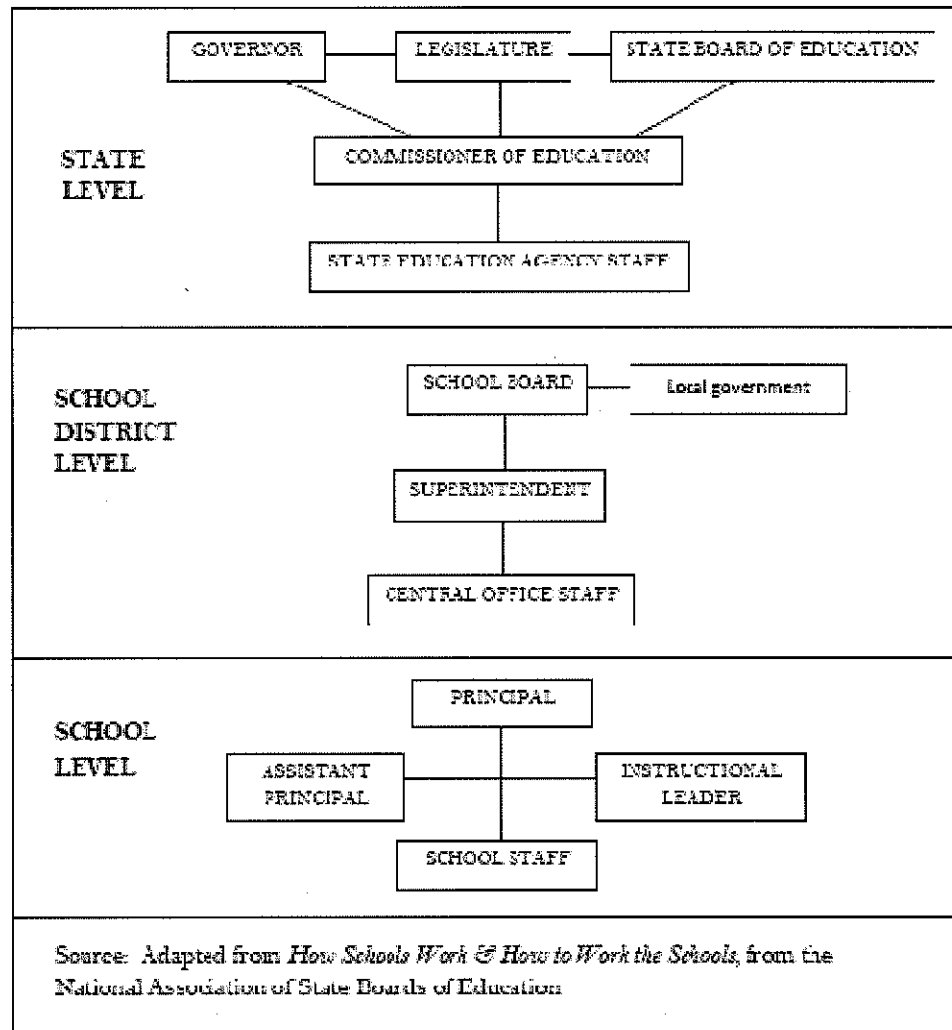
1.5 Educational Governance Structures: Federal, State and Local

The governing structures of the educational system in the USA consist of approximately 15,000 local school boards; 50 state boards of education; 6 regional accreditation agencies and a Department of Education in Washington, D.C. In the State of Connecticut there is a Department of Education; an appointed Chancellor of Education; an appointed State Board of Education and 165 local school districts which are run by an elected local board of regional board of directors (Figure 1.1).

Organizationally, my school district is under the leadership of an appointed Superintendent of Schools. Working under the Superintendent are two Assistant Superintendents, a Director of Pupil Services, a Director of Building and Grounds and Director of Finance. As the high school principal I report to the Superintendent and two Assistant Superintendents and oversee: 4 instructional leaders (Science, English, History and Math); 2 Assistant Principals and 120 certified and non-certified staff.

Figure 1.1

THE PUBLIC EDUCATION
GOVERNANCE STRUCTURE, CONNECTICUT



1.6 Caveats, Aims, Questions and Objectives of the Research

1.6.1 Caveats

All of the above discussion leads a reader, I hope, to accept both sides of the coin of a real world study of this kind. Participation in the study from stakeholder groups is difficult to quantify due to the complex nature of the project and the

fluctuating numbers. The study will report the numbers of participants when such factors as sample size, class size, focus group size and type of activity are available. When there is not an obvious number with which to quantify a perceived effect of the study, for example, day-to-day observations of educators and students, in holistic settings will be described. In cases where such perceived effects are reported, the specific strategies will be further described in Chapters 4, 5 and 6.

The literature review is also limited simply due to the dearth of citable literature specific to the topic of *leading* health promoting schools. Nevertheless, for example I found significant guidance in such works of Colquhoun (2000); Denman (2000); Tones & Tilford (2001) and Dooris (2006).

1.6.1.1 Reporting the Study

My initial attempts to write up the thesis included the use of a traditional, five chapter dissertation format intended to include a sequence of separate chapters for introduction, literature review, methodology, research design, findings and conclusion. After experiencing many hours of frustrated attempts to capture and report the complex findings of my research I found the results to be discouraging and not reflective of the dynamic, integrative nature of my work. As continued attempts to write a thesis that would adequately reflect the complexity and substantial changes which resulted were unsuccessful I serendipitously located a dissertation written by Davis (2003) whose writing reflected the creation of a dissertation format which I believed best reflected the complex nature of my research, the outcomes of this study and implications for future practice. I contacted Davis for permission to use her format to which she kindly agreed.

The work of Davis (2003) was appealing to me because of the fact that her study was undertaken simultaneously with assuming the role of working within the school setting as mine had. Davis' (2003) research perspective articulated as having two distinct but intertwined phases, the action research fieldwork component and an analysis, reflection based component was also strikingly similar to mine and provided continued validation that my research goals were attainable.

Davis (2003) pointed me to the work of Richardson (2000) for confirmation of the fact that there was justification for using an alternative reporting format for reporting on qualitative research which evolves in a non-linear fashion. My non-linear research goals to document the creation of a health promoting school from a leadership perspective sought to utilize a utilize a spiraling process, characteristic of action research supported by Kemmis (2001), Wadsworth (1998) and Dick (2000) therefore the adoption of Davis' (2003) evolutionary, narrative format which included both description and critique was, in my opinion an ideal option which could best reflect my study.

Rather than use separate, sequential chapters I chose to highlight the interdependent events, processes and outcomes of the research through a process of infusing, narrative, literature review, analysis and critical reflection in each of the three central 'stage' chapters (4,5,6). This process is indicated in Figure 1.2.

1.6.1.3 Health Promoting Schools as Complex Adaptive Systems

My work as a leader of a complex health promoting school has been greatly influenced by the work of Colquhoun (2005) who was in turn using the work of Plesk and Greenhalgh (2001). Colquhoun (2005) was the first anywhere to apply the metaphor of schools as complex adaptive systems to health promoting schools.

Thinking of complex adaptive systems as a metaphor gives us a new way of thinking of health promoting schools: a way which attempts to grapple with the myriad complexities found within any school. As Colquhoun (2005) argues:

‘We can appreciate their fuzzy boundaries, internalised rules, adaptive nature, embeddedness within other systems, tensions and paradox, novel behaviour, inherent non-linearity, unpredictability, the different characteristics of the different actors within them and their patterning’ (p. 51).

Essentially, and as I show throughout this thesis, health promoting schools can be incredibly complex and any attempt at change means the school leader must be aware of the different nuances and features of complex adaptive systems ranging from the differing boundaries schools often find themselves with through to the many and varied actors now working in, through and with school communities. This thesis and my systematic adherence to the action research illustrates nicely the journey I took as a school leader and how that journey was influenced by the many and varied features of my school as a complex adaptive system.

1.6.1.3 The Challenge of Assuming Multiple Roles

Throughout the three and a half years in which I was immersed in this study, I have led multiple lives as: principal, researcher and health promoting facilitator. I have found myself spending each moment of every day reflecting on some aspect of the study - either the action research field work or my professional practice and reflections of the study. While the opportunity to undertake research within my own organization was profoundly rewarding and purposeful, each action, initiative, decision, strategy and outcome which resulted has had a substantial impact, both positively and negatively on my professional and personal practice. For example, during the first two years of the study there was the interim assistant superintendent who had no knowledge about school

health promotion who felt that I had 'spent too much time focusing on the health of my students. His letter of evaluation at the end of the year reported that:

"Your focus on health and wellness and the physical plant itself sometimes seems more important than your concern for the academic success of the program. Your interest in all of these areas is commendable, but the appearance, many times, in that the academic goals are secondary to the others. This is perceived as a fault by those with whom you work. You should stay focused on the curricula, course offerings, and the improvement of CAPT scores. These are areas that will eventually determine your success or failure as an educational leader."

The letter reflects the failure of a central office administrator to understand the concept of health promotion and the degree to which district superintendents can impact school leaders such as me who challenge traditional norms within schools. His bias towards me had the potential to negatively affect future career goals. Furthermore, this particular administrator also happened to be the individual assigned to develop the school wellness policy.

Throughout the study I was faced with challenging situations which caused me to scrutinize and reflect on my leadership actions and the outcomes of my decisions. For example, as an insider-researcher and principal, situations arose which challenged me to address matters regarding staff performance. There were also issues which emerged related to the continual undercurrent of critical comments which were made by some teachers and teacher union president who did not find value in the health promoting interventions which were proposed.

As the principal-researcher, I assumed the role of insider in collaboration with other insiders (Anderson & Herr, 2005) and sought ways to 'stimulate debate and discussion' (Reason, 2003, p.1) related to matters pertaining to health, education and the role of education in society. I was influenced by the work of many for example, Wadsworth (1998) who highlights the importance of implementing strategies which convey information to those within the research setting about

the goals of the study. Wadsworth's recommendation was influential in the creation of staff meetings and professional development workshops where information was provided to my staff and students about the study and their role in the study. During those meetings I shared with staff my belief that the study had the potential to 'take them somewhere to change something they might not be aware needs changing' (Wadsworth 1996, p. 14).

My role as participant researcher was to translate theory into practice, to lead the way and to test leadership strategies which could potentially be used by me and others to integrate health promoting principles into the context of a traditional standards based high school. The opportunity to use my role as the school leader, to engage my staff and students in a whole school initiative with the goal to provide staff with opportunities to participate in a 'collective self-enquiry of their own social reality and educational practices and, to investigate the conditions in which these practices were carried out' for the purpose of determining the reality of integrating health promoting principles into the context of a traditional school setting (Kemmis & McTaggart 1997, p. 5-6) was an exciting and challenging undertaking.

As the school principal and insider-researcher it was essential for me to consider the perceptions of my staff related to the role of research within the context of the school setting. In doing so I was reminded that the educational training teachers have received fails to emphasize or provide opportunities for teacher to experience the process of implementing or using research within the school setting. Additionally, it was essential for me to place my study within a context of other studies which embrace a multi-disciplinary perspective and political constraints which might have the potential to impact my study. With the understanding of how valuable the undertaking and documentation of a multi-disciplinary, whole school study would be I recognized the fact that its

implementation would be very difficult to conduct (Bransford, Stipek, Vye, Gomez & Lem, 2009).

With regard to my multiple roles and the implementation of this study, Robson (1993) and Herr and Anderson (2005) provide insight into the fact that 'when the game (participatory action research) changes from being solely concerned with understanding to admitting an interest in social and personal change, then a whole gamut of thorny issues comes to the fore' (p. 430). The thorny issues and challenges which I faced daily and the outcomes of change will be discussed throughout the thesis.

1.6.2 Aims of the Study

The inquiry sought to bridge the gap between publicly stated aims, theory and practice in terms of school leadership that promotes health. There is an abundance of literature from the fields of medicine, public health, education and government reporting that the health of children is a concern from many perspectives, and there has been a public sense of urgency that schools should find ways to address the health needs of children for the good of society (Carter, 2007; LeWallen, 2004; Jensen, 2007).

Mainstream media conveys many messages about obesity, lack of physical exercise among children, at risk, behaviors, nutritional needs, along with messages about the underperformance of children in academics and the need for health care reform. The gap has been a dearth of materials specifically focused on how teachers, administrators and school district might make progress in some of these areas with actions that can be taken within whole school settings. Elmore (2000) asserts that schools as they currently function are led by individuals who are unable and unprepared to respond to the demands placed

upon them, and that, exactly is the core aim of this study: to help develop guidelines by which educational institutions can indeed do better in these areas.

1.6.3 Questions Used to Guide the Study

The research questions guiding this study reflect a progressive approach as defined by Bryman (2004) whereby one begins with general concepts and ends with more specifically focused questions contrary to the recommendations of Hammersley & Atkinson (1995) who suggest a more focused approach. The following questions were established for this study:

1. What are the perceptions of the health needs of students and staff and what suggestions do they themselves have for their own health and for improving the school culture with regard to health issues?
2. What leadership strategies can a high school principal use to infuse health promoting principles into the culture of a school?
3. What components of the Comprehensive School Health Model/Coordinated School Health Model, as proposed by Allensworth & Kolbe (1987); the eco-holistic model, as proposed by Parsons, Stears & Thomas (1996), the whole child approach as proposed by ASCD and the principles of health promotion as outlined by the World Health Organization in the Ottawa Charter (1987) prove applicable to this real-world study?
4. What obstacles will this study face and what outcomes will result from it, that is, what are the consequences of 'real-world' research?

These questions will be presented in Chapter 7 where the discussion will also include recommendations for future research.

1.6.4 Objectives of the Study

Four research objectives were developed to address these questions namely:

1. To 'tell the story' of my attempt to transform a traditional, standards based, comprehensive, high school into a health-promoting school.

2. To contribute to filling a gap in the literature on leading health promoting schools.
3. To document the school leadership strategies I employed, and
4. To explore the implications of this process taking place within the context of a standard based high school.

Regarding the first objective, according to Denzin & Lincoln (1998), 'narrative and story are both a phenomenon and method' (p.155). Denzin & Lincoln distinguish the terms by suggesting that a story describes a phenomenon whereas a narrative entails inquiry. Gudmundsdottir (1995) maintains that narratives have the potential to be transformative by allowing one to understand the world in new ways. So, it is my hope that my story, written from the perspective of school leader who became both the phenomenon and observer will inspire other school leaders to create health promoting schools which will maximize the potential of their students to become healthy, happy and successful human beings.

The second objective required a review of multi-disciplinary resource and empirical and theoretical literature in the areas of health promotion, school health promotion, medicine, educational reform and public health. The third objective led to an extensive review of educational leadership and federal, state and local standards and policy. Furthermore, the dearth of information regarding school health promoting leadership required the creation, implementation and documentation of leadership strategies which were designed specifically for the purpose of addressing issues within the context of my school. To address the fourth objective required me to become familiar with information about the standards based accountability mandates which impacted the school. The action research field work strategies used to integrate health promoting principles

and strategies into the context of a standards based school constitute the essence of this study.

In exploring these research objectives I have concluded that until mandates such as No Child Left Behind (NCLB, 2001) and NEASC accreditation expectations are revised to include consideration of the health needs of the whole child, it is incumbent upon school leaders independently to implement strategies that mesh standards and other expectations with health promoting principles, for, it is my further conclusion that gains in health promotion can only be achieved through strategies that address all of these concerns in a holistic way.

1.7 The Placement of Literature Reviewed Within the Study

Chapter 2 provides a review of literature central to the critical concerns which establish the context for this study specifically, issues surrounding health, school health promotion, standards and accountability. Chapter 4, Stage 1 of the study includes a review of literature regarding the conceptual health and educational models used and a review of literature on student empowerment and voice. Chapter 5 provides a review literature on leadership, change and school reform while Chapter 6 includes a review of literature related to policy and sustainability.

1.8 Rationale for the Study

Significant research supports the link between a student's health, well-being and his or her achievement (Kolbe, 1985; Allensworth, 1993; Institute of Medicine (IOM), 2000; Action for Healthy Kids (AFHK, 2008). There is a preponderance of evidence which suggests that childhood obesity, substance abuse, and other health problems in the USA and around the world have resulted in a global health crisis (World Health Organization (WHO), 1997; CDC, 2005; Carter, 2007). Data related to the poor health status of children floods the mainstream media

and for good reason: obesity rates have tripled in the past 25 years, increasing the incidence in childhood of high blood pressure, diabetes, and elevated cholesterol rates (Sturm, 2006).

The American Heart Association (2004) acknowledging that cardiovascular disease is the major cause of morbidity and premature mortality of both men and women in the United States, and the Surgeon General of the United States strongly recommend that schools formalize health promoting programs in pre-school through high school. Recommendations to infuse health promotion into the school setting first reported by Kickbusch (1992) are consistent with position statements of many governmental, national and world-wide organizations for example the Institute of Medicine (2000, 2010); Center for Disease Control (2007), World Health Organization (1996) and Connecticut State Department of Education (CSDE, 2007).

While government agencies on both the national and state levels, in conjunction with the public health and medical communities, have called upon school leaders to address the health concerns of children (CDC, 2002; CSDE, 2007) I am unfamiliar with any school leaders who are systematically responding. Instead, school leaders remain focused on improving standardized test scores (Murphy, 2001). This monocular focus tends to exclude consideration of the social, emotional, and physical factors which impact children's learning and their overall health and well-being (Hurrelman, 1995; ASCD, 2007).

Significant research suggests that the school environment is the prime setting in which to address the health concerns of children (Kickbusch, 1997; Warwick, Aggleton, Chase, Schagen, Blankinsop, Scott & Eggers, 2005). At the same time, schools alone cannot be responsible for addressing the nation's most serious health and social problems. Rather, collaborating among the fields of government, public health and education must work together to address these

concerns (Connecticut State Department of Education, 2007; Tones & Tilford, 2005).

St. Leger (2001) points to global school health promoting initiatives and highlights the fact that 'schools throughout the world contribute to the achievement of their public health goals in conjunction with their educational commitments' (p.197). Despite this clear evidence and despite non-U.S. models as described in Chapter 4, the alignment of health and education goals have not been achieved in the USA at either the federal level or state level, and actual practice has not taken up the slack.

With all the emphasis on academic standards in the USA, the awareness is low of the federal government's health goals *Healthy People 2010* (Institute of Medicine, 2000), just as awareness is low of conceptual models such as the *Coordinated School Health Model*, advocated by both the Center for Disease Control (CDC) and the State of Connecticut (CSDE, 2007). Furthermore, there is a lack of professional development and funding in the area of school health promotion. As a result, St. Leger's (2001) assertions do not apply specifically, the federal and state government in the United States has failed to adequately promote and support established health goals within the education sector.

This study itself is evidence that a school leader must piece together theoretical and conceptual standards and frameworks to guide his or her efforts, and that it is unrealistic to believe that many school administrators will replicate this process: the task is too large and there are too few guideposts. As a result there have been no large scale school reform measures developed by school leaders in Connecticut which include integration of school health promoting principles or interventions embedded within their context primarily due to the failure of the Federal and State agencies to recognize and require that school leaders receive training in the area of health promotion to receive certification.

1. 9 Notes on Research Methodologies

Many authorities in the field of health promotion, for example: Allensworth & Wooley, (1997); Colquhoun (2000); Jensen, (2000); St. Leger, (2001); Tones & Green (2004); LeWallen (2004) and others who write about educational change such as Elmore (2000); Fullan (2003); Stringer (2004); Kemmis & McTaggart, (2004) suggest the use of action research methodology when seeking to create changes. In this connection, I have been influenced by the work of Stringer, (2004); Kemmis, (2007); Parsons & Brown (2002); Reason & Bradbury (2001); Coghlan & Brannick, (2005); Kemmis & McTaggart (1997) and Carr & Kemmis (1989) who all report in different ways the benefits of action research.

My selection of a whole school, exploratory, single case study was based on its potential to generate data which was holistic and not isolated. Patton (1980) suggests that:

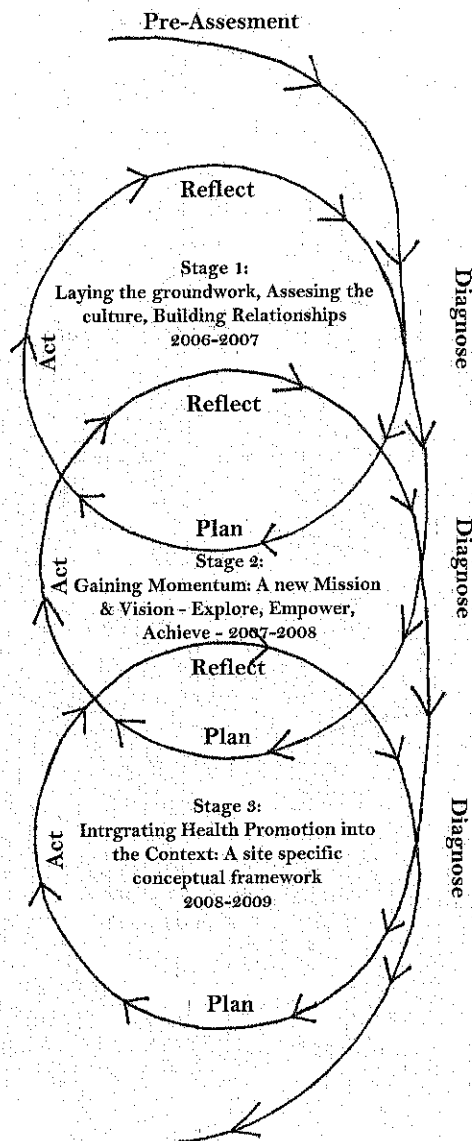
‘It is insufficient to simply study and measure part of a situation by gathering data about isolated variables, scales or dimensions. The use of a holistic approach provides the researcher with the opportunity to collect data on a number of aspects of the organization in order to put together a complete picture of the event’
(p.193)

In addition, the work of Robinson (1993) and Stringer (2004) suggest the need for research within educational settings which integrates theory and practice and therefore has the potential to create real change. The emergent research design evolved as this study proceeded resulted in spiraling, reflexive processes during which I, as the participant insider researcher became aware of issues, collaboratively investigated them, and then undertook planning to address them. Ultimately, real-world research must be a work in progress, and in this case, that is certainly true. However, for reporting and analytical purposes, I have divided this study into three distinct stages corresponding to the academic years 2006-

2007; 2007-2008; 2008-2009. Each of these stages was marked by cycles of awareness, investigation, action, and reflection (Figure 1.2).

Figure 1.2

Cycles of Awareness: Action Research Stages



This practice was consistent with the work of Kemmis & McTaggart (1997) and Wadsworth (1998) who report that action research is an 'integrated, dynamic process where cycles repeat themselves until sufficient understanding of the problem or goal has been determined' (p. 15). These cycles of reflection,

according to Wadsworth (1998), are suggestive of all research; however, participatory action research includes:

- Conscious problematizing
- The explicit identification of the problem
- The development of planned and deliberate strategies to investigate the problem
- The development of systematic and rigorous efforts to obtain answers
- The development of procedures for documenting action strategies
- Intensive and comprehensive reflection
- Attempts to develop deeper meanings and theory about issues being researched
- Changing or modifying actions as a result of the above processes

(p.5)

This study began immediately upon accepting the position of principal which took place in July of 2006 prior to the start of the 2006-2007 academic years. From July 2006 through the end of August 2006 I began collecting data beginning with my job interview, observations, informal conversations, and a review of documents of the research setting. Data collected during this initial *pre-assessment phase* of the study provided me with the ability to develop antecedents to the study and a starting point from which to ground my thinking about the needs of my school and its relationship to health promotion.

With plans to use an emergent study design I was encouraged and inspired with the work of Stringer (1999) who highlights that 'school administrators can design action research projects by framing their study within the context of their vision, mission statement and educational philosophy' (p. 177). My goal was to design a study which integrated health promoting principles into the context of the school by responding to the emergent needs of my staff and students thereby expanding upon traditional standards based goals by linking them to larger social and educational issues.

1.10 Reflective Practice and Insider Action Research

The concept of reflective practice is one that is unfamiliar to most educators I have worked with over the past twenty-five years. Educators spend much of their time planning, not reflecting (York-Barr, Sommers, Ghere & Monti, 2006). My desire to undertake a study from the perspective of the school leader and reflective practitioner provided me with continuous opportunities to learn through 'planning and reflective trial and error which led to my ability to transform events, experiences and information into tacit knowledge and knowledge' (York-Barr et. al., 2006, p. 252). Using my own school as the setting for this study provided me with naturalistic opportunities for learning and reflection.

My ability to be acutely aware of the school culture, climate, and experiences of students and staff at all times yielded information valuable to the study (Maykut & Morehouse, 1994). Narrative reflections intended to communicate my story and the story of my staff and students were used as both a method and form of documentation whereby my personal experiences, sense making and perceptions along with those of my staff and students have been descriptively reported. Narrative descriptions and personal reflections have been analyzed along with other data collected and then intertwined within all chapters of this thesis.

Educational researchers in the USA have been slow to embrace action research methodologies and contend that the educators should strive to better represent the breadth and depth of the human experience Grogan, Donaldson & Simmons, (2007); Caine & Caine (1994); and Babbie (2001). Fullan (2005) points out that school leadership and educator training programs have failed to provide administrators with the training and skills to implement action research studies, especially in today's standards-driven climate.

In my dual role as insider- researcher and school leader, I was influenced by Herr & Anderson (2005) regarding the potential for insider research to impact power relations within my school specifically, when 'the game changes from being solely concerned with understanding to admitting an interest in social and personal change...a whole gamut of thorny issues come to the fore' (p. 430). The thorny issues which permeated field work and my professional practice will be discussed within Chapters 4, 5, 6 and 7.

The goals of this study were at first developed by me and later, as the study evolved developed collaboratively with other stakeholder groups within my school. Throughout the duration of the study it grew increasingly more evident that the type of whole school health promoting initiative would have been unsuccessful had it been attempted by educational researchers who, like me, were not immersed within the organization (Reason & Bradbury, 2001).

Schon (1983) points out the unwillingness and difficulties experienced within organizations when deep, second order, whole school changes are attempted. This type of change was exactly what was required to infuse health promotion into the context of my traditional high school setting thereby requiring an insider-researcher such as myself who was willing to work collaboratively with all stakeholders.

As an insider-participant and the new member of the staff it was my initial goal to build relationships and trust among staff and students. I utilized every opportunity to share and articulate with staff and students the overarching goals of the study through informal conversations, staff meeting presentation and modeling emphasizing the recommendation of Stringer (2004) including:

- Inviting all stakeholders to participate
- Articulating the value of collaboration and active engagement on the part of all staff and students was valuable

- Extending opportunities for empowerment to staff and students
- Highlighting the potential for the study to be practice changing

(p.30)

A lack of awareness on the part of the staff, in conjunction with the fact that I was the new principal, led to initial skepticism and criticism during the early phases of the study supporting the work of Robson (1993) who points out that 'adding the title of researcher to one's role is difficult for both the researcher and colleagues' (p. 300). In the role of principal-researcher it became quickly evident that the lack of awareness of my staff regarding school health promotion required that I also assume the role of health promoting facilitator until such time when collaboration or initiative from stakeholders resulted. As will be discussed throughout this thesis that while collaboration and support did increase among staff throughout the study my overall vision of health, educational beliefs, actions and interventions were continually challenged specifically by those aligned with the 'gatekeepers' who resisted change and the increased sense of accountability. I often felt that my professional integrity, perceived competence and overall role as building leader was closely scrutinized and it became essential for me now only to facilitate the study but to balance my leadership role by spending an equal amount of time driving standards based initiatives.

1.11 Data Collection, Analysis and Interpretation

Table 1.1 provides a timeline of the data collection strategies used for this study and the research stage in which they were implemented. Qualitative data was collected from informal conversations, observations, focus groups and a review of artifacts while quantitative baseline perceptual data was collected from surveys and questionnaires. Qualitative research methods are useful in

providing a way of 'capturing the complex and fluid stream of events taking place' in organizational settings such as my school (Robson, 2000, pg 63).

Table 1.1 Data Collection Timeline

| | |
|--------------------------------------|------------------|
| Surveys | Stage 1 |
| Informal conversations | Stages 1, 2, & 3 |
| Informal Interviews | Stages 1, 2, & 3 |
| Observations | Stages 1, 2, & 3 |
| Review of Artifacts and student work | Stages 1, 2, & 3 |
| Note Taking | Stages 1, 2, & 3 |
| Focus Groups | Stages 1, 2, & 3 |
| Questionnaires | Stages 1, 2, & 3 |

Robson (1993) highlights the fact that one must consider the 'the type of information one wants to know, from whom and under what circumstances' (p. 188) and suggest the following rationale for each data collection method described in Table 1.2.

Table 1.2 Data Collection Methods and Rationale for the Inquiry

| <u>Method</u> | <u>Inquiry</u> |
|--------------------------|---|
| Interview, questionnaire | To find out what individuals do in private To find out what individuals think, feel, believe |
| Direct Observation | To find out what individuals do in public |
| Standardized tests | To determine individual abilities, to measure intelligence and perceptions |

Adapted from Robson's 'Rules of Thumb' (p.189)

Qualitative non-mathematical data and baseline data collected from Likert-like surveys and questionnaires was used to identify themes and patterns (Maykut & Morehouse, 1994). Data was triangulated, as suggested by Bogdan & Bilken

(1982) whereby inductively generated categories and properties of data were aligned to the components of the conceptual frameworks which guided the study. The study then identified correspondences among narrative accounts, reflective practice and literature which was continually reviewed and integrated into field work and reflective practice.

The constant comparison method used to guide analytic practice for the study (Glaser & Strauss, 1967), provided me with the ability to maintain a close connection between data and conceptualization so that 'the correspondence between categories and indicators was not lost' (Bryman, 2004 p. 403). As suggested by Dye, Schatz, Rosenberg & Coleman (2000), the value in using this method of analysis lies in the ability to 'continually compare events which are currently transpiring with previous events thereby uncovering new relationships' (p. 68).

Dey (1993) points out that the constant comparison method can be utilized by researchers such as me who have pre-determined, a priori categories in mind or by those who desire to create categories as the study evolves. While some categories used to analyze data were based on the conceptual components of the health promotion and educational models used to guide the study for example: nutrition, staff wellness, and social considerations other categories such as student empowerment and student voice aligned directly to the principles of health promotion (Appendix A) as outlined by the World Health Organization (WHO, 1997).

Lincoln & Guba (1985) describe the comparative process as one which 'stimulates thought that leads to both descriptive and explanatory categories' (p. 341) while Dey, et. al., (2000) discusses the analysis component by maintaining 'as the analysis of data evolves flexibility on the part of the researcher is necessary in order to continuously refine the categories to best fit the data' (p. 111).

1.12 Pre-Assessment: July 2006 – August 2006

Prior to formally beginning the study I utilized the period of time between my date of hire and the start of school year to acquire an initial understanding of the school, the stakeholders, the culture and the community. This period of time has been referred to as the *pre-assessment* phase of the study (Appendix B). As the newly appointed principal it was essential for me to acquire a context and perspective for the study and my role as principal.

Bryman (2004) maintains that there is value for the researcher in what may appear to be 'trivial details' suggesting that the information acquired has the potential to provide insight into the essence of the context under examination. I began the pre-assessment stage of the study with the goal of uncovering potential antecedents or issues from which to begin to construct the study. It was important for me, during this pre-assessment stage to begin to define the characteristics of my real-world enquiry.

I was influenced by the work of Robson (1999) who highlights the point that researchers undertaking real-world research, such as mine, must become aware of the constraints, background and pending issues within the organization they are researching in order to design their study. During the pre-assessment stage I set forth to respond to Robson's recommendations. The methods I used to collect data during the *pre-assessment* phase of the study included: observations, informal conversations with staff and students and a review of artifacts and student records. The primary constraint which I experienced during this phase surrounded the fact that most of the staff, students and supporting administrators were on holiday and as a result. I was unable to meet or converse with the majority of stakeholders prior to the start of the school year.

Antecedents to Stage 1 of the study were generated from data collected during this time are described below. As the study evolved and further inquiry and action took place it was determined that the data collected during the pre-assessment phase was consistent with the broad range of findings which emerged throughout the entire study.

1.13 Antecedents

- The former principal was hired to remediate 102 negative citations received on the 2001 NEASC accreditation evaluation (Appendix C). While substantial progress was made to remediate the issues during his 5 year tenure it was determined by central office administration that there was still much work to be completed by the fall of 2011 when the next accreditation evaluation would take place. The tasks associated with this endeavor in conjunction with the goals of the study are daunting. I wondered how I could address the remaining citations and continue to promote the academic priorities of the former principal, address the rigorous standards and prepare the school, the students and the community for the upcoming accreditation evaluation while undertaking this study. I questioned how realistic it was to believe that I would be able to create a health promoting school and immediately sought out literature to assist me with my investigation.
- The former principal hired 4 instructional leaders to oversee instruction and assessment in the core areas. The staff I spoke with over the summer described an 'elite leadership structure' perceived by many as solely responsible for setting policy and making decisions which impacted students, staff and overall school culture. It became clear that staff were seeking a more distributive leadership model. In order to create distributive leadership opportunities for staff and students it will be necessary for me to create newly defined roles for the instructional leader, assistant principal and teachers. While I welcomed the challenge associated with redistributing and expanding leadership responsibilities to all staff, I wondered how the process of usurping the power of one group and distributing it to others would impact my role and the morale of the former 'leadership team'. The process of equalizing the power structure and empowering staff and students has the potential to reflect the principles of health promotion i.e. democracy, equity, empowerment and action.
- One assistant principal hired to work with the former principal handled primarily disciplinary issues and like other staff in the building was allowed to be autonomous and unaccountable for his actions. A second assistant principal was new to the position. These individuals were not perceived by staff to be part of the 'elite administrative power structure' which surrounded the previous principal. It became my goal to expand the role of these individuals and to create a 'team' approach which would require increased expectations for accountability. I wondered how best to integrate these individuals into the instructional

leadership core while at the same time requiring them to handle the day-to-day managerial and disciplinary demands to maintain safety and order. I also became aware that political affiliations of one individual had the potential to create obstacles both to my study and school improvement initiatives.

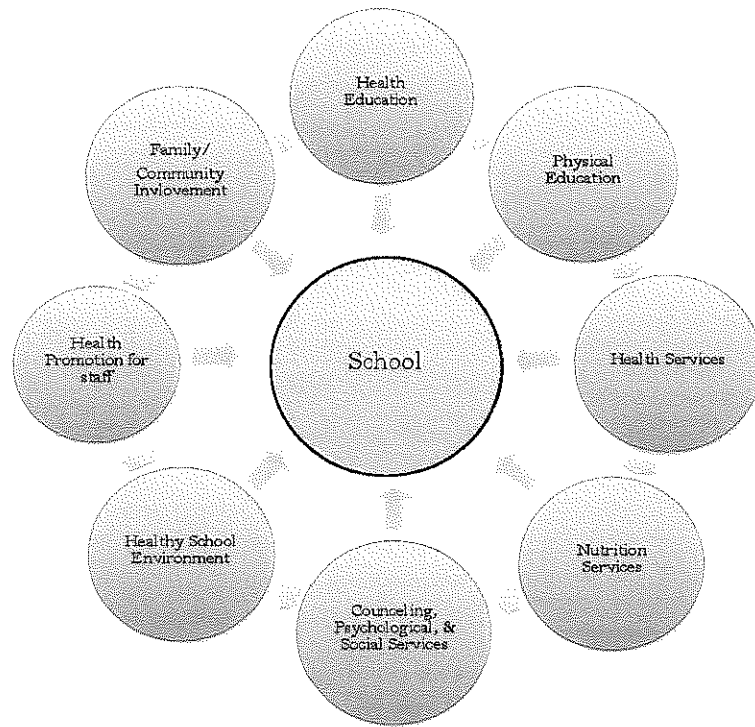
- Historically, teachers and secretarial staff have been autonomous and not held accountable by former school principals or central office administrators. These individuals typically respond to increased accountability initiatives by filing labor grievances on the state and district levels. These practices, and unwillingness to assume tasks which may deviate from traditional assignments, have the potential to present major challenges to the study. My research goals to create a health promoting school have the potential to create the type of 'second order change' which can disrupt the 'status quo' of the entire culture of the school. In doing so, I realized it is essential for me to provide and articulate a rationale, framework and coherent action plan for change to my staff in hopes that they will cooperate and collaborate. To prepare for this challenge I will adopt the primary goal of expanding my knowledge about the process and ramifications of change and disruption to the status quo.
- The teacher union president has historically been unwilling to support school improvement initiatives, change and the evaluation of underperforming staff. I must develop a working relationship with this individual but must also prepare myself for the potential that alternative strategies to accomplishing goals for the study may be required if she will not work collaboratively with me and if she negatively influences other staff whereby they are encouraged not to collaborate.
- Discussions with staff and administrators reveal concerns about student apathy, lack of involvement and engagement, risk taking behaviors, high absenteeism rates and parents who enable their children's at risk behavior and lack of achievement. Are these students really apathetic? What are the root causes of these concerns? Do these students have a voice? What strategies does staff use to connect to students and are their assignments relevant and purposeful? What is happening?
- The former principal was perceived to be disengaged from the school culture and not involved in matters related to environmental quality, building cleanliness and staff accountability. *I recognize* the need to be visible and 'tuned in' to the environment. I must take the time to create strategies which allow me to develop relationships of trust with all staff and students. I must find ways to become involved, and engaged in matters related to students, instruction, assessment, accountability and oversight of the facility environment. I must model health promoting principles in action and word. Am I in too deep?
- Historically, the school system has been impacted politically and socially specifically, in the areas of funding, hiring and politics. I have heard about the political culture of this town and its pervasive impact on the school district and previous school administrators. I was forewarned by the previous principal that my 'outsider' status had the potential to impact my overall success as the school leader. I have much to learn about the community and fear that my ethical leadership style will be tested. I am learning that there are many ties between individuals employed by the district and their connections to political parties and influential members of the community.

1.14 Stage 1 Overview: Laying the Groundwork: Assessing the Culture and Building Support

Stage 1 (Appendix D) took place from August 2006 to June 2007 and will be reported in Chapter 4 of this thesis. Throughout this period of time the study relied on qualitative data collected during the pre-assessment *phase* data and quantitative data from baseline surveys, observations, informal conversations and the review of artifacts.

Health surveys (Appendix E) were designed to determine student and staff perceptions of health needs and knowledge. As data was collected and analyzed it was aligned to the eight components of the *Coordinated School Health Model* (CSHM) (Figure 1.3) and corresponding sources of empirical and theoretical and empirical literature.

Figure 1.3 Coordinated School Health Model

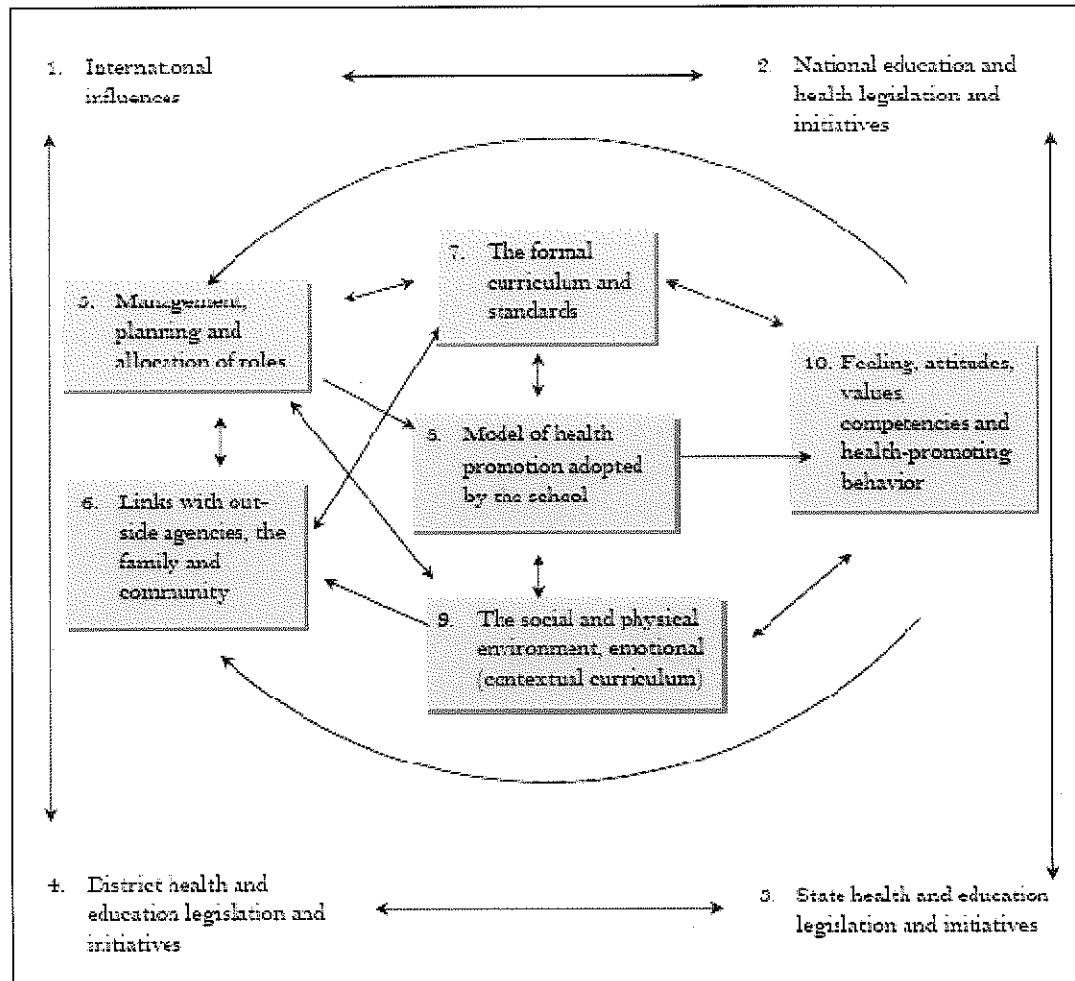


An eco-holistic approach, whole school approach (Figure 1.4) was used to holistically focus attention on the matters surrounding: the school and community environment, family involvement and other ongoing school initiatives and standards based expectations which were perceived to have the potential to impact student health and achievement. The *whole child approach*, an educational philosophy and model, promoted by the Association for Supervision and Curriculum Development (ASCD, 2007) was utilized for its emphasis on the role of schools in promoting the social, emotional, physical and academic needs of children. It was my intention to align the goals of both conceptual health models and the educational approach in order to more clearly provide my staff and students with a broad conceptual understanding and vocabulary of school health promotion into an educational framework which they were familiar.

Figure 1.4

Eco-Holistic Health Model

An eco-holistic model of the school



Denman, Stears, Parson & Moon (2002)

The educational *whole child model* supports the belief that teachers and school leaders must address the social, emotional, physical and academic needs of all children. This model was used in the study based on its familiarity to teachers and the likelihood that the use of this model as a frame of reference would provide me with the ability to infuse health promoting models and principles into a context which staff could relate. Formal and informal leadership strategies were created and implemented during this stage to develop relationships and

build trust among all stakeholders was a major priority. Cycles of inquiry, action and evaluation and reflection implemented during this initial stage were facilitated primarily by me and later more collaboratively with staff and students. The overarching goal during the first stage of the study was to articulate the concept of school health promotion to my staff and students; to model health promoting strategies and to highlight the potential for and value of integrating health promoting principals into the context of the whole school culture and ongoing building initiatives.

Chapter 4, Stage 1 will include a review of literature on the health promoting conceptual models and educational model used for this study in addition to literature regarding student empowerment and voice based on the significant impact student voice and engagement student had on the study during this period of time.

1.15 Stage 2 Overview: Gaining Momentum - A New Mission and Vision- Exploring, Empowering, Achieving

Chapter 5, Stage 2 (Appendix F) of the study took place from August 2007-June 2008. The second year of the study utilized data and insight gleaned and refined from the actions, strategies, processes, outcomes and perceived obstacles which took place during Stage 1 and the pre-assessment. Significant milestones which took place during Stage 2 include the revision of the school's mission statement and core values; the creation of a fitness center for staff and students, substantial changes to the physical education, guidance and health programs and the continued role of student voice and participation.

Furthermore, a faculty senate was established and deep change and disruptions to the 'status quo' became prevalent including increased measures to empower staff, the creation and articulation of increased accountability expectations for teachers and the emergence of student empowerment committee. Included

within Chapter 5 will be a review of literature which significantly influenced the strategies, actions and outcomes which took place within cycles occurring during this stage with respect to aspects of leadership, change and reform.

1.16 Stage 3: Integrating Health Promotion into the Context - A Site Specific Conceptual Framework

Chapter 6, Stage 3 (Appendix G) took place from August 2008 to October 2009. Included within this chapter is an overview of narrative, findings, analysis and reflection of the actions, processes, obstacles and outcomes which took place during the third year of the study. Within this chapter will be a review of literature which examines the role of policy and sustainability.

Most notable during this stage was the collaborative development of a site-specific conceptual framework (Figure 6.1). The creation of this conceptual model was perceived as a significant accomplishment due in part to the fact that the collaborative undertaking involved administrators who were both skeptical and unaware of the concept of school health promotion when the study began. Furthermore, the creation of a site specific conceptual model which integrated standards, ongoing building initiatives and school health promoting principles was viewed as a significant milestone towards the goal of transforming a traditional; standards based high school into a health promoting school. The visual conceptual framework provided a template for staff thereby validating the integration of health promotion and its role within the context of the school.

Professional learning communities (PLC's) were created by me during this stage with the goal of providing staff with leadership opportunities to undertake action research fieldwork which would enable them to work in collaborative groups to investigate issues of concern which they determined to be worthy of investigation and improvement. Teachers were provided with information about using action research along with a suggested format (Appendix H) which

guided their distributed leadership protocols. The outcomes of their work and its impact upon the study have been reported in Chapter 6.

1.17 Chapter Summary: Significance of the Study

There is an inextricable link between health, achievement and wellness (United States Department of Health and Human Services, 2001, 2010; Action for Healthy Kids, 2007). Compelling research provides evidence of the impact of poverty, poor health care, inadequate diet, stress and a lack of physical activity on student achievement, health and overall well-being (Action for Healthy Kids, 2007) and yet there is a dearth of empirical and theoretical research on leading health promoting schools (Denman, et. al., 2002; Tones & Tilford, 2004). Furthermore, there is a dearth of information written from the perspective of the school leader which documents the implementation of a whole school health promoting initiative.

Educational reform efforts within the USA call upon schools to improve test scores, provide students with 21st century learning skills, address racial disparities which have created an achievement gap between white students and minorities and implement national, common standards (CSDE, 2008; Duncan, 2009) yet, the role of health upon student achievement has not become part of the conversation and vice versa.

Recommendations emanating from the federal and state governments regarding matters about education and public health for example, *Healthy People 2010* (IOM, 2000); *Healthy Balanced Living Framework* (CSDE, 2007); *Coordinated School Health* (CDC, 2007) have failed to align their goals, their recommendations and their efforts. Furthermore, I have not met a single educator in the twenty-five years I have worked in the field of education who are familiar with the nation's public health goals or the concept and goals about school health promotion. Research

on school reform reveals that there is a substantial overlap between the components of health-promoting schools and schools determined to be 'effective' schools. In a general sense both are able to meet the social, emotional, academic and physical needs of their students (Jensen, 2001; St. Leger, 2001; Puhl & Schwartz, 2007).

This study will seek to support the fact that leadership strategies designed to respond to standards-based expectations and school reform initiatives can be enhanced through the integration of health promoting principles. This study sought to examine the strengths and weakness of a traditional, standards based high school with respect to its health promoting status with the overarching goal of relying on health promoting models to guide the creation of a health promoting school by coordinating services and creating a whole school culture which meet the social, emotional, physical and academic needs of all students.

CHAPTER 2

SCHOOL HEALTH PROMOTION: CONTEXT AND CRITICAL CONCERNS

2.1 Introduction

Chapter 1 provided an overview of the critical concerns and issues which frame this study, specifically the health needs of children and their impact upon achievement and student well-being. Furthermore, Chapter 1 highlighted ancillary concerns specifically, the role of the school leader in creating a health promoting school and the leadership considerations related to integrating health promoting principles into the context of a traditional, comprehensive high school. Included in Chapter 1 was the rationale for the study and a description of the perceived need to rely on multi-disciplinary sources of empirical and theoretical literature to challenges the norms of a traditional, standards based high school such as mine.

In Chapter 2 I have expanded upon the critical concern for promoting the health of children within the school setting, the historical, theoretical, conceptual and global underpinnings of health promotion and the standards based educational mandates which impact teaching, learning and school culture as these issues, first and foremost, comprise the context and essence of this study within which new insight, learning and action related to leading health promoting schools occurred.

Chapter 3 provides a description of the methodology used for the study while Chapter 4 describes the conceptual models and educational model which provided the overarching framework to support action research fieldwork and professional practice for the study. The review of literature in Chapter 4 includes the topics of student *voice, empowerment and participation* based on the significant contributions each of these components had on the study during Stage 1. Chapter

5 provides a review of literature on leadership and change while Chapter 6 will provide a review of literature on policy and sustainability.

2.2 Literature Review: Caveat

I was aware from the onset that my review of the literature would be constrained by the fact that there was a dearth of literature on leading health promoting schools and whole school health promoting programs. Consequently, it became evident that these gaps in the literature further reinforced the need for a whole school study such as mine which would document the leadership strategies used by the school leader to create a health promoting school. It was my hope that my documentation of this whole school study would assist to fill perceived gaps in the literature. My position was to holistically apply and synthesize the knowledge which I acquired in order to build upon and connect the literature to assist me diagnose, challenge and enhance the perspectives of my staff and students as issues related to health emerged within the study (Stringer, 2004).

The multi-disciplinary sources of literature reviewed for this study have been infused into Chapters 4,5 and 6 and were positioned, to some degree within each chapter to highlight the action research fieldwork and professional practice which took place throughout each stage thereby 'constructing inter-textural coherence' (Bryman 2004, p. 532) between the real-world context of my school setting and theory. This reporting strategy highlighted the process which I undertook of integrating literature previously unconnected to actual school health promoting planning, interventions and outcomes.

Consistent with the recommendations of Marshall and Rossman (1999), my review of the literature subsequently, 'provided theoretical constructs categories and properties which were used to organize the data and connect theory and real-world practice' (p. 52). The infusion of literature from disciplines outside

of the educational realm for example; medicine, school health promotion, public health and social science into my action research field work and professional practice was also undertaken with the intention of responding to recommendations made within each of these fields in order to determine how a real-world study such as mine might be able to fill gaps in the research. It was my intention, and my hope that the leadership strategies used to guide the study would assist other school leaders and researchers by providing them with a broad context, and story written from the perspective of a school leader to guide their health promoting efforts.

2.3 Literature Dependency: A Forthright Confession

My expanded role as the full time school principal and health promoting researcher was challenged by the self-imposed need to continually seek out, review, synthesize and reflect on a multi-disciplinary array of literature thereby consuming my life throughout the duration of this study. The challenging, complex and multi-faceted inquiry process required to implement this study resulted in what felt like a relentless search for information. While the process resulted in generating countless opportunities to integrate theory and new learning into my professional practice and action research field work it took its toll on me both personally and professionally.

The simultaneous generation of data collected through observations, conversations, review of artifacts and review of the literature was integrated into conceptual models used for the study resulting in the continuous implementation of action oriented strategies. The actions and interventions were first designed and facilitated by me and more collaboratively with others due primarily to the leadership strategies which I adopted included sharing information I was reading with staff. For example I would post articles outside of my office for staff to review, send them email links to articles of interest and

disseminated interesting articles about action research, school health promotion and the health needs of students into teacher's mailboxes. As some staff became more knowledgeable about school health promotion their level of participation increased.

The process of integrating theory into practice provided staff with opportunities to observe real-world research in action however, as the field work escalated and concerns and changes emerged the self-imposed pressure to read more and learn more became overwhelming. As this study evolved so did my dependence on the literature and my quest to develop a sense of *personal mastery* (Senge, 1990) requiring the continuous self-examination and critique of myself as a school leader and researcher. Reflecting upon my professional practice during this period of time reveals the conflict I experienced related to fulfilling the responsibilities associated with promoting health and standards based accountability requirements and my personal need to develop a healthier work-life balance.

As my level of understanding of school health promotion and action research increased so did my presentational, propositional and practical knowledge (Reason, 2001) thereby allowing me to expand my role from principal to principal-health promoting facilitator-researcher. In doing so, I became successful in implementing 'meta practices' (Kemmis & Grootenboer, 2007, p. 5) which has allowed me to change my own practice and practices within the context of the whole school. I became aware of the fact that my reliance on the literature was not only for information but also for comfort and recognized that I was becoming more dependent with each passing year especially during times when I lacked confidence and the ability to cope with the stressors related to the study and my job.

This reliance on the literature for emotional support and guidance was due in part, to the fact that I was not aware of practicing educators who had the knowledge, understanding or interest in school health promotion with whom I could confide or converse. In order to survive the pressures I placed upon myself to fulfill the goals of the study I immersed myself in the study and surrounded myself at home, school, and office with literature. At times I felt as though I was a *stranger* in a foreign land where sense making only took place when I was immersed in the literature for there were no others in the field working on a study similar to mine. In my pursuit to achieve my research goals I dismissed opportunities to socialize with friends and family and used every free minute reading, writing, strategizing and reflecting.

While driven to achieve my research goals, to fulfill the demands of my high profile position, and, to promote the passionate belief in the value of my study, it became evident that my own health was becoming compromised which on occasion placed the study at risk. With my overarching goal was to create a health promoting school for my students and staff I was making myself sick. Prior to the study I paid close attention to my own health needs routinely attending weight lifting and yoga classes at the gym three times a week, walking and staying physically active and strong. With the study taking place simultaneously with the appointment to the position of new school principal I was unable to find time to continue my exercise program. While I did attempt to find a work-life balance my efforts were inconsistent and unsuccessful and fraught with guilt over whether to read, write or exercise. I continually questioned the complexity of my study and struggled to combat the belief that the task was too large and the outcomes too vague, however, I persevered. The literature review process and research study filled both intellectual and emotional gaps but created others and I sought to regain a healthier work-life balance when the study and thesis were completed.

My desire to acquire a personal mastery of the literature and to develop leadership practices which provided me with the leadership capability to infuse health promotion into my school transformed my initial intent of working simply to fulfill the requirements for a doctoral degree into a personal quest which 'went beyond the acquisition of competence and skills to a spiritual unfolding' (Senge, 1990, p. 141). In doing so I acknowledged that this research study evoked a passion which went from a task which was part of my life into culminating experience representing my life's work.

The literature used for this study integrates both print and internet sources between 1886 and 2009. Sources include specialized research databases such as Education Abstracts; ERIC; ATHENS, EBSCO Host; Medline and public service engines including: Google, Google Scholar, Teoma and Bing. Key search words such as: health; health promotion; school health promotion; educational leadership; school reform; student empowerment and student voice were used to conduct print and Internet searches.

2.4 An Overview of Critical Concerns and School Health Promotion

While an abundance of existing research supports the notion of creating health promoting school environments, there is a dearth of empirical and theoretical research available on leading health promoting schools. Obesity, school violence, chronic illness, mental health disturbances and substance abuse are prevalent in epidemic proportions among students in the USA. Such challenges impact teaching, learning, school climate and societies globally (O'Rourke, 2005).

'The healthy school integrates health promoting concepts including personal, social, health and environmental education, citizenship democracy and self-esteem' (Denman, Moon, Parsons and Stears, 2002, p. 1). The term health promotion has multiple interpretations (Raphael, 2000) however, most

significant and relevant to the process of creating health promoting schools is the definition created by the World Health Organization (1986) which suggests that:

‘School health programs that coordinate the delivery of education and health services and promote a healthy environment could become one of the most efficient means available for almost every nation in the world to significantly improve the well-being of its people. Consequently, such programmes could become a critical means of improving the conditions of humankind globally’
(WHO, 1986)

Table 2.1 provides an overview of health promoting goals created by Jensen et. al., (2007) which were used to formulate the overarching goals of the study created to address the health needs of children.

Table 2.1 Health Promoting Goals

- | |
|--|
| <ol style="list-style-type: none">1. Building healthy public policy2. Creating supportive environments3. Strengthening community action4. Developing personal skills5. Reorienting health services |
|--|

(Ottawa Charter, 1986)

Proponents of school health promotion have recognized the correlation between student health and achievement for example: Marx & Wooley (1998); Connecticut State Department of Education (2007); Seedhouse (1997); Raphael, (2000) and Tones & Green (2004) concur that health promotion is both ideological and value laden suggesting that individuals working within the health promoting arena be forthcoming about their own ideology, values and purpose which guide their efforts. Tilford (2002) maintains that ‘the concept of health promotion is rather like virtue; united only in the agreement that health is desirable’ (p. 20).

Wills (2007) outlines three perspectives on health which are believed to have influenced the ways in which health promotion has been defined:

1. The biomedical view of health defined as the absence of disease or disorders.
2. The behavioral view of health defined as the product of making healthy lifestyle choices.
3. The socio-environmental perspective which views health as the product of social, economic and environmental determinants which provide incentives and barriers to the health of individuals and communities. (p.3)

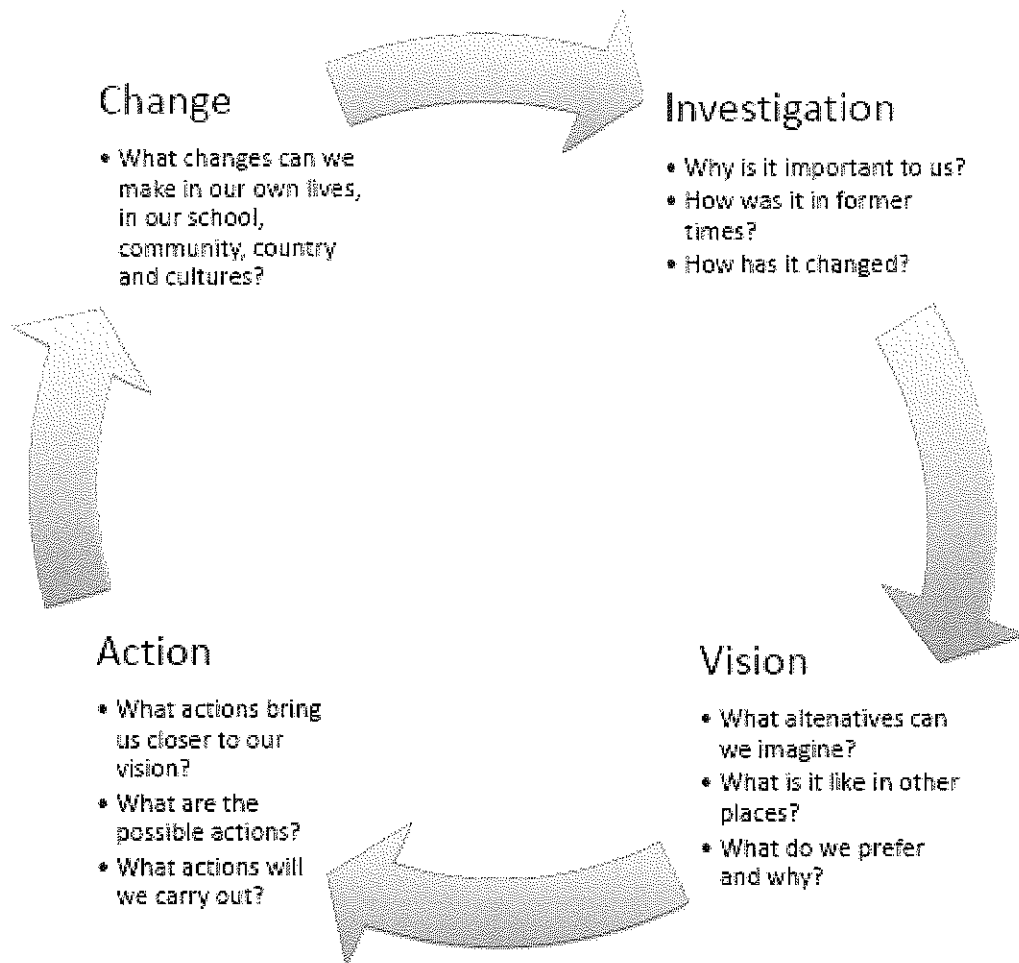
The Ottawa Charter created by the WHO (1986) has become revered for having changed the course of health promotion from a focus on curative medicine to complex, coordinated support services which promote healthy lifestyles and the acquisition of health promoting behavior (Health Evidence Network, 2007). Subsequent work which was generated by the WHO from conferences held in Sundsvall, 1991; Jakarta, 1997 and Mexico 2000 expanded upon the Ottawa Charter to include:

‘Democratic processes, social and political activism which contributes to the reduction of inequities, promotion of social capital, promoting responsibility for health and improved interaction between government, policy-makers and practitioners’

(Tones & Green 2004, p. 18).

Conceptual health promoting models such as the IVAC model created by Jensen (1995) (Figure 2.1) designed to ‘support democratic approaches to health education’ (Ferreira & Welsh, 1997, p. 473) provides evidence of how the principles of health promotion can be integrated into a four step process such as IVAC which provides students with the ability to develop student’s action competence through a process of investigation-vision-action-change.

Figure 2.1 IVAC Approach: (Investigation, Vision, Action, Change)



Adapted from Prof. Bjarne Jensen, NZAEE conference Dunedin, 2008

The process of embedding student participation within a health promoting strategy as the main focal point of the Macedonian Network of Health Promoting Schools (Simovska, 2004, p. 198). As described within this thesis action research field work which took place in my study reflects many of the elements of the IVAC model specifically the promotion of action competence, democracy, student reliance and engagement.

Furthermore, the elements of action competence and empowerment, while not components of the *Coordinated School Health Model* or *eco-holistic model* can be aligned to the philosophy of the whole child approach which focuses on meeting the needs and interests of the whole child. This whole school study differs from Jensen and Simovska's IVAC approach. The action strategies associated with the IVAC model for example, those which were implemented during the Shapeup Europe Project (2006-2009), were individualized and unique to the setting rather than implemented as a whole school initiative..

The role of the school setting in relationship to the health of children can be understood by reviewing the work of Wiley et.al. (1991) and Denman, Moon, Parsons & Stears (2002). These researchers point out the shift within the health care community away from curative medicine towards a more preventative model brings awareness to economic advantages associated with utilizing opportunities which exist within schools to promote health of children. Tones & Green (2004) highlight studies which suggest that health promotion has distanced itself away from a medical model of health care including the pathogenic, absence of disease paradigm towards a more salutogenic paradigm conceptualized by Antonovsky (1984) as one which focuses on the determinants of health prevention and emphasis on staying healthy. It is this paradigm which provides the theoretical underpinnings for the conceptual models which guide school health promotion emphasizing a focus on the determinants of health within settings which provide indicators related to how the environment or social norms impact health behavior (Nutbeam & Harris, 2004).

This notion raises the question of how one can promote the health of children within an organizational context which does not consider the health needs of its children to be a priority. Hartrick, Lindsey & Hills, (1994) assert that the acquisition of a holistic view of health within organizations 'is deeply rooted in human nature and societal structures' (p. 86). Similarly, and consistent with the

ecological view of health, Green et. al., (2000) contends that 'health within settings is dependent on the interaction which takes place between individuals in the sub-systems within organizations' (p. 16).

The question arises as to whether health is an individual responsibility, consistent with the preventive model or, whether society should take a more utilitarian approach (Tones & Green, 2004). Tones & Green (2004) refer to the work of Ryan (1976) who examines the notion of health promotion asserting that its motive was to blame individuals for the state of their own health. Ryan's (1976) theory of victim blaming serves to 'justify inequalities in society, including inequalities in health' according to Tones & Tilford (2002, p. 28). These conflicting positions on the role of society and schools to address the health needs of its students, is an essential question for school leaders to consider.

Tones & Tilford (2002) report that the roots of health promotion emanate from within the field of public health and are based on the premise that health is not as much an individual responsibility as it is a phenomenon governed by the physical, social, cultural and economic health environments in which we live and work. In my role as an educator and school leader I have heard contrasting perspectives over the past twenty-five years from educators about the role of the school and the teacher in addressing the health of its students.

Teachers, primarily due to their perceived lack of knowledge and training in the area of health, believe that schools have a limited role in addressing the health needs of children. Conversations with educators throughout the years reveal that while children cannot assume full responsibility for their own health they believe that parents, the school nurse and the health teacher are the individuals whose role it is to address the health needs of their students. My role as the school leader in dispelling these beliefs cannot be overemphasized in this context.

Roberts (1999) discusses the concept of 'conscious oversight and suggests that 'leaders who bring the perspective of conscious oversight to their organizations help to ensure the long term health of their communities' (p. 546). The concept of conscious oversight has influenced my thinking due to the emphasis it places on school leaders to nurture and care for the individuals within their organization for the good of the community and larger society. Waters et.al., (2001) further expand upon the concept by asserting that school leaders who practice conscious oversight take into consideration the professional development, mental health of their staff and students and school climate.

While compelling research exists to support the link between health and achievement, the education community has not recognized nor have they placed value or established expectations which emphasize promoting health within the school culture, community, ethos or curriculum (Tones & Green, 2001). St. Leger (2001) and *Action for Healthy Kids* (2007), maintain that school based health services and collaborative interventions within schools should become embedded within the context of the school.

As will be reported, initiatives created within this study designed to establish community contacts and inter-sectoral partnerships will be discussed. Research on school health promotion and its potential to improve academic achievement has not made its way into the hands of teachers or administrators with whom I have worked with over the past twenty-five years. This study has responded to these concerns and will report on strategies which have been developed and implemented to address the failure of the health care community and the educational sectors to work collaboratively within schools.

2.5 Promoting Health and Creating Supportive School Environments

The socio-ecological link between human health and the environment recognizes the importance of the school setting as 'one of a number of settings or environments which both influence health direction, and act to shape health beliefs, values, confidence and behaviors for personal and community health' (Davis, Dommers & Cooke 2002, p. 3).

The multi-disciplinary settings approach first utilized within hospitals and universities was later advocated for use in schools (Denman et. al. 2002). This eco-holistic approach has been utilized in my study in conjunction with the *Coordinated School Health* approach due to its emphasis on the role of the environment, both internal and external, on the health of staff and students. The settings approach has been controversial with debates taking place throughout the years (Dooris, 2006) regarding whether the 'setting,' should be viewed as a location or whether it should be viewed as an opportunity for delivering coordinated health promoting initiatives.

Controversy also exists within the literature regarding the impetus behind the establishment of school health promoting programs globally. Denman & Moon (2002) highlight the fundamental differences which exist within organizational settings which must be taken into consideration in spite of the fact that they may be attempting to achieve the same health promoting goals. The dominant goals associated with addressing the health of students within the school setting has 'evolved from addressing infectious disease, sanitation, squalor and personal health in the 20th century to an emphasis on addressing the 'new morbidities' which include poor nutrition, diabetes, cardiovascular disease, violence, stress and depression in the 21st century' (Young, 2001, p. 1).

St. Leger (2006) maintains that the primary reasons for schools to address health and health related issues is to increase the potential for the attainment of educational goals while Denman et. al., (2002) points to the need for 'countries to analyze their capacity to facilitate, promote and sustain policies for health promotion suggesting that health promoting schools have to position themselves within a complex, fast-changing policy context' (p.xiii).

The concept of health promotion, while accepted within many countries is not a familiar concept to educators in the United States (Nadar, 2002). In fact, matters of health are often discussed separately from the process of education (St. Leger & Nutbeam, 2000). While schools are positioned to play a significant role in addressing the health needs of children and staff, schools alone cannot assume responsibility for addressing the health of children (St. Leger, 2006) especially when there is no mention of health embedded within the context of teacher training programs, state frameworks or standards.

Advocacy organizations such as the *Healthy Schools Campaign* (2002), which highlight the role of schools in promoting the health of children, and others who point to the economic impact of poor nutrition, weight related absenteeism and inactivity on school budgets (Action for Healthy Kids, 2007) in conjunction with reports from the American Medical Association (AMA, 2008) affirming the increase in chronic illnesses such as diabetes high blood pressure and drug use among children have failed to influence the promotion of health within school settings which to date have not made the health of children a priority.

At this point in time there is clear evidence that the federal and state governments in the United States have not supported their own proposals to promote established public health goals (Institute of Medicine, 2001; 2010) or programs such as the Coordinated School Health Model (CDC, 1998; CSDE, 2007) designed for use within schools. The examination of educational practices

within school settings I have worked provides evidence of the lack of familiarity among educators regarding federal and state public health goals and school health promotion. Consequently, health promotion within school settings is not embedded within the context of public schools in Connecticut.

Interactions and observations of my at-risk students, in conjunction with conversations with staff and students reveal that the school environment for many students is the only stable, supportive environment in their lives. Allensworth & Wolford (1988), Kickbush, (1991), Lister-Sharp et. al. (1999) and Tones & Tilford (1999) concur that the school setting has the potential to become one of the most important and effective settings for promoting the health of children acknowledging that this is where they spend the majority of their time.

Samdal (1998) and Lemerle (2007) discuss the role of the school setting in promoting the concept of wellness and highlight the ability of the schools to create opportunities to provide students with strategies to develop coping and adaptation skills. These researchers maintain that the long term ramifications of acquiring these skills has the potential to impact on quality of life and well-being in a child's adult life. While there is significant emphasis placed upon high schools in Connecticut to provide students with 21st Century learning skills as part of the Connecticut High School Reform Plan (Appendix I) there has been no integration of these components within standards based mandates for example, policy or curriculum standards on the state or local level.

Schools have also been identified as one of the main settings in which to promote children's physical and emotional health (World Health Organization, 1990; Baric, 1992). Tomlinson (2004) suggests that 'the reality of utilizing the school setting has the potential to integrate health promotion into its context and should be supported by humanistic practices in order to create a social reality and organization which reflects the ideas, values, norms, rituals, beliefs and

culture of the members within the organization' (p. 155). Hawe (1998) points to the fact that the social structures which exist within organizations are a key component to the adoption of new programs. School environments, such as mine are typically characterized as autocratic, often at odds with the democratic intentions and potential for health promotion (Stringer, 2004).

The creation of supportive school environments is included in the Connecticut High School Reform Plan (CSDE, 2007); the standards which guide accreditation by the New England Association of Schools and Colleges (NEASC, 2009); the *Coordinated School Health Model* (Allensworth & Kolbe, 1987) promoted by the Center for Disease Control in Washington, D.C., and the *Healthy Balanced Living Framework* (CSDE, 2007). Standards and expectations outlined by NEASC do not include the mention of health as an established expectation nor do standards for school leaders in Connecticut.

LeMerle (2007) expands on the idea of creating supportive school environments asserting that schools are prime environments in which to proactively address the health needs of children rather than wait to address medical issues after they emerge. Kendall (2004) further expands upon the societal implications associated with addressing the health needs of children suggesting that education is a key determinant of health which has the potential to affect housing, health literacy and social status. In this regard one needs to revisit the original purpose of education and its role in preparing students to be healthy, contributing members of a their communities to quickly surmise the forgotten role of the school in promoting the civic and social values which lie at the heart of a democratic society (Steiner, 1994).

Baric (1993) highlights the need to address organizational considerations when integrating health promotion into an organizational setting while Kickbush

(1995) notes that healthy organizations display aspects of modern management theory and suggest that development considerations include:

- A goal focus
- Adequate forms of communication
- Optimal power equalization
- Resource utilization and distribution
- Cohesiveness
- Positive morale
- Innovativeness
- Autonomy
- Adaption (p.6)

Denman et. al., (2002), point to the need for schools to examine their mission and guiding principles in order to develop a conceptual vision and action plan for health promotion while Dooris (2006) suggests that schools maximize their settings by creating shared frameworks and program congruence which integrates health promotion and traditional curriculum. Samdal, (1998); Tones & Green (2004) and Fullan (2004) have pointed to the importance of the school leader's role in creating a vision and sense of urgency which can be used to assist staff to attain the skills and knowledge they need to promote the health of their students.

As will be described in Chapter 6 this study has responded to the recommendations of Denman et.al. (2002); Dooris (2006); Samdal (1998) and others through the creation and implementation of strategies and actions many of which are highlighted on the site specific conceptual model of my high school which will be described in Chapter 6. This conceptual framework, determined to be a significant outcome of the study was collaboratively designed by me and my administrative staff. The conceptual model supports change and program

coherence while at the same time placing value on the integration of health promoting principles into the context of our standards based school.

2.6 Historical and Global Initiatives: A Context for Learning

School health promotion has evolved over the last fifty years emerging simultaneously in Europe and North America in the mid-1980. The creation of health promoting schools in Europe has been organized around a social model of health based on the notion that health and education is linked (Denman et. al. 2002). The WHO's global school initiative, launched in 1995, sought to strengthen health promotion and education at the local, national, regional and global levels with regional networks established in Europe, the Western Pacific and Latin America. Global alliances throughout the world include the Center for Disease Control in the USA, UNESCO, UNAIDS and other private sector agencies. Health promoting schools throughout Europe vary in their individual approach but share similar features.

The Kappan Report (1999) chronicles the efforts of public health officials, educators and medical officials who have historically worked together within schools in the USA to address sanitation, squalor and infectious disease. The *Report* outlines the interventions which provide students with the skills deemed valuable in discouraging the use of alcohol, tobacco and poor lifestyle choices (Tyson, 1999).

Lear (2002) contends that post -1910 school health initiatives in the United States were impacted by external pressures, resulting in continued debates between individuals working within the field of public health whose goal was to address the health needs of children within the school setting and, private doctors who vied for the ability to be compensated for treating children in private settings.

The question in this context refers to whether health is an individual or collective responsibility (Denman et. al. 2002).

Rivers et. al., (2000) highlight the point that there has been substantial research linked to the development of the National School Health movement in the UK while Australian researcher Lawrence St. Leger (1999) reports that the concept of the health promoting school has been marked by the installation of the European Network of Healthy Schools. In the 1990's the European Commission and Council of Europe developed the health promoting school in conjunction with the WHO utilizing a multi-factoral approach (Health Education Network, 2006, p. 2). Catford (2004) similarly acknowledges the complex, multi-factoral origins of health promotion and believes that many individuals and organizations should be credited for developing the concept.

The World Health Organization (WHO) has had a profound global impact in promoting the health of children for example, Scotland, United Kingdom, Australia and Denmark where the alignment of national public health goals have been within the context of the whole school. The Scottish government reports that health promotion 'enables individuals to increase control over and to improve their health and that of society' (Scottish Health Education Group 2007, p. 1). In 2004, the Children's Bill was developed, the UK government's response to the *Children's Green Paper, Every Child Matters (2004)*. The document placed an emphasis on inter-sectoral collaboration and was used to foster a statutory basis for creating sustainable partnerships to achieve the document's vision. In contrast, the Center for Disease Control (CDC), the American counterpart of the WHO has had minimal impact on public schools or educational policies within the USA.

The term used for *health promoting school* varies by country for example, the term *healthy school* is used in England; *comprehensive school* used in Canada; *whole*

school approach in Australia and *coordinated school health model* in the USA.

Regardless of the term used, the health promoting school expands beyond the boundaries of the formal curriculum and seeks to meet the social, emotional, physical and academic needs of the students. The concept of the health promoting school aligns with the goals and guiding philosophy of the whole child educational model used for this study based on its familiarity with some staff.

2.7 Theoretical Underpinnings of Health Promotion

As confirmed by my review of the literature the field of health promotion relies on a multi-disciplinary array of fields and seeks to respond to maximize the health of individuals and the public at large by seeking to strengthen the skills and capabilities of individuals while at the same time seeking to change social, environmental and economic conditions (O'Byrne, WHO, nd).

The notion that the field of health promotion is multi-disciplinary is further supported by De Barr (2004) who suggests that 'theories and conceptual models used in the field of health promotion have their bases in more than one model' (p. 75). The National Institute of Health (NIH) expands upon the concept asserting that, 'health behavior and health promotion theories draw upon various disciplines, such as psychology, sociology, anthropology, consumer behavior and marketing with many theories not highly developed or rigorously tested and as a result are often called conceptual frameworks' (2007, p.4).

Nutbeam & Harris (2004), when addressing the potential of theory to guide health promotion, maintain that 'the development of health promotion has been substantial and highlight that while there is no single model of health promotion all models share similar features which include 'sequence, planning, implementation and evaluation' (p.67).

My examination of various health promotion models outlined by Nutbeam & Harris (2004) provides examples of the infusion of theory and research using multi-disciplinary approaches. Theoretical models described by Nutbeam and Harris include the *theory of reasoned action* used to predict whether an individual is likely to adopt, maintain or change their behavior if they believe that the behavior will benefit them and is socially acceptable and, *social cognitive theory* which can be used when attempting to understand the impact of the environment upon individuals which addresses the relationship between individual and their environment. The eco-holistic model developed by Parsons, Stears, Thomas and Holland (1996) exemplifies social cognitive theory. This model, utilized within my study highlights the existence of, and relationship between, factors of elements, external and internal, that influence the structure, development and scope of health promotion in school settings including the environment, school and community.

Markham & Aveyard (2003) report on what they consider to be a new theory for health promoting schools based on aspects of human functioning, school organization and pedagogic practices. The authors point to various aspects of the educational experience that can be used to generate sustainable healthy initiatives. This model, based on Nussbaum's ethical-political theory of human functioning (1990) and Bernstein's theory of cultural transmission (1975) suggests that health promoting initiatives when integrated into mainstream classes can engage students and promote inter-sectoral action and supportive school environments.

Konu & Rimpela (1999) developed the *School Well-Being Model*, based on Allardt's *sociological theory of welfare* (1976) designed to assess the concept of well-being, a factor not typically addressed by educators within the school setting. This model focuses on both the process of education and the school environment with respect to determining students' overall perceptions of well-being and

aligns with the work of Samdal (1998) whose work on student well-being within schools relies on research from adult work environments and quality of life research. Kona & Rimpela's findings suggesting that well-being is often viewed apart from the comprehensive goals of education a premise which I concur with. As described within this thesis, the process of integrating student voice into the school culture provides increased opportunities to assess and address the concept of students' well-being within schools.

The utilization of theories as 'the systematic explanation for observations that relate to particular aspects of life' (Babbie, 2003 p. 12) provides a contextual framework which can, in the area of school health promotion, assist educators within particular settings strengthen their own capacity to integrate health promoting principles into health promoting strategies.

Using health promotion theory 'as a foundation for program planning and development is consistent with the current emphasis on using evidence-based interventions in public health and medicine' (NIH, 2007 p.5). Tones & Green (2004) concur that to date health promotion research 'is not relevant to the practitioners dealing with and the methods they use and is difficult to apply to real-life practical solutions' (p. 338). As such, Tones & Green suggest that there is a need for research studies such as this one which integrate theory into evidence based practice.

2.8 Conceptual Frameworks: Integrating Theory and Practice

A review of guidelines developed by Federal and State agencies in Washington, D.C. and Connecticut, in conjunction with research in the fields of health, education and medicine, recommend that schools: increase physical activity; promote healthy eating; prevent tobacco use and addiction; prevent infection; and provide support services to children in order to assist them cope with at-risk

behaviors and the social impact of a poor economy (CDC, 2007; CSDE, 2010; IOM, 2010). The conceptual framework used to guide the creation of school health promoting programs in the USA is the *Coordinated School Health Model* (CDC, 2007; CSDE, 2007) whereas; the conceptual model used internationally is the *whole school approach* or *eco-holistic approach*.

This study responded to federal and state public health recommendations (IOM, 2000) and the preponderance of research citing the need to promote the health of children within the school setting through the adoption of two health promoting conceptual models and an educational model used to guide field work and reflective leadership practices specifically the *Coordinated School Health Model* (CSHM, 2007); *eco-holistic approach* and *whole child* approach in order to investigate the potential for components of each model, individually and jointly to guide the study.

The *Coordinated School Health Model* (CSHM) developed by Allensworth & Kolbe, (1987) is based on the utilization of an eight component approach to coordinating support services within schools which address the social, emotional, academic and physical needs of children. The strength of this approach lies in its potential to coordinate services which includes the school nurse, guidance counselors, social worker and school psychologist and programs for example, support groups, counseling, health care, community outreach which are typically uncoordinated within schools thereby maximizing the potential for support services associated with each component to address the needs of children. Included within Chapter 6 will be a real-world example of the ramifications of uncoordinated support systems which exist within my school and the impact which it had upon my students and staff.

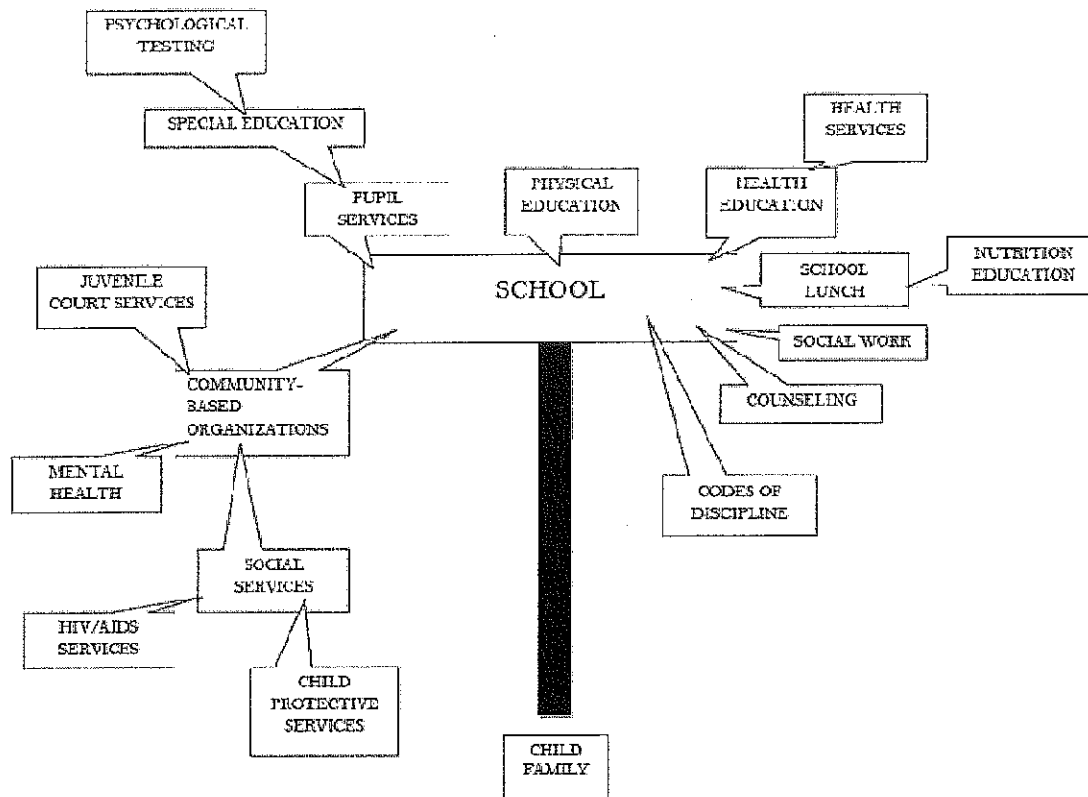
As will be discussed within Chapter 6 a significant outcome of the study, with regard to coordinating services, occurred during year three of the study when

freshmen team teachers (n=12) requested my assistance in helping them to address issues of concern they had with their grade 9 students. Upon investigation it became evident that the poor achievement of their students was impacted by social, emotional and physical factors. It also became evident that these issues were directly related to the lack of coordinated services in the school. The significance of this action on the part of the staff, three years after I began my study was perceived by me as a significant win in that staff determined, based on their real-world experience that student achievement and student health issues were intertwined and that there was value in attempts, such as this study, to coordinate support services for students.

The real world collaborative learning which took place among my staff and me during this study provided the knowledge, insight and opportunity to diagnose and improve the health and achievement of our students while at the same time facilitating coordinated supports was considered to be a significant win.

Furthermore our efforts highlighted the value of seeking strategies to coordinate the resources and supports within the school which were, during the study clearly uncoordinated (Figure 2.2) for example: the failure of effective methods of communication among departments; the need for consistency and accountability of all staff and the need for professional development to guide change. Chapter 6 will include a more detailed overview of this field work which resulted and the substantial changes which occurred.

Figure 2.2 Uncoordinated Systems within School Settings



Source: Adapted from *Talking About Health in Academic* 1999

Comparatively, the *Coordinated School Health Model*, by design is compartmentalized and not linked directly to health promoting principles outlined by the WHO whereas the whole *child approach and eco-holistic* models more broadly reflect health promoting principles which include: empowerment, equity, action competence and participation, consistent with those created by the WHO.

Adelman & Taylor (2000) argue that 'the planning and implementation of programs within schools often occurs in ways which are disconnected and lacking coherence providing evidence to support the position that 'fragmented piecemeal activities are an inefficient use of limited resources' (p.172). The

examination and implementation of the *Coordinated School Health Model* reveals that while the model has the overarching goal of coordinating support services and health promoting principles the compartmentalized design and lack of instructional and curricular emphasis encourages the implementation of actions which are not cohesive or coordinated.

Joyner (2007) suggests that 'while the idea of the Coordinated School Health Model (CSHM) has existed for two decades schools have been slow to put theory into practice' (p.1). Joyner further maintains that the reluctance on the part of districts to implement this model may be due to the lack of information or assistance provided (p.2). As will be discussed within this chapter utilization of the model is labor intensive and requires skills not traditionally acquired by most school leaders in the USA.

The *Coordinated School Health Model* provides a multi-layer, interconnected and coordinated framework which is designed to 'build on local needs and school district improvement plans to support the attainment of state health and educational objectives with the overarching goal developing healthy, successful, high achieving students' (CSDE 2007, pg. 7). The CSHM according to Tyson (1999) reveals both strengths and weakness. Aspects of coordination and collaboration are viewed by Tyson as strengths whereas, the failure of the model to focus on key health promoting principles such as empowerment, advocacy, self-efficacy and action he believes are lacking.

This study has also responded to the perceived weaknesses of the CSHM as pointed out by Tyson (1999) by expanding upon broader conceptual components outlined in the eco-holistic model. This expanded focus provided opportunities to emphasis the role of student voice, advocacy, self-efficacy, action and empowerment key elements of the eco-holistic model which are not a focus of the coordinated school health model.

It will be argued that additional obstacles to the implementation of the *Coordinated School Health Model* includes: lack of familiarity among school teachers and administrators; lack of funding and professional development; the unrealistic recommendation to engage the commitment of oversight planning committees who are not knowledgeable about school health and, the recommendation to utilize the services of an outside facilitator to oversee the program (CSDE, 2007).

As determined during Stage 1 of the study while some teachers were familiar with the guiding principles underlying the whole child philosophy, they had no awareness of school health promotion, school wellness policies, connections between the whole child approach and academic achievement or strategies which they could utilize to address the needs of the whole child within the context of their standards based classrooms. As a result, leadership strategies were created throughout the study, for example, workshops and staff meetings which were designed to provide my teachers with background information and research aimed at providing staff with greater insight and familiarity with the value of school health promotion and the inextricable link between health and achievement.

Chapter 4 will expand upon the conceptual models and educational models referenced and will provide insight into the action research field work findings, strategies which took place in subsequent years of the study.

2.9 Is School Health Promotion the Key to School Reform?

Educational leaders have long argued that education is about more than academics (Dewey, 1916; 1948; Goodlad, 1979; LeWallen, 2008) and have throughout the years, declared in such publications as, *A Nation at Risk (1980)*; *Before it's Too Late (1990)*; *Rising Above the Gathering Storm (2005)* and *Ensuring*

United States Students Receive a World Class Education 2008) that the quality of education in the United States is sub-par and needs reform. In spite of their assertions and attempts to reform schools for example, *No Child Left Behind* (NCLB, 2001), the priority of legislators at the Federal and State levels continues to be primarily on the improvement of standardized test scores.

Barrett (2009) maintains that in spite of thirty years of credible reporting on the failure of public schools in the USA, the educational system in the United States has not improved. Barrett cites flat test scores, evidence of declining abilities and the failure of schools to prepare students to provide students with the type of education that will prepare them to be successful in dealing with high expectations in a competitive world as major indicators that reform efforts have been unsuccessful.

While school administrators such as me are expected to examine the causes of underachievement within their school population they do so within an educational system which ignores the fact that the health of children impacts their achievement (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1990; Bell South; 1994). Research has demonstrated that improving the health of children has the potential benefit to improve academic outcomes and address issues related to other aspects of the educational process in need of reform (Barnekow, Buijs, Clift, Jensen, Paulus, Rivett & Young (2007).

Furthermore, researchers such as Wills (2008) point to the fact that recommendations for school reform 'must be taken by a wide array of national organizations with a stake in high school reform efforts, as well as the Federal Government and foundations' (p. ii). Schools urgently need technical support from the federal and state governments to assist them in operationalizing and integrating public health goals and school reform initiatives into their agenda's.

Recommendations to change the culture of schools and communities to include consideration of the health needs of children cannot take place without collaborative interventions from multiple state agencies and all stakeholders in order to systemically change the current infrastructure and existing paradigm which influences educational practices within schools.

Educators and school leaders in the USA are expected to address disparities in achievement and underachievement by utilizing evidence based practices in order to with the goal of creating improved results. The *Surgeon General's Vision for a Healthy and Fit Nation (2010)* outlines concerns with respect to obesity, nutrition and physical activity and recommends that these issues be addressed within the school setting. Recommendations for educators and school leaders include providing students with increased time each day for physical education; healthy food choices in school cafeterias, a sequential health education program and the creation of family partnerships (USDHHS, 2010). Realistically, neither teachers nor school administrators have been trained to implement the types of programs recommended in the Surgeon General's plan. Additionally, there is no funding to support the recommendations.

With the exception of the recent publication disseminated by the United States Department of Health and Human Services (HDHHS, 2010) there has been no mention of the health, school health promotion or the link between health and achievement within documents coming from the Department of Education in Washington in spite of ongoing health care reform debates and initiatives to combat childhood obesity promoted by Mrs. Obama's address in May, 2010. Neither research, public outcry nor established national public health goals (IOM, 2000) have had the type of impact upon education that have taken place within the fields of medicine, science and technology. Saha (2006) suggests that the failure of the research community to impact what takes place within schools

is due to the prevailing perception of most educators that educational research, often undertaken by 'outsiders' to the field, is not relevant to their mission.

The implementation and integration of evidence based practices into the field of education are supported within the field of health promotion (Tones & Green, 2004) and by researchers from Harvard University (City, Elmore, Fiarman, & Title, 2009) concur and suggest the integration of practices within schools that provide educators with a common language and set of practices from which to design school improvement initiatives. Sharples & Haslam (2009) cite the use of evidence based practices in the field of medicine, agriculture and technology and similarly suggest the adoption of evidence based practice within schools which have the potential to support the goals and objectives of programs and policies. They further assert that there is a dearth of evidence based research within the field of education which provides data on what is working and for whom thereby reinforcing the need for a study such as mine.

A review of literature on health promoting schools, specifically the work of Barnekow et.al., (2007) point to the data driven evidence resulting from successful, inter-sectoral, collaborative school based practices taking place within the European Network of Health Promoting Schools (ENHPS) which has the potential to be utilized as a reference base for policy-making on a national and local scale. These researchers also highlight the fact that curriculum and related educational activities within schools are often influenced by policies and judgments imposed on schools and stress the need for reform efforts to include the use of evidence based decision making based on the premise that 'good health is a prerequisite for student achievement' (p. 18).

On a local level the work of Frances Gallo, Superintendent of an urban district in New England, provides support for the fact that when health promoting principles are integrated into school reform efforts substantial improvement and change occurs. Gallo's work encapsulates the essence of school health promotion in her work to improve a low performing; urban high school by initiating whole school reforms which reflects the recommendations of Borg (2009) designed to:

- a. Create classes which provide students with interdisciplinary curriculum connections to real-world experiences
- b. Create small learning communities within the school to address student interest and needs
- c. Develop collaborative relationships with a local university
- d. Develop programs which provide students with a sense of belonging and purpose
- e. Create programs which focus on global issues (Borg, 2009)

The concept of developing multiple pathway schools is an encouraging example of a reform initiative which 'emphasizes and extends student-adult and community relationships as a way of weaving exemplary practices into coherent school reform' (Oakes & Saunders, 2009, p. 1). This attempt to combine rigorous coursework, practical application, high expectations, 21st century skills, supportive environments, student empowerment, integration, purpose and meaning is consistent with the principles of school health promotion and the focus of this study (Samdal, 1998).

It has been my determination that programs such Gallo's are anomalies in Connecticut inspite of school reform recommendations. The quality and significance of data generated from Gallo's work has the potential to be used as a model to guide school reform practices by validating the value of aligning standards to the overarching goals of health promotion. The site specific conceptual framework which was created for the study in collaboration with my administrative team is representative of the integration and program coherence

which can occur when standards and health promotion are aligned and supported.

As will be discussed in the following section many standards driven mandates including accreditation standards and the newly revised *Connecticut High School Reform Plan* (CSDE, 2009) include underlying principles and expectations which can be supported by the integration and alignment of school health promotion principles. It is my contention that while the deliberate use of the term 'health' has not been used within the context of school reform recommendations and mandates, advocates of school health promotion like myself have acquired the insight and knowledge to recognize the commonalities which exist between the documents and health promoting principles.

While school reform research points to the role of the school leader in facilitating change and reform within their schools, Elmore (2002) on the other hand maintains that relying on leaders to solve the problem of systemic reform in their schools is something 'they don't know how to do and have had no occasion to learn in their careers' (p.2). Elmore's statement reinforces my belief that school reform efforts in the USA have failed in part because school leaders and teachers have not been exposed to the concept of health promotion while enrolled in teacher or administrative training programs because the coursework is not mandated by the state or federal licensing departments.

Discussions about school reform among educators with respect to raising student achievement include the mention of evidence which reflects student apathy, tardiness, poor health, at-risk behavior or lack of parental support problems which require the mutual attention of parents and a supportive community to remediate. At the very least school leaders must be provided with opportunities to acquire political acumen and the ability to interface with the school-community and health care community in order to facilitate interventions at the

school based level which address unhealthy student behaviors. On a personal level and as one whose educational training included graduate work in the areas in the integrated fields of environmental education, environmental psychology and health promotion, I believe I have been uniquely prepared to respond to Elmore's criticism regarding not being properly trained to address these types of problems. I would agree with Elmore that the majority of school leaders are not equipped to initiate change or implement change which requires the reliance on skills which requires the creation of a vision for change which disrupts the status quo especially as it relates to the promotion of school health promotion a topic for which they have little to no training or knowledge about.

2.10 Standards, Accountability and Accreditation: Heavy Weights

The standards movement in the USA was precipitated by the enactment of the unfunded federal mandate referred to as the *No Child Left Behind Act of 2001 (NCLB)*, a reauthorization of the *Elementary and Secondary Education Act (ESEA)* and the *Individuals with Disabilities Education Improvement Act of 2004 (IDEA)*.

NCLB mandates that standardized tests be given to all students in grades 3, 6, 8 and 10 with the expectation that the outcomes of test scores over time will provide evidence of student growth through the attainment of proficiency standards established by each individual State in the Nation. The mandate has been criticized for including provisions which allow for each state to be autonomous in developing their own standardized tests and expectations since it has been reported that there is widespread discrepancies between the quality of tests and expectations among states.

The failure of the federal government to impose regulations and standards has led to controversy centered on the perception that there is a lack of equality between the tests with some states having much lower expectations for student

performance than others. The controversy is further compounded by the fact that NCLB laws impose sanctions on school districts and school leaders whose students do not meet adequate yearly progress for two or more years. Adequate yearly progress (AYP) is determined through the analysis of reading and math scores whereby 'high schools are expected to have proficiency rates of over 70% or improvement over the previous year' (Hergert, Gleason & Urbano, 2008 p. 2).

The No *Child Left Behind* mandate is based on the unrealistic premise that expectations established by the federal government specifically, that all children regardless of their language proficiency or cognitive ability will reach expected goals or mastery in reading, writing, math and language arts by 2014. As a result, there is heightened debate that with 2014 rapidly approaching many states have substantially lowered their standards for achievement. The emphasis and priorities placed on the outcomes of test scores among district leaders, parents and members of the community has resulted in debate and controversy within many communities over the decreased emphasis on recess, the arts, music and overall enrichment courses once a valuable part of the educational experience in order to devote more 'seat time' on preparing students for standardized testing.

While there is evidence to support the fact that students who attend schools in Connecticut score higher on standardized achievement tests than many states in the nation (Regional Educational Laboratory, 2008), the State of Connecticut has been cited by the federal government as having one of the largest achievement gaps in the country raising issues about the disparities which exist between minority students and white students in Connecticut. Hired in 2007, the new Commissioner of Education Mark McQuillan has sought to address issues related to equity and gaps in achievement between the 'two Connecticut's' a term used to refer to the rich and minority poor communities within the state. The Commissioner has proposed a secondary school reform plan (Appendix J) focused on systematic and systemic approaches to raising expectations for

teaching, learning and overall achievement. There has been no mention from the Commissioner of Education about the specific role of health within school settings which might address these disparities.

Expectations and demands placed upon school leaders such as me with respect to the outcomes of standardized student achievement tests have greatly impacted teaching and educational priorities. Furthermore, it has been my experience that standards based accountability expectations have negatively impacted the ability of school leaders to create health promoting schools, for many the mere mention of health evokes 'mental models' (Senge, 2000) of an educational process which is not inclusive of health nor does it have any relevance to standards, accountability or academic achievement.

School leaders are asked to make staffing and scheduling recommendations within their schools which are often impacted by central office expectations to increase academic seat time rather than increase time spent in the non-core areas for example, art, music and physical education for the sake of maximizing time spent preparing for standardized tests. Sallis (1999) suggests that increased participation in non-core subjects such as physical education; health, art and music have the ability to raise standardized test scores. Lewallen (2004) concurs, pointing out that many school leaders have narrowed their leadership focus to academics thereby eliminating subjects such as art, music and physical education, a practice which she maintains is unnecessary.

This study has sought to investigate the health needs of the whole child and emphasizes the value of providing students with opportunities to receive a balanced education that is one which focuses on the acquisition of rich, diverse opportunities to acquire an education in the arts, technology, physical education, and health and core academics. As the school leader it is my belief and the premise of this study that my responsibility as a school leader includes creating

conditions within my school which assist all students to perform on standardized tests while at the same time creating conditions which promote their overall health and wellness. The leadership strategies which I used to promote my 'living educational theory' (Whitehead, 1989) included the creation of expanded course offerings in technology, art, music, health and physical education. These increased opportunities were created collaboratively by the staff and me and were guided to respond to suggestions made from students generated from conversations, focus groups and committee work.

Evidence provided in (Appendix J) will reveal that for the first time in the school's history standardized testing (CAPT scores) in my school improved for the 2008-2009 school year. It is my belief that improved test score resulted in part because of the health promoting conditions created by the study including: overall change to the status quo regarding overall instructional practices; increased teacher accountability; the creation of equitable common assessments and syllabi in all classes; improved teacher evaluation plan and the creation of a student centered school culture.

My ability to utilize evidence based approaches in evaluating the interventions and leadership strategies which have taken place over the course of this study has been limited based on my inability to compare my findings to other studies similar to mine. Consequently, I have responded to the dearth of whole school health promoting studies by documenting the strategies and interventions used in this research specifically, student's attitudes, perceptions and response to interventions.

To summarize, examples of standards based mandates generated by the Federal and State government which impact students, staff and the process of education within secondary schools in Connecticut include those embedded within the proposed Connecticut High School Reform Plan (2008) and NCLB (2010).

In addition to the mandates outlined above there are the scientifically based accreditation expectations imposed by the New England Association of Schools and Colleges (NEASC) which all schools must strive to meet. Comparatively, standards developed by the New England Association of Schools and Colleges (2009) share many similarities with the Connecticut high school reform plan and to some degree health promoting principles embedded within the eco-holistic model, coordinated school health model and whole child approach. While the topic of health is not an articulated standard within either the High School Reform Plan or NEASC standards there are similarities which exist between them and the principles of school health promotion for example the recommendation for:

- a. Evidence based practices
- b. Rigorous academic standards
- c. The development of core values, beliefs and learning expectations
- d. Curriculum based on inquiry, higher order thinking, cross-disciplinary learning, experiential learning
- e. Instruction that is responsive to student needs, interests
- f. Personalized student learning plans
- g. Connections with staff
- h. Multiple opportunities for assessment
- i. Student empowerment
- j. Supportive school culture
- k. Reflective practice
- l. Community involvement and support
- m. Equity, engagement and relevance

High schools in New England engage in a whole school accreditation evaluation every 10 years. The granting of accreditation status validates the fact that the school has fulfilled the Commission's (NEASC) six standards (Appendix K). Examples of standards based expectations required by NEASC include: the use of standards based curriculum; the use of common assessments; tracking and monitoring of student performance; the integration of curriculum; the utilization of rubrics and scientifically based interventions; the creation of a guiding school

mission and articulated expectations for learning and engaging, student-centered practices and the establishment of a mission driven whole school culture which promotes excellence and supports the school's core values (NEASC, 2009).

The accreditation process begins a year prior to the evaluation and involves the entire staff, students and members of the community in the completion of a self-study. All stakeholder groups complete surveys which are analyzed by NEASC. The results of the self-study surveys provide baseline data which highlights the school's strengths, weaknesses and attainment of standards. A four day on-site evaluation is held by NEASC during which time the self-study findings and findings of the NEASC committee are integrated into a final report which reflects the level of attainment and accreditation status of the school. This report is then presented to the Superintendent and community.

The finding of the NEASC Commission during the last accreditation evaluation ten years ago in 2001 cited the school for 102 areas which they perceived to be in need of improvement (Appendix C). As a result the former school principal, hired specifically to address and remediate the citations spent five years, prior to my tenure, primarily focused on addressing the deficiencies and creating strategies for remediation. Upon being appointed to school principal I continued to work with staff to address other areas in need of remediation.

To fulfill the district expectations outlined by the central office administrators including promoting standards based initiatives and NEASC standards it has been important for me to review artifacts and documents which describe whole school action strategies used by the staff and administration to remediate deficiencies and prepare for standards based state tests. This information has been integrated into the context of the study and will be reported on in Chapters 4, 5, 6 and 7 within the context of integrating and balancing health promotion into standards based requirements.

2.11 Meeting the Needs of the Whole Child: 'Secret Standards'

The Association for Supervision and Curriculum Development (ASCD, 2007) described in this thesis as advocates for educating the *whole child* have proposed 'another set of national standards' (Carter, 2007, p. 1). In 2009 Carter, now Executive Director of ASCD expands upon existing national educational standards associated with *No Child Left Behind* by suggesting the adoption of school nutrition standards and standards which address the whole child asserting that these standards 'will have a more direct impact on student well-being and in turn, perhaps as great an effect on academic performance as the national academic standards currently being developed by a coalition of governors and state superintendents' (2009, p. 21).

Carter (2009) references the work of Satcher, former U.S. Surgeon General and research undertaken by the Institute of Medicine (IOM) who points out that hunger, malnutrition and inactivity are responsible for compromising the academic achievement of children's information previously presented in this thesis. Carter's article, written to promote the whole child initiative and the work of the ASCD, reinforces the nutritional requirements which the Association believe are the essential standards. This article along with others written by Carter and the ASCD are unfortunately read primarily by school leaders who individually subscribe to their publications. Teachers and educators who are most unfamiliar with the concept of health promotion are not likely to have access to these types of publications and thereby remain unaware of the *secret standards* which if addressed can enhance the ability of their students to become healthy and successful.

As a school leader, familiar with the work of the ASCD I have adopted a leadership strategy which is to routinely share the information I read which relates to the *whole child* or school health promotion with my staff. The determination of the above mentioned information resulted in the personal belief that school leaders such as I must assume responsibility for seeking out and disseminating information which supports the rationale behind addressing the needs of the whole child within the context of a standards based school culture.

2.12 Chapter Summary

Since this study began there has been increased reporting on the part of the national news media about health care reform, the failing economy, the poor health status of children in the USA and the need for school improvement. Consistent with statements made in this thesis discussion about health, the economy, school reform and student needs take place apart from those about education resulting in failed attempts to remediate the health related problems of children.

The impact of a global recession has created 'children of the recession' resulting in increased numbers of my students qualifying for free and reduced lunch privileges. The number of these children within my school grows each day with overall numbers this year soaring to thirty percent of the student population. These three hundred and fifty students come from homes where parents and guardians have lost their job and are having difficulty support them. Many of these children do not have health insurance coverage which limits the ability of the school nurse to address their individual problems. According to the nurse these children are self-medicating, participating in at-risk behaviors, are very depressed and are observed weekly for headaches, anxiety, stomach problems and emotional disturbances. In spite of their family hardship these sick and hungry children, are expected to take standardized Connecticut Assessment of

Progress Tests (CAPT) and to achieve scores within the proficiency or goal level. Knowing this it was extremely difficult to convey the expectation to my students that their performance on standardized tests was important knowing that they might be hungry, sick and tired. The government and community do not share these concerns. Both parties continue to maintain high expectations for academic performance on these tests without considering the circumstances which impact student achievement. Whose role is it to convey to government officials and members of the community that meeting the needs of the whole child requires their support and recognition and that they must recognize that testing children without meeting their health needs will not reflect accurate scores of achievement or future success and potential?

Riding on the *hope of change* a new Chancellor of Education, Arne Duncan was appointed to head the Department of Education in 2009. Thoughts turned to believing that Chancellor Duncan would be the man to promote the connection between health care reform and education. As a young, liberal, democrat working within a context where discussion of a new health care agenda became the President and First Lady's priority surely he would finally acknowledge the role of the schools in promoting the concept of addressing the social, emotional, physical and academic needs of our children while or so I thought.

I have waited and continue to wait but there are no connections being made by the federal government. The only changes within schools are those resulting from the forces which oppress my students. Consequently, the situation within my school over the past three years has worsened and schools alone cannot fix the problem. My teachers are frustrated, angry and not prepared to deal with extraneous issues which impact teaching and learning. Teachers tell me that they have 'exhausted their strategies', strategies which reflect good teaching and good parenting, counseling and doctoring. However, these interventions cannot

outweigh the effects of a poor home life and the constant reminders of the stress that awaits them when they leave school. Under the present structure it is difficult if not impossible for to address the impact of society within the school setting.

Teachers try to make a difference in their own individual way, raising money to provide the neediest children with gifts of warm clothing for the holidays, offering to stay after school to make up work not completed due to time spent out of the class in the nurse's office, guidance counselor's office or classroom of another teacher with whom they feel connected; the stories are endless. My teachers have exhausted their resources and in spite of their efforts to address the root causes of poor student health, apathy and substance abuse, they are continually asked to do more. If the Chancellor prevails in passing aspects of his reform plan to satisfy *Race to the Top* criteria teachers will be evaluated on the outcomes of their students' achievement with no regard for the health needs or socio-economic conditions which surround their students. With the proper training, funding, government support and resources the ability of my staff to become better trained to address the social, emotional, physical and academic needs of their students would be maximized. However, I keep in mind that connections between health and achievement are not yet wired into their 'mental map' of educating and that it my role as the school leader to promote that connection.

This study has provided my students and staff with opportunities to speak. They have used their voices to express their needs, their frustrations and their stories and I will use my role as the school leader to pass the information on to my supervisors and community as I seek support to improve their conditions: within their school and their lives. My goal to increase the knowledge of all stakeholders within my school and community is based on the desire to inspire collaboration and a shared vision for health and action.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This participatory, action research, single case study had, as its primary focus, the goal to transform a traditional standards based high school into a health promoting school. This study responded to the dearth of information on *leading health promoting schools* and the perceived need for the documentation of whole school health promoting initiatives from a leadership perspective. This chapter will report on the methodology used to implement and reflect upon field work and reflective practice.

3.2 Research Strategy

The mixed methods, primarily qualitative action research strategy used for this study was selected based on the determination that it would provide me with the ability to answer my research questions (Robson, 1993). I sought out a research strategy which would allow me 'to produce knowledge and action while empowering individuals through processes of constructing and using their own knowledge to improve the organization' (Reason, 2001 p. 1). Improvement in this sense referred to creating a health promoting school within the context of a traditional, standards based culture.

There is a preponderance of literature which points to the fact that action research and health promotion support similar goals. For example, Reason & Bradbury (2001) maintain that:

'Action research is participatory, democratic process which seeks to bring together action and reflection, theory and practice in participation with others in the pursuit of practical solutions to issues of pressing concern to individuals and communities'. (p.1)

The desire to work collaboratively with staff and students in the pursuit of creating a health promoting school (action) and generation of knowledge about the leadership process (reflection) led me to determine that action research would allow me to achieve my research goals. Furthermore, the dearth of information and documentation on whole school health promoting transformations caused me to be influenced by the work of Brannick & Coghlan, (2007) who point to Bartunek, Crosta, Darne & Lelachleur, (2000) who report that 'researcher-interventionists who work to enact change in their own organizations enable rich insider accounts of their work and provide a valuable understanding of what it is really like in the organization' (p.66).

3.3 Antecedents to the Study: Pre-Assessing the School Culture

During the pre-assessment phase of the study (July 2006 - August 2006) data collected provided antecedents to the study which point to the fact that the students, staff and the overall school culture would benefit from creation of a health promoting school. With the determination made and conceptual frameworks decided upon I used this period of time began to assess potential obstacles which might impede my research.

I relied on the twenty-five years of experience I had acquired working in the public school setting and made the assumption that there was a strong likelihood that staff would have little knowledge about school health promotion and its connection to academic achievement and overall student wellness. As a result, I

recognized that my whole school research study required that I develop strategies to educate and provide staff, administrators, students and parents with information about the purpose and relevance of my study and its application to more traditional, standards based initiative.

My willingness to be responsive to the needs of the stakeholders whose contributions and input were vital to the outcomes of the study, provided me with continued opportunities to 'alternate action with critical reflection' (Dick, 2007) and I sought to undertake an action research study which was driven by health promoting goals and uncertain outcomes.

3.4 Why Action Research?

I was influenced by the work of Reason (2001) who highlights the alignment which exists between action research and experiential learning and Willard (1932), who suggests that there is value in providing teachers with common sense insight in order to promote change (Bransfield, Stipek, Vye, Gomez & Lam, 2009). According to Heron & Reason (2001), the practical knowing which results from experiential learning has the ability to bring 'learning to its fullness' (p. 5). As such, it was essential for me to develop experiential, action research based leadership strategies which would 'tap' into the insight teachers had regarding the perceived health needs of their students and their impact on student achievement and wellness.

With a belief in the value of action research, it was my belief that the implementation of an action research study had the potential to create internal 'team practices' (Senge, 1990) and new learning where 'multiple action research inquiries occurring simultaneously would contribute to organizational learning' (Sagor 2000, p. 8). Specifically, it became my belief that it was essential that the goals of my study be achieved through the collaborative efforts with staff,

students and me in order to integrate health promoting philosophy into the organizational framework of the school culture.

I was confident that the integrated, experiential education which I had acquired during graduate school had provided me with the skills and insight to develop an action research study which had the potential to create experiential learning opportunities for my students and staff. By doing so it was my assumption that I would be able to work directly with my staff and students to design and integrate health promoting principles and theory into real world application.

It became necessary for me to expand upon my ability to create a culture for change and improvement within my school and to acquire a personal praxis of 'informed theoretical knowledge' (Dick 2007, p. 3). Achieving the personal goal to acquire mastery required the commitment to devote three years of my life reflecting upon multi-disciplinary array of literature which I believed applied to school health promotion. The task of reading and integrating research and theory into the professional practice of a school principal is not a typical undertaking due in part to time constraints and a lack of knowledge about the value of the task.

As the newly appointed principal of a large, comprehensive high school I realized that the time commitment needed to fulfill my research goals, and to educate my staff had the potential to positively impact my professional practice, the professional practice of others and the lives of my students. Consequently, I determined that my role as an inside researcher would provide me with the opportunity to 'develop skills both related to practice and in practice' (Reason, 2001, p. 4) and to develop strategies which would allow me to assume the role of principal-researcher-health promoting facilitator.

3.5 Research Perspectives

This study sought to capture my perspective as the school leader, the perspectives of my staff and the perspectives of my students. The goal to include the perspectives of multiple stakeholders within the research is supported by the work of Reason (2001) who suggests that the utilization of three methods of inquiry when undertaking action research specifically, first person, second person and third person action research 'represents the leading edge of action research practice' (Reason, 2001, p. 5). As such, it was my belief that this whole school study responded to Reason's recommendations.

Strategies used for second person research inquiry emphasized the mutual and cooperative nature of the study and involved the collaborative identification of problems, issues, decisions, design, sense making, implementation and evaluation of the study as it evolved. The actions and strategies which were designed to 'engage larger systems in democratic inquiry and action' (Reason, 2001, p. 5) for example, contacts with medical institutions and community resources, provided a third person research dimension to this study whereas, efforts were made to develop inter-sectoral participation and community involvement.

Recommendations provided by Whitehead's (1989) action reflection cycle model integrated into my practice to provide opportunities for my staff, students to:

- a) Experience and diagnose problems
- b) Imagine a solution to these problems reflectively and collaboratively
- c) Implement a chosen solution jointly or independently
- d) Evaluate the outcomes of these actions jointly and collaboratively
- e) Modify the problem, actions and ideas with respect to these evaluations

Reflective practice by all stakeholder groups involved in the study in conjunction with action research field work was compared to the literature and findings collected from second and third person inquiry perspectives along with multiple sources of data and then analysis. The outcomes of first, second and third person inquiry will be reported on in chapters 4, 5 and 6 where rich, detailed description and discussion of the findings, actions, outcomes and personal reflections will be reported along with numerical baseline findings.

This study had two major components: action research fieldwork and reflective professional practice. I relied on three questions developed by Lomax to guide my reflective practice:

1. Can I improve my understanding of this practice?
2. Can I use my knowledge and influence to improve the situation?
3. Can I improve my practice so that it is more efficient?

(Lomax, 2002, p. 124)

Narratives embedded within the context of this thesis reflect my response to these questions and the overarching question guiding the study. Personal reflection took place continuously prior to each action strategy, throughout all phases of the action research field work and unconsciously when I least suspected it. With the study becoming such an integral part of my life for three and a half years reflective thought about the study never ceased.

Reflective narratives are inter-woven into the thesis utilizing a process consistent with the work of Gerstl-Pepin (1998) who notes and documents teachable moments in the research process during which time 'a conceptualized understanding of the research developed and shifted' (Marshall & Rossman, 1999, p. 162). Narratives included in this thesis will also depict stories and snippets of thoughts shared with me by students and teachers.

When considering the value of infusing narratives into the context of my thesis I relied on the work of Bassey (1999) who reports that the use of narrative reporting reveals how the research was conducted, the process by which the research developed and the outcomes and decisions that resulted. Similarly, Zeller (1995) writes that narrative reporting:

‘Captures the events, story or characters
as they exist in a world whose clock is ticking...in a
particular setting - a place, culture or set of norms. The
descriptive passages within the research report will enrich its
texture and contribute to a better understanding of the case’
(p. 76).

This study provided continual opportunities from which to document actions, interventions, outcomes and reflections related to all aspects of the study in a narrative format. The impact of utilizing my role as the school leader to facilitate health promoting interventions within my school relied on the use of cycles of action, investigation and evaluation thereby providing rich descriptions which captured the essence of a unique, whole school health promoting study. This study, even in its earliest stages had a profound impact upon my professional practice, the school culture and the personal lives of my staff and students.

3.6 Personal Orientation to the Research: Participatory Action Research

Participatory action research was determined to be the mode of inquiry most applicable for this study for its emphasis on producing practical knowledge related to the leadership strategies and considerations needed to create a health promoting school. Furthermore, it was my belief that my role as insider-researcher would provide me with the ability to empower my staff and students to construct knowledge which could be used by them to benefit the school (Reason, 2001). Stringer (2004) validates my findings by asserting that participatory action research allows one to ‘undertake systematic inquiries which are: democratic, participatory, empowering and life-enhancing’ (p. 31).

Similarly, Reason & Bradbury (2001) point to these same goals when describing action research and further reinforce the commonalities which exist between action research and outcomes which reflect empowering and life-enhancing collaboration.

The work of Herr and Anderson (2005) further supports the use of action research strategies by pointing out that the goals of action research include:

- a) Generation of new knowledge
- b) The achievement of action oriented goals
- c) The education of both researcher and participants
- d) Results which are relevant to the local setting
- e) Sound and appropriate research methodologies (p. 54)

While the dearth of research or literature on leading health promoting schools and whole school health promoting studies prevented me from being able to compare my study to others I found solace in the words of Caine & Caine (1994) who suggest that 'we urgently need more qualitative measures in education' (p. 22). Maykut & Morehouse, 1994 and Babbie (2001) also contend that insider research within educational settings has the potential to reveal both the breadth and depth of human experience. I was inspired to undertake a study which filled perceived gaps in the literature and one which had the potential to impact the lives of staff, student and school leaders while at the same time responding and promoting national public health goals.

Grogan, Donaldson & Simmons (2007) discuss the role of action research within education and highlight the fact that 'educational researchers in the United States have been slow to embrace action research methodologies when attempting to understand school related problems' (p.4). Grogan et al., were instrumental in

solidifying my thoughts regarding the significance of my role as a insider-action researcher and highlight the opportunities which existed to expose my staff to the concept of the health promoting school. Furthermore, this work was influential in providing me with the insight to familiarize my staff with action research process which provided teachers with opportunities to utilize cyclical, spiraling approaches to diagnosing and addressing problems which they determined to exist within their classrooms or school.

From the onset I questioned how I could provide staff who might be interested in participating in the study with the training and time they needed to work collaboratively with me. I investigated leadership strategies I could utilize which would assist my staff to recognize the value and positive impact school health promotion could have upon their professional practice and student achievement. This investigation led me to develop strategies that I could use to model health promoting interventions and practice within the context of my role as the school leader. Within Chapters 4, 5 and 6 specific examples will be provided and discussed relative to the leadership strategies and opportunities which were created for staff.

For example, as the new leader and participant insider researcher for three and a half years I assumed an active role in all aspects of the study and made conscious attempts to immerse myself in the lives of the staff, students and school culture. In order to develop a strong connection with students I volunteered to teach a contemporary issues class. By doing so I committed myself to spending a block of time each day fulfilling the responsibilities associated with both teaching and leading at the same time (Figure 3.1). The class met daily in the library at which time the students and I discussed and debated contemporary issues which included conversations about health, wellness, their individual goals and their place in society.

Figure 3.1

Student Newspaper Article: Course taught by Principal

2 *The Comet*
Volume 58 - Issue 2

Principal to teach course

BY [REDACTED]

Every so often, an opportunity for high school students arises that can help them not only in schooling, but in all elements of life. Mrs. Reale's new contemporary issues course at [REDACTED] High, which will be taught beginning this month, could prove to be just that.

The course generally revolves around the discussion of social issues in several fields such as equality and diversity, health and environment, and law and government. The students have few forums to talk about all these issues in one environment, and Mrs. Reale would like to open up this chance to all students.

"It is important for me to stay in touch with students and teaching a class will provide me with

the opportunity to 'walk in both worlds'," says Mrs. Reale.

The course will highlight issues on global, national, and local levels to give students a fuller perspective. Also Mrs. Reale hopes "...to expose students to career options as well as areas for future study in college."

A key factor is that the students will be basically designing the course with Mrs. Reale as they are taking it. Mrs. Reale does not know how many students will be in the class, and said "Due to the fact that the class was planned long after students registered last year, I am not sure how many students will sign up."

Mrs. Reale seems more than excited for this new course to start and says "I look forward to it." [REDACTED] High will see just what this new principal can do.

The value of immersing myself in the study as an active participant is reinforced by Kalnis (1986) who suggests that there is value in 'watching, listening to the symbolic sounds that characterize the world of individuals within their natural settings which can reveal the nuances of meaning from which their perspectives and definitions are continually forged' (Robson,1993,p. 4). I continually sought ways to become a member of the organization, hence becoming a research instrument. My involvement in the study, promotion of the study, and subsequent actions were perceived by me to pose significant risks to me in my role as the school leader. With this in mind I struggled on a daily basis to 'read'

the body language of my staff, wondering how my actions as the new principal-researcher were being perceived by staff, students, central office administrators and parents. As will be reported in this study many of the changes which took place during the research were initially perceived by some staff to be threatening and disruptive to the status quo rather than perceived as positively changing the status quo. Conversations with teachers' revealed perceptions that change on any level would be scrutinized with skepticism.

3.7 Objectives and Questions for the Study Revisited

Throughout the duration of the study I sought to empower and motivate all stakeholder groups within my school to create and participate in health promoting initiatives which would utilize their existing knowledge and skills as well as inspire new learning and result in outcomes that would influence teaching, learning, assessment, school climate and the pursuit of practical solutions to issues of pressing concern (Reason & Bradbury, 2001).

From the onset this action research, single case study had the potential to challenge the norms and values within my school (Herr & Anderson, 2005), a school unaccustomed to change or accountability. In order to gain an awareness of the cognitive beliefs, social structure and overall school climate significant emphasis was focused on developing relationships among all stakeholder groups through the use of informal conversations and continued visibility within all areas of the school setting. The specific objectives of this study were:

1. To 'tell the story' of my attempt to transform a traditional, standards based, comprehensive high school into a health promoting school.
2. To contribute to filling a gap in the literature on leading health promoting schools.

3. To document the school leadership strategies I used
4. To explore the implications of this process taking place within the context of a standards based high school.

The research questions included:

1. What are the perceptions of the health needs of students and staff and what suggestions do they themselves have for their own health and for improving the school culture with regard to health issues?
2. What leadership strategies can a high school principal use to infuse health promoting principles into the culture of a school?
3. What components of the Coordinated School Health Model, as proposed by Allensworth and Kolbe (1998), the eco-holistic model, as proposed by Denman, Stears, Parson & Moon (1997), whole child approach advocated by the Association for Supervision and Curriculum Development ASCD (2007) and, principles of health promotion as outlined by the World Health Organization in the Ottawa Charter (1987) prove applicable to this real-world study?

3.8 The School, the Study, My Approach

This exploratory, single case study of my large, comprehensive high school took place from August 2006 to June 2009. The study began immediately upon accepting the position of principal of the school in August 2006. The 350,000 square foot facility housed approximately 1031 students and 120 staff members at the beginning of the study and 977 students and 112 staff members in the culminating year of the study. The reduction in the number of students to 977 was due to student withdrawals due to personal or family obligations while the reduction in staff resulted from retirement and budgetary constraints.

In striving to make sense of my 'world' and the 'world' of my students and staff this study was based on the use of interpretivist and constructivist principles and approaches requiring a mixed method, primarily qualitative research methodology to address the research the questions. The utilization of these approaches rather than a traditional, scientific positivist approach aligned with the goals of this study for its emphasis on generating hypotheses which were

emergent rather than testing hypothesis which were previously established (Robson, 1993).

In believing that ontology and epistemology are inextricably linked in case-study research it was my assumption that as the school leader it was possible to collaboratively diagnose, plan, implement and reflect upon actions resulting from the infusion of positive, health promoting interventions and the creation of a health promoting school which reflected the construction of a social reality and perceived baseline of needs determined from findings collected from multiple sources of data collected from students, staff and administrators. The utilization of a constructivist approach supported the process of validating the perceptions of social phenomena from staff and students as it emerged throughout the study (Bryman, 2004). As the inside-researcher it was my role to interpret this data in order to 'grasp the subjective meaning of the social actions' (Bryman, 2004, p. 540) which were taking place.

Yin's (2003) work on case study methodology provided insight into the fact that the utilization of this approach had the potential to provide unique opportunities to understand the 'why,' 'how' and 'when' components, causal inter-relationships and complex, dynamic personal and social factors of my own school.

With the dearth of literature on large scale, health promoting projects the impetus for undertaking this single case study was consistent with the assertions of Yin (1989) who points out that there are unique situations which provide the opportunity to examine and produce a 'revelatory' phenomenon which can be observed, analyzed and utilized by others. It was my belief that this case study had the potential to produce knowledge about the process of education and the role of the school leader which was presently missing from the literature. The concept of undertaking a 'revelatory' case study, where one takes advantage of

utilizing the opportunity to examine a phenomenon previously inaccessible to investigation' (Yin, 1989, p. 44) was applicable to my situation.

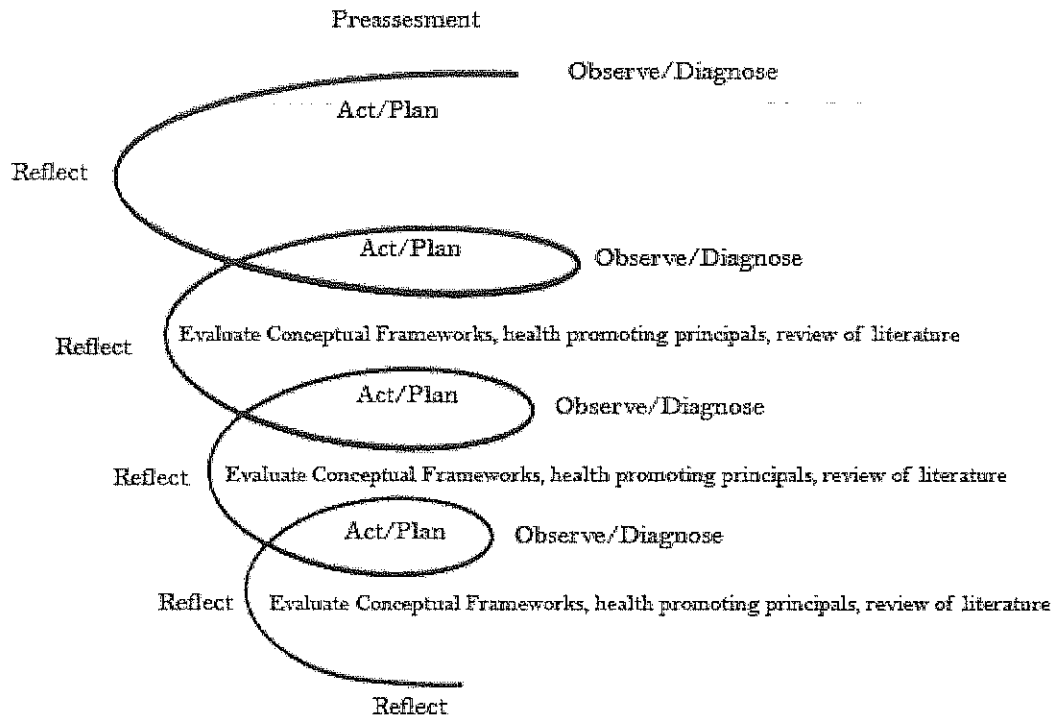
Additionally, Robson (2003) maintains that there is value in using case study methodology as 'a strategy for doing research which involves an empirical investigation of a particular phenomenon within its real life context using multiple sources of evidence' (p. 146).

My role as the school leader afforded me with limitless access to all components of the school which provided me with the unique vantage point to undertake and document a whole school health promoting initiative from a leadership perspective by utilizing a 'phenomenological paradigm to employ naturalistic inquiries to inductively and holistically understand the human-experience in a context specific setting' (Patton, 1990, p. 37). Prior to the study I had pre-selected the topic of school health promotion and the specific goal to implement a whole school health promoting research study. I also decided to integrate two conceptual frameworks to guide the study: the *Coordinated School Health Model*; *eco-holistic model* and the *whole child* educational approach.

To determine the specific needs of my students and staff it was necessary to examine 'the process and meanings which individuals within my school assigned to their experiences for example, perceptions of health and school health promotion, as well as understanding of overall school norms. My understanding of stakeholder perceptions and views were important in creating a context from which to develop my research questions (Bryman, 2004). In other words, I had to examine the perceptions and knowledge of my staff and students, the health status of my school and staff and the factors which needed to be addressed in order to create the framework from which the emergent design of the study could evolve.

The numerous components associated with the conceptual models used for the study provided a multi-dimensional structure which were used to guide first, second and third person methods of inquiry which generated extensive amounts of data and a rich understanding (Reason, 2001) of the process of education and the role of school health promotion. The data collected during multiple phases was embedded within three distinct, but intertwining stages and continually infused into the conceptual frameworks, field work, literature review and reflective practice (Figure 3.2).

Figure 3.2 Cycles of Integration



Source: Adapted from: A de Jager (2002): An integrated and holistic approach to assessment in outcome-based learning in South Africa

My study assumed a critical social science perspective in that it sought to understand the infusion of phenomenon which overtime challenged the norms of the school failing to accept the status quo (Crotty, 1998). In this study I sought to unearth complex social phenomenon and standards based educational practices which while at the same time introducing into the school culture health promoting principles, practices and policies which, if employed would both challenge existing norms and maximize the attainment of standards based goals and those which were health promoting.

3.9 Reporting the Research, Data Collection Strategies and Analysis

The single case study has two main components: action research field work and professional reflective practice. A mixed method, primarily qualitative, action research approach was used to achieve my research goals. Yin (2003) and Anderson (1998) support the use of multi-methods approaches suggesting that they are useful when exploring a phenomena taking place within a natural setting. They further assert that the use of a mixed methods approach is useful when attempting to understand, explain and bring meaning to questions focusing on 'how' or 'why'.

My approach utilized two distinctive and contrasting epistemologically grounded beliefs about what constitutes acceptable knowledge. My desire to implement a mixed methods, primarily qualitative, action research study *with* my staff and students rather than *on* my staff and students placed an emphasis on my desire to understand the rich details surrounding the socially constructed world and their perceptions of their world rather than utilizing them as objects or samples for analysis consistent with quantitative, scientifically based research studies. With that in mind however, it was my belief that there was value in collecting numerical, perceptual baseline data from staff and students. Robson (1993) maintains that qualitative data analysis often includes 'counting, categorizing data and measuring the frequency of occurrence of the categories' (p.401). Similarly, Bryman (2004) contends that the use of a mixed methods approach such as mine whereby quantitative data providing information 'that was not accessible' such as perceptual data related to the health of staff and students, can enhance qualitative, anecdotal reports and findings. (p. 458).

Within Chapters 4, 5 and 6 are narrative descriptive accounts of field work, findings, outcomes, data analysis, and a review of the literature. The following cyclical phases took place within each stage of the research:

- a. Diagnosing actions
- b. Planning Actions
- c. Implementing Actions
- d. Evaluating and Analyzing Action
- e. Redefining and Reflection

(Coghlan & Brannick, 2000)

The multitude of actions which resulted during each stage along with the extensive amount of data which was collected posed reporting challenges and I determined that it would not be possible to fully describe all field work actions, interventions and strategies which took place over the three and a half year period. Consequently, each of the 3 Stages is accompanied by a chart (Appendix D, F, G) which provides a comprehensive overview of all actions which took place during that stage. I then selected the most significant findings and field work within each stage to report on so as to assure an acceptable length for the thesis.

Within each stage, leadership strategies were used to: facilitate the diagnosis of an idea or problem independently or collaboratively, facilitate action and reflect on action consistent with the recommendations of Stringer (2004). Stringer places significant value on the 'action' phase of the inquiry maintaining that once areas of focus have been identified, where he believes 'the rubber meets the road' (p. 151) the difficult challenges begin. Stringer suggests that the key aspects of: 'relationships, communication; participation and inclusion' (p. 153) must be skillfully addressed by the research facilitator.

Data collected during each stage was analyzed and compared to previously generated data and literature in order to determine emergent themes using the constant comparison approach (Glaser & Strauss, 1967; Strauss & Corbin, 1990). This data was then aligned and compared to components of the conceptual networks and corresponding literature using the constant comparative method.

3.10 Data Collection Instruments

The following section provides an overview of the data collection instruments and methods used in this study. The specific protocols and instruments used during each stage will be described within Chapters 4, 5 and 6.

3.10.1 Surveys

Health surveys (Appendix E) completed by staff and students in Stage 1 provided baseline findings regarding perceived individual health needs and the health needs of the school. A school climate survey developed by the California Department of Education was completed by staff. The survey consisting of 65 questions required a categorical or Likert-like response for each question. A comparable student health survey was developed by me using many of the questions from the school climate survey with questions added to determine students' perceived level of need for change or support on a series of health related indices. Both questionnaires were disseminated and completed within the first six weeks of the study. The health surveys were given to all grade 10-12 students in class by their English teachers and then collected. The staff surveys were put into the school mailboxes of 85 teachers with the request to complete and return to me.

3.10.2 Questionnaires

A variety of open-ended questionnaires (Appendices L) were disseminated to students and staff in order to obtain their opinion regarding a variety of issues on topics such as: school climate; health; program revisions and school health promotion. For example, a school climate questionnaire was given to a random group of students asking them their opinion about the school, specifically: *'What does EHHS need,' 'What do EHHS students need'*. A random group of students reportedly failing gym class were given a questionnaire which asked them: *'Why*

are you failing PE classes?’ and, ‘What type of physical activity do you like to participate in? Staff members in the physical education department were asked to routinely complete questionnaires to monitor collaboratively developed program revisions and student engagement. My administrative team and teacher leaders (n=6) were asked to complete a questionnaire at the completion of the study in year 3 to assess their perceptions of school health promotion and study. All questionnaires were kept brief and open-ended as to better assure that teachers and students would find time to complete them and that the task would not be too burdensome.

3.10.3 Observations

Based on the recommendation of Robson (1999), prior to formally initiating the study I engaged in a whole school pre-assessment with the goal of acquiring a ‘theoretical orientation’ of the context of the school community consistent with the experiences of Whyte (1951) who suggested the need to obtain a theoretical orientation in order to generate theory and to understand the context of the setting in which one is doing research. As described, data collected during the pre-assessment phase provided antecedents and a context in which to support my findings

My role as the school principal provided me with continuous opportunities to observe and become immersed in all aspects of the school providing me with opportunities to capture ‘snapshots of the school day. The observations of individuals and actions took place on daily basis throughout each stage of the study including evening events and out of school activities. This observational and perceptual data often led to my undertaking more formalized data collection strategies such as individual conversations or focus group follow up in order to better understand the ‘who’, ‘what’ or ‘why’ related to an issue I deemed important to the study. During this time it became evident to me that an outside

health facilitator, suggested in the literature as one who could be hired to oversee school health promotion initiatives (CSDE, 2010) would not have the same opportunity to observe, connect and respond in the ways in an insider would leading me to believe that their effectiveness would be greatly limited.

Prior to engaging in the role of inside-researcher I provided staff with information about my research intentions and plans to engage in a 'participant-as-observer role' (Robson, 1993, p. 197). In this capacity I continually maintained high visibility in classrooms, hallways, common areas observing by participating in activities and observing phenomenon as it took place. Robson (1999) maintains that 'the basic task of the participant observer is to observe the people in the group, unit, organization or whatever is the focus of the enquiry, while being involved with them with accounts collected from informants' (p. 199). Becoming actively engaged in the process of both collecting data and immersing myself in the actions which generated the data provided ongoing opportunities to reflect on my practice and to act on my reflections. Overtime the process of observing, reflecting, acting, reflecting, implementing, reflecting and analyzing and reflecting became a thinking pattern which caused my mind to race continually as it attempted to make sense out of chaos and order out of disorder.

Robson's work was influential in reinforcing my need to continually observe all aspects of the school, including students and staff gather observational data as both participant and observer which when corroborated with other data was found to accurately represent the true nature of the setting. Stringer (2004) recommends that observations can be done collaboratively, whereby one asks others focused questions which elicit participant descriptions of events. This strategy was put into practice by asking individuals, either staff or students to provide their opinions about what they saw, heard or experienced. This data was then integrated into my notes and compared to other findings.

Events were not recorded while I was observing due to concerns that staff might feel uncomfortable. Descriptive observational data and information related to the observational process was recorded at my earliest convenience using an anecdotal recording form (Appendix M). Overtime, the observational process became part of my role rather than an independent data gathering technique. Descriptive observations were then integrated into the theoretical and conceptual framework of the health and educational models and review of literature.

As will be described, observational data provided a key component for providing information which was used to guide informal conversations with staff and for developing interventions and leadership strategies to address issues of concern and need. The challenges associated with collecting observational data were consistent with those experienced by Davis (2003) including 'the need to manage a relatively unobtrusive role designed to aid in understanding the 'big picture' while also finely observing huge amounts of fast-moving and complex behavior, and acting obtrusively as a facilitator of change' (p. 85).

3.10.4 Informal Conversations

Informal conversations took place throughout each phase of the study with staff, students, central office administrators, parents and members of the community. According to Spradley (1979), the term interview 'covers a wide range of practices which can include friendly conversations' (p. 58). In my quest to develop relationships and build trust with my staff I chose to collect data by informally conversing with staff and students by chance rather than hold formal interviews as it was my belief that it was a more personal approach. As the new principal it was my belief that setting up interviews in my office to discuss topics related to the study had the potential to make staff feel uncomfortable and that my intentions to provide them with an opportunity to discuss topics related to health and achievement would be misinterpreted as either personally or professionally evaluative.

Conversations with staff and students took place in a variety of locations including my office, hallways, classrooms, meetings, during out of school events and by *chance meetings*. As was the problem with recording observational data, it became unrealistic and unmanageable to record the overwhelming number of informal conversations held with staff and students as they were occurring. To maintain the integrity of the conversation, to build trust and to create comfort level for my staff I documented conversations after the meeting or conversation. Notes were jotted as soon as possible and analyzed during moments of quiet reflection also utilizing a anecdotal recording form. Over time conversational data provided by staff and students generated patterns and themes which were compared with data collected from other sources. Throughout each stage this data was subsequently aligned and compared to themes and conceptual components of the health promoting and educational models within each stage and comparatively between stages.

Information provided during informal conversations with staff and students determined to have relevance to the study became increasingly more useful throughout the study due, I suspect, to the correlation between the growing familiarity of actions resulting from the study, the increasing familiarity of the goals of the study and the degree of trust and rapport which was becoming established between myself and stakeholders. By year three it became routine for staff to approach me to discuss some aspect of the school culture which had relevance to health promotion, student health, health and achievement or at-risk student behaviors which were impacting a child or staff member.

3.10.5 Focus Groups and Critical Friends

The nature of the study provided continuous streams of data which led to the creation of interventions and strategies based on recognition of an issue or opportunity which emerged thereby creating multiple, ongoing independent action research spirals occurring during the same period of time. The majority of these actions were facilitated by me in the earlier part of a cycle then refined and modified as the cycle evolved based on input from others. My leadership team (n=6) played an important part in the implementation of this study unbeknownst to them as it was their insight and opinion rather than facilitative actions which were valuable to the actions which resulted.

Formal meeting with the administrative team took place on the average of twice weekly during each stage of the study. Apart from meeting with them as a group I met individually with most of the administrators on daily basis. During these formal and informal meeting times discussions included the sharing of information and data which was being generated from the study with the intention of soliciting input and verification which would assist me to compare and analyze the findings as well as provide input on data which I had triangulated and analyzed on my own. This group served in the capacity of a

'standing' focus group whereby their input was utilized to analyze field work actions and data and to create and evaluate interventions. As will be reported in Chapter 4 this group of administrators had been accustomed to working closely with a prior principal whose focus was purely academic and standards based. My alternative areas of focus, especially on matters related to health, wellness and fitness were not well received or understood by the group. As the study evolved and it became more evident that the outcomes of the actions which were being implemented were having a positive impact on the culture, the group began to respond more positively. By year three the team assisted me in the creation of the site-specific framework which blended both standards and health promotion and were agreeable to adding a school improvement goal which included the mention of health, wellness and achievement. These actions and behavioral changes were viewed by me as a significant win.

In addition to the administrative focus group there were three student focus groups which met throughout the duration of the study which will be described in more detail within Chapters 4 and 5. These groups consisted of a *Student Health and Wellness Committee*; *Principal's Advisory Committee* and *NEASC Student Voices Committee*. Two of the student groups were formed using 'snowball sampling' (Bryman, 2004) whereby students who were interested in participating in the group informed other students who then requested to become involved. Students participating on the NEASC Committee were selected by their grade 9 teachers based on their leadership potential.

I initially recruited student volunteers for the student health committee and principal's advisory using word of mouth to seek out interested individuals who once informed of the group's goals shared the information with their friends. The *Student Voices Committee* was formed to respond to a request by NEASC (Appendix N) requesting that schools form student groups who would meet to discuss three questions posed by the organization: *What is the purpose of*

education? What do you want out of your education? What can EHHS do to provide you what you need? Students in all groups met bi-monthly for the past 3 years. They were supervised by two volunteer teachers and me. The outcome of our conversations will be shared to the student body and presented at a national conference in Boston Massachusetts, USA 2011.

Staff focus groups included a cohort of grade 9 teachers, a team of physical education and health staff and a multi-disciplinary group of teachers who comprised the school improvement team. These staff focus groups were convened to discuss issues related to the research and to topics specific to their roles. The physical education staff also comprised the physical education program review committee where they established goals to diagnose problems within the department, to develop action plans for change and evaluate and refine the actions. Revisions to the physical education and health course and program offerings resulted in transforming the program into one where the focus was more on fitness and lifelong health than traditional, standards based physical education. The Grade 9 freshmen teacher cohort was organized by me with the goal of addressing issues and concerns regarding student apathy, attendance, transition, poor achievement, low skill level, student's lack of goal setting and at-risk behaviors. The group met for one year and disbanded primarily due to factors surrounding increased accountability measures and professional commitment which was required for the group to progress. Additional information will be discussed in Chapter 5.

As the facilitator of all focus groups I sought to create a comfortable environment in which to hold meetings with individuals who had a collective interest and familiarity with the topics which would be discussed. As the facilitator I utilized the work of Bryman (2004) who provides practical guidelines for researchers conducting focus groups for example: 'not just listening to what individuals say

but how they say it; which individuals in the group emerge as opinion leaders; understanding the processes whereby meaning is collectively constructed' (p.349).

With the goal of being perceived as an insider and not as the principal-researcher I listened to conversations and documented the information at the time by jotting down words with the intention of later describing the conversations which took place. It was my belief that if I had taped or scripted focus group conversations while they were taking place the quality of information discussed would have been compromised.

3.10.6 Review of Artifacts

Yin (2003) points out that 'the most important use of documents is to corroborate and augment evidence from other sources (p.87). As the school principal my access to records which provided insight into the holistic nature of the organization past and present was limitless. Artifacts which I routinely reviewed included, disciplinary records; student progress; standardized testing results; teacher and non-certified staff evaluations; medical records; maintenance reports; school newsletters; curriculum; programs and activity descriptions; strategic school profiles and other documentation which could provide a broad understanding of the strengths and weaknesses of the students, staff and whole school. This information was matched to the conceptual components associated with the health promoting models and educational models and infused into other data collected.

3.11 Data Analysis and the Use of Conceptual Frameworks

All data collected within each of the three stages, organized, compared to the literature, compared to data collected from previous stages and then aligned to the conceptual frameworks. It was then analyzed within each phase, overlapped

among phases within each cycle then overlapped between cycles. This process resulted in changes to the context of the study and impacted the totality of the study (Reason & Bradbury, 2006) whereby information which was diagnosed, aligned to a component or multiple components then underwent a cyclical stage of action research specifically diagnose, plan, take action, reflect and evaluate. Within each stage multiple, ongoing action research initiatives took place simultaneously which were analyzed independently and holistically.

The constant comparative method was used to examine the data then compared to conceptual themes and frameworks (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Additionally, a cyclical process of infusing the findings and literature into the development and implementation of field work actions and leadership strategies was ongoing. Findings were then compared and examined to determine the degree to which they supported overarching health promoting principles and conceptual components.

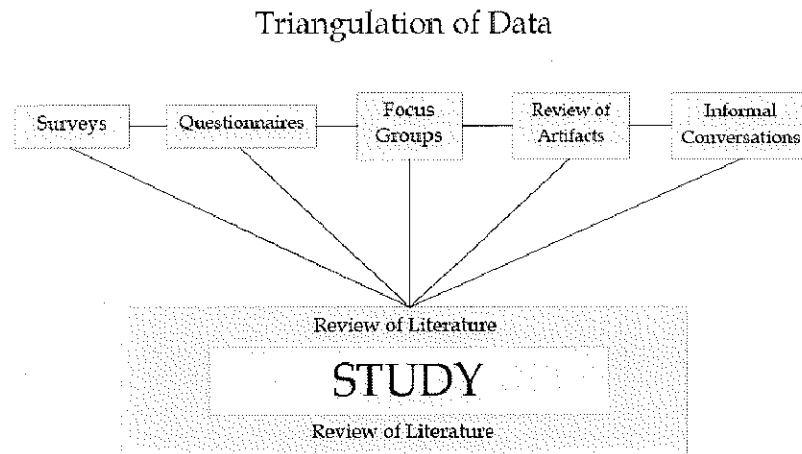
Included within Chapters 4, 5 and 6 will be descriptive information which specifically explains the use of each tool, data collection findings and analysis and a discussion of the findings and reflections with respect to the outcomes, obstacles and place within the context of the study.

3.11.1 Triangulation

The use of triangulation (Figure 3.3) was employed in this study by using multiple data collection methods and different levels of analysis. The use of combining data collection methods described above, were used to 'gain greater confidence' (Bryman, 2004) and to gain a holistic understanding of the school (Denzin, 1988). For the purpose of creating thematic organization and to record and cross check multiple sources of data I modified and used an anecdotal

recording template created by the Louisiana Department of Education (Appendix M).

Figure 3.3



3.12 Quantifying Participants: The Challenge of a Whole School Study

It was not always possible to accurately quantify the total number of staff and students who participated in the study due to the holistic focus and broad range of activities, initiatives and actions which simultaneously took place. The continuous flow of movement and activities inherent in the culture of a large school populated by 1031 students and 85 staff resulted in the implementation of activities, interventions, and data collection strategies processes such as whole school observations, unplanned conversations and occurrences which could not easily be quantified.

As the principal-researcher-health facilitator I developed a heightened sense of my surroundings by observing 'everyone' and 'everything' at all times. In doing so I became part of the research and was overcome with the continuous opportunities I had to collect new data, confirm findings and assimilate theory and action. I was also cognizant of the fact that there were times when it was

appropriate for me to become part of the study and other times when I needed to step back and reflect upon the study. During moments of real time reflection I became aware of the fact that my intention to simply stand in the hallway during passing time turned into an eventful observation whereby, I noticed an incident, action or conversation which had significance for the study. During this time potentially hundreds of students may have passed or even become involved in the event. Faces were blurred, backs were turned, people and time were in motion and, it was not possible to quantify the numbers or describe the specifics rather, the holistic experience or essence of what had transpired was what struck me and later became recorded.

From the onset I invited and solicited the input and participation of all stakeholders groups which included students, staff, and administrators, parents and members of the community. My goal was to articulate my belief that the study was not being *done to the school* but *for the school*. From that perspective the whole school (350,000 square feet) was the setting, the stage and the context from which everything and anyone potentially played a part.

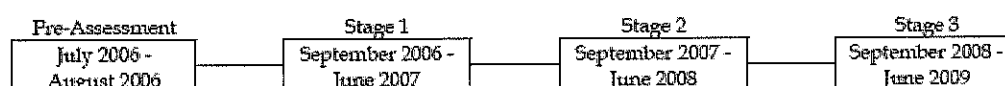
Managing and quantifying the large numbers of stakeholders was the challenge and with no empirical work to guide me I responded by establishing the goal to *capture the essence* of the moment recalling the events, actions interventions, conversations, or strategies as they transpired recording them later to the best of my recollection. It was the best I could do in a real-world research study where the environment and population were always in flux. My conclusion was that it would not be possible to accurately quantify the numbers in all instances however, when possible participant numbers were cited.

3.13 Timelines for this Study: An Overview

Figure 3.4 delineates the timeframe of the study. The study began in the summer of August 2006 prior to the start of the academic year which began on August 26th. At that time the majority of staff and students were on summer vacation.

Figure 3.4

Timeline for the Study



Each stage of the study corresponds to a discrete year of action research field work beginning with the pre-assessment stage in July 2006 and ending in June 2009 with Stage 3. The *pre-assessment stage* provided me with preliminary opportunities to observe, speak with staff and review artifacts which I believed had the potential to provide an initial theoretical context about the school setting, culture and norms of the school and community. Within each year findings and actions which resulted from the previous year (stage) were intertwined into the actions which took place within that discrete period of time.

3.14 Ethics, Politics and Bias

With the understanding that 'all institutions are inherently political' (Herr & Anderson (2005, p. 64) and, that both 'ethics and politics play an important part in social research' (Bryman, 2004, p. 517) it was essential that I attend to ethical considerations in the conduct of my work as researcher and school principal. In doing so I was keenly aware of the need to keep my staff, students, parents and central office administrators aware of actions and outcomes associated with the study, respect the privacy and wishes of my stakeholder's regarding their desire

to participate in the study and remain visible and transparent to others (Winter, 1996).

I provided an overview of the study to my Superintendent of Schools along with a draft of a consent form (Appendix P) which was later given to all students in grades 9-12 (Appendix Q). Additionally, a similar letter explaining the study was given to my staff. When approval from my Superintendent was granted I sent home letters to parents which informed them of my research intentions and allowed them the opportunity to exclude their children from the study if they desired. Furthermore, the ethics form required by the University of Hull was submitted and approved (Appendix R).

Based on discussions with individuals during the pre-assessment phase, I became aware of aspects of the social structures embedded within the school organization which had the ability to create roadblocks for the study, for example, 'gatekeepers' (Bryman, 2004) or individuals who had the potential to be obstructionists to change. With an awareness of these possible obstacles I sought to become more aware of the cultural and political context of not only the school but the community.

The goal to become a reflective practitioner required me to examine my own biases, ethical leadership style and level of commitment. In order to pursue the true origins of action research as cited in the teachings of Marx, Gramsci and Friere I would focus the effort of the study on engaging my staff in 'changing social structures and practices for their own benefit for those who they perceived were oppressed or marginalized by the status quo' (Reason & Bradbury, 2001, p. 4). As was determined over time staff and students are reluctant to engage in the types of courageous conversations which reveals the type of information which can then be addressed to remediate oppression or marginalization.

3.15 Chapter Summary

In Chapter 3, I sought to provide an overview of the methodology and overarching principles and epistemological underpinnings which guided this study along with a description of action research field work, data collection instruments and procedures used to collect and analyze the findings.

Furthermore, I restated the rationale which I adopted regarding my choice to use an alternative reporting format and structure for Chapters 4, 5 and 6.

This study posed a continual challenge to my professional practice and was at times overwhelming due in part to: the dearth of theoretical and empirical literature on leading health promoting schools and whole school health promoting initiatives, the use of multiple conceptual frameworks and the substantial change which resulted to the overall status quo of the school.

As validated by Reason (2003), my decision to use action research was based on the determination that the goals of action research and my personal philosophy regarding my role as the school leader were one in the same specifically: to facilitate collaborative strategies within the organization in which I worked with the goal of improving practices, the social structure and practical knowing (Reason, 2003).

As pointed out by Reason (2003) the process of 'creating democratic spaces takes enormous amounts of time and care' (p. 6). In light of Reason's statement this action research thesis charts the progress and efforts made by me as the school leader to become actively involved in the actual process of creating change and the documentation of change. Personal narrative reflections embedded within the thesis seek to capture the 'purpose in action research' (Reason, 2003, p. 7) and experiential knowing which transpired throughout the study with the goal of

assisting others who may desire to undertake a whole school health promoting initiative such as mine.

The actual process of undertaking a whole school action research study as the new principal was an extreme challenge and was compounded by the dearth of literature about whole school health promoting studies such as mine. Furthermore the dearth of literature specifically related to creating, developing, facilitating, evaluating and analyzing a whole school health promoting initiative from a leadership perspective gave me no recourse than to build the plane while I was flying. While the task was enormous and the challenges daunting the study provided me with valuable opportunities to acquire information, knowledge and skill sets which I believe have the potential to be useful to other aspiring health promoting leaders.

CHAPTER 4

LAYING THE GROUNDWORK, ASSESSING THE CULTURE, DEVELOPING RELATIONSHIPS AND BUILDING SUPPORT

4.1 Introduction

Stage 1 of the Study (Appendix D) began simultaneously with the start of the school specifically, the last week of August 2006. During this stage my primary goals were to: *lay the groundwork for the research, assess the culture of the school and community, develop relationships and build support* among all stakeholder groups. During the *pre-assessment stage*, data was collected from observations, a review of artifacts, conversations with school personnel, students, and members who stopped in to the school during the summer. These findings were used to generate a listing of antecedents and initial propositions which provided me with a context and foundation for stage 1 field work and professional practice.

This chapter will provide an overview of the action research field work and profession leadership practices which resulted during year 1 of the study. The literature reviewed in this chapter corresponds to the two conceptual health promoting models and educational model which were used to frame the study. Additionally, there will be a review of literature about student *voice and empowerment* included in this chapter for the significant impact each of these elements had upon the study during this period of time.

4.2 Unintended Consequences Stage 1

As the new principal my intention was to spend the first year engaging in a process of 'slow knowing' (Claxton, 1997) whereby I would 'patiently make sense of my situation' (p. 3). My goal was to immerse myself in the collection of data in order to determine areas of strengths and weaknesses related to the overall health needs of my staff, students and school culture. Within the first

month of school however, glaring issues of concern were expressed by staff and students and detected through observations and conversations with all stakeholder groups placing me in a position where as the school leader I felt compelled to investigate, diagnose, plan and at times respond.

Many of the concerns which were expressed or observed were perceived by me and others to be negatively impacting or, had the potential to negatively impact the health and well-being of my students, staff and the school culture. It became evident that many of the problems were entrenched in the cultural norms of the school and that they had not been addressed by previous principals or district administrators for political and social reasons. I detected through conversations with staff and students that the expectation by some was for me to address the issues. Many of the individuals who did not express the need for change were, for the most part, individuals who relied on the status quo to protect them from change. It became evident that my professional integrity and leadership style was becoming tested early in the 'game'.

Particular issues of concern which directly impacted the quality of school-work-life for staff and students emerged during this initial stage of the study included: chronic problems with environmental quality; heating and cooling; safety, sanitation and cleanliness; student apathy and lack of engagement and lack of parental support. Specific issues of concern regarding the performance of some staff included: a lack of accountability, low expectations for students; the perception of inequity and lack of rigor within some classrooms and the unwillingness of some staff to support established school policies.

With collaborative relationships not yet being established and the study goals not yet clearly understood by me during the initial months of Stage 1, I sought to collect data which would assist me to either confirm or refute the findings which were emerging. Discussions with many staff described a prideful adherence to

the *status quo* and *tradition* within the school and community. Therein I became confronted with a dilemma. On the one hand I felt compelled to be an ethically responsible health promoting leader compelled to address issues which had the potential to impact the health of my staff and students however, on the other hand I did not want to be impulsive and over reactionary without having spent time fully understanding the school culture and establishing relationships with my staff. I questioned whether developing relationships with the under-performing teachers and those who were creating 'unhealthy environments' would make the task of evaluating them more difficult. I was aware that the evidence required that I tackle these 'thorny' issues, tied both to the goals of my research earlier rather than later in the study. It also became clear at this stage that the creation of health promoting schools requires the willingness of the school leader to dig deep into the cultural fabric of the school in order to uncover the root causes of 'illness' which can, in fact, stem from the school itself.

These preliminary investigations and subsequent actions resulted in change, and change on any level within my school disrupted the *status quo* of an organization not accustomed to change. Specifically, some staff members were placed on intense evaluation, protocols which promoted equity, rigor and accountability. Attempts to hone in on the most pressing issues of concern took place first by me then more collaboratively by other administrators, staff and students as the study evolved. As stage 1 field work progressed I was able to experience firsthand the inextricable link between effective school leadership and change and ineffective school leadership and change which expanded my 'living educational theory' (Whitehead, 1989) regarding the role of the school leader in facilitating deep, second order change. Had I ignored any of the concerns which emerged during the study which were determined to be antithetical to the

4.3 Pre-Assessment Findings: Early Insight and Direction

Data collected during the *pre-assessment* stage of the study (Appendix B) led to the formulation of antecedents and initial propositions which guided investigation and action in Stage 1. In hindsight, findings which emerged during the preliminary pre-assessment stage provided data which upon later review, were determined to be reflective of the broad concerns and issues; strengths and weaknesses; obstacles and behaviors expressed by the majority of staff and students throughout the study.

Propositions were created from the antecedents to Stage 1 and provided a context for the field work actions and leadership strategies to guide the direction of Stage 1 field work actions and professional practice.

Proposition 1:

The leadership priority of the previous administration was to address standards based accountability including CAPT scores and NEASC accreditation. There was little to no attention paid to matters regarding teacher accountability, facility oversight and the coordination and quality of support services which have the potential to impact the social, emotional physical and academic success and well-being of my students. Attempts to raise expectations for staff accountability and to refocus staff on matters related to health, has the potential to disrupt the status quo.

Proposition 2:

The power structure established by the former principal delegated all decision-making authority to the instructional leaders. I anticipate that my focus on issues which have a holistic, whole school health promoting focus will challenge

established administrative norms. My desire to expand leadership opportunities to my assistant principals and staff has the potential to disrupt the status quo.

Proposition 3:

The perceptions of my staff and students regarding my leadership style and the strategies which I use to 'roll out', define and model health promoting principles are essential components of my success as a researcher and school leader. With a dearth of literature or leadership models to guide me I suspect that this study will pose continued challenges to my professional practice and study for there are no rules or guidelines which I can rely on for assistance. The documentation of my experience has the potential to fill gaps in the literature.

Proposition 4:

My professional and educational experiences over the past twenty-five years have provided me with opportunities to work with numerous administrators in several school systems prior to my appointment to this position. It has been my experience that school teachers and administrators have no understanding of school health promotion and the *connections* between health and achievement. I assume that my current staff will have no awareness of health promotion.

I sought to investigate how accurate these propositions were throughout the study as they were established after collecting a minimal amount of data.

Chapter 7 will provide a discussion of my findings.

4.4 Leading the School and Facilitating the Study

In my multiple roles as principal and inside-research and health promoting facilitator I continually struggled to multi-task, seeking ways to prioritize the multitude of responsibilities of: instructional leader; building manager; disciplinarian; health promoting facilitator and researcher which barraged me on a daily basis. With the awareness that effective leaders 'must find ways to balance leadership and managerial responsibilities' (Leithwood, 2003, p. 36) I found myself continually seeking ways to balance traditional leadership expectations and those deemed necessary for creating and facilitating a healthy school. I also had to consider job security and acknowledged the reality of the fact that my yearly evaluation, written by central office administrators, would focus solely on my ability to fulfill traditional leadership expectations outlined by the *Connecticut Common Core of Leading* (CSDE, 2009) (Appendix S).

The pressure to fulfil standards based expectations established by the federal and state government and supervisors was challenging in and of itself and was compounded by my goal to create a health promoting school. Table 4.1 provides an overview of standards based expectations generated by the federal and state governments (NCLB; CSDE) and the accreditation organization (NEASC).

Table 4.1 Standards Based Expectations

- Increased student achievement (NCLB)
- Development of standards based curriculum (CSDE,NEASC)
- Creation of common, formative assessments (NEASC)
- Development of school-wide expectations for learning (NEASC)
- Integration of 21st century learning skills into curriculum (CSDE;NEASC)
- Creation of personalized, student success plan (CSDE,NEASC)
- Creation of senior capstone project (CSDE;NEASC)
- Attainment of school accreditation (NEASC)

The numbers of demands placed on me are outlined in Table 4.2. These demands occurred every day and were compounded by the social and political factors which can be found in Table 4.3. I had no option but to intertwine leadership strategies created to address these factors with those required to facilitate the creation of health promoting initiatives.

Table 4.2 Daily Demands – A Typical Day

- Meetings with Administrative Staff
- Disciplinary referrals / parental meetings
- Meetings with police / community agencies
- Supervision of building (350,000 square feet)
- Meeting with staff, parents, students
- Supervision of building management i.e. cleaning, maintenance, personnel
- Creation and implementation of safety plans
- Meetings with support staff
- Meetings with students; student committees
- Development of School Improvement plans
- Evaluation of staff
- Supervision of students - passing/behavior
- Supervision of cafeteria - lunch duty
- Oversight of instruction and assessment
- Planning and development – accreditation
- Oversight of programming, activities, after-events, emergencies, discipline

Table 4.3 Social and Political Factors

- External influence and expectations placed upon school leader by members of the community, town officials, political leaders and individuals with political influence
- Parental Requests
- Nepotism – large numbers of staff have political and social affiliations to local politicians
- Parental expectations have historically influenced the creation of school policies which enable students to meet low expectations (athletics and discipline)
- Teacher union has historically thwarted efforts to increase accountability and raise expectations for teachers
- The lack of strategic long term goals and vision for the district has resulted in the creation of initiatives which lack coherence and cohesion.
- Decreases in funding from town impacts whole school
- Failure of the community to provide/fund resources to support needs of all children

The opportunity for me, after working in the field of education for so long, to finally *be* in the position to create the type of health promoting school environment which I knew had the potential to improve achievement and student health, increase student participation and enhance the quality of the school culture, continued to drive my actions and fuel my passion regardless of the obstacles. A notable lesson which became evident early into the study is that; school leaders desiring to undertake a whole school study such as mine must be prepared to balance and manage personal and professional demands, political and societal factors and standards based expectations while at the same time developing leadership strategies which are customized to meet the needs and interests of their particular organization if they aspire to create a health promoting school.

Narrative reflections embedded within the Chapters 4, 5 and 6 will provide insight into the leadership strategies and coping strategies which I adopted in my quest to manage the expectations and demands.

4.5 Reporting the Findings

With the goal of aligning and comparing the data to the components of the conceptual frameworks and health promoting themes, I determined that it would be meaningful to integrate the analysis of my findings for Stage 1 within the context of the literature review where applicable. For example, the literature reviewed about the *nutritional* component of the *Coordinated School Health Model* will include descriptions of diagnosis, actions, findings and reflections. In some instances descriptions will provide an overview of what transpired during Stage 1 while in some cases descriptions will cover the activity or intervention as it evolved throughout more than one stage.

While the success of the study was, in part, reflected by the extensive number of actions and interventions which are documented on the tables which accompany each stage of the study (Appendices D, F, G) it was not possible to report on each activity nor was it possible to be consistent in my reporting style due to the varied nature of each activity or intervention described. Consequently, the uniqueness of this whole school study lies in its attempt to report a whole school study holistically so as to capture the broad range of strategies, actions, findings and outcomes which resulted.

As might be expected without exemplars, theory or research to provide models to guide my research or writing I found myself continually questioning my own methodology, actions and reporting format. Using Davis' (2003) reporting format to guide me I found myself expanding upon the structure which she

created in order to capture the unique processes and outcomes of my whole school study.

4.6 Conceptual Frameworks, Student Voice and Empowerment

All components of the defined *Coordinated School Health Model* including nutrition; staff wellness; health services; physical education; health education; parental and community involvement; school culture and school health services were examined and investigated within the study. Less defined components of the broad based *eco-holistic model* or whole school approach were also examined and aligned to components of the CSHM specifically, family and community, school environment and support services.

The educational whole *child model* with its primary focus to address the social, emotional, physical and academic needs of students within the whole school setting was determined to be equally less departmentalized than the *Coordinated School Health Model* and *conceptually* aligned to the goals of the holistic model and CSHM. Health promoting principles specifically, those which encourage student voice and action competence, theoretically aligned with each conceptual model selected for the study. The integration of an educational model which aligned philosophically with the goals of health promotion within the study provided me with the ability to utilize a common language with staff with which they were familiar. For example, staff could relate to the notion of meeting the social, emotional, physical and academic needs of children but did not understand how in their roles they could address the health needs of children. I responded to this problem by continually relating health promoting concepts to the terms staff were familiar with for example: 'when we raise rigor in all of our classes we are address issues of inequity, self-esteem and competence'.

Components of each conceptual model along with health promoting principles and themes served as guideposts providing structure for the data collection

strategies, action strategies, leadership strategies and analysis. While the study prioritized the conceptual components determined by staff and students as those most in need of attention during the study, all components were evaluated and examined to determine the strengths and weaknesses within the school. My overall approach to implementing the study was holistic with the goal to blend leadership strategies required to attain traditional expectations and those leadership strategies required to promote health.

The literature reviewed in this chapter has expanded upon the critical concerns of school health promotion and the process of education to include a review of research on student voice and empowerment.

4.7 Stage 1: Overview of Methods

Chapter 4 includes numerical percentages representing individual and comparative findings obtained from baseline perceptual surveys given to staff and students early in the study. Qualitative narrative descriptions from observations, informal conversations, a review of artifacts and focus group findings will enhance and corroborate the baseline findings and provided verification through the process of triangulating data. Most significantly these qualitative descriptions provide rich details consistent with the goals of action research.

During Stage 1 data was collected through the use of:

- Surveys
- Informal conversations
- Review of artifacts
- Questionnaires
- Observations

Baseline findings collected from health surveys given to staff and student health (Appendix E) provides:

- Perceptual data about the health related services provided by the school
- Perceptual data about the needs for promoting wellness among the students

The staff health survey, developed by the California State Department of Education included 65 questions requiring a categorical or Likert scale response for each question. A comparable health survey was developed by me for students were based on many of the questions originally developed for the School Climate survey. Additional questions were added in order to determine the student's level of need for change and support on a series of health related indices.

The student survey was disseminated to all 10-12 grade students (n=690) in their English classes. Table 4.4 provides demographic information regarding the random subsample of students (N=298) whose surveys were analyzed. The minimal sample requirements of 95 students per grade level was determined using the criteria of total student population size per grade; a confidence interval of (+/-10%) and a confidence level of 95% were assumed as part of the criteria.

Participants were students from a randomly selected group of classes. Representation was equal by gender (49% male and 51% female). Grades 10-12 were equally represented with freshmen (grade 9) students not included in this sample due to their short experience (one month) at the school at the time the study was conducted.

Table 4.4 Description of Student Sample (N=298)

| | N | % |
|---------------|-----|------|
| Gender | | |
| Male | 145 | 49 |
| Female | 153 | 51 |
| Class | | |
| Sophomore | 97 | 32.6 |
| Junior | 99 | 33.2 |
| Senior | 122 | 34.2 |

Table 4.5 provides demographic information for staff (N=80) asked to complete the survey with (N=65) the sample utilized for analysis. The majority of staff responding to the survey were teachers (83.1%) followed by clinical staff (12.3). Administrators were not represented in the sample (n=1). It is interesting to note that the demographics of the staff population changed substantially since the study began with the number of teachers on staff working over 10 years reduced by approximately 5 over the course of the study.

Table 4.5 Description of Staff Sample (N=65)

| | N | % |
|-------------------------------------|----|------|
| Role | | |
| Teacher | 54 | 83 |
| Clinical | 8 | 12.3 |
| Administrator | 1 | 1.5 |
| Other | 2 | 3.1 |
| Years of Service (All Staff) | | |
| Less than 1 year | 1 | 1.5 |
| 1-2 Years | 8 | 12.3 |
| 3-5 Years | 15 | 21.1 |
| 6-10 Years | 12 | 18.5 |
| Over 10 years | 29 | 44.6 |

4.8 Analyzing the Health Surveys: Establishing a Baseline

The perceptions of staff and students were compared with each other to examine differences between groups. The data was statistically analyzed by a colleague who then provided descriptive frequencies using inferential statistics including T-tests to compare mean differences in responses between students and staff members and ANOVA (Analysis of Variance) to compare in-between differences between categories. A p-value of less than .05 was assumed for significant differences among groups.

After reviewing the statistical findings I determined that my use of quantitative perceptual data would be limited to individual and comparative percentages and that I would not include the statistical analysis. My rationale was based on the personal belief that the outcomes of my study would be best described through rich descriptions of narrative findings collected from observations, informal conversations, review of artifacts and focus group discussions rather than inclusion of impersonal statistical indicators. Furthermore, I recognized that my lack of familiarity with statistics would have made presenting the analysis of

someone other than myself disingenuous and contrary to the personal approach used to drive and implement the study.

Baseline survey data and pre-assessment findings provided a concrete baseline from which to formulate my thinking about the potential direction the study would take. Data collected from questionnaires, informal conversations and a review of artifacts enhanced my ability to triangulate the findings and cross-check the data.

4.9 The Coordinated School Health Model: Findings and Outcomes

Table 4.6 provides a more descriptive overview of the components of the Coordinated School Health Model (Allensworth & Kolbe (1987); Marx, Wooley & Northrup, (1998) which was used as one of the models to guide the study. The elements and recommendations associated with each component of the model were examined within the context of my school, compared to theoretical and empirical research and triangulated with other sources of data collected. This process revealed the strengths, weaknesses, degree of need, and overall potential of the model to enhance the health of my staff and students. Each of the eight components highlighted in Table 4.6 provides a structural framework from which to guide the actions and initiatives of the study. Each component will be described in this chapter and will include a corresponding overview of action research field work, baseline findings, qualitative narrative findings and analysis which resulted from the study.

Table 4.6

Coordinated School Health Model

| | |
|---|--|
| Comprehensive School Health Education | Classroom instruction that addresses the physical, mental, emotional and social dimensions of health; promotes knowledge, attitudes and skills; and is tailored to each age/developmental level. Designed to motivate and assist students in maintaining and improving their health and to reduce the risk of behaviors. |
| School Health Services | Preventive services, education, emergency care, referral and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure appropriate care for students. |
| Physical Education | Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social and emotional abilities. |
| School Nutrition | Integration of nutritious, affordable and appealing meals and other foods and beverages available at school; nutrition education; and an environment that promotes healthy eating habits for all children. Designed to maximize each child's education and health potential for a lifetime. |
| Counseling, psychological and social services | Activities that focus on cognitive, emotional, behavioral and social needs of individuals, Groups and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development. The term School Behavioral Health Services is most commonly used in Connecticut to define this range of programs and services. |
| Staff Wellness | Assessment, education and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff who serve as role models for students. Staff wellness is also a term frequently used to describe this component. |
| Healthy School environment | The physical, emotional and social climate of the school. Designed to provide both a safe physical plant and healthy supportive environment that fosters learning. |
| Family and Community involvement | Partnerships among schools, families, community groups and agencies and individuals. Designed to maximize resources and expertise in addressing the healthy development of children, youth and their families. The term School-Family-Community Partnerships is most commonly used in Connecticut. (CSDE,2007) |

4.9.1 Nutrition

There is a substantial body of research which report that poor nutrition and childhood obesity, significant health problems in the USA and around the world impact achievement and overall school performance in schools across the nation (CDC, 2004; Kaplan, Liverman & Kraak, 2005; USDHHS, 2010).

While there is a preponderance of evidence suggesting that students with poor diet are significantly more likely to have a record of poor academic achievement there continues to be little to no response acknowledging this connection from school educators with whom I work with. It is clear that matters related to health, nutrition and academics are viewed by educators as separate and not interrelated.

Florence, Ashbridge & Beugelers (2008) have examined the association between indicators of diet quality and academic performance in 5200 grade 5 students in Nova Scotia and report findings which suggest that there are positive correlations between students' diets and academic performance. Similarly, Cooper (2005) points out the interconnectedness of an inadequate diet, obesity and poor achievement suggesting that attempts to address poor achievement of children must consider and address root causes which lead to poor nutrition and poor achievement (Rhode Island Coordinated School Health Program, 2007).

Allensworth, Lawson, Nicholson and Wyche (1997) provide a review of school food programs and highlight the potential for school cafeterias to serve as learning laboratories which can be used to assist students develop lifelong health eating habits. With obesity rates among children in the United States reaching epidemic proportions with 'one third of American children and adolescents either overweight or obese' (Ogden, 2006, p. 154) current trends reflect 'that decades of progress made towards reducing deaths from cardiovascular disease

have been reversed' (CDC, 2007). Furthermore, the economic impact of poor nutrition has resulted in a cost factor in the USA determined to be estimated at \$117 billion, impacting direct medical expenses and lost productivity and achievement (Robert Wood Johnson Foundation, 2008 p.1).

In spite of the compelling research, the education sector has not acknowledged economic or national public health positions or concerns regarding the potential for schools to address issues regarding health, nutrition and lifelong wellness. Consequently, the obesity and nutritional issues which, according to health promoting advocates can be addressed on a variety of levels within the school setting are viewed as not part of the role of the education sector.

District wellness policies, intended to address the nutritional needs of children, focused primarily on removing less nutritious food from schools are unfamiliar to school leaders and educators with whom I have worked and appear to do little more than discourage the intake of foods which are nutritionally unhealthy rather than promote healthy eating or the implementation of nutrition education programs. These policies themselves are not only unfamiliar to staff and school leaders but parents and members of the community who, according to an AFHK poll (2009) perceive schools to be doing a much better job addressing the health needs of children than they in fact are doing.

Former United States Surgeon General Satcher concurs that 'schools have the opportunity and responsibility to teach and model healthful eating and physical activity both in theory and practice and are uniquely poised to play a significant role in preventing and decreasing childhood obesity' (2004, p.2). The Robert Wood Johnson Foundation (2007) concurs that obesity 'is one of the most pressing health threats facing children and families today' (p.1) maintaining that the obesity epidemic in the United States has created major social, fiscal and health implications. Data generated from, *The Third National School Nutrition*

Dietary Assessment (SNDA-III) by the Robert Woods Johnson Foundation (2009) examined school food, environment, children's dietary behaviors, and obesity and overweight rates in 400 schools and 2,300 children in the USA suggesting that:

' 85 percent of the schools offered reimbursable lunches satisfying the *School Meals Initiative for Healthy Children* (SMI) for protein, vitamin A, vitamin C calcium and iron. Only 6 percent of the schools offered lunches that met 100 percent of SMI standards and none of the schools served lunches that complied with sodium limits set forth in 2005 *Dietary Guidelines*'

(RWJ, 2009, p.1)

As the school leader I have experienced great frustration related to my inability to work inter-sectorally with the food services program as the company is contracted directly by the district Board of Education. As such the company is not under my direct jurisdiction although they service the food program within my school. As the school leader I have little awareness of government regulations which impact the decisions made by the company which result in the food choices served. The State of Connecticut periodically sends out new State approval listings for food products however the information is cumbersome and not user friendly to the practicing administrator.

There has been a propensity of research on school breakfast programs (CDC, 2007; Brown, Beardslee & Prothrow-Stith, 2008) which supports the 'full utilization of the *School Breakfast Program* suggesting that these programs represent a key way to protect children and provide a better return on educational investments as well' (p. 14).

The *Federal School Lunch Program* in the USA is considered by Waters & Heron (2008) to be a poor investment. Their recommendations include increasing investments from \$9 billion to \$27 billion suggesting that the increase will 'bring

long term savings and benefits in the areas of hunger, children's health and dietary habits, food safety, environmental preservation and energy conservation' (2008, p.2). Furthermore, they call upon support from newly appointed government officials in the United States in hopes that they will work inter-sectorally to provide the financing requires providing all students with healthy, nutritious school meals.

The Action Guide for School Nutrition and Physical Activity Policies (CSDE, 2007) and the Connecticut Healthy Balanced Living Framework (2007) provides guidelines and curriculum to educators who seek out the information on obesity, nutrition and physical education. However, if one is not familiar with the concept of school health or, if one does not have an interest in seeking this information out one would not be aware that these documents exist nor are they likely to use them within the context of their schools.

4.9.1.1 Diagnosing Nutritional Issues

The use of student and staff surveys and questionnaires along with informal conversations and observations provided sources of data on perceptions of school food and nutrition. Table 4.7 provides an overview of baseline student perceptions generated from the surveys regarding the need for changes in current food offerings by the school.

Table 4.7 Student perceptions of need for changes in current food choices offered by school. (N=298)

| | n | (%) | | n | (%) |
|--------------------|-----|--------|---------------------|-----|--------|
| Fat | | | Vegetables | | |
| Adequate | 108 | (36.7) | Adequate | 107 | (36.5) |
| Some Improvements | 120 | (40.8) | Some Improvements | 110 | (40.6) |
| Major improvements | 66 | (22.5) | Major improvements | 67 | (22.9) |
| Fiber | | | Fruit | | |
| Adequate | 122 | (41.5) | Adequate | 68 | (23.1) |
| Some Improvements | 125 | (42.5) | Some Improvements | 135 | (45.9) |
| Major improvements | 47 | (16.0) | Major improvements | 97 | (40.0) |
| Dairy | | | Better Taste | | |
| Adequate | 117 | (39.8) | Adequate | 49 | (16.7) |
| Some Improvements | 143 | (48.6) | Some Improvements | 97 | (33.0) |
| Major improvements | 134 | (11.4) | Major improvements | 148 | (50.3) |

As outlined in Table 4.7 ratings for satisfactions were distributed between categories of food. The majority of students suggested need for improvement to those containing fats (63%), fiber (59%), dairy (60%) vegetables (64%) and fruit (64%). 83% of my students felt that general improvements could be made to prepare better tasting food.

Comparative perceptions of the adequacy of food services among staff and students revealed half of the students reporting that the food choices were good or excellent whereas the other half rated them as fair or poor. The distribution between student and staff perceptions were not significantly different.

Survey findings corroborated a student newspaper article which I first noticed while waiting to be interviewed for the position of principal. Upon reading the editorial I became curious about what concern and issues might surround the quality of the school food and cafeteria (Figure 4.1). This cartoon provides insight into perceived concerns from students regarding food quality, choice

and wait time, which upon further investigation comparisons to other sources of data were proven to have merit.

Figure 4.1 Student Newspaper Editorial: The Good, the Bad the Ugly

The good, the bad and the ugly

Looking back on a year of changes at **HS**

Throughout the past school year, our school's administration has made a conscious effort to improve many of our past problems. Security guards have been noticeably more alert with patrolling, whether it is in the hallways or bathrooms. Smoking has diminished and, with it, loitering; it's now possible to navigate the hallways in fewer than five minutes.

On top of all the improvements, a new football field and track were built, adding to our school's extensive sports' amenities.

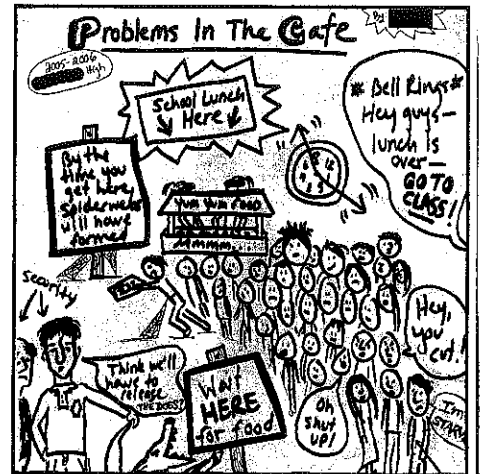
While many of these much needed improvements have been successful, more work needs to be done. Though the hallways are less crowded, lunches are more crowded than ever. Perhaps getting more use out of second lunch could cut down the sizes of first and third lunches.

Trash in the hallways is another problem. With more garbage cans and possibly recycling bins, this problem could easily be improved.

Opening only one bathroom has proved to be more of a nuisance than a solution. After causing lateness and frustration, it's obvious this needs to be dealt with. Opening more bathrooms around the school would certainly help.

One thing that all seniors would agree on is having more senior privileges. Though the cafeteria patio was closed this past year, opening it to only seniors could also help cut down on the space issues during lunch. Another nice privilege would be a senior lounge.

With the 2005/2006 school year coming to a close, we can all agree that many much needed changes were made. Hopefully next year holds just as many improvements as this past year.



Additionally, the findings which were emerging were further corroborated by a letter which was sent to the school district superintendent and then forwarded to me. This letter, written by a student (Figure 4.2) provides insight into the nutritional concerns of a 9th grade student. After reading the letter I called the student down to my office where we had a long chat about her issues of concern and desire to form a student committee to further investigate student areas of concern and interest.

Figure 4.2 Student Letter Regarding the Quality of Food Choices in the Cafe

Superintendent [REDACTED]
[REDACTED] CT [REDACTED]

December 4th, 2006

Dear Superintendent [REDACTED]:

My name is [REDACTED] and I am currently a sophomore here at [REDACTED] High School. I am writing this letter to you regarding the poor nutritional value of the cafeteria food.

In our health classes we learn about nutrition and what is good for you and what is not. However, what we are learning is not being applied to the food being served at school. Foods such as pizza, French fries, hamburgers, and chicken nuggets on a sandwich wrap are not models of good nutrition. Not only does this kind of food promote obesity but it also can have negative effects on learning. Since a hamburger or a chicken patty does not have very much nutritional value as far as vitamins, protein, or anything else that would have a positive effect on ones metabolism, the food slows students down instead of re-energizing them.

Some simple ways to improve the cafeteria food would be to eliminate serving foods that lack nutritional value such as French fries. French fries alone have 458 calories with 222 calories from fat and are served with everything in the cafeteria, if eliminated or substituted for something healthy such as fruit or vegetables, it would be a small way to make the lunches healthier. Also, instead of chicken patties or the chicken that is served on the sandwich wraps, serve grilled chicken which is healthier. A school cafeteria should be promoting good nutrition, not resembling a fast food restaurant. Thank you for taking the time to read my letter.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED] CT [REDACTED]
[REDACTED]

4.9.1.2 Developing Plans and Taking Action: Nutrition

To respond to the perceived nutritional and food related concerns expressed by students which emerged early into Stage 1, a *Student Health and Wellness Committee* was formed to guide field work actions and leadership strategies related to this component. All students in grades 9-12 were invited to participate on the committee. Students were notified of this opportunity using numerous modes of communication for example, announcements over the public

address system and information about the program along with an invitation to join displayed around the building. Students were requested either see me in person or sign up on the form which I hung outside of my door. For many students the invitation to participate on a committee which was led by the school Principal was their first introduction to the new school principal. My first introduction to students was health related I was later informed that many students began to sense 'the school was changing' and that my leadership style was different than that of the former principal.

Approximately 35 students were randomly selected from the list of 50 who expressed an interest in volunteering to serve on the committee. The student health and wellness committee was comprised of students from grades 9-12 who volunteered because of a 'personal interest in student health and nutrition'. The committee held meetings bi-monthly for 2.5 years unanimously agreeing from the start to address issues related to nutrition, cafeteria food and environment and the physical education program offerings and expectations.

Engaging student discussions generated streams of data which corroborated findings collected from other sources for example, conversations held with students in my *Contemporary Issues* class and conversations with random groups of students in the library, cafeteria or hallways. Students on the committee requested to meet with the food services director so that they could both ask questions and provide him with their suggestions about food choices and related concerns. To respond to their request I contacted the food services director who met with the group monthly for two years. To facilitate these meetings I arranged meeting dates, follow-up on meeting dates; emailed the food services director with an overview of topics for discussion which emerged from conversation with the students and documented the meetings. The significant amount of time it took for me to sustain the inter-sectoral relationship with the food director may in addition to the numerous other leadership actions which

were required of me for the study and my traditional roles are not likely to be replicated by traditional school leaders.

Students on the health and wellness committee were provided with information collected from the survey, questionnaires observations and conversations with staff and students. Discussions based on these findings and input from the food services director resulted in the creation of action plans. These action plans, listed on Table 4.8 included, the food services director providing more healthy food options, more attention to overall cafeteria cleanliness, the creation of more effective communication; the creation of school rules which allowed students to bring breakfast to their period 1 class and grab and go selections to lessen wait time. The changes which were occurring positively impacted the quality of food offerings in the cafeteria sent a significant message to all students that their 'voice' was being heard and that this committee of students was able to make substantial change. Students on the committee and others who noticed the changes to the food offerings and cleanliness of the cafeteria became very responsive to the fact that student suggestions were having such a positive impact on the school and more importantly, that student voices were being heard. Inspired by the willingness of students to engage in the student health and wellness committee a teacher volunteered to form another student club called R.O.P.E.S. (respect, opportunity, pride, engagement, support) with the intention of allowing more students to discuss broader issues impacting the school. R.O.P.E.S. used the term 'tying students together' as their slogan and successfully presented many assemblies and student presentations to students over the past three years.

Table 4.8 provides a list of responses generated from the open ended question which appeared on the student health survey. The question asked students to provide a response to the question: *'If the school could offer or change something to help improve your health, happiness or feeling of well-being, what would it be?'* Table

4.9 provides a similar listing of responses from the Student Health and Wellness Committee based on conversations which asked the same question related specifically to food and the cafeteria: *'If the school could offer or change something in the cafeteria to improve your health, happiness or well-being what would it be?'*

Table 4.8 Student Responses

Question: If the school could offer or change something to improve your health, happiness or feeling of well-being what would it be?

- 'A cleaner cafeteria'
- 'Food that is less greasy'
- 'Healthy choices: fruit, sushi, yogurt, salads, vegetarian options, baked potatoes, smaller wraps'
- 'Faster lunch lines-privacy to indicate free/reduced need'
- 'Better communication in knowing what will be served that day'
- 'Information about how food choices were selected and by whom'
- 'Staff required to wear hair netting'
- 'Keep food hot'
- 'Input into what offerings were presented'
- 'Better supervision so students would not 'cut' into lunch line'
- 'Extended time to eat lunch'
- 'The ability to bring food (especially breakfast foods) into classroom'
- 'The patio area opened for student use'
- 'Grab and go' lunches should be made available'
- 'More affordable food'
- 'Low fat salad dressings'

Student responses overwhelmingly focused on aspects of healthy food options and increased opportunities for choice. This information was shared with the food services director and cafeteria manager and resulted in improved changes over the past three years. Evidence acquired in year 3 through random conversations with staff, students and outsiders revealed overall satisfaction with the improved healthy options and choice which were created as a result of the study. Students in the group overwhelmingly express a sense of pride in their

ability to be responsible for the changes. Administrative leadership was required to facilitate the changes which took place specifically: facilitating conversations among students and cafeteria staff; facilitating a change in policy and procedures; monitoring change and communicating change within the school.

Table 4.9 provides an overview of suggestions and recommendations made specifically by the Student Health and Wellness Committee (n=50) and the status of the changes and actions which resulted by the group. Facilitating the changes required my involvement since the areas in need of improvement necessitated my having to meet with the food services manager; custodians; maintenance staff; security personnel and teaching staff. The leadership strategies which needed to be employed and the time required to follow-up on discussions with those individuals who were responsible for making the change was very time consuming. The process highlighted the fact that: change within school settings requires the involvement of the school leader. An outside health promoting facilitator would not have had access or the ability to follow-up to the degree which was required to effect and monitor change. Furthermore, as changes within the cafeteria and school were taking place established norms were also changing resulting in the perception that 'change came from somewhere, by someone' with neither staff or students not directly involved on the committee having an understanding of what it took to create the change. I responded to this dilemma by using staff meeting time to articulate to staff the changes which occurred and cited individuals who were responsible for making the change happen. I also communicated the same information to students during class meetings and small group meetings.

Table 4.9 Changes and Actions: Student Health Committee

| Changes Needed | Actions/Status |
|--|-----------------------------|
| Healthier food options i.e. low fat dressing, fruit, salad, yogurt, soup, baked potatoes | Accomplished |
| Additional supervision | Accomplished |
| Staff required to wear hair nets | Accomplished |
| Grab and go selections | Accomplished |
| Better signage | Accomplished |
| Rules which allow breakfast to be brought into period 1 classes - controversial | Partially Accomplished |
| Additional vegetable and vegetarian offerings | Partially Accomplished |
| Cleaner cafeteria | Inconsistently Accomplished |
| Open patio | Accomplished |
| Senior Lounge | Accomplished |
| More trash cans | Accomplished |
| Nutritional signs | Partially Accomplished |

While the food services director was ultimately responsible for creating change within the cafeteria it was my responsibility to address concerns in the cafeteria facility regarding cleanliness and supervision. Conversations with students expressed a desire to use the outdoor patio during lunch - a beautiful outdoor space equipped with tables and benches (Figures 4.3- 4.4). When I initially approached supervising teachers about the idea of keeping the patio opened I was informed that historically, teachers on cafeteria duty refused to supervise the patio due to the long standing problem with students misbehaving and not keeping the area clean.

To facilitate similar problems from occurring I met individually with all custodial, maintenance staff and teachers who were assigned to supervise the cafeteria and patio during lunchtime to articulate the plan which allowed students to use the area. I responded by informing staff that I would meet with

student groups for the purpose of conveying my desire to support their request to keep the patio opened with the condition that students would need to work collaboratively with me to establish rules and expectations for all students to abide by. Student groups were also informed that consistent with my overall philosophy of providing students with privileges they wanted until they abused the rules, developing rules to guide patio usage was an essential component. Students worked with me to create rules which were then posted and referred to by staff when they needed to enforce one of the rules. Staff agreed to supervise under the jointly established guidelines and by the end of year 3 of the study it was determined that there had only been one instance where the patio needed to be closed due to the failure of students to abide by the expectations which were collaboratively established.

Figure 4.3

School Patio Adjacent to the Cafeteria: View 1



Figure 4.4 School Patio Adjacent to the Cafeteria: View 2



4.9.1.3 Reaching Out: Systemic Actions to Promote Compliance and Good Health

Systemic leadership actions on my part to address the nutritional component of the CSHM included the creation of a *District Health and Wellness Committee* comprised of principals and parent representatives from all 10 schools in the district. I volunteered to form and chair this committee to assist central office administrators comply with a state mandate which required all school districts in the state to meet four times a year to review their individual school and district wellness policies. There were no other attempts on the part of the central office to establish a committee for this purpose.

During scheduled meetings a portion of the time was devoted to discussing systemically related food/nutrition and cafeteria issues. It was revealed after

speaking with district principals and parent and teacher representatives from each school that the perception of the collective members was that they were not satisfied with the food services company who serviced their schools, and specifically the food options available. This committee made the recommendation for the Superintendent to seek out other food services companies which they believed might be a better 'fit' for the school district. What resulted was the determination by the Superintendent of Schools that this was not an option he would support. Consequently, the food services company contract was renewed without principals having the option to consider or select a company which might have better met their priorities and expectations.

My experience was consistent with the literature for example, as pointed out by the IOM (2006) profit making considerations most often undermine nutrition goals which were the basis of the Superintendent's decision. This finding was most applicable to this study. As pointed out by the Robert Wood Johnson Foundation (RWJF), school food services are 'caught between the competing responsibilities of serving children nutritious foods and running financially solvent food services businesses' (p.6).

4.9.1.4 Reflecting and Redefining

A review of the data collected on nutrition from students and staff highlights the perceptions which my school students have regarding food choices and nutrition. As a school leader committed to responding to the perceived nutritional needs and suggestions of my students I have experienced first-hand the obstacles and roadblocks a school leader faces when attempting to effect changes related to nutrition and food choice. Furthermore, my experience highlights the fact that school leaders are not provided with information disseminated from state and federal agencies or food service companies which would allow them to expand their knowledge about how to address matters

related to food and nutrition within their schools. The value of inter-sectoral collaboration and conversation between central office administrators, building principals, students, parents, and food service companies was also highlighted and deemed to be an essential component required to create a health promoting school.

While my students and I were fortunate to be able to develop a collaborative relationship with the food services director, there continued to be many areas of concern and questions which we had regarding food options and overall management of the cafeteria. It was evident that my training had not qualified me to dispute the information which was given to me by the food services director or Superintendent regarding, for example, why particular food options were possible or, why student requests for lowering the cost, providing smaller rather than larger portions could not be honored, or why cafeteria profits generated for the school district warranted the extension of a contract in spite of the expressed dissatisfaction of the other school principals.

In my role as the school principal it has become evident that decisions made about the hiring of the food service company concur with findings which suggest that school food is dependent solely upon economics and politics (RWJ Foundation, 2009). Once hired, food service managers work directly with central office superintendents to decide on matters regarding pricing, food service personnel contracts, staffing, hours of operation and protocol. Food services directors, while required to follow state and national guidelines, have complete autonomy to design meals and plan food choices without input from the school leader or students.

Apart from the issues of food choices and cafeteria management is the significant concern over the number of students in my high school requiring free and reduced meals which increased over the duration of the study. The number

of students eligible this year for free and reduced lunch has increased to nearly thirty percent to include one-third of my student population, approximately 350 students out of 960. Throughout the study there has been a substantial decline in all aspects of the economy resulting in the creation of '*children of the recession*,' who in better economic times did not need free school food or assistance.

Findings revealed that many of my students on the free and reduced lunch list reportedly 'only eat when they attend school where meals are provided for free'. I observed situations where children, unaccustomed to being on the free and reduced lunch *list*, select not to eat due to the perceived stigma attached to receiving free meals. Other students in need, whose parents have not completed the government paperwork, habitually get in the meal line, receive their lunch and eat before they reach the end of the line where they are forced to announce their names to lunch clerks who tick off their names from list in front of other students. Other students on free and reduced lunch, for example those who have been assigned an out-of-school detention for violating a school rule have actually begged me not to be sent home stating that 'they only eat when they come to school'.

I was touched and saddened by the story of two brothers whose mother completed the application for free and reduced lunch only to learn that her reported earnings just barely exceeded the criteria required to qualify. After repeated requests by this mother for us to reconsider the application, it was determined that her reported income reflected child support money which her ex-husband never paid. As a result her boys had no lunch or breakfast and only ate one meal a day. Just yesterday my assistant principal completed an administrative override thereby allowing these boys to receive free breakfast and lunch.

Leadership strategies have included monitoring cafeteria personnel so as to assure that the cafeteria staff would not take food away from students who did not have the resources to pay. It had been observed that on several occasions these students would provide false information in order to obtain food. Once discovered the cafeteria staff would take the tray of food from the student. Overseeing the actions of the cafeteria staff have been difficult to monitor from a leadership perspective since cafeteria staffs are hired by an independent food service company and fall under the jurisdiction of the district administration to evaluate. At no time did the district administration articulate expectations for the food services program or staff nor was there an expressed interest in the nutritional needs of students and its impact on achievement.

Overall, my continued involvement in working with staff and student health and wellness groups was time consuming but very enlightening. The voices of the students who were involved on this student committee provided momentum, energy and validation to the study and the role of the school leader in becoming actively engaged in processes leading to the creation of a health promoting school.

4.9.1.5 Evaluating Actions

As a school leader I developed a policy which reinforced the fact that no student would be deprived of food even if they did not have the ability to pay. Students were also allowed to bring food into their classes, something which they had not been allowed to do in the past. The policy was conveyed to the cafeteria staff and teachers and provided students with the privilege of being allowed to buy food on credit and get food in the cafeteria before attending their classes. This change in policy allowed students to take food out of the cafeteria and generated much controversy and criticism among staff many who recalled a time when practices such as this resulted in continual problems with students not cleaning

up after themselves. When considering the perceptions of staff not to allow students to bring food out of the café I relied on the words of researchers like Brown et.al, (2008) who maintain that:

‘Letting school children go hungry means that the nation’s investments in public education are jeopardized by childhood under-nutrition. Not only are hungry children robbed of their natural potential, but their condition leads to lost knowledge, brain power and overall productivity for the nation” (p.3).

Consideration of the research which supported the fact that achievement in the classroom was increased when students had a healthy breakfast in conjunction with the desire of students and some staff to provide students with the privilege warranted the creation of a set of rules for students to follow. The policy changes resulted in minimal infractions and led to the established of new school norms

Based on the data collected I used my role as the school leader to enforce policies which ‘disrupted the status quo’ for the sake of doing what was in the best interest of my students. It is my belief that once educators become more knowledgeable about research which highlights the connection between school food and its relationship to achievement and overall wellness they will be more likely to support revising established policies and norms which at the present time do not support this position. To build the capacity of teachers and to expand their knowledge about health, nutrition and achievement I routinely provided staff with literature and information for them to review and held follow-up discussions on related topics whenever opportunities arose.

The findings which emerged in the study which reflect student views and high interest level about nutrition and healthy food options surprised me and in response it is my belief that expanded course offerings within our medical career, science and health programs must be created. At the onset of the study I had the false assumption that the number of students preferring healthy options

would be low and that current food offerings which included a mandatory portion of french fries required of anyone buying a full lunch because they 'satisfied the vegetable nutritional requirement' would not be perceived as a problem by students. My assumption was wrong and healthy food choices are important to my students.

As the school leader I am frustrated by my inability to respond to recommendations from students, research from within the fields of public health and medicine and best practice which confirms the value of providing healthy food options and choice. I am also frustrated by my own lack of knowledge regarding what options my food services company can and cannot be asked to provide and my inability to hire a food services company which can respond to what I know is best for my students. Consequently, my students and I are forced to accept small wins and minor change with little to no hope of witnessing large scale reform.

4.9.2 Staff Wellness

Promoting the health and wellness of staff includes the creation of opportunities for employees to improve their health status through school based activities such as health assessments, education and fitness activities. With the recognition that public schools employ more than 2.5 million teachers and approximately 2 million more support staff (National Center for Educational Statistics, 1995) the school setting provides a prime setting in which to address the health of its workforce. Health promoters such as Kickbush (1998) assert that 'all organizations have not only a vested interest but social responsibility in maintaining and improving the health of its members' (p.2).

Research by the American Association of School Administrators (1988) determined that one in six school employees suffer from hypertension, substance

abuse or obesity thereby highlighting the value of creating programs for teachers within settings where they are employed which create convenient opportunities for staff to participate. Program offerings have the potential to address 'physical activity, emotional and mental health and the prevention of disease and disability' (Marx & Wooley, 2002, p. 226).

The State of Connecticut Department of Education (2007) maintains that there is value in the creation of staff wellness programs which have the potential to contribute to the overall health of the school environment in ways which positively impact staff, families and students (p. 135). Similarly, the Center for Disease Control (CDC) maintains that the creation of staff wellness programs encourage staff to develop a personal commitment to the creation of building level coordinated school health programs and provide opportunities for staff to become positive role models for students (2005).

School employee wellness programs have been shown to improve staff health, increase physical activity levels among staff and can be cost effective (Easton, Marx & Bowie, 2007). Studies in the fields of business and industry have determined that 'worksite health promotion can impact organizational costs, reduce health care costs, employee absenteeism and morale (Pelletier, 1993; Bly, Jones & Richardson, 1996).

Recommendations made by the White House Commission on Complimentary and Alternative Medicine (2002) recognize that 'the development of complementary and alternative medical practices and wellness programs have been found to be beneficial in creating overall wellness and prevention for employees and recommend that federal government develop incentives for creating such programs' (p.6).

Marx & Wooley (2002) point out that 'schools are in a unique position to implement staff health promotion activities because they have both key facilities and educational sources, for example, gyms, classrooms, swimming pools, weight rooms and athletic facilities as well as skilled staff who can develop and implement such activities (p. 233). Successful programs, according to Marx & Wooley include, a strong coordinator, leadership training and collaborative working relationships with hospitals, community based health providers and institutions of higher learning (2002, p. 233).

4.9.2.1 Diagnosing the Issues: Staff Wellness

Throughout Stage 1, I conveyed to staff my interest in creating staff wellness programs for them and that any programs which were developed would be based strictly on their perception of needs and interest. I then provided all staff with information on current research and school health promoting programs for staff which presented them with ideas, suggestions and examples of other workplace wellness programs. This information was collected, copied, placed in staff mailboxes and discussed during staff meetings and informal conversations. The staff was asked to complete and return an interest survey and to contact me to with any ideas or suggestions they had regarding health and wellness programs which I could facilitate.

Early perceptions of discussions with staff regarding topics concerning health were mixed. I detected, through conversations with 'critical friends' that many staff were not yet convinced that I was sincere in my attempt to provide for their health needs. It was also unclear as to what a staff wellness program had to do with their role as educators. Clearly, I believed I had much work to do to expand the thinking of my staff to better understand that the focus of staff wellness programs was to assist them in not only acquiring a level of personal health but

by doing so their potential for meeting the health needs of students would increase.

The general consensus during Stage 1 from the survey data was there was little interest in staff wellness programs in spite of the opportunities which I provided. When I asked the school nurse: *'Why do you think staff have not taken advantage of staff wellness programs'* her response was that *'unless staff can participate during the school day they will not stay after school'; 'staff need a longer lunch so they can use some of that time'*. During Stage 2 of the study I hired a trainer to work with 8-10 interested staff after school weekly for approximately three months. Over time interest in organized activities declined and staff informed me that they would prefer to not be *'committed'* to meeting with a trainer and would rather use the fitness room on their own time.

4.9.2.2 Developing Plans and Taking Action: Staff Wellness

In my desire to develop relationships with staff I established myself as the contact person for the physical education staff as they had no instructional leader or team leader assigned to oversee the department. I established monthly meetings in order to facilitate collaboration with the PE staff to gain their support and to request that they assist me in developing staff wellness programs. Two female staff members organized a staff wellness committee which met twice over the course of the first year with approximately 9 staff members out of 80 volunteering to attend (Appendix T). Overtime, as these organizer-teachers attempted to plan meetings participation dwindled to the point that by the year the group ceased meeting.

During the staff wellness meetings discussions generated ideas related to potential activities which included: starting a walking club, bringing in a nutritionist to work with staff and asking the school nurse to run blood pressure

screenings for staff. Staff also discussed the concept of a fitness center which I had proposed creating in the school.

To follow-up on the work of the committee and the ideas which were suggested I sent out an email to staff asking them to contact me if they would be interested in my organizing staff wellness activities. A total of 76 staff members responded (N= 29 males; N= 45 females and N= 18 needing more information). This information was generated at the end of the first stage and action plans were carried over into stage 2 during which time the fitness center for staff and students was created. More information on the creation and development of the fitness center is described in the section on physical education.

4.9.2.3 Reflecting and Redefining

One year after the study formally ended I received inquiries from staff requesting that I consider re-hiring a personal trainer for interested staff. Upon meeting with these staff members to better determine where their interests lie, I was unable to get a commitment of time which prevented me from arranging to bring consultants in to work with staff. Observations reveal that some staff routinely use the fitness center after school and during their prep periods. I sought out these individuals to informally discuss their progress and to extend to them opportunities for them to provide me with any equipment needs which they have for the facility. Leadership strategies include budgeting funds which will allow me to continue to respond to the health needs of my staff overtime.

From a leadership perspective I have determined that there is value in presenting information to staff, piloting ideas, model best practice and then stepping back and waiting for them to take advantage of the opportunities which have been made available. While only a small group of staff are taking ad-

vantage of the fitness center I consider this to be a significant outcome of the study and expect that overtime more staff will participate.

Throughout the study during informal conversations and staff meetings, I continually promoted the opportunities which were available and made suggestions for them to contact me with any ideas or suggestions they had for programs which I could facilitate for them. While I stepped back, I continued to model best practice by using the fitness center myself, posting informational articles outside my door about the value of creating staff wellness programs in the workplace and purchased health related gifts for staff such as pedometers and jump ropes which I passed out on teacher appreciation day.

4.9.3 Health Services

School health services share basic elements such as providing screenings, monitoring student immunizations, providing first aid and medication. While there are school based health centers located within some Connecticut high schools made available with funds allocated by the State of Connecticut schools my school does not rather there is 1 school nurse to care after 960 students and 125 staff.

According to the Institute of Medicine (2000) there is controversy over whether schools should provide 'extended services' above and beyond what they presently offer (p.14). Extended services may include direct access to outside counseling services, hospital affiliations and psychiatric clinics. Allensworth (1993) recommends the involvement of community health care professionals, an ideal partnership by all means, and highlights the fact that the demands and complexity of basic school health services are often overseen by education-based administrators who have no clinical preparation in the delivery of health services (IOM, p. 14). As a school leader who has, unlike prior principals, worked very

closely with the school nurse over the past 3 years, I have acquired firsthand experience regarding having to make decisions about matters related to health without having any received formal training to assist me in my decision making. Matters for which the nurse has requested my assistance have been related to suspected drug consumption; eating disorders; cutting syndrome and personal harming.

Health services for students within school settings are designed to apprise protect and promote health. These services are critical in helping students deal with the many health challenges which accompany them to school (CSDE, 2007) especially in light of the poor economy which has resulted in reduced health coverage for many students. Comparatively, programs which address the mental health issues of students have been found to be a better investment than those programs that prevent substance abuse (Health Education Network, 2006).

According to the Health Education Network (2006) addressing the mental health goals of students are more likely to improve overall lifestyle. With that in mind, specifically during years 2 and 3, support staff and teachers sought my assistance on numerous occasions requesting that I seek support from our district administration to obtain additional guidance counselors, the addition of a drug counselor and additional services to meet the growing demands of students experiencing mental health concerns. Reduced staffing in year 3 resulted in an increased overload of students which needed to be reassigned among 4 other counselors thereby adding to their overwhelming case load. Not only was funding not forthcoming but in year 4 there were further reductions proposed by district administrators.

While the State of Connecticut has 'defined five levels of school health services with recommendations for matching services to community needs' (nd, p.1) there is a discrepancy as to the impact or consistency of services provided within

Connecticut Schools. This study has sought to collect data related to the types of programs and services available within my school setting and within the local community. Data collected about the resources available in my school reveals one school nurse to care for the needs of approximately 1000 students and 120 staff members.

Research undertaken by the Connecticut State Department of Education in 2008 provides information collected from 97% of the 169 schools districts in Connecticut which provides an overview of findings related to the needs of students within Connecticut schools such as mine. The profile of tasks required of nurses within high schools in Connecticut includes caring for students with diverse, complex medical needs including behavioral and emotional conditions. School districts, including mine reported large numbers of students reportedly needing additional supports to address student health needs in the area of obesity, nutrition and mental health. Eight percent of the schools reported that at least one-quarter of their students had no health insurance and that the number of students with serious health conditions is increasing yearly (CSDE, 2008 p.15). The report also notes recommendations sought by the respondents in the CDSE research study in the areas of health and wellness includes:

1. Increased time mandated for physical education
2. More nutritious lunches and implementation of food-free celebrations
3. funding for nutritional counselors and nutritional education
4. Increased access to mental health services
5. Increased access to dental services
6. Assistance in providing educational programs to promote lifelong health and wellness

(CSDE, 2008, p. 19)

Furthermore, respondents acknowledged the need to develop increased communication and collaborative activities with other school staff in addition to

increased involvement in curriculum and building activities. Additionally, the Connecticut High School Survey (2007) provides detailed information related to risky youth behavior and concurs that the lack of self-reported physical activity and lack of nutritious eating habits are two of the most pressing health concerns among Connecticut teenagers.

4.9.3.1 Diagnosing the Issues: Health Services

A significant amount of baseline data collected through the student health surveys addressed the topic of personal health. Tables 4.10-4.12 provide a self reported rating from students and comparative ratings of wellness and substance abuse. Responses were well distributed between categories of answers. The majority of students reported needing improvement with general health (59%), energy level (55%), ability to concentrate (74%), ability to sleep (59%) and overall emotional wellness (50%).

Table 4.10 Self Reported Rating of Wellness by Students

| | n | (%) | | n | (%) |
|-------------------------------|-----|--------|-------------------------------|-----|--------|
| General Health | | | Ability to Sleep | | |
| Excellent | 123 | (41.3) | Excellent | 124 | (41.8) |
| Could Improve | 163 | (54.9) | Could Improve | 121 | (40.7) |
| Poor, need support to improve | 11 | (3.7) | Poor, need support to improve | 52 | (17.5) |
| Energy Level | | | Emotional Wellness | | |
| Excellent | 153 | (44.9) | Excellent | 148 | (49.8) |
| Could Improve | 139 | (47.0) | Could Improve | 132 | (44.4) |
| Poor, need support to improve | 24 | (8.1) | Poor, need support to improve | 17 | (5.7) |
| Ability to Concentrate | | | | | |
| Excellent | 81 | (27.4) | | | |
| Could Improve | 176 | (59.5) | | | |
| Poor, need support to improve | 39 | (13.1) | | | |

Table 4.11 Comparative Perceptions of Student Well-being

| | Students (298) | | Staff (65) | |
|------------------------------|----------------|--------|------------|--------|
| | n | (%) | n | (%) |
| Alert and well rested | | | | |
| Nearly All | 4 | (1.3) | 0 | |
| Most | 36 | (12.1) | 8 | (12.3) |
| Some | 136 | (45.8) | 42 | (64.6) |
| Few | 97 | (32.7) | 14 | (21.5) |
| Almost none | 24 | (8.1) | 1 | (0.5) |
| Motivated to Learn | | | | |
| Nearly All | 4 | (1.3) | 0 | |
| Most | 27 | (9.1) | 10 | (15.4) |
| Some | 109 | (36.6) | 36 | (55.5) |
| Few | 104 | (34.9) | 18 | (27.7) |
| Almost none | 32 | (17.6) | 1 | (1.5) |
| Well Behaved | | | | |
| Nearly All | 8 | (2.7) | 0 | |
| Most | 46 | (15.5) | 36 | (55.4) |
| Some | 136 | (45.8) | 25 | (38.5) |
| Few | 79 | (26.6) | 4 | (6.2) |
| Almost none | 28 | (9.4) | 0 | 7.9 |

The data reveals that students believe that both their health and weight would benefit from improvement and that their health is good but that they could improve. A small majority reported that their health was poor and that they could really use help. Students were significantly less inclined than staff to believe that they were alert and rested. Furthermore, students were significantly less likely than staff to report that they were motivated to learn. Additionally, students were significantly less inclined to report good student behavior than staff.

Table 4.12 provides baseline findings on comparative perceptions of student substance revealing that staff were significantly more likely to suggest that students used alcohol, more likely to suggest that students used illicit drugs and more likely to suggest that students used tobacco. When asked to provide perceptual data on health services, which in my school consists of only 1 school nurse for 960-1031 students the majority of students reported excellent (5%) or good (64%) evaluations for the service.

Table 4.12 Comparable Perceptions of Student Substance Use

| | Students (298) | | Staff (65) | |
|----------------------------|----------------|--------|------------|--------|
| | n | (%) | n | (%) |
| Alcohol Use | | | | |
| Nearly All | 5 | (1.7) | 3 | (5) |
| Most | 13 | (4.4) | 6 | (9.8) |
| Some | 117 | (39.5) | 36 | (59.0) |
| Few | 161 | (54.4) | 16 | (26.2) |
| Almost none | 0 | | 0 | |
| Illicit Drug Use | | | | |
| Nearly All | 4 | (1.4) | 3 | (4.8) |
| Most | 37 | (12.5) | 12 | (19.4) |
| Some | 152 | (51.4) | 33 | (53.2) |
| Few | 103 | (34.8) | 12 | (22.6) |
| Almost none | 0 | | 0 | |
| Smoking/Tobacco Use | | | | |
| Nearly All | 4 | (1.4) | 3 | (4.8) |
| Most | 11 | (3.7) | 12 | (21.0) |
| Some | 145 | (49.0) | 33 | (53.2) |
| Few | 136 | (45.9) | 12 | (21.0) |
| Almost none | 0 | | 0 | |

The perception of illicit drug and alcohol use of students far exceeded staff perceptions. Follow up discussions with the school nurse, teacher, support staff and students confirmed the findings from the survey and at the same time heighten concerns by overwhelmingly expressing that usage was higher than

expected. While this information was provided to guidance staff and teachers no formal programs were created due to cultural norms created within the community and school not to address the issues. To do so would have required further investigation to determine which specific students needed to be addressed. To respond I agreed for us to partner with the Yale Smoke Cession Program whereby individuals came into the school to recruit students interested in participating in their study. This program, designed to address student needs anonymously did not provide follow-up data.

Additional interventions included sharing the findings with support staff with the expectation that support groups and programs designed to address the issues would have been created. For a variety of reasons, primarily those due to acculturated school norms and past practice support staff did not respond. As will be described in Chapter 6 increased emphasis placed on coordinating support services, especially those dealing with student at-risk behavior was brought to the fore. Discussions and actions resulting during Stage 3 will be provided in this chapter.

Additionally, I met with a school board member in order to request his assistance in aiding us to obtain state funding for a school based health center which would assist us in meeting the emotional and physical health needs of our students. While the board member was successful in obtaining support from the State representative (Appendix U) due to a state moratorium on spending, new school based health centers were not funded.

4.9.3.2 Reflecting and Redefining

Leadership strategies which I employed with respect to working with the school nurse were deemed by her to be '*unique and something which other principals in the past showed no interest in doing*'. I worked closely with the nurse over the 3 years

to keep myself informed of student health related concerns for example and to determine the numbers of students who were seen for physical and emotional issues. I also made it a point to be available to assist her during any and all medical emergencies in the building. Furthermore, I developed a school policy which became part of a whole school emergency plan which addressed protocols for staff illness and directions for staff involvement during specific school emergencies. Additionally, I invited the nurse to become a member of the District Wellness Committee, consulted with her to gain information about potential public health emergencies for example, how to handle a swine flu outbreak and routinely met with her to discuss information about school health trends and practices. A long term goal would be to expand our collaborative involvement to include partnering with parents and outside health care providers such as a medical facility or doctor who could routinely meet with us to review health related concerns and to assist us develop pro-active strategies to meet the health needs of staff and students.

4.9.4 Physical Education

Schools play an important role in public health and the physical, mental and social benefits of regular physical activity for youth are well documented' (Pate et al., 2006; NASPE, 2007). According to Vail, there is evidence to support the fact that physical education has direct positive effects on important educational domains which impact reading and math (2006, p. 31). Vail (2006) maintains that 'academics and physical education use to exist in two separate universes and never the twain did meet...these days the demarcation between mind and body, between academic and physical education is wavering' (p.31).

While research has demonstrated that ' increasing the length of time of physical education classes consistently improves students' fitness levels only 3.8 percent of elementary schools, 7.9 percent of middle schools and 2.1 percent of high

schools provided daily physical education to students in 2006' (Lee; Burgeson; Fulton; Spain, 2006 p.450).

Physical education instructors face many challenges in the struggle to motivate and meet the needs, interests and ability levels of students who come from various ethnic and socioeconomic backgrounds (Butler & Anderson, 2001). Ernst, Pangrazi and Corbin (1998) observed that 'physical education programs have been traditionally focused on physical fitness goals rather than physical activity goals' (p.29).

Ernst et al., (1998) further assert that current motivational theories provide insight into how educators and coaches can directly impact student engagement and participation. The National Institute of Health (NIH) within the United States has established guidelines for motivating and maintaining student fitness levels. According to Butler & Anderson (2001) NIH guidelines suggesting the strategy of empowering students to be involved in selecting activities would like to participate in recommends that teachers consider the potential effects and impact of peer pressure. This recommendation was adopted for this research study and will be described in Chapter 5.

Federal, State and local policy positions related to the instruction of physical education are conflicting. The Center for Disease Control (2007) suggests that 'enhancing efforts to promote participation in physical activity and sports is a critical national priority' (p. 4). Furthermore, the Surgeon General of the United States recommends that children engage in at least 60 minutes of physical activity each day (CDC, 2006). Connecticut State Department of Education's mandate Statute 164 Section 10-16b (1997) requires that students in public schools receive instruction in physical education; however, it applies only to students in the secondary school who are required to receive one credit in PE to graduate. Students in elementary settings are not required to take physical

education on a daily or weekly basis. As can be seen throughout Connecticut and the nation, school district physical education policy requirement and programs vary from state to state and school to school with little regard for established national public health goals and research.

Advocates supporting an increase in the amount of time students are engaged in physical education activities within the schools maintain that the Federal *No Child Left Behind Act* is prompting some schools to cut back on funding and time for classes in order to devote more time to academic subjects (Kelderman, 2004; Ratey, 2008). Salinsky & Scott (2003) maintain that in spite of proven benefits of physical activity more than one third of the students in grades 9-12 do not engage in physical activity that is regular and vigorous enough to produce any health benefits. Viadero, (2008) argues that there is a 'new physical education' philosophy which teaches students how to be fit and lead healthy rather than focusing on sports skills and game rules (p.5). Adherence to this 'new physical education' philosophy became an integral part of this research study and will be described in Chapter 5.

4.9.4.1 Diagnosing the Issues: Physical Education

Students and staff were asked to provide baseline data regarding their perceptions of student fitness levels. Findings generated from health surveys reveal (Table 4.13) that both students and staff perceive that only a minority of students are physically fit.

Table 4.13 Comparable Perceptions of Student Physical Fitness

| | Students (298) | | Staff (65) | |
|-----------------------|----------------|--------|------------|--------|
| | n | (%) | n | (%) |
| Physically Fit | | | | |
| Nearly All | 8 | (2.7) | 0 | |
| Most | 77 | (24.9) | 12 | (18.5) |
| Some | 170 | (57.2) | 43 | (66.2) |
| Few | 34 | (11.4) | 10 | (15.4) |
| Almost none | 8 | (2.7) | 0 | |

A review of artifacts including report cards and disciplinary reports written by the physical education teachers revealed extraordinarily high numbers of students failing physical education classes (approximately 50%) resulting in students having to repeat the class in a later year in order to fulfill graduation requirements. High school graduation requirements in the State of Connecticut require that students fulfill a full credit of physical education and a half year of health during their four years of high school. With that in mind I sought to investigate why the number of students failing and disrupting class was so high, what types of courses were being offered and what rules and expectations were established for the program.

When asked about the quality of the physical education program, 50% of students and staff both reported that the quality of the classes were *good to excellent*, with nearly 30 % reporting that the quality was *fair to poor*. This data did not correlate with conversations I had with students, observations of physical education classes or data collected from open ended questionnaires. Qualitative reporting revealed many issues of concern related to personal issues students were experiencing. Specifically, students reported:

- ‘Not wanting to change their clothes for gym class’
- ‘A lack of fitness class offerings (traditional physical education classes offered)’

- 'Classes offered primarily 'boy' sports'
- 'No option for choice offered-had to do what teacher wanted'
- 'Inconsistency of teacher expectations (5 teachers)'
- 'Lack of cleanliness of the gym'
- 'A desire to use the weight room (not included in existing class offering'

4.9.4.2 Developing Plans and Taking Action

During Stage 1 I sought to respond to the high failure rate and low engagement level of students in a variety of ways. I first sought to develop a collaborative relationship with the physical education staff (n=5) to examine program offerings and expectations and to express my desire to work with them to assess and revise the program if warranted. What resulted was the revision of course offerings, expectations, curriculum and the adoption of a common overarching philosophy to guide the department's work. I also sought to enhance the goals of the physical education department specifically to include a focus on staff wellness and health.

I utilized my role as the school leader to initiate a program review committee by volunteering to assume the responsibility for overseeing the department which included holding monthly meetings to explore areas of need and interest. At this point in time teachers in the physical education department unlike teachers in other departments in the school such as the History or English departments were not directly supervised by an instructional leader or administrator. The physical education department had, at one time, been supervised by an athletic director who provided little support to the department.

In the capacity of department leader I committed to working with the 5 teachers in the department monthly with the goal of analyzing all aspects of the existing physical education program and creating change. During this time I proposed the concept of remodeling an unused large space, located in a central location of

the building in order to create a fitness center for students in staff. My goal to create a fitness center in the center of the school was twofold. It was my thinking that placing the facility in the center of the school would send the message that fitness and academics were mutually intertwined. It was also my assumption that teenagers enjoyed fitness classes more than the traditional competitive classes offered in physical education programs such as flag football, archery and floor hockey. After meeting with the physical education staff over a period of time it was determined that a fitness center proposal should be developed and presented to the Board of Education. In the spring of 2007 the proposal was brought forward and approved (Appendix V).

In order to better assess the needs and interests of my students. I continued to collect data from students during health and wellness meetings. Conversations which took place during these meetings confirmed that students were interested in becoming involved in fitness classes. In order to involve students in the possible development and creation of the fitness center, and to prepare them for new course offerings which might result, I organized a field trip to a local gym in a nearby town in November of 2006. I invited the five physical education staff members and 10 interested students to the gym for the purpose of trying out the fitness center classes to gauge interest and suggestions for planning purposes.

Students who were members of the health and wellness committee were also invited to attend. Prior to our arrival at the gym I had pre-arranged for a fitness trainer to run a series of fitness classes for us to pilot. Our visit to the gym was featured in the local paper due to the unique fact that school principals do not typically participate in activities with their staff and students in these types of activities (Figure 4.5).

Figure 4.5 Newspaper article of Field trip to the Local Gym

ABOVE: ██████████ High School Principal Vanessa Reale (foreground), other faculty members and students do some weight lifting at In-Shape Fitness Center in Branford Wednesday. Reale is planning to shift the school's physical education focus from competitive sports to personal fitness.

LEFT: ██████████ High School senior ██████████ tries the barbells

RIGHT: ██████████ sophomore ██████████ 15, and fellow students do some exercises.

██████████ pupils get taste of fitness focus

By Mark Zaratsky
Register Staff

BRANFORD — Forget the competitive sports for now — at least in high school gym class. The future of physical education at ██████████ High School may well involve yoga sun salutations, step aerobics, group power movement and pilates, all with a Justin Timberlake soundtrack.

If that sounds a lot like what's going on at your local health club, it's no mistake. Had you popped in to work out at In-Shape Fitness Wednesday morning, you would have seen a group of about 20 people from ██████████ High — led by first-year Principal Vanessa Reale — going through the paces of an In-Shape workout to get a taste for what things may be like next year when the high school, at Reale's behest, shifts more toward a personal fitness focus in its P.E. classes.

"Woo-ahh — down! Hoo-ahh — again!" intoned chronically upbeat In-Shape group fitness manager Pam Hutchinson as Timberlake's "Sexy

Back" played over the fitness club's PA system.

She was standing on a low-rise, one-foot carpeted riser, wearing a headset microphone, as a group of about 20 that included high school students and teachers worked out on the floor in front of her.

Hutchinson's slightly condensed Group Power class was followed shortly by a yoga and pilates class led by instructor Linda Knox.

When it all was over, the kids were buzzing.

"I thought it was pretty fun, actually — pretty interesting," said junior ██████████ ██████████, 16, one of just two high school boys along for the field trip, along with 14 girls, four P.E. instructors and Reale, who happens to be an In-Shape member and arranged the whole thing. ██████████ said he liked it because "it was a good workout. They tell you what to do ... everybody's working together."

Sophomores ██████████ ██████████ and ██████████ ██████████ both 15, agreed. "I definitely got a better workout," said ██████████ "This was a lot (more fun) than just running around gym class with a bunch of kids that don't want to be there." In regular classes, "you're, like, playing different sports. Here, you're focusing on yourself and your energy," ██████████ said.

The new personal fitness focus is an outgrowth of the national fight against childhood obesity and Reale's own work toward her doctoral dissertation at the University of Hull in England, which is on how to lead health-promoting schools.

"It's definite that we're going to have a fitness focus to our P.E. program ... we think it will appeal to a lot of today's kids," Reale said Wednesday, a few hours after the workout. "This was just an opportunity to give the kids a taste of what we're going to do."

Reale said that there are good reasons to change the traditional physical education model.

"The problem here is a lot of kids were not graduating because they just would not take gym," she said. "But we want to emphasize the fact that we think health and wellness should just be part of your life."

One reason why Reale chose how to go about leading a health-promoting school for her dissertation is that "nothing has been written on leading a health-promoting school," she said. "There are some administrators who think that's the missing link for why some students don't achieve."

The high school also has done a number of other things to focus on health and wellness, including forming student committees to evaluate food options.

The new focus will include raising the requirement to take P.E. or health classes from two years to four years, she said.

The high school's P.E. instructors appear to be on board.

"It's good. It was tough," said teacher and high school basketball coach ██████████ after the workout. But "the kids are the best people to ask," he said. "If they like it ... and they're going to benefit from it, then we're going to implement it."

After the field trip students were asked to complete a brief questionnaire (Appendix L) which revealed the following comments:

- Students didn't feel that their gym classes were designed to meet the needs of girls/not enough diversity
- Students reported that they did not participate in gym because 'they did not like class options'

- Students reported that their peers ‘who can’t play a sport would like the fitness classes”
- Students reported that liked the idea that fitness classes can help them to lead healthier lives”
- “The music at the gym gets everyone motivated”
- “I liked the yoga, it relaxed me”
- “By taking these classes we can cut down on the obesity rate and heart attacks”
- “I wasn’t sure what to expect but it was great”

After reviewing the baseline data and in-shape surveys I spoke to a number of students regarding what they might have heard about the field trip and what their thoughts were about the concept of creating a more fitness focus to the gym classes and a fitness center. One student did not have time to speak with me but left a powerful note in my door for me to read (Figure 4.6).

The significance of this letter lies in the powerful message which it sends regarding the empowerment which students feel when they exercise. While Phil was not a member of the student health and wellness committee, we formed a bond once he realized that I had an interest in the health of the students. We also were both members of the same gym and often saw each other there and chatted. The fact that we both shared a common interest and understanding for the value of health and exercise put us on the same ‘level’ and from that vantage point the ‘door was opened’ for me to discuss other issues with him for example his poor academic performance and at-risk behaviors.

Figure 4.6 Student letter to me expressing perceptions of fitness

At seventeen years old there is only so many things I am allowed to do. Since I am still high school, I still have not found my place in society because I really have not been able to push limits and take a ~~stand~~^{stand} for myself. Working out at the gym is the only thing that I can do at this age that can not be controlled by other people. I like working out better than playing team sports because I am my own leader. While playing team sports, such as baseball which was always my ~~favit~~^{favit} passion taught me key lessons about team work being able to lead myself at this age is very important.

At an age where trying to fit in is so important I feel as though the discipline and hard work are very important. I like being in control of how I work out and being able to push my own limits at my own pace.

As a kid growing up I always played sports like baseball and basketball but they don't compare to the satisfaction I get when I'm at the gym pushing myself to get bigger and stronger. Going to the gym also provides me with a safe house that keeps me off the streets where I

could be doing drugs. It's a place
I can go to no matter what life
throws my way.

one day I hope I can
open my own gym, because it's
something I know it's something I
can excel at. So there are some
of my reasons for going to the
gym.

The overwhelming response from students indicating a desire to have a school based fitness center led to the development of such a center in year 2 of the study (Figures 4.7-4.9). As the primary facilitator I worked with staff, maintenance personnel, PE teachers and students to transform an unused room in the center of the school into a two room fitness center. Equipment was obtained from vending machine proceeds and donations. From the onset I monitored the room by keeping the calendar and room key in my office.

Figure 4.7 **School Fitness Center: View 1**



The creation of a school fitness center became an integral part of the physical education program and it was utilized by the gym teachers and coaches with their classes and athletic teams on a daily basis. Both teachers and coaches signed out the room with me and procured the key, which I kept in my mailbox.

While it was not typical that the principal would be involved with overseeing a physical education room, this leadership strategy sent a powerful message that I was interested, and actively supported the program. With resources and funding at a minimum I purchased fitness equipment using small revenues which were generated from vending machine proceeds and donations. Public school funding was not used for purchases so as to avoid criticism for monies spent.

Figure 4.8 Spin Room adjacent to the Fitness Center

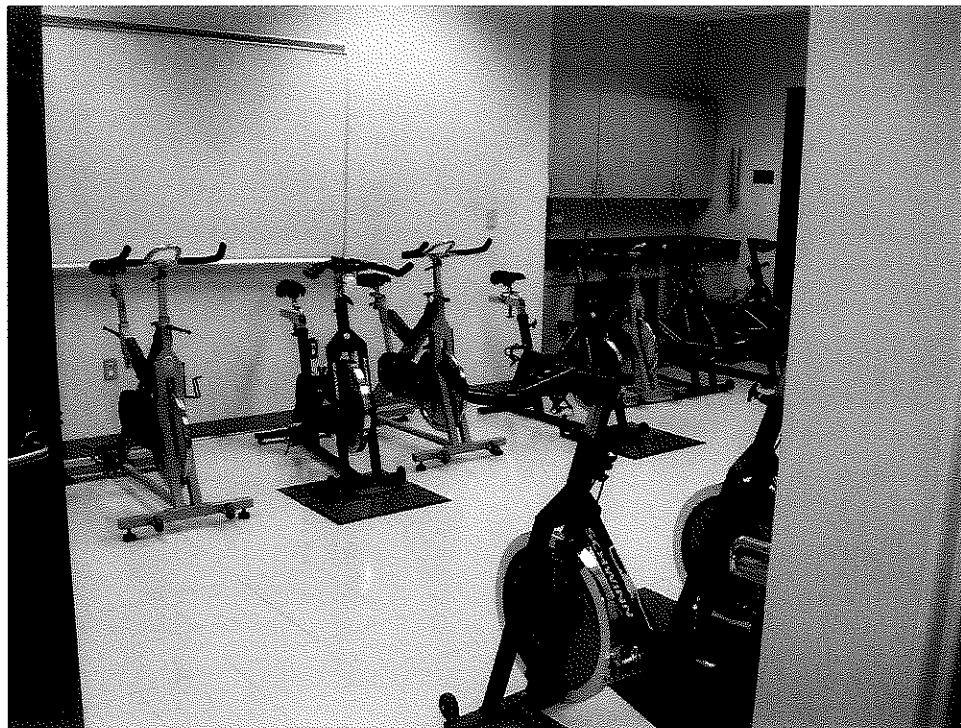


Figure 4.9 Fitness Center: View 2



The fitness center also benefited the community in that it was used weekly by the town's adult education center for yoga and fitness classes. As word spread within the community about the center it became difficult to discourage use by interested individuals however for reasons of liability only one class per week of residents was provided with the ability to take advantage of the center.

It was determined by my physical education teachers and me that we would dedicate the fitness center to an ailing member of the department who was out on sick leave. A dedication ceremony was planned (Figure 4.10) to highlight the room and our ability to construct such a facility without the use of board of education funds. The dedication event was a significant outcome of the study symbolically and for the opportunities which became available to staff, students and members of the community.

Figure 4.10 Fitness Room Dedication Ceremonies

Stricken coach still inspires students

By Mark Zaretsky
Register Staff

continues to encourage and inspire High School students to stay fit, even at a time when he's not able to teach or coach them himself.

has devoted much of his life to fostering the fitness and development of youth in general and high school students in particular.

But the beloved former High School basketball and baseball coach and physical education teacher's health began to deteriorate in recent years and he became paralyzed as a result of a degenerative disease, spinal stenosis.

As time went on, one idea that came up was that when he reached the point where he could no longer teach, he might staff the high school's new fitness room, a job that would allow him to continue to support youth.

However, it wasn't to be. 59, suffered a stroke

while driving a year and half ago and his vehicle struck a tree. He survived the accident, but now is in a rehab facility in Wallingford, unable to either speak or move his body, with the exception of his eyes.

Family members and friends hope he'll recover, but don't know for sure that he will.

In the meantime, the fitness room that was cobbled together under Principal Vanessa Reale's leadership in a room next to the high school's media center will not be without's presence.

A host of's friends and family turned out recently to dedicate the workout room as the Fitness Center — and his portrait now hangs on one wall.

"It's a little overwhelming," said's son,

25, a 2002 High graduate. "It's huge." At a recent dedication, he offered "a big thank you" to and the Board of Education for honoring his father.

The High School workout room has been dedicated for John Gambardella — a former coach who suffered a stroke and is now unable to speak or move his body.

who was joined at the dedication last week by his sister, said.

is aware of the dedication and "he's very happy. He's honored. He's a little taken aback because he's a very humble man."

Superintendent of Schools, who grew up with, said, "I just think it's a real honor for and his family. dedicated many years of service to the children of. He's touched a lot of people. We just wish him well and hope for

him a fast recovery. Reale said the room, funded by vending machine proceeds and private donations, "was a room in need of repair two years ago" when "we looked at our kids' health and how that would affect academic performance."

The fitness center has spinning cycles, fitness machines and other equipment, such as balance balls and aerobics steps that usually are found only in health clubs. "It introduces them to the fact that physical activity can help them throughout their lives," Reale said.

"It's exactly what he would have wanted if he still were teaching here right now," said, "a physical education teacher and boys basketball coach at HS. He was one of several who spoke at the dedication, studied under and called him a mentor.

"It's well-deserved," said. "It's a great place named in honor of a great guy."

, head coach of the HS girls basketball team, played for for four years — including as captain of the basketball team his senior year — and was's assistant coach for six.

"I can't think of anyone better to name this fitness center after," said, who also spoke at the dedication.

He called "a guy who has always emphasized that our primary role is to teach kids how to do things the right way. When he was coaching, "It wasn't about winning games. It wasn't about statistics. He was about putting kids first."

, who played basketball under and now coaches the HS boys cross country, girls basketball and girls track and field teams, said naming the fitness center for "is so meaningful because he is so many things to the town of."

He called "a prodigal son" who "has had such a profound impact on people."

While the room was used primarily by the PE classes and after school sports teams there was a unique group of 3 cognitively and physically disabled students whose use of the room became the highlight of their experience at the school. The students and their teacher would stop by my office each day to pickup and drop off the key. During that time I would provide them with

encouragement and praise. Figure 4.11 provides background information on the 3 students along with narrative reflections which were conveyed to the special education teacher who documented and transcribed the students' words.

Figure 4.11 Reflections from our most Fragile Students

Gabby's Background and Story

'Gabby has been in the collaborative program since its inception. He is a 20 year old young man who has been in out of district schools all of his life. He entered the HS with great hesitation and many concerns from home and school staff. The first year he had many adjustments to make. To assist his personal growth Gabby has used the positive effects of increased physical activity and his progress has been used as an internal and external guide. He has taken great pride from his continued growth. The first year at the HS he started using the treadmill for 3 minute intervals in between sing 4 preferred weight machines with teacher only supervision. He has since progressed into full participation in preferred PE activities with a regular class and a variety of PE teachers. Gabby is now able to use the elliptical machine for up to 25 minutes. He has increased his endurance and general outlook on his physical health. He has also increased his interactions with both staff and students and walks through the hall with increased sense of confidence and pride in his accomplishments'.

'Mrs. Reale – Being able to use the elliptical exercise machine makes me feel like walking up a thousand stairs like it was never going to end. Then I take a break and drink some water. Then I just keep on going. I can stay on the elliptical for 30 minutes. When I first came to this high school I could only use the treadmill for 5 minutes at a time'.

Brittany- Background and Story

'Brittany is an almost 18 year old woman who had Downs Syndrome. She came to the HS 2.5 years ago with a history of absences and behavioral shutdowns. Brittany started in the highly structured individualized PE setting of 2 students and 1 staff in the small work-out room. Brittany is able to participate in regular PE classes with minimal supervision. She is also involved in the unified sports program. The fitness room is where Brittany puts 100% effort into working out. Whether using the treadmill, bike, weights, standing weight bag or dancing, Brittany takes pride in her capabilities through the physical activities offered in the fitness room'.

'I like to be in the fitness room with the whole PE class. I like to dance with the video. I do steps on the floor and watch the video screen. I also like to free style dance. I also like to stretch and use weight balls and play catch. I love the exercise bikes because I am trying to lose weight. I am glad there is a fitness room to help me'

'Verunda is a 19 year old woman from India who has been in the USA for 3 years. She has cerebral palsy and uses a wheelchair and walker for mobility. She came to the high school after a surgical procedure and is immobilized in a wheelchair. Verunda is very motivated to be part of the entire school community. She has benefitted from the fitness room for strength training and has gained self-confidence. Because of her being part of the PE class she has been able to interact with other students who now acknowledge her in the hallway. This environment has directly led to increased peer interactions for her. Maintaining her physical ability in an up-to-date fitness room has enabled Verunda's educational experience at the high school to be positive and rewarding'.

'I like the fitness room because I never saw machines like that before in my old school. I enjoy using the free weights and looking in the mirror when I exercise. I tried the treadmill and the exercise bike with my teacher and physical therapist. Being on the treadmill for the first time was scary but I am not scared anymore. I will try the treadmill again with my therapist'.

Additional changes made during Stage 1 to the physical education program included the creation of new course offerings, increased course requirements and an independent physical education contract (Appendix W) which was designed to respond to the number of students who, for a variety of reasons, did not want to participate in the PE classes. The goal of the contract was to allow students to work on their own outside of school at a gym or at home. The intent of the contract option was to convey the philosophy that as educators we promoted the belief that activity and physical education was the goal and that the setting in which it took place was irrelevant. Contractually, students were required to complete 75 hours of exercise, write weekly reflective journals and meet with me at the end of the semester to discuss their experience. Figure 4.12 provides reflective comments from a student who participated in the contract option.

Figure 4.12

A Contracted Student's Reflections

more than this week I am
feel fantastic, happy. I
that this was the best
choice I have made
so far.

seen that because of
the gym, my whole
mood has altered. I feel
like a whole new person.

Realized this week, I
how hard my
sister works at the gym
and I wish I could
be as fit as her.
I'm glad I didn't
quit, and stuck it out.

a mile. ~~the~~ This week I walked
This made me
Feel like I could
accomplish anything and
made me wanna do more
than one mile. That is
how I felt. This week
after I went to
the gym.

Collectively student reactions, reflections and common themes which emerged from the data included the following comments about the contract option:

Overview of Student Comments: PE Contract

- Students liked going to the gym outside of school
- Students self-assessed their own progress
- Students reference: weight gain/loss; increase in energy levels; setting goals for example, wanting to fit into bathing suit; wanting to look good for an event
- Students respond positively to the social nature of the gym environment
- Students like the opportunity to make choices
- Students were willing to push themselves

To monitor the changes which were taking place within the physical education curriculum all physical education teachers were asked to complete periodic program review updates (Appendix X). This data was analyzed and integrated into subsequent conversations and recommendations for the program. Themes which emerged from the data included:

- 'Students unwillingness to change for traditional classes'

- 'Students unwillingness to participate in traditional classes'
- 'Students participation increased with fitness center option'
- 'Some students who did not participate previously did not participate with fitness option'
- 'Teachers preferred providing students with 2 week blocks of choice options rather than a new class option each day'
- 'Male teachers preferred to teach in athletic weight room rather than fitness center'
- 'Students in fitness classes have difficulty deciding on what the class will do - they are given individual options'

Program evaluation data from teachers led to revised program offerings; revised course expectations; equipment purchases and alternate placements for students who refused to participate.

Students who did not participate throughout the year were removed from class and given an alternate placement to either a study hall or detention hall. They were also required to meet with me to discuss the reasons why they believed they had failed and had to provide me with suggestions for improvement. This data was refined, provided to teachers and integrated into overall program revisions resulting in: additional program offerings; revised policies; articulated goals and objectives; increased options for participation, changing clothes and selecting teachers. In year 3 grading rubrics for participation and progress monitoring reports were created.

4.9.4.3 Reflections and Evaluation


Diagnosing and improving the physical education program consumed the majority of my time throughout the study as it was deemed to be an area of health priority by me, my teachers and my students. My work with the physical education teachers and students included the review of curriculum and program offerings, the evaluation and assessment of student needs led to the creation of a fitness focus and center within the school was intended to heighten the awareness of my staff for the value of physical education and health within the context of the school. Once the fitness center proposal was approved by the Board of Education and Superintendent of Schools my efforts focused on developing collaborative strategies to remodel the room and purchase items for the facility. This collaboration included: working with students and teachers in the technology and construction programs; parents and staff. My efforts were not without controversy as there was much debate and conversation within teachers' rooms and in the hallways about my 'use and misuse of funds' for fitness equipment when the funds should be used for academic purposes.

The fitness center became the hub of after-school activity for coaches and student athletic teams and an increasing number of staff who practice and work out there after school during and between athletic seasons. Furthermore, the community based adult education center held classes there one night per week and staff use the facility after school. Problems surrounding how best to balance the needs of the community and my students and staff who request to use the facility and how to logistically monitor and oversee the facility were those which I needed to resolve. Without close administrative support and oversight it is my belief that the condition of the facility would not have remained in such good working order due to the numbers of individuals using the room.

Student perceptions of the fitness center and changes to the physical education program are revealed in the following article (Figure 4.13) written by a student for the school newspaper. The story written by a student in a journalism class for the school newspaper highlights the changes which took place within the physical education department. The school newspaper was very responsive to the changes which took place during the study especially in the areas of health, wellness and fitness. By featuring the story the paper provided effective communication and validation to the study and articulated the over-arching goals of the school mission and goals of the study.

Figure 4.13 The Student Newspaper: Article Highlighting Changes to PE Program

THE COMET



Volume 58 - Issue 2 High School

New P.E. changes alter health program

BY ██████████

Beginning in the fall of 2007, incoming freshmen, the class of 2011, will take gym for four years instead of the usual two years.

Starting next year, ██████HS will have a new P.E. program. Instead of taking P.E. for two years and alternating two weeks of gym class and two weeks of health class, P.E., consisting of both gym and health, will be taken for four years, but during freshmen and sophomore years, students will alternate gym and health every other day.

One of the main reasons why the administration decided to change the way P.E. works was because Mrs. Reale realized that many kids were failing gym. "We were aware that quite a few kids were failing gym, and we wanted kids to exercise more and actually pass the course," said Mrs. Reale.

Mrs. Reale said she "wanted a program with more options rather than a program with fewer options."

According to Ms. Bauer, students used to get two credits for P.E. while alternating two weeks of gym and two weeks of health over two years. When the new program comes into effect in the fall, students will still get two credits for P.E., but it will take all four years to earn them because gym will be every other day, not alternating over two years like before.

"Students who need to make up credits because they failed gym last year will have to adjust to these changes because they apply to them too," said Ms. Bauer. "You don't want to be physically fit only half the year."

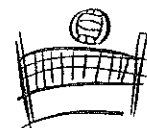
When students are in their junior and senior years, they will not have health any more, so they will have to choose other electives to fill up the days that they do not have gym. Some electives will be run every other day to accommodate the new P.E. schedule.

The goal of the new program is to have students lead healthier lifestyles by taking gym for four years.


The new P.E. program is still in the developmental stage.

Four PE Strands

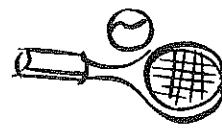
- **Competitive:* For students who are interested in competitive sports; includes touch football and volleyball.




- **Fitness:* For students who like doing exercise; includes working out in the weight room.



- **Racket:* For students who like racket sports; includes tennis and badminton.



- **Health and Wellness:* For students who enjoy learning about health; deals with health issues.



Maintaining the center has been a priority accomplished through close oversight and attention on my part. This personal connection to the center has conveyed the message that I am interested and directly involved in making sure that the facility is utilized properly and that certain collaboratively developed rules are followed. My leadership strategies, most specifically my continued involvement, participation and support provided me with the opportunity to successfully collaborate with others to revise all aspects of the health and physical education program offerings, curriculum, course expectations, behavioral expectations and overall student engagement. This task is not typically a function of the school leaders' role.

4.9.5 Parental and Community Involvement

'Research provides evidence that parents and the school community need to reflect the values of the school and that evidence for the role of parents within health promoting schools is accumulating' (Jensen et al., 2002, p. 22). Academic achievement and positive outcomes are closely aligned to the degree of parental involvement, a core component of school health promotion models. While there is a substantial amount of research related to the value of involving parents and members of the community into the school it is very difficult to obtain parental support on the high school level. Students at this age discourage parental involvement and many parents believe that once their child is in high school their involvement is not necessary. This belief, while far from the truth, is difficult to dispel; however school administrators such as me are charged with finding increased ways to provide families with opportunities to become involved in the school culture.

Tones & Tilford (2001) maintain that successful school health promotion programs require not only parental involvement but inter-sectoral collaboration and the formation of strong alliances arguing that 'links with the community are

a key element of the health promoting school' (p.242). While the value of including the community in the design and implementation of school health promotion has been cited, 'there are few studies which provide actual evidence of school community partnerships and how they can be developed' (St. Leger, 1998 p.55). I exhausted many strategies attempting to garner parental involvement during the study, for example, sending phone communications and invitations home inviting parent to join the parent teacher groups. While a parent group was formed during the study there were only 3-4 parents who consistently participated throughout the duration of the study.

4.9.5.1 Diagnosing the Issues: Parental and Community Involvement

Discussions with staff and administrators revealed that attempts by previous principals to create a parent teacher organization at the high school failed. With that in mind I sought to organize a parent group by sending home announcements and communications of an upcoming meeting which I referred to as the 'organization of a school/community partnership committee'. The initial meeting, held in October of 2006 was attended by approximately 20 members of the community.

Subsequent meetings were held throughout the year however, the number of parents and community members interested in participating in the parent-teacher organization decreased significantly. By the end of the year a small group of parents remained thereby forming a cohesive group of individuals who met monthly. Several parents over the past three years have taken on the responsibility of overseeing and monitoring the student bookstore and organizing a workshop for parents on Internet safety. These parents volunteer their time weekly and the store has been opened for the past three and a half years. This parent group appears to be supportive of administrative decisions and does not have an obvious agenda for reform on any level.

Teacher perceptions of parental involvement focused on seeking ways to involve parents of the children who were not academically successful or those whose children were often truant. Repeated requests to communicate with these parents were for the most part unsuccessful even after numerous phone calls and letters that were sent home.

4.9.5.2 Developing Plans and Taking Action

Strategies designed to involve parents and gain the support of members of the community included:

- The creation of a partnership with individuals from the firefighters union and police union who on occasion present workshops to the administration
- The creation of an emergency medical technician class for students by members of the fire department
- Community volunteers who oversee the sound and lighting in the school performance center
- Parents who volunteer to participate with the video/technology teacher thereby participating in student films
- Parental involvement in parent sports clubs
- Band Parent organization
- Parent groups organize and supervise after prom events

The school community was described by both staff and members of the community '*as one which adhered to tradition and allegiances to political affiliations*'. Parents were willing to volunteer for athletic booster clubs, the band booster club and dance committees however, involvement in academically focused activities for example: academic awards night, parent open house, parent conference night received little attention. Parents in this community typically display conduct which involves contacting town officials such as the Mayor or the Superintendent of Schools regarding matters which are usually handled by the school principal. For instance, they often contact a public official to complain about their

child's teacher or coach, guidance counselor, child's schedule or school policy they do not agree with. By providing parents with the opportunity to circumvent a chain of command whereby parents and the school leader work collaboratively to solve a problem the central office administration often undermines school-community relationships.

With the NEASC accreditation evaluation a year and a half away extensive parent involvement on self-study and steering committees is mandatory. As such efforts are underway by me to solicit parent/community involvement. Informational articles have been sent to the local newspapers and sent home to parents. Other leadership strategies which implemented during stage 1 include emails, phone calls and other communications. Throughout the study I have sought to create ways to increase parent involvement but recognize that there is more work which needs to be done in this area.

4.9.5.3 Reflecting and Redefining

The failure of parents whose children are experiencing poor achievement and poor health are those most likely not to support school initiatives and teacher recommendations regarding how they can best support their struggling students. Staff describes these parents as uneducated with many experiencing financial or emotional issues which impact their ability to parent.

When asked why they do not volunteer their time to participate in school related activities, parents of these children have made stated that 'they have other commitments' or that 'their child does not want them involved'.

Parents who were involved typically had children who were more self-sufficient, goal oriented and engaged as compared to the parents who were not involved or

whose children were not engaged in extra-curricular activities. Those parents most often had children who were underachieving.

My goal to communicate with parents through emails and correspondence will continue. These actions were taken in conjunction with the central office administration with the goal to find more successful ways to engage parents. Our efforts included creating opportunities for parents to receive assistance in learning English as a second language, parenting and computer skills.

4.9.6 School Culture

The 'ethos' of a health promoting school has been characterized by Bastian (2000) as one where all members of the school community feel a sense of belonging in an environment which is safe and supportive. Supportive school environments with strong sense of purpose and effective leadership have the potential to foster a school culture where policies and procedures which 'can contribute to the overall wellbeing of staff and students' (Bastian, 2000 p. 4) can evolve.

Fully aware that the creation of a positive and nurturing school culture reflects the attitudes and core values of the stakeholders, I sought at first to understand the school culture as it existed and later to improve the weaknesses which were determined to be unhealthy and counterproductive.

The school's core values and mission were revised during Stage 2 of the study by the school improvement team in collaboration with student volunteers. The revision of the mission statement ultimately crafted by a student, reflected the positive impact the study had upon the school culture specifically, the emphasis placed on student action, engagement and voice. As I reflect on the study and its ability to positively the future direction of the school I am struck by the impact of student involvement which as early as stage one became integrated within the school culture ultimately inspiring the creation of a new mission.

School leaders like me who recognize the impact of the physical environment on the school culture, acknowledge the connection between environmentally related illnesses, which are the rise among children and adults. With that in mind the school's physical environment including the school building, grounds, and temperature, physical, biological and chemical agents within the building such as those used by cleaners and students and staff in science and art lab were investigated throughout this study. According to *AFHK (2007)* school leaders have a responsibility for addressing the school's physical and psychosocial environment.

According to the Institute of Medicine (IOM, 2000) the following components impact the overall quality of teaching and learning and overall school culture:

1. The physical environment including building design, lighting, ventilation, safety, cleanliness, freedom from environmental hazards that foster infection, safe transportation policies and emergency plans
2. Policies that promote health and reduce stress, regulations that ensure a drug, free and safe environment
3. Attention to the psycho-social environment including a supportive and nurturing atmosphere, cooperative, academic setting, respect for individual differences, involvement of families
4. Health promotion for staff

(IOM, p. 10)

Tones & Tilford (2001) expand upon the environmental and psycho-social factors within school settings which contribute to health cited by the IOM to include 'the establishment of positive and nurturing networks, the creation of a sense of community, articulated and established core values, beliefs and cultural environment including the norms that impact individuals within the setting'

(p.8). According to Cohen (2007) school culture and climate can be delineated into 10 essential dimensions including:

1. safety
2. social-emotional
3. quality of instruction
4. professional development
5. leadership
6. respect for diversity
7. school, community collaboration
8. morale
9. environment
10. ethical skills and education (p. 2)

Cohen recommends the implementation of a whole school-whole community survey which evaluates the strengths and weaknesses of each dimension. Cohen emphasizes the value of using the findings as a springboard for collaborative planning and collective change efforts. The recommendations and delineation of dimensions outlined by Cohen was influential in this study by providing an overview of the components which I needed to investigate within my school culture. It was not possible to gain support for a whole school-whole community survey which would have provided more specific information and insight into the core-values and issues perceived by the community.

4.9.6.1 Diagnosing the Issues

Appendix Y provides an analysis of findings and themes generated from observations, informal conversations, surveys, a review of artifacts and questionnaires completed by staff and students regarding perceptions of the factors which impacted school climate and culture.

When asked to describe or discuss the school climate during Stage 1 many students described a racial incident (fight) which had taken place two years prior to my tenure at the school which necessitated police intervention and received

local news coverage. I was not made aware that there were continued racial issues nor did I get the sense that the school climate reflected overtones of discrimination. Several students who mentioned the incident articulated that they were *'afraid that another fight might occur'*. Significantly, students reported that *'good'* measures had been implemented by staff regarding teaching students how to avoid conflicts. After the racial incident increased security personnel were hired to monitor the halls and cameras were installed.

Students were asked to comment on discipline and the way in which it impacted school climate. Overall students reported that teachers allowed students to *'speak out'*, *'get out of their seats'* when teachers were instructing and that students *'often disrupted the class without consequences'*. Some students I spoke to asked me how I would handle this and suggested the institution of harsher penalties and higher expectations for students both in the classroom and within the whole school.

Student data from the health survey regarding self-reported perceptions of student relationships with others (N=298) revealed that the quality of personal relationships for students were healthiest with family members and classmates and poorest with teachers. Over half (55%) of all students reported that their relationships with teachers could use improvement, while the same was less true for relationships with family (35%) and classmates (38%). The fact that students desired to *'develop better relationships'* with the staff was shared with teachers at a staff meeting.

4.9.6.2 Developing Plans and Taking Action

With full recognition of the fact that the quality of the school culture was central to the creation of a health promoting school and the success of the upcoming NEASC accreditation evaluation I sought to address each issue of concern expressed by students and staff during all three stages of the study. While it was not possible to report in detail on all field work actions and professional strategies which took place the most significant have been described for this stage while others will be embedded within Chapters 5 and 6.

Several student groups were created during this stage, a phenomenon which was new to students and teachers. As the study evolved student led groups, designed to fulfill the same expectation of mine, specifically to provide students with a voice and role in the study emerged. The Principal's Advisory Committee was the first established group which emerged in November of 2006 and was created to provide students with the opportunity to provide their voice on matters related to all aspects of the school culture. All students in grades 9-12 were invited to apply to participate. Students were notified of this opportunity from daily announcements which were made over the public address system in addition to hanging informational literature around the school informing students to contact me if they were interested in participating. Approximately 50 students signed up and 25 were randomly selected. This group met monthly for 2 years during which time students provided continued input and insight into their perceptions of the school using Cohen's (2007) 10 dimensions to guide field work actions and professional practice.

As data and information was collected from students and staff it was shared with students on the Principal's advisory committee and my administrative team (critical friends) for their input and corroboration. I met with my administrative

team at a minimum of twice weekly for three years to discuss emerging areas of concern and to integrate and align the findings into action research field work which addressed both standards based initiatives and the goals of the study. The insight which was provided by students led me to further investigate many issues for example, looking more closely at the quality of specific teacher-student relationships and classroom protocols, grading practices, instructional strategies and equity issues related to rigor and teacher expectations.

My inquiry and investigation led me to formally examine instructional practices and programs ultimately leading to program revisions, space reconfigurations and other actions which reflected my leadership style and focus on increased accountability. I found myself becoming aware of the interconnectedness between the creation of health promoting schools and the need to address the common core of teaching, learning and assessment realizing that it had a profound impact upon the school culture.

Observations and conversations with staff, students, and administrators provided evidence that there were significant issues of concern which impacted all aspects of the school culture. Staff and students strongly expressed their desire to change aspects of school climate, instruction, assessment. As is typical in most educational settings, staff and administrators most familiar and comfortable with discussing the need for change had little to no experience creating change nor had they experienced the process of undergoing second order change within their work environment. Consequently, as the agent of change, facilitator of change and leader of change it became necessary for me to acquire the knowledge and skills which would allow me to effectively communicate to my staff the need for change and the process of change that they would be likely to experience.

The school improvement team (staff) re-organized during this stage of the study primarily to prepare for the upcoming NEASC study and to discuss matters regarding school climate and culture. As a member of this committee I relied on the group to provide me with information about ongoing building initiatives and historical data used to explain the rationale behind current protocols and practices. In the spring of 2007 the school improvement team sought to revise its school mission.

A co-chair of the school improvement committee also happened to be a teacher-volunteer to one of another student committee referred to as the *Student Voices Committee*. This group of grade 9 students was organized for the purpose of participating in a program which was initiated by the New England Association of Schools and Colleges (NEASC) our accreditation organization. NEASC sought out schools who would volunteer to run student groups who would form student groups that would discuss the process of education and what schools could do to assist students in meeting their educational expectations. This group met monthly for 3 years in preparation for a convention to be held in December of 2011 where all participating schools will share the outcomes of their findings with prominent dignitaries from around the world.

The co-chair of the *Student Voices Committee*, also the co-chair for the school improvement team, integrated strategies used with the *Student Voices Committee* by asking students in her journalism class to assist the school improvement team to rewrite the school's mission. In doing so she shared with her students the significant outcomes of the *Student Voices Committee* specifically: student input which led to whole school actions to improve rigor and expectations in the classroom; actions which provided students with increased opportunities to display their talents; changes to curriculum which included a decreased emphasis on content and more emphasis on project based, real-world learning.

One student who was apparently moved by the discussion and took it upon herself to follow-up on a suggestion made to create a school mission for the school improvement team. This student submitted a mission statement reflective of the conversations about student empowerment which was adopted by the school improvement team and eventually whole staff (Appendix Z). The significance of this outcome speaks to the overall impact that the role of student voice and empowerment played in this study.

4.9.6.3 Reflecting and Redefining

Responding to the perceived needs of staff and students surrounding issues of concern regarding standards based accountability expectations was a primary goal of the study. As evidenced by reviewing the NEASC standards (Appendix K) school culture and leadership is one of the core standards assessed during the accreditation evaluation.

It became my goal to model leadership strategies which would operationalize positive core values and health promoting principles which would lead to the creation of a health promoting school culture. By the spring of 2007, Stage 1 of the study it was my belief that many staff and students had begun to understand my goals and the positive changes which were taking place as a result of the interventions implemented for the study. It became evident that assessing school culture is not a static endeavor and that it was essential for me to develop leadership strategies and data collection procedures which would allow me to continually stay aware of issues or concerns which had the potential to impact the school culture. Additionally, it was essential for me to review school policies, procedures related to discipline, harassment and bullying which impacted students perceptions of safety, concern and overall wellness.

While it was my initial fear that the focus on standards and accountability would hamper my efforts, I began to realize that the role of raising standards, rigor and high expectations for students had a place in the creation of a health promoting school. The work of Samdal (1998) was influential in providing me with insight into the value of structure and high expectations with regard to raising student's self-esteem and overall perception of action competence and wellness. As I sought to bridge the gap between theory and practice I found myself establishing routines to share my learning with others partially to determine their response but also to continually reinforce my rationale and the actions which were positively impacting other ongoing building initiatives.

While my leadership actions to change aspects of the school culture perceived by me and others to be unhealthy were understood and appreciated by some staff other staff did not respond well to the change in status quo. Reflecting on my professional practice during this time has me recalling sleepless nights and anguish experienced when the comments of nay sayers and 'gatekeepers' were passed along to me in response to the perceived disruptions which were taking place.

Many of the change initiatives begun during this stage continued to evolve throughout the study. A comparative assessment of the school culture in year 3 of the study reveals positive outcomes for example: a substantial decrease in office referrals, poor behavior in assemblies, smoking violations within the school, referrals for infractions in the cafeteria, patio and other common areas, increased student engagement, improved communication, a heightened sense of community and random acts of caring and affiliation.

4.9.7 Health Education

Health education is a process of providing students with information related to the notion that health should not be taught as a series of separate lessons but should be integrated into the context of all curriculums. It should include the development of personal competencies, working cooperatively with others, goal setting and conflict resolution (Gay, Young, Barnikow, 2006, p. 19). Expanding upon the concept of developing personal competencies, Colquhoun (2000) concurs that health education provides opportunities to develop student's abilities to act on both personal and societal levels and that the underlying principles of health promotion should include activities which foster: an appreciation of diversity; the creation of supportive environments and social justice.

Traditional health education models, such as those utilized in my own school implement 'top-down strategies, traditional teaching strategies and a narrow contextual framework with pupils in the role of passive recipients of information which is disseminated by the teacher' (Hagquist and Starrin 2007 p. 227). Recent evaluations of teachers displayed top down strategies and when followed up by discussion it was revealed that the staff members all expressed areas of deficit in content knowledge which they were expected to teach within their health class, specifically regarding nutrition, drugs and psychology. While the ability of these teachers to relate and connect to their students was outstanding, it is my belief that their top-down strategies specifically, to lecture or dictate notes, were strategies used to compensate for the depth of knowledge which was lacking. This lack of knowledge on the part of health teachers speaks to the type of preparation which they have received, certification requirements and lack of professional development opportunities afforded by the school. The failure of teachers to have a command of the content also impacts their ability to teach skills related to action competence and real-world experience as they are limited

in their ability to connect content with which they are unfamiliar to real world application. Rather it is more comfortable for teachers to ask students to take notes, sit passively, memorize vocabulary words and recall information.

Bottom-up or empowerment models, such as those used within some European nations (Jensen & Simovska, 1999) incorporate the inclusion of student participation, student voice, active engagement, democracy and civic awareness. Jensen (1997) outlines two paradigms for health education 'the moralistic paradigm and the democratic health education paradigm' (p.419). Jensen's work within the Danish Network of Health Promoting schools suggests that the two paradigms are fundamentally different. Proven to be ineffective, the moralistic paradigm 'rarely leads to the desired behavioral changes it is intended to influence (Jensen, 1997, p. 420). The democratic health paradigm, consistent with the guiding principles embedded in the Ottawa Charter (1986) is rooted in the holistic health concept which involves action competence, action and holism (p.419). To support Jensen's model within the context of a real-world public school setting one would need to provide teachers with professional development which affords them the opportunity to become exposed to the concept of integrating health, student engagement, democratic and civic awareness. At this point in time budget allocations do not provide funding to address this need.

The Connecticut State Department of Education (CSDE, 2007), while promoting a rationale for implementing the Coordinated School Health Model and support programs to address student health, does not make connections to the expanded paradigms of health education as suggested by Jensen (1997). Literature emanating from the State Department of Education (2007) support programs which address the indicators below but do not provide funding for professional development or adequate technical assistance. The rationale for addressing the health of children in Connecticut Schools is based on:

- Investing in children's physical health needs promotes learning over the school years and has profound effects on school readiness and early learning
- Increases in physical education time commitment with reductions in academic achievement instruction time will have favorable effects on student academic achievement
- Schools with available health services promote student achievement through lower absenteeism and drop out rates as well as improved gains in student attitudes in learning (CSDE, 2007).

The State has published the *Healthy Balanced Living Framework (2007)* a comprehensive scope and sequence guide for health teachers along with recommendations for addressing the elements of the CSHM within the context of the school. However, there has been no training for administrators or health teachers in the area of curriculum development, curriculum integration or whole school implementation and assessment. Consequently this study was not supported by empirical data which reflected the implementation of health education programs in the State of Connecticut which reflect a focus consistent with the true implementation of the CSHM or health promoting principles which guide the study.

4.9.7.1 Diagnosing the Issues: Health Education

Health teachers in the State of Connecticut are also certified to teach physical education. While 3 out of 5 teachers in the PE-health department who happened to be female 'did not mind' teaching health, 2 males in the department preferred not to teach the subject. Consequently for the past four years I have faced the continuing dilemma of whether to create equity in the department for teachers and students by assigning the 2 male teachers health classes to teach or only assign the female teachers. My reservation surrounded the quality of instruction students would receive if they were taught by teachers who did not want to teach the subject as compared to those who 'did not mind' teaching the subject.

My final selection to have the females in the department teach the health classes was based on their commitment to the belief that health was important and that the subject matter was important for students to acquire.

When observing staff teach health it has become evident that instruction would be enhanced if they: a) had more in-depth background knowledge in health related topics specifically nutrition drugs, b) were offered more professional development opportunities in health and school health promotion and c) had training in the area of integration and interdisciplinary curriculum development so that they could expand their role and integrate topics regarding health into other content areas.

4.9.7.2 Developing Plans and Taking Action

Over the past three years I have met with health education teachers in order to discuss their self-assessment of progress regarding their enhancement of the curriculum by integrating the State of Connecticut's *Balanced Healthy Living Framework* into their curriculum units. I have not had time to properly monitor this process nor have I had time to work individually with these staff members however, this is a goal which will extend beyond the timeframe of this study.

With recognition of the failure to provide students with adequate information about nutrition and health two other teachers within the school, both in the science department have expressed a desire to teach classes in nutrition and sports medicine. Both courses are in the curriculum writing stage. I have used my role as the school leader and evaluator to meet monthly with health teachers in order to discuss their progress and to provide them with relevant literature and words of inspiration. Table 4.14 provides an overview of comparative perceptions of teaching quality by subject matter within the health class.

Table 4.14 Comparative Perceptions in Teaching Quality by Subject

| | Students (298) | | Staff (65) | |
|-------------------------------------|----------------|--------|------------|--------|
| | n | (%) | n | (%) |
| Alcohol & Drug Education | | | | |
| Excellent | 40 | (13.5) | 1 | (1.5) |
| Good | 141 | (47.6) | 9 | (47.4) |
| Fair | 80 | (26.8) | 9 | (47.4) |
| Poor | 35 | (11.8) | 0 | |
| Tobacco Education | | | | |
| Excellent | 47 | (15.9) | 1 | (5.3) |
| Good | 125 | (42.2) | 9 | (47.4) |
| Fair | 81 | (27.2) | 9 | (47.4) |
| Poor | 43 | (14.4) | 0 | |
| Behavior/Conflict Mgt | | | | |
| Excellent | 20 | (6.7) | 0 | |
| Good | 124 | (41.9) | 10 | (52.6) |
| Fair | 90 | (30.4) | 7 | (36.8) |
| Poor | 63 | (20.8) | 2 | (10.5) |
| Diet and Nutrition | | | | |
| Excellent | 9 | (3.0) | 2 | (10.5) |
| Good | 95 | (32.1) | 9 | (47.4) |
| Fair | 23 | (41.6) | 8 | (42.1) |
| Poor | 69 | (23.3) | 0 | |
| Physical Education | | | | |
| Excellent | 55 | (18.6) | 5 | (26.3) |
| Good | 152 | (51.5) | 12 | (63.2) |
| Fair | 71 | (24.1) | 2 | (10.6) |
| Poor | 17 | (5.7) | 0 | |

Students and staff offered ratings for quality of teaching in a variety of health education courses. The vast majority of both students and staff rated most courses as good to fair. Ratings given by both respondent groups were extremely similar for all courses with the exception of classes/learning opportunities in diet/nutrition. Students were significantly likely to give lower ratings for diet and nutrition than were teachers.

Observations of teaching strategies and assessments over the past three years reveals the implementation of traditional 'top down' approaches within the classroom whereby teachers provide information to students who, for the most part, are passive listeners. There has been some attempt to utilize the State of Connecticut's integrated *Healthy Balanced Living Framework (2007)* however, teachers lack training and professional development which limits the implementation of this curriculum. Furthermore, teachers are unfamiliar with strategies which promote health literacy and action competence.

4.9.7.3 Reflecting and Redefining

I have devoted a substantial amount of time to working with health teachers on the revision of the health curriculum and have used my experience and leadership perspective to seek out literature and professional development course offerings which I pass along to my teachers. With the recognition that children in my school district are not provided with the opportunity to be enrolled in a health class until they are 15 years old places a great deal of responsibility is on the health teacher to cover essential information and teach essential skills. Health teachers have the daunting task of providing students with information which can both change their lives and save their lives. A significant problem within schools lies in the fact that health teachers by training are limited in their content knowledge specifically in the areas of nutrition, school health promotion, psychology and science. My role as the school leader is to assist my staff by searching out sources of literature to provide to them in addition to creating professional development opportunities which will build their capacity.

The health needs of my students increased this year due to the outbreaks of the 'swine flu virus', the recession and national economic downturn. The inability of parents to access health care for their children during these difficult times

resulted in increased numbers of students attending school when they were ill which increased the likelihood of their transmitting illness to others.

Additionally, increased numbers of students stayed home for extended periods of time due to illness or economic factors such as having to babysit for younger siblings because parents could not pay outside sitters. Time missed from the classroom due to illness and absence for these students resulted in lowered achievement, apathy and disengagement.

This problem was further compounded by the fact that there was 30 % increase in the numbers of students receiving free and reduced lunch (n=335/960). It was my assumption that there were correlations between students on free and reduced lunch, poor academic achievement and disciplinary referrals. To test out my assumption I obtained a listing of all grade 9 students who were divided into three teams of approximately 110 students, a listing of students on free and reduced lunch and in fact found a strong similarity among students who appeared on all three lists. This data has been shared with administrators, the school nurse, support staff and teachers with the hope heightening the level of awareness which exists among teachers regarding the connections which exist between health, achievement, wellness and the process of education for which we are responsible.

4.9.8 Coordinated School Health: Summary and Reflection

The process of examining and analyzing all components of the Coordinated *School Health Model* throughout the study provided opportunities to integrate theory into action and to determine first-hand the strengths and weaknesses within each of the components of the CSHM which impacted the health and achievement of my students. This process while beginning in year 1 continued throughout the duration of the study. Data which was collected was aligned to the literature, components of the eco-holistic model and whole child approach. In

essence the process of aligning the departmentalized components of the CSHM to the broad based eco-holistic components such as the school environment, physical environment provided me with a rich understanding of the process of creating and leading a health promoting school.

From the perspective of school leader I was able to facilitate collaborative relationships and the collection of data and an analysis of the findings with other stakeholders. Collaborative relationships which were forged provided opportunities to implement a real-world action research study whereby action research strategies were used to improve the school culture by creating health promoting interventions. For example, data which diagnosed perceived weaknesses and problems reported by students in the areas of physical education and nutrition were shared with teachers, administrators and students. This data then proceeded through a series of cycles including planning actions, implementing actions, evaluating actions and redefining and reflecting on actions.

When reflecting upon the extensive number of whole school initiatives and field work which took place concurrently throughout the study it became unrealistic to think that I would be able to devote an equal amount of time to evaluating and refining each component or each activity which took place. Consequently, I focused on addressing the components which were determined to have the most significant need or benefit. As a result the areas of: physical education; nutrition; school culture; instruction, assessment and equity; student empowerment and student voice became priority areas.

As early as Stage 1 it became obvious that coordinating support services specifically coordinating all of the components of the model would not be a realistic goal since there were no models from which to guide the logistical process of creating systemic methods of communication within the school. For

example, while it was clear that the child who frequently saw the school nurse often had problems academically, often left class to see the guidance counselor, social worker and psychologist, was referred for disciplinary problems and was chronically absent and truant. The process of creating effective strategies to: a) target children who accessed multiple supports during the day and overtime and b) coordinate and follow up on services for these children were unsuccessful. The task to develop a coordinated process continued throughout the study.

It became evident that as the school leader I was in the unique position to connect all components of each model, collect and analyze data, and solicit collaborative participation while at the same time facilitating health promoting initiatives while acquiring a holistic perspective of the whole school. This realization confirmed for me the fact that the role of the school leader is vital in creating health promoting schools and that contrary to research which suggests the use of an outside health promoting facilitator (CSDE, 2007; Allensworth & Wooley, 1987) it was the school leader who was the key player.

I determined in Stage 1 that the CSHM was insufficient in meeting the goals of the study and that the integration of the eco-holistic approach and whole child model was warranted. While there were challenges associated with attempting to utilize all components of each model it was valuable to the study and to my understanding of implementing the single CSHM which on its own is the only model promoted by the State of Connecticut and CDC.

The reporting structure used in Chapter 4 was adopted to best enhance the progression of findings and outcomes which occurred in stage 1. Because they focused on both discrete conceptual components and more holistic conceptual components I determined that I would intertwine the literature review with each component along with including examples of findings, field work actions and leadership strategies.

In Chapters 5 and 6 the thesis utilizes a structure which is more holistic and thematic. While a multitude of field work actions and interventions were described it was realistic to assume that I would be able to include all of them within the thesis. Appendices D, F, G provide an extensive listing of the actions and outcomes which resulted in each year of the study. Many of these initiatives have been described however; it was not realistic to assume that I would be able to include them all within this thesis.

4.10 Eco-holistic Whole School Approach: A Review of the Literature

An eco-holistic approach otherwise known as the *whole school approach* was used for this study in conjunction with the more departmentalized *Coordinated School Health Model*. This approach, adopted for use in the UK and Australia focuses attention on issues surrounding the school and community environments; family and community involvement and ongoing initiatives at the organizational level which are perceived to have the potential to impact student health, achievement and overall well-being.

Tones & Tilford (2001) suggest that the major determinants of health and illness include 'a complex web of social, psychological and structural interactions' (p. 5) thereby supporting an eco-holistic approach which considers the internal and external factors which impact the school setting. Specifically, the eco-holistic approach recognizes the interaction between the complex relationships which exist between the physical environment of the school, the community environment surrounding the school, the social environments 'including the nature of communities and social networks' (Tones & Tilford, p. 8) and the cultural environment which includes the values, beliefs and norms associated with these environments.

Comparatively, differences between the eco-holistic approach and coordinated school health model lie in the fact that the coordinated model is more compartmentalized whereas the eco-holistic approach can be characterized as broad, fluid, seamless and less restrictive in its approach suggesting the holistic integration of variables rather than the coordination of independent variables.

Throughout the study I sought change within the school and community. My goal was to coordinate discrete components of the CSHM and the broader more abstract components and principles of the eco-holistic model. By doing so I collaboratively embraced an eco-holistic perspective which impacted my investigations of what was, and interventions for what could be. My efforts during this time were also cognizant of the standards based accountability mandates and considerations which impacted all elements of the school culture and climate.

The process of infusing two health promoting models and an educational model provided experiential knowledge which afforded me extensive opportunities to examine the components of all models within a real-world setting. The process of expanding the parameters of the CSHM to include a more eco-holistic focus has caused me to believe that the weaknesses of the CSHM are strengthened by the collaboration of these two health promoting models.

4.11 Whole Child Approach

The whole child approach, an educational philosophy is promoted within the USA by the *Association for Supervision and Curriculum Development (ASCD, 2007)* an organization for school leaders. This model, not to be confused with the *whole school approach*, a health promoting strategy used in the U.K., Australia and Scotland advocates the need for schools and educators to address the social, emotional, physical and academic needs of children and has developed position

statements which outline guiding principles which in many respects align with the principles of school health promotion. My rationale for using terminology associated with the *whole child approach* was based on its familiarity to teachers. So, the term *whole child* was often inter-dispersed into conversations about health with staff in order to provide them with a context in which to place the new concepts I was introducing them to without 'distracting' them by making continual reference to 'health' which for some evoked a mental model not conducive to promoting the goals of the study.

While the importance of addressing the needs of the whole child are frequently cited within documents teachers are familiar with for example, the newly created Connecticut High School Reform Plan (CSDE, 2007) the reality is that there is, at present, no requirement for teachers to develop instructional practices or curriculum which addresses the social, emotional, and physical needs of their students. Furthermore, curriculum templates created for my teachers by the curriculum development committee do not request that teachers address these topics. These factors in conjunction with the lack of training and professional training which teachers have not been provided with to address this concept has resulted in the students who attend school where their needs are not being met.

In the spring of 2009 my administrative team created school improvement goals which included one which focused on meeting the needs of the whole child signifying to both central office administrators and the community that we supported the philosophy that school improvement initiatives included focused interventions designed to meet the social, emotional, academic and physical needs of our children. The acceptance of a school improvement goal which was collaboratively developed by me and my administrative staff was symbolically the first step in their validating that discussions surrounding education could include discussions and considerations of non-academic issues. This action on the part of the administrative staff was a precursor to the creation of a whole

school conceptual framework, a significant milestone and accomplishment of this study. Additionally, it is my belief that the creation of this social and emotional goal impacted the school culture, academic performance and the creation of a health promoting school.

4.12 Student Empowerment and Voice: Thematic Health Promoting Principles in Action

With the recognition of the fact that students spend nearly their entire day in school research supports the notion that students should have a stake in what happens to them (Fletcher, 2009; Ainley & Bourke, 1992). Students spend their day in school settings which are not unlike those created over a century ago, seated in rows in front of a teacher who provides them with top-down information. Students in most schools in the USA are 'empowered over' not 'empowered with' for the concept of integrating the needs and interests of student into the planning of school curriculums and lessons is not a typical occurrence. As result it is no secret that most high school students characterize school as 'boring', 'meaningless' and 'not useful in assisting them to prepare for life'.

Leonard, Burke & Schofield (2008) maintain that 'students who feel good about themselves and who are excited and stimulated by their school environment are more likely to be students who are ready to learn' (p. 1). Empowering students to share their 'voice' and their overall perceptions on matters related to the process of education, health, learning, assessment and well-being, within the context of a traditional, standards based high school is not a typical practice within high schools such as mine although its visibility in the literature is becoming more common (Brownstein, 2007; NEASC, 2009; Fletcher, 2008). The concept of empowerment, while highlighted by the WHO (1997) as an essential element in the creation of school health promoting initiatives is a concept which is not familiar to educators in the USA.(Boomer, 1992) .

'Conceptually, empowerment is concerned with a redistribution of resources and power (Hagquist & Starrin, 2007, p. 229) and standards based high schools such as mine typically do not distribute power to students. In fact, the term empowerment in spite of being featured in our school mission statement is not clearly understood by most educators in my school. Consequently action plans are in the development stage regarding how best to bring the staff to consensus on what the term empowerment means and what it can 'look like' within the classroom setting. Instructional leaders and administrators will be completing learning walks whereby we visit all classroom teachers to silently scribe what we see in order to later debrief and share our perceptions of evidence which supports empowerment in action within classrooms.

As will be reflected in this thesis this study relied on leadership strategies which were designed to respond to the outcomes resulting from opportunities provided to empower both staff and students. As will be described the actions which provided students and staff with opportunities to become empowered and to share their 'voice' for example, the creation of student committees, assemblies and forums to share suggestions and thoughts resulted in substantially valuable outcomes thereby driving the study. In response, increased opportunities were provided and momentum throughout the study continued to grow. This thesis will describe the momentum behind the actions and the strategies used to promote student voice and action.

Strategies implemented by staff were, for the most part non-existent at the start of the study and increased minimally over the course of the study. Activities facilitated by staff advisors with student volunteers increased profoundly as the study evolved. Action strategies developed by students integrated aspects of participation, engagement, decision making and the creation of a more tolerant and accepting school culture resulting in programs reflecting tolerance, understanding, compassion and achievement.

Consistent with the recommendations of Sullivan (2002) this study provided opportunities for interpersonal empowerment, whereby individuals and groups worked together toward the achievement of collaboratively developed goals and intrapersonal opportunities for staff and students to acquire a belief in the value of their actions on both a personal and professional level through the establishment of Professional Learning Communities for staff.

Tones & Tilford (2001) suggest that 'the dynamics of self-empowerment provides a wide variety of opportunities which facilitates control over one's life and health' (p. 40). Democratic educational approaches, promoted by Danish researchers provide examples of school based initiatives exemplify guidelines established by the WHO (1997) and are designed to empower students to develop the capacity or 'action competence' to act independently and collectively and to promote their own and other's health (Jensen, 1991).

As revealed during this study the evidence collected suggests that educators do not create opportunities for students to become empowered because they do not know how. Attempts to examine the root causes of this phenomenon reveal: the lack of a common, collaboratively developed vocabulary which guides the actions of teachers and administrators; a lack of professional development and training which provides educators with the ability to create the conditions within school settings which provide opportunities for empowerment to occur; and the failure of educators to integrate theory and research related to the value of student empowerment and voice into their practice.

4.13 Chapter Summary

The conduct of the study in stage 1 emerged from data collected during the pre-assessment stage which generated initial propositions and assumptions which were later aligned to a broad array of findings which evoked the emergent

research design specifically the action research field work and professional practices which took place throughout the first year. Stage 1 goals included *laying the groundwork, building relationships and assessing the culture*. The utilization of two health promoting conceptual models and an educational model provided a multi-dimensional framework used to support theory and findings which included the real-world strengths and weakness of my staff, students and whole school culture. The action research field work and professional practices which resulted during Stage 1 allowed me to acquire insight into the integration of the models into a whole school setting and the professional leadership strategies which were required to implement the actions. The outcomes and obstacles which resulted, while presenting risks to my professional integrity and standing within the district allowed me to understand the significance of the school leader in facilitating the promotion of health within a standards based school context.

The action research field work yielded substantial outcomes in Stage 1, in fact, so substantial that it was unrealistic to believe that I could report and discuss them in their entirety within the confines of this thesis. Most importantly the changes which occurred during this period of time, primarily driven by student voice and participation provided momentum and relevance to the goals of my study which sparked a firestorm of whole school actions and outcomes in years 2 and 3. As deep change occurred within my school disrupting the status quo of my entire school the learning which I acquired as the school leader regarding the process of change and the outcomes of change strengthened me professionally and has provided insight into the real-world problems which exist when infusing health promotion into the context of a traditional, standards based high school.

The momentum which was generated during year 1 of the study by students established a new culture for learning within my school which for the first time included consideration of the health needs of children. Student groups which

had formed during Stage 1 such as the *Student Health and Wellness Committee*; *Principal's Advisory and Student Voice Committee* were sustainable and continued in years 2, 3 and beyond. Additionally, many of the interventions which began in Stage 1 such as revising curriculum to create more equity, differentiation and real-world project based opportunities; the creation of a fitness center; program revisions to the physical education, health and guidance programs were also sustainable and continued in Stages 2 and 3. Most significantly it was determined that a new attitude was emerging and that staff were beginning to recognize the value of the study and that changes which were occurring were taking place from the 'bottom-up' from students who were now displaying evidence of increased engagement, advocacy, school spirit and well-being.

CHAPTER 5

GAINING MOMENTUM: A NEW MISSION- EXPLORING, EMPOWERING, ACHIEVING

5.1 Introduction

Chapter 5 will report on the second year of the study which took place from August 2007 through June 2008 (Appendix F). Guideposts setting the direction for Stage 2 were created from first hand, real-world experience, data collected and analyzed and personal reflections acquired during the pre-assessment and Stage 1. A continual review of the literature and protocols used to compare and align data to the conceptual frameworks and health promoting principles used for the study provided reinforcement, insight and focus. The significant outcomes which transpired during Stage 1 resulted from utilizing a process whereby actions and interventions were rapidly implemented to respond to a wide array of emerging issues of concern. The energy generated by my students and the significance which they placed upon all matters related to health, wellness, change and empowerment provided the momentum and inspiration to propel the study into its second year.

Action research fieldwork and personal reflections during Stage 2 included the investigation and examination of literature on leadership and change undertaken with the goal of enhancing and expanding my theoretical base and skill set. Whereas the focus of the research during Stage 1 was to establish a context from which to build the study, to develop trusting relationships with all stakeholder groups and to investigate the conceptual components within the models guiding the study, the goals of Stage 2 focused on gaining momentum by utilizing effective leadership strategies, targeted changes and the creation of an inclusive mission statement and set of core values which blended standards and health promoting principles.

Appendix F provides an extensive overview of the action research field work which took place during the second year of the study. The significant actions, interventions and outcomes which took place during this time will be reported on and discussed in this chapter holistically, thematically and conceptually unlike the reporting format used in Chapter 4 where the information was structured into more discrete conceptual categories. Chapter 5 begins with a review of literature on leadership and change and will be accompanied with a presentation of findings and an analysis and discussion of the outcomes and process which resulted during this stage.

While the goals of the study remained constant over the three year duration of the study, the lessons which I learned after year 1 of the study revealed that the ability of the school leader to balance his/her role as the instructional leader, building manager and health promoting facilitator was a key factor in maintaining the momentum required to perpetuate the health promoting initiative. Consequently, the goals of the study during this period of time focused on the role of the school leader to lead and facilitate school health promoting initiatives and the aspect of change which accompanies the integration of health promotion into traditional, standards based school settings.

5.2 Lessons Learned in Stage 1: Antecedents to Stage 2

The outcomes of action research strategies and professional practice during Stage 1 of the study were substantial and my ability to align the data to the conceptual components began to lay the groundwork for subsequent actions and strategies which took place during Stages 2 and 3. During Stage 2, I initially relied on the support of individuals both staff and students who had been so instrumental in driving the study during the first year. As field work actions progressed during stage 1 and evidence of the goals of the study was becoming evident in the

positive changes and actions displayed by students the number of staff members and students interested in collaborating increased.

While many positive outcomes took place during Stage 1 there were still many veteran staff members who correlated the changes that were taking place within the school as professionally and personally threatening and their fear of increased accountability, student empowerment and requests to expand their role to considering the needs of the whole child created anger, resentment and skepticism regarding my goals. At this time there was discussion among these individuals, who thankfully dwindled in numbers over the course of the study, that I placed 'targets on the back of some staff and that I was out to get them'. In some sense there was truth in this statement as there was a distinct correlation between those staff members whose underperformance and incompetence was scrutinized during the study. Staff who understood the common denominators which existed among these individuals who were creating a toxic school culture through their actions within the classroom and school articulated to me their appreciation for a school leader who 'finally addressed individuals who should have been addressed years prior'. Overtime many of these staff members resigned or were counseled or evaluated out thereby establishing an improved school climate by that very leadership action in and of itself.

While I attempted to deal with staff perceptions by addressing them in conversations, explaining the rationale which guided the study and the need to address issues which prevented the school from promoting health, I attempted to assure teachers that my goals were not to 'target' anyone but to create a health promoting school for staff and students. Overtime the staff was able to observe my actions and not my words thereby validating the message I was trying to convey. At the time I realized that there were staff members who had no intention of validating the study or integrating health promoting principles into their classrooms.

- Environmental and building maintenance monitored by the creation of protocols i.e. maintenance forms
- Emergency plans developed - practice drills support emphasis on safety and security
- Student health and wellness committee requires administrative oversight to lead, direct and coordinate actions
- Student health and wellness committee members promote school based initiatives – outcomes of group promotes increased student and staff participation
- Central Office Administrator writes negative paragraph on yearly evaluation citing that ‘my focus is on health and not academics’
- Fitness focus and increased program offerings emerge in physical education program as revisions in offerings occur
- Some staff determined to need increased evaluation plans and accountability oversight due to underperformance issues which create unhealthy classroom and school conditions
- Key staff members engaging in health promoting activities are determined
- My role as primary facilitator of the study drives actions with a goal established to continue to create distributive leadership opportunities
- Issues of need determined in Stage 1 for all conceptual areas
- Fitness center proposal approved – creation of center begins
- Awareness of importance of ‘instructional core’ within the framework of health promoting school scheme becomes a predominant focus i.e. emphasis on rigor, expectations, clear objectives, assessments
- Coordination among support services does not take place during this stage
- Number of students qualifying for free and reduced lunch increases
- Board of Education and central office administrators are provided with information about health promoting schools and goals of the study
- Students positively responding to increased privileges and responsibilities – expectations for behavior established by me students positively and appropriately responding

- Some staff still skeptical and critical of change and health promotion focus
- Teachers' Union leader not supportive of increased accountability expectations or change

5.3 Leadership Perspective

With the goal in year 2 to continue to seamlessly move forward towards the creation of a health promoting school, I recognized that while it was important for me to continue to model, articulate, facilitate and promote my 'robust school vision' (Licata & Harper, 2001), it was ultimately up to the staff and students to internalize and adopt their strategies, actions and visions to the overarching goals of the study for my efforts to become assimilated and sustained into the school culture. The questions became: *How could I promote a vision for school health promotion which would be adopted by staff? and, What leadership strategies could I use to provide teachers with the information and skills which would assist them to integrate the philosophy of health promotion into their classrooms and personal educational philosophy?* Discussions with my administrative staff revealed the need to create a common vocabulary and glossary of terms which would establish expectations and a common language. Furthermore, it was recommended that I provide staff with examples of what my expectations were. With the dearth of whole school health promoting studies I was unable to provide models or exemplars and sought to work individually with teams of teacher and individual teachers to integrate health promotion concepts within to their existing programs, curriculum, activities, instructional strategies and educational philosophy.

In year 2 of the Study I sought to promote the creation of a healthy school environment by suggesting to my staff and students that they continually 'contrast the challenges they were facing in the present to a relatively compelling view of a more desirable future' (Licata & Harper, 2001, p. 11). Discussions with staff about their vision of a 'more desirable future' included the validation and

acknowledgment by me of the challenges teachers were experiencing for example concerns regarding student apathy and students lack of engagement and poor achievement. In this sense the compelling view 'for the future' was improved student achievement, engaged students, increased attendance rates and students who were more action competent and resilient. It was my hope that their vision would be inclusive of the health promoting strategies and principles which I suggested had the potential to help them achieve their vision. At the same time changes which were occurring within the school setting resulting from student voice and participation provided staff with benchmarks which reflected the types of outcomes which reflected the health promoting school vision I was promoting.

Leadership strategies which I used during this Stage included maintaining visibility in the hallways and throughout the school, creating and holding meetings with students, holding conversations with staff where I discussed topics of a personal nature such as their families, exercising, sports, restaurants and movies. I also made it a practice to honor requests for teachers to leave if ill, come in late if they had a family emergency or sign out early if they had a doctor's appointment. By modeling health promoting leadership strategies it was my belief that teachers would be better able to transfer their own experiences of not being 'stressed' by the school culture to their own interactions with students. Throughout Stage 2, I continued to promote trusting relationships which included a focus on creating a professional atmosphere which encouraged teachers to take risks, assume leadership roles and try new ideas while at the same time emphasizing high expectations for student achievement and an orderly and safe school environment.

5.4 School Health Promotion Leadership

There is a dearth of literature to guide school leaders who desire to a health promoting school culture. To attempt the task without literature to guide my efforts I relied on information written on generic leadership topics in order to determine what might apply for example, organizational leadership, ethical leadership change and reform. The increased focus on standards based outcomes requires school leaders to examine the types of programming which may have the potential to improve teaching, learning and student and staff achievement and while there may be the mention of health embedded within mandates and reform plans there are no guidelines or expectations to evaluate the promotion of health and its impact on achievement. As a result school leaders are likely to dismiss the recommendation especially with little awareness of how to address the concept.

School administrators in the USA face increased pressures resulting from the controversial, unfunded mandate *No Child Left Behind* (2001) allegedly designed to improve test scores. Newly proposed plans by Secretary of State Arne Duncan to revise or eliminate NCLB include plans to adopt a national curriculum and teacher evaluation plans which rely primarily on student and school performance data to assess teachers. This proposal does not take into consideration the status of a child's health needs or ability to perform in the classroom and is considered by many to be a flawed idea to improve teacher accountability and student achievement.

As a result of mandates, which are imposed upon school leaders by state and national mandates school leaders have no recourse than to focus their efforts on developing and implementing strategies that will raise scores and overall accountability. Unfortunately, this focus most often fails to take into consideration the impact of health or the social problems and factors within

society which impacts students (Bell South Foundation, 1994). In fact, funding for the types of programs and human resources within school settings which have the potential to address the root cause of poor achievement and ill health are the first to be cut. Over the course of the study I have experienced first-hand the loss of a guidance counselor, a guidance department chairperson, and we did not receive funding for a school based health center which I had hoped to create due to State budget reductions. The question arises as to how school leaders can be expected to improve student achievement when they lack the resources and in most cases the understanding or awareness about the concept and value of school health promotion and its connection to school improvement efforts and increased academic achievement.

Fullan (2005) argues that the time has come for a new breed of school leader referring to them as the *new theoretician*, 'a systems thinker in action who proactively collaborates and integrates larger parts of the system as he works towards bringing about meaningful reform treating moral purpose as a cognitive and emotional calling' (p.35). A major factor which impacts the training of aspiring school administrators lies in the fact that many instructors hired to teach in leadership programs are individuals who have either not worked in a school setting or who do not have first-hand experience implementing change or innovation. Consequently leadership training programs do not have the technical core to create the 'new breed of school leader' which Fullan (2005) maintains is essential.

St. Leger (2001) concurs that there is a need for school leaders and research practitioners to develop the leadership skills they need 'to challenge the underlying principles or theories of health promotion' (p. 302) while Meizrow (1991) strongly maintains the need to train and nurture a multi-disciplinary group of future leaders and thinkers who are willing to disrupt the status quo, take on challenges, develop visionary strategies and creatively solve problems.

The multi-dimensional nature of school health promotion and the first-hand experience I have gained in my role as a school leader who has sought to create a health promoting school provides evidence for the need to develop programs for aspiring school leaders and educators which are integrated, experiential and inter-sectoral thereby creating leadership institutes which infuse medicine, public health, education, leadership and the social sciences.

5.5 Organizational Change

Change within schools is more often than not influenced from outside the school house walls by legislative mandates and state and national reports rather than from within (McGowan & Miller, 2004). When examining the processes which must be put in place within the school setting to effect change Swerissen & Crisp (2004) highlight that change within organizations is dependent upon 'changes made to the organizational rules and practices rather than the behavior or particular individuals' (p. 126). Elmore (2003) expands upon the notion of change within schools suggesting that the type of change which occurs within schools is done without 'sustained continued progress toward a performance goal' (p. 11) and therefore improvement is not long lasting or meaningful.

In light of this recommendation the goals of this study were specifically designed to be long lasting and sustainable and were embedded within the context of initiatives and protocols which were already successfully in place and entrenched within the school culture. Furthermore, the initiatives which took place during the study were based on needs and concerns from within. From this perspective it was my assumption that the interventions which resulted in creating successful outcomes had the potential to positively impact organizational rules and practices and would thereby be self-sustaining. Time will tell.

To understand the organizational structure of my school and the school district at large I relied on the six major dimensions of climate which I used to assess the strengths and weaknesses of an organization as suggested by Stringer (2002).

1. Structure – clarity and organization of roles
2. Standards – feelings of pressure to improve performance
3. Responsibility – feeling encouraged to solve problems
4. Recognition – feelings of being appreciated
5. Support – feelings of mutual trust
6. Commitment – sense of pride and belonging to organization

(p. 65)

These indicators were measured within an expanded conceptual health promoting and educational framework through direct observation informal conversations with staff, a review of artifacts and focus groups. Interventions were implemented to address areas of weakness specifically through the utilization of strategies which enhanced relationship building and student and staff empowerment.

With the understanding that all schools have their own implied set of values, assumptions and beliefs it was also important for me to rely on the research, assumptions and theoretical insight provided by those cited in this literature review to provide me with the understanding and direction to guide my thinking about the findings which emerged. According to Yukl (2002) the culture of the organization can be best understood when one is familiar with the assumptions and beliefs of the members within the organization. When considering using a settings approach to promote health Tones & Tilford (2001) highlight the complexity of promoting health within a setting which is part of a larger whole. Relating this notion to my study caused me to question the value of health promoting initiatives within a school which is part of a larger community and district of schools which did not promote the health needs of

children. It became apparent that leadership strategies must be systemically promoted by the central office in order to impact the greater whole of the school-community and to better guarantee sustainability.

To assess Stringer's (2002) six major dimensions of my school culture data which was collected during the pre-assessment phase, Stage 1 and Stage 2 provided me with baseline knowledge about my organization. With this information categorized it was helpful to turn to the work of Elmore (2008) who highlights the characteristics of practices within organizations which he recommends are more likely to result in successful organizational change for example: face-to-face relationships dominate impersonal bureaucratic ones; individuals focus on the outcomes or work of their students instead of their own working conditions; individuals routinely interact around common sets of problems' (p. 32). A preponderance of evidence which emerged about the organizational core of my school culture was conveyed through a process of 'organizational storytelling' (Pink, 2006) whereby my initial assumptions were confirmed albeit organizational structure was defined by the staff and students.

I have witnessed first-hand that changing the rules of the game is often difficult if not impossible and that it can be hampered by a wide range of restrictions, cultural norms and issues which are beyond the control of the school principal. Chapter 6 will examine the role of policy in the development of health promoting schools and the role of policy and innovation. I was inspired to read the work of Washor & Mojkowski (2006) who point to the difficulty one has when attempting to change cultural norms or practices within school settings thereby reaffirming my own experience:

'The prevailing mental model for schools seems to be hardwired into our entire society making it difficult for educators and non-educators alike to imagine, much less support schools that operate outside the usual practice'

(2006, p. 736).

And while I recognized that the staff was unaccustomed to change I sought to investigate what skills I would need as the school leader to facilitate whole school change which was directed at doing nothing more than improving conditions for the school, students and staff. Clearly my job was to effectively articulate my vision and its potential to create change and improvement. Tones & Green (2004) point out that 'the competence of the change agent used to influence the community will contribute to the likelihood of adoption (health promotion) (p.77). Fullan's (2001) examination of leadership styles and change suggest that 'there are contradictions and rewards for both top-down and bottom-up leadership styles' maintaining that leaders desiring to promote change must 'understand the change process' rather than to look for an 'answers' embedded within descriptions of leadership styles' (p.33).

Washor & Mojkowski (2006) assert that 'the prevailing mental model for schools seems to be hard-wired into our entire society making it difficult for educators and non-educators alike to imagine, much less support schools that operate outside the usual practice' (p. 736). In many cases, such as mine where I am introducing staff to new concepts which have the potential to impact their own personal vision of education my ability to place a focus on the issue is dependent upon my role to create a vision which does not impose on the organization but is designed for the organization (Leithwood, 2003).

According to Kickbush (2005) 'strong executive leadership is an essential component of leading change and that if the health development process is not participatory and driven by top level commitment it is doomed for failure' (p. 347). The type of institutional change required to successfully integrate health promotion into the culture of my traditional school setting 'may involve the creation of new organizations and networks for this purpose requiring substantial ongoing resources over time' (Swierssen & Crisp, 2004, p. 124).

Washor & Mojkowski (2006) concur that 'in order to create an innovating organization, the organizational structures and systems must spark the process of innovation' (p. 736). As will be described in this chapter innovation and the integration of health promotion strategies were coherently integrated into the basic aims and values of the school culture (Elmore, 2000). As the study evolved and the aims and values of the school culture changed so did the strategies and types of innovation which were designed.

As will be described in Chapter 6, I have responded to the need for program coherence by facilitating the collaborative creation of a site specific conceptual framework for my school which provided staff with a visual representation of the ongoing initiative and priorities and health promoting interventions which represent the core values and assumptions of my staff and organization. The collaborative creation of the site specific conceptual framework was considered as substantial accomplishment as it unified both standards based initiatives and the infusion of health promoting interventions.

5.6 Transformational Leadership

How then can one go about transforming an organization from a traditional standards based high school into a health promoting school? What skills does a school leader like me need to inspire, transform and motivate educators who are unfamiliar with the concept of health promotion? How can I assist my staff to recognize that the infusion of health promoting principles have the potential to assist their students achieve the educational goals they have been unsuccessful in mastering to date. As reported throughout my thesis this question became my mantra.

Sergiovanni (1996) notes that 'principals have a special responsibility to share their visions of what schools can become but they must do this in an invitational

mode' (p. 83). Lambert (1998) concurs and notes that 'as long as school improvement is dependent upon a single person or a few people outside directions and forces it will fail' (p. 3). The notion of inclusiveness aligns with the democratic principles of school health promotion and the Ottawa Charter (1986) and fosters the process of expanding the concept of leadership within schools by building the capacity of all stakeholders (Senge, McCabe, Lucas, Kleiner, Dutton & Smith, 2000).

Heifetz & Laurie (1997) point out that 'giving a voice to all people is the foundation of an organization that is willing to experiment and learn' (p. 129). With the goal of creating a health promoting school based on the democratic principles of participation, equity, inclusiveness and action creating alliances both within the school setting and within the community will not only provide a forum for encouraging different points of view but will also assist in aligning policy and goals (Tones & Tilford, 2001; Waters, Marzano & McNulty, 2003; Tones & Green, 2004).

As the school leader I assumed responsibility for developing strategies that would 'convert followers into leaders and leaders into moral agents' (Burns, 1978, p. 4). According, to Marzano, Waters & McNulty (2005) it was essential for me to model the types of health promoting actions and strategies I was seeking from my staff.

5.7 Leadership and Change

According to Ayers (2004) 'education intricately embedded within the social, political and cultural infrastructure of society and cannot remain neutral or indifferent to existing social inequities' (p. 11). Kotter & Cohen (2002) point out that individuals within school settings do not typically change through a rational process of 'analyze-think-change' (p.11) and that the utilization of action research

strategies into practice support opportunities for staff to: see, feel and change (p. 11). As will be described in the field work section of this chapter the creation of a professional learning community for grade 9 teachers was an attempt to respond to the recommendations of Kotter & Cohen (2002) whereby grade 9 teachers were provided professional development time to work together and receive administrative and technical support which they could use to facilitate change.

According to Nadler & Tushman (1995), 'health promotion within schools requires a new type of language' (p. 17). I would also maintain educators need to acquire an understanding about the process of change within school settings. Nadler & Tushman suggest that 'incremental' change or 'constant tinkering' which often occurs in schools results in little impact however, the process of 'fundamental change which supports departing from past ways of operating' (p. 5) is more successful.

Waters, Marzano & McNulty's (2003) creation of a two component model for change, provides insight into the impact of change which occurs at different magnitudes specifically, first order and second order change. First order changes are the type most educators are accustomed to and include minor changes such as changing course and bus schedules, curriculum and textbooks. Second order change or deep change impacts the status quo of an organization. Waters & Marzano (2004) maintain that there are emotional progressions which individuals go through while experiencing second order change. Essentially, when individuals are given time to determine that the changes which were made positively impact them and their professional roles, change is more readily acknowledged and accepted. The reference to the distinction between first order change and second order change was shared with staff during a professional development workshop I conducted in May of 2007 organized with the intention of providing staff with an overview of the change processes they would experience.

they were informed of the natural stages change would bring about they would be more welcome to any changes brought about by the study.

I have explored and documented the degree to which deep change otherwise referred to as fundamental or second order change is required to create a health promoting schools along with the professional impact and organizational outcomes which have resulted. The work of Fullan & St. Germain (2006) was influential in providing a leadership framework and rationale to guide my leadership actions. Throughout this thesis evidence will be provided which reflects the way in which I addressed each of the following goals recommended by these researchers.

1. Engaging in moral purpose
2. Building capacity
3. Understanding the change process
4. Develop a culture of learning
5. Develop a culture of evaluation
6. Focus on leadership for change (p.25)

5.8 Ethical Leadership, Care and Student-Wellbeing

The concept of well-being has not gained a central role in health promotion and appears to be viewed as separate from educational goals and priorities (Noddings, 1998; Samdal, 1999). Rauner (2000) points out that the concept of caring provides a structure for healthy development by promoting positive outcomes, opportunities for student voice and a social justice approach. As one whose priority was to facilitate the creation of a health promoting school culture the care and well-being of my students was the motivating force behind the leadership strategies which I developed and implemented.

Samdal, Nutbeam, Wold & Kannas (1998) report that 'few studies have examined the importance of student satisfaction within the school' (p. 383). They also point

out that students who are dissatisfied with school tend to be alienated, defiant and disenfranchised whereas those who are engaged and have a sense of positive well-being have positive views of school.

Leading fundamental change and creating a warm and nurturing school climate requires that leaders of change must adopt a stewardship approach to leading (Sergiovanni, 1996). As steward, leaders become more focused on addressing such issues as school climate, professional development, mental health and the creation of a shared vision with all stakeholders. Similarly, Roberts (1999) view of 'conscious oversight' expands upon the concept of stewardship maintaining that 'leaders who bring the perspective of 'conscious oversight' to their organizations help to ensure the long term health of the system by honoring and serving the life of the longer term community' (p. 546).

Consistent with the work of Fullan (2005) I am in agreement that 'public values and moral purpose has always been the mission of democratic governments' (p. 15). As such I found myself examining my role as school leader within a moral paradigm and determined that as the school principal I would adopt and implement 'actions with the intent of making a positive difference in the lives of employees, customers and society as a whole' (p. 3). Senge (1990) and Sirotnik (1999) concur that public education is a moral endeavor and that as stewards of their school principals have a moral obligation to hold the political systems which support schools responsible for providing the resources and support for school health promotion which are required to address the needs of all students. Furthermore, Fullan (2003) suggests that there is a need for school leaders to adopt a new moral imperative which will drive strategies which spark passion and commitment from students, teachers and parents.

Elmore (2000) suggests that school leaders must 'work to change the norms and values that shape the school which have been acculturated into our society'

(p.26). In contrast, Fullan (2004) points out that school leaders who 'embark upon attempts to lead with moral purpose, change the context of the school, encourage deep learning, seek accountability and build capacity will find that the forces are not with them' (p. 99). As steward my goals have been to raise awareness among my staff that our professional responsibilities include the establishment of goal and actions which address the social and emotional needs of our children.

The controversy and challenge surrounding this practice are due to the fact that neither the State of Connecticut's *Common Core of Leading* (2009) for school leaders or Connecticut's *Common Core of Teaching* (2009) specifically requires practicing educators to address the needs of the whole child. As a result, there is no expectation within the profession that the needs of the whole child be addressed.

5.9 Field Work

Appendix F provides a comprehensive overview of all action research field work which took place during Stage 2. As outlined many initiatives which took place in Stage 2 had begun in the first year of the study for example:

- Assessing the health needs of staff, students and the school culture
- Revisions to the physical education program
- Evaluating school needs within the CSHM, eco-holistic model and whole child model
- Providing opportunities for students and staff to voice their opinions, become engaged and empowered
- Continuing the process of creating a fitness center
- Building trusting relationships
- Developing strategies to coordinate services within the building

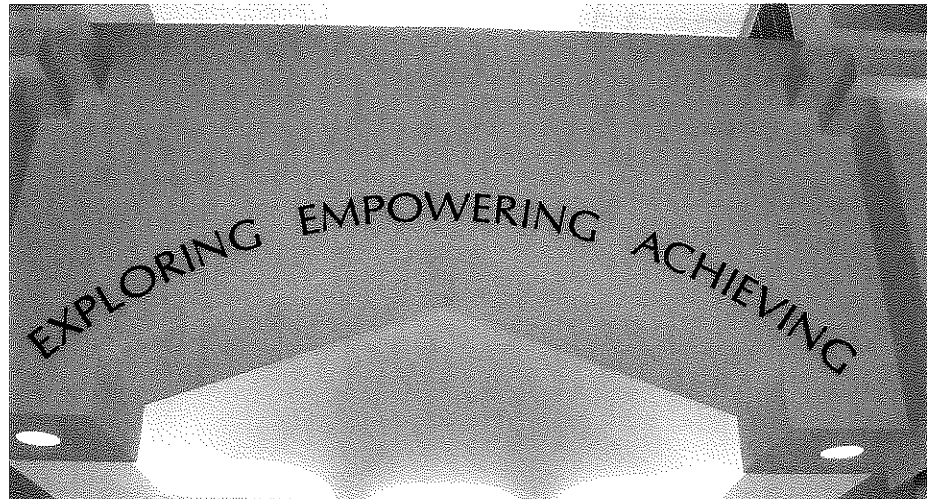
Stage 2 focuses on examining the leadership strategies and professional practice associated with facilitating whole school initiatives. Close examination of generic leadership and change literature along with the documentation of leadership strategies which were used to either continue ongoing health promoting initiatives begun in stage 1 and those initiated in Stage 2 will be described in this chapter.

5.10 A New Mission - Empower, Explore, Achieve

Consistent with the expectations outlined in the NEAC accreditation standard a new school mission (Appendix Z) was created by a student and adopted by the staff in the final months of stage 1 and was formally put into place during year 2, Stage 2. As required by NEASC core values are expected to drive all aspects of the school is embedded within the mission statement.

As the school leader it was my responsibility to promote the mission, to drive the mission and to develop strategies which would assist staff in integrating the mission, and core values into all aspects of their daily practice including instruction, assessment and school culture. To familiarize and reinforce the significance of the mission statement and slogan within the school I had a large banner created and displayed in the main corridor of the hallway in addition to word signs for the slogan '*empower, explore, achieve*' (Figure 5.1) made by a graphic designer which I then had hung over the archway in the main foyer leading into the school.

Figure 5.1 Mission Statement and Slogan in the School Foyer



The adoption of a mission statement which was created by an individual student who recognized the value of student voice and its potential to impact upon the school culture was a significant accomplishment of the study and one that when communicated to staff and students assisted in promoting the overarching goals of the study specifically, to provide students with opportunities to explore, be empowered, and to achieve. To communicate the mission, slogan and student work which reflected goals of the mission, previously unused bulletin boards were moved to more visible locations throughout the building.

Throughout the 3 years information which was displayed featured such things as: club meeting and activity dates and times; athletic event dates and times; student work; whole school events; charitable fundraising and community service information; health reminders; posters encouraging healthy lifestyles and student recognitions.

Over the next two years discussions took place with my administrative team and staff regarding individual perceptions of the mission and slogan, *explore, empower, achieve* specifically the need to create a common definition and set of expectations surrounding the slogan and articulated goals for how the mission and core value would be integrated into the whole school culture. To date that task has been a work in progress due to the 'thorny' issues which have emerged regarding the need to observe teacher classrooms in order to collect evidence which then can be aligned to the goals of the mission.

Discussions with my administrative team surrounding the concept of *empowerment* revealed a lack of familiarity among the staff as to the definition, status, lack of knowledge and willingness surrounding the notion of *empowering* students. Our conversations included how best to articulate to staff the concept in such a way where possible misperceptions regarding teachers relinquishing power to students in reality became a collaboration among students and teachers which resulted in an *empowerment with* rather than *empowerment over* scenario within classrooms. This initiative is still in progress and will become the focus of school improvement initiatives in year 4 which is one year prior to the NEASC evaluation in the fall of 2011.

In year 2 of the study the administrative team designed a series of 'learning walks' whereby we collectively went into the classrooms of all teachers to document evidence of students in the state of being: empowered, engaged or exploring. An analysis of this data revealed that there were no established expectations for these actions. Action plans have been established to better clarify among the administration and staff expectations prior to the 2011 NEASC evaluation.

As we prepare for the accreditation evaluation scheduled for the fall of 2011, I have utilized my leadership role to organize a book study group, comprised of

my administrative team and a central office assistant superintendent who meet weekly to discuss the book *Instructional Leadership* (2009) which I believed might provide us with strategies which might be used to acquire evidence based skills to observe what was actually taking place within classrooms. As pointed out by the author the skills acquired from the text emphasize the development of a common language and set of articulated expectations, specifically designed for each school, which would allow my administrators to accurately report observed evidence based practices in the school and classroom.

In conjunction with the book study initiative I worked with the district assistant superintendent of schools to organize plans for the study group to attend a workshop at Harvard University in the spring of 2010. This workshop provided formal training in protocols and evidenced based educational strategies which we shared with our staff. This undertaking was initiated with the intention of providing teachers with the assistance they need to increase engagement, empowerment and participation in their classrooms thereby working collaboratively to create a health promoting school.

5.11 Articulating the Mission: A Student Led Initiatives

To determine the level of understanding of this mission among students a teacher leader organized a student group with the goal to work with student representatives who would then be ambassadors of the mission. The group referred to as *ROPES (Respect, Opportunity, Personalization, Empowerment)* held meetings bi-weekly during years 2 and 3. During this time the staff member organized and presented whole school activities such as an assembly where the students discussed the goal of the mission statement. Additionally student representatives visited homeroom advisory classes to provide information about the opportunities which they had to become involved and engaged. This student group also took it upon themselves to highlight positive changes which were

reinforced the goals of the study and the action competence of the students and confirmed the fact that the culture was changing. The formation of this student empowerment group was viewed as a significant win for the study and was a culture changing initiative which supported the goals of the study and the voice of students within the building.

To assess the perception of the mission among students the students who belonged to the *NEASC Student Voices Committee*, a select group of grade 10, college bound students recommended by their teachers as school leaders were asked to provide their input on the following question: 'Is this mission statement the right fit for our school?' Student responses included the following:

- 'Teachers don't push us'
- 'Teachers should encourage more students'
- 'Don't send students to in-school-suspension, push them more to excel'
- 'More information needs to be posted around school telling students about the opportunities that exist here'
- 'Classes are filled with information that is not necessary - no big ideas'
- 'Teachers need to help some students set goals'
- 'Teachers have to push kids in the lower level classes'

It was evident from their responses that the students criticized the mission as not providing them with the type of learning which they desired with the majority of student responses focused primarily on academics. To compare their school mission and expectations of education NEASC held a conference at my school so that students from the USA could skype with another high school in Turkey (Appendix N).

Comparatively, students enrolled in a primarily non-college bound class were asked the same question and responded by commenting that:

- 'Students would now be more likely to be more interested in school'
- 'Teacher would now be more in-tune with students'
- 'Students would now have a reason to succeed'
- 'The mission will now provide more freedom and students would be able to explore better things'
- 'The mission reflects the changes the school has gone through'
- 'Teachers will now be more like friends'
- 'Teachers will now listen to us'
- 'The school is on its way to becoming a great school'
- 'The school is growing and changing to fit this statement'

It was clear that the students whose primary focus was on academics and those students who were the more alternative, lower-achieving students who were more socially and emotionally charged, had differing expectations for the mission. Consistent with baseline findings students in the alternative learning group emphasized teacher-student relationships, freedom, and relevance and the need for school supports as having the potential to result from the mission. On the other hand, student leaders with academic priorities and expectations referenced goal setting, raising expectations, equity in the classroom and setting higher expectations for teacher performance. To respond to these comments and follow-up discussions with other students and staff about the mission I took the documentation to my instructional leaders for their consideration whereupon action plans were created to investigate the concerns. Plans for administrators to 'shadow' students in both of these groups is planned for year 4 and will provide us with baseline data to make comparisons as well as measure perceptual changes over the two years the mission has been in place.

The data was also shared with the co-advisors for the *Student Voices Committee*. It was determined that we needed to investigate issues of equity and rigor within

the whole school, teacher-student relationships and strategies which teachers in the building were using to empower and engage students. The conceptual components which were aligned to this data involved: the guidance department and support services programs which will be discussed in Chapter 6 and the health promoting concepts of equity, increased rigor and relevance; the development of a trusting and nurturing school environment; action competence and empowerment. The findings were consistent with other data which had emerged regarding the need to strengthen resources, expectations and services in these areas. This preliminary assessment of the school mission was the first of many discussions and actions plans which emerged over the course of this stage and stage 3 as we sought to both fulfill NEASC expectations to have the mission become an integral part of the culture of the school and meet the needs of our students.

Throughout the duration of the study, primarily during Stages 2 and 3 emphasis was placed on formally increasing rigor within all classes leading to the development of delineated academic expectations within the honors, level one and level two course offerings. This work was completed through the efforts of a staff empowerment group, a professional learning community (PLC), which solely addressed developing these standards and a corresponding entrance exam for all incoming grade 8 students interested in taking honors level classes. Additional information about the staff PLC's will be reported below.

The *Student Health and Wellness Committee*, another student led initiative reconvened in Stage 2 and met bi-monthly to continue discussions about perceived health related issues of concern among students. This group was extremely proud of the accomplishments and changes which had taken place during Stage 1. Their input and actions resulted in: improvements to the school food; increased health food choice options and more privileges for students.

This group expanded their conversation about health to include perceived issues of concern within the classroom setting, concerns about support services and suggestions for how to provide parents with information about student health which they believed parents should be aware of specifically, eating disorders and internet safety. Their conversations and suggestions led to the creation of two evening presentations for parents on each topic. One evening meeting focused on Internet Safety and was run by the School Recourse Officer and the other workshop focused on an orientation program for incoming students.

Students also expressed the strong desire for changes in the health education curriculum stating that they '*were tired of being told what they knew and wanted to learn what they didn't know*'. Specifically, students were looking for information about nutrition, eating disorder, updated drug and substance abuse information, less book work and 'more hands on' learning. To respond I held meetings with the health teachers and provided them with opportunities for professional development, provided them with additional funds to purchase new materials for their classroom and worked with them to integrate the new State of Connecticut's health framework *Healthy Balanced Living Framework (2006)* into the outdated curriculum which they were using.

Several student focus groups were convened during Stage 2 including those held by the *Student Health and Wellness Committee* and *Student Voices Committee*. In February of 2008 eight students were randomly selected to attend a focus group meeting at which time I conveyed to them that I would be asking them to provide me with an update about 'how things were going for them so far that year.'

Throughout the meeting we discussed a variety of subjects surrounding the following questions which I posed to them:

1. 'What health related services do we have at the school'?
2. 'How the school compared to other schools their friends attended'?
3. 'Whether they noticed any changes in the school over the past year and a half'.
4. 'How the school climate could be described'
5. 'Whether they felt that substance abuse was a problem at school'
6. 'Whether they were motivated and what motivated them'
7. 'Whether discipline was a problem at the school'

Student responses yielded the following information:

Q1:

- Overall students were unaware of the support services in the building
- Students described the difficulty they experienced being able to meet with a guidance counselor
- Students felt that the guidance staff spent their time meeting with the same individuals (favoritism)

Q2:

- Students described the school as 'amazing' and said that the food here was 'just great now'
- A student who had transferred here from another school said it was 'great'

Q3:

- Students noted changes to the food and commended the 'group' who helped make the changes
- Students asked about the new fitness room that was being created and were anxious to use it

- Students mentioned that there were now 'much less fattening foods in the café'
- Students asked if they could use the new fitness room during their free time

Q4:

- Students commented that many 'kids were negative'
- Kids said that when the fitness room is finished that 'the room will be trashed and kids will not take care of it'
- Students said there was 'less fighting' now
- Students mentioned that there were differences in classes – 'teachers in low level classes do not push us'; 'teachers need to develop our self-esteem'; 'some teachers have low expectations for us'.

Q5:

- All students mentioned that drugs were a problem among students
- All students knew at least 1 student who 'did drugs'
- Students were specific about the types of drugs that students were using
- Students mentioned that the school does not offer classes that 'really teach us about drugs or sex'
- Some students expressed having problems getting in to see the nurse when they were ill
- Students expressed a desire to have a 'health center' at school

Q6:

- Overall students reported that 'discipline was a problem at school'
- Students reported that 'teachers allowed students to speak out in class; to get out of their seats; to do what they wanted and to disrupt class'
- Student wanted teachers to be 'tougher' on students
- Students wanted more 'consequences' to be given to students who acted inappropriately

Data generated from the focus group was treated in a manner consistent with all data collection and analysis strategies used in the study. Consequently, once aligned to the conceptual components it became evident that the findings were both consistent and revealing and that there was a pressing need to examine the

quality of support services within the building. The majority of comments reported by students surrounded issues which were directly related to support services. Support services included: 5 guidance staff, 1 social worker and 1 school psychologist. The support services component of the Coordinated School Health Model was not addressed in chapter 4 and due to its integration within this chapter.

During Stage 2 the NEASC *Student Voices Committee* continued to meet with two volunteer staff members and myself. This group was formed in response to an invitation from NEASC (Appendix P) and included approximately 40 students in grade 10 who were recommended by their teacher as potential school leaders. The goals established by NEASC for this group were to meet over the duration of three years and to convene at a national convention in December 2010 whereupon students from the New England Region would share their findings with prominent dignitaries on their perception of 'What they wanted from their education,' 'What the school could do to help them to achieve their educational goals' and 'What standards the school could put in place to help them achieve their goal'.

Data which emerged from these conversations were then aligned to conceptual categories and themes of the study. More importantly these student led conversations provided another dimension of thinking and consideration to the study by highlighting the perception of value articulated by students for a strong instructional core and equitable and rigorous course expectations and standards. For example, student responses included:

- 'Help us gain more basic knowledge'
- 'Help us become more well-rounded'
- 'Teach us social skills'
- 'Give us good morals and principles'
- 'We need more options for community service'

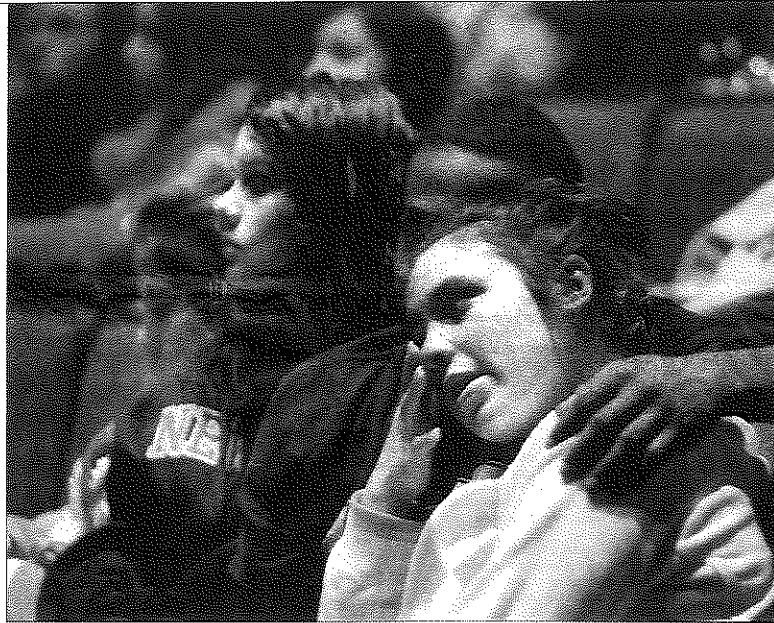
- 'Teachers need to set higher goals for us'
- 'Teach us how to plan for our future and how to have a safe environment'
- 'Give us more opportunities to do things not just book work'
- 'Teach us how to behave'
- 'Connect what we do in school to the real world'
- 'Teach us conceptual ideas not make us memorize the details'
- 'Give us a place where we can just go to talk'
- 'Motivate us, make learning fun'
- 'Find ways to bring students and teachers together'
- 'We need enthusiastic teacher'
- 'We want to be creative'
- 'We need more leadership opportunities'
- 'Teachers tolerate too much from students its distracting'
- 'Expectations in the lower level classes need to be raised'

Segments of this information was provided to staff during informal conversations and utilized in the formulation of leadership strategies which impacted the whole school for example: requests to department administrators and staff to reassess curriculum expectations; requests for teachers to provide students with opportunities to participate in project based, performance based learning; suggestions to staff to promote service learning and engagement and requests to teachers to monitor student behavior, increase the rigor and raise overall expectations for meaningful formative assessments and individualized student learning plans.

To respond to suggestions made by students related to providing them with opportunities to develop a stronger sense of community and relationships, assemblies were organized and presented by students where they could not only share their talents and implement an assembly on a meaningful topic which they felt the rest of the student body would benefit from. Most notable was the

assembly on drunk driving which was organized by a student who had created a website about teenagers who had been killed in driving accidents (Figure 5.2).

Figure 5.2 Student Assembly on Drunk Driving



High School students listen Friday to testimony from those who have had to cope with the deaths of teenage drivers. The school's Students Against Destructive Decisions chapter organized a pair of assemblies meant to forestall the emotional pain and suffering now being experienced by students in Orange and Milford, where four teens have died in recent accidents. Among those at the assembly are, from left,

students urged not to become statistics

By Mark Zaretsky
Register Staff

— In the face of at least eight teen deaths in Connecticut so far this year, including two high-profile accidents that claimed two youths each in Milford and Orange,

High School students decided not to wait until they have to shed tears, hold wakes and bury some of their own.

Friday morning they shed tears, heard real-life stories from people whose lives have been forever changed and raised their own awareness in two deeply personal assemblies.

The assemblies urged teens, here and everywhere, to slow down, eliminate distractions, keep their eyes on the road and hands off cell phones, drive safe and live the long lives they are intended to live.

The assemblies, organized by the school's Students Against Destructive Decisions chapter, took place the same day as the second of two wakes for the Amity Regional High School stu-

dents killed Monday night in an auto accident in Orange.

It followed by just a few hours the death of a 15-year-old Williamamtic boy who suffered fatal injuries when his car smashed into a tree in Ashford.

They came less than a month after the deaths of two Jonathan Law High School students in a car crash near the Westfield Connecticut Post mall in Milford.

"Today's assembly" has a "simple message: Don't die!" said one of the SADD chapter's three officers. "Your life is important."

was one of several people who urged hundreds of students who filled the room to pay closer attention on the road.

"Slow down!" told them. "Each of you have lives to live and talents to share."

Social studies teacher told students. "Again this morning, a 15-year-old was killed in Ashford because he was driving a car."

"I was at Amity High School yesterday and it was so hard to come up that driveway" and see

all the memorials, said a SADD adviser.

Several speakers spoke from personal experience.

"I've been there, man. I've been on the side of the road," said student

, a former student at Platt Technical High School in Milford, was friends with of Milford, who died when the Jeep he was driving crashed in Orange last July.

"I've looked down on my friend's casket," he said.

feels strongly enough about the issue that he formed a group on Facebook, "Slow Down CT Teenage Drivers (RIP)." It is a tribute to all teens who have died in car accidents.

When he put it up, he expected it to attract a couple of hundred members, he said. It now has nearly 7,000.

SADD member introduced a video that included these facts: 6,000 young people die in autos each year; auto accidents are the leading cause of death for teens; and more

than two-thirds of fatal teen crashes are not drug or alcohol related.

Some of the most powerful moments came from the very personal recollections of many students already

knew: Fire Marshal whose son died six years ago at 19, police Sgt.

and Mayor whose only first cousin died 14 years ago a few months after graduating from high school.

had a lot of aspirations. He had a lot of life to live," said. "There are people out there who love you. ... Wear your seat belts. ... Please be careful out there. Live life. Have a good life."

held up a photo and said, "This is in his 1994 senior class picture. The accident "was 14 years ago and the heartache doesn't go away," she said.

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Until the study was implemented student assemblies of this type had not taken place. The implementation of these whole school opportunities for students to

share with each other created a sense of community and connection between staff and students and sent a powerful message of caring and concern on many levels. My rationale for this was based on very poor student behavior during year 1 of the study during assemblies. Conversations with students provided evidence for the need on my part to 'get students to become better behaved'. What resulted was an articulated conversation with all students regarding my expectations for them during assemblies as well as conversations with staff regarding expectations for them to properly supervise students in these types of forums. Over the next two years student behavior greatly improved and reached the point at the end of year 3 when student conduct was exceptional as evidenced by a whole school *empowerment assembly* where the school band played for a student group of 600 silent and respectful students.

Additional opportunities for student empowerment generated by me and implemented by staff during this stage included those associated with the newly revised physical education program, increased after school opportunities for students to join clubs such as a dance club, peer tutoring club and chess club. These clubs were created based on the voluntary actions of staff to supervise these programs and the stipends which I requested from the central office supervisors. These clubs were attended by students, primarily disenfranchised, minority students who did not typically become involved in athletics or after-school programs.

In my quest to create and lead a health promoting school I internalized the words of Macneil & Maclin (2010) who assert that school leaders are in 'an advantageous position to strongly influence the outcome of struggles to shape school culture' (p. 1). In doing so I further recognized that I needed to build the capacity of my students by providing them with opportunities to participate in the creation of a school culture which reflected the collective core values and

perceived needs. Conversations with students on the topic of empowerment revealed that few opportunities had been provided to them throughout the course of their years in school. Additionally, it became evident that given the opportunity to discuss the concept of empowerment, students were able to provide many suggestions regarding how the teachers and school culture could create opportunities for them to become empowered. It was my belief that the empowerment initiatives implemented in this study worked to create a school climate which encouraged shared authority and responsibility and positive outcomes.

5.12 Empowering Staff

Throughout the study opportunities for empowerment were continually provided to staff. These opportunities included: a faculty senate designed to provide staff with a forum which would allow representative members of the group to meet with me to discuss any areas of concern staff perceived to be problematic or positive. This committee was also created to provide me with opportunities to communicate directly with staff members regarding issues of concern and to overcome the efforts by the union president to undermine the study and my leadership strategies. My policy was to act upon teacher recommendations and to provide clarity and a rationale for any teacher recommendations or concern which I could not remediate. These small group meetings were also used to promote or define initiatives which were taking place as a result of the study.

To further expand leadership opportunities for staff, provide a forum for me to work with smaller groups of staff members, and to address health related issues of concern with grade 9 teachers, I created a grade 9 teacher cohort in December 2007. At this time there were three grade 9 teams comprised of 5 teachers per team. Teacher schedules were rearranged so that all team teachers were available

to meet daily. The teacher cohort met on the average of three times per month for the first year.

A review of the literature written specifically about grade 9 students revealed the need for high schools to address a multitude of social, emotional, academic and physical issues consistent with those pinpointed by the whole child model. Specifically, issues experienced by these students were those surrounding transition, student-teacher relationships, school readiness and skills, and those associated with at-risk behaviors. All teams were assigned the same number of students who rotated among the core teacher (science, math, English, history). Students went 'off team' to their special teachers who taught in the areas of music, art, technology, computer, physical education or health. All team teachers were assigned with a common planning period in which to discuss students and align teaching activities.

With the goals associated with teaming students encompassing the overarching desire to support student needs at this pivotal time in their education and to assist them develop a solid base from which to build success in later years, there were issues surrounding the concept of teaming in my school which were preventing these goals from being achieved. Specifically, expectations for teachers working on teams had not been articulated nor had teachers been held accountable for the creation of activities and practices which were an essential component underlying the team concept.

Based on the data which I had collected about the students on the grade 9 teams it was evident that there was a glaring need to meet with grade 9 teachers to determine the perceived strengths and weakness of their efforts order to develop mutual goals to address the social, emotional, academic and physical needs of their students. What resulted was a very unsuccessful attempt on my part to facilitate this forum as teachers were resistant to suggestions and

increased accountability measures. Additionally, suggestions regarding the concept of infusing health promoting personalized strategies into the context of the grade 9 team protocols were met with resistance.

The grade 9 cohort ended disbanded due to lack of interest in changing their current practices. Guidelines and recommendations for team teachers were disseminated with the hope that overtime staff would recognize their ability to utilize strategies which were more integrative and health promoting. This initiative was brought to the forefront in year 3 of the study whereby several staff and I worked in small groups to discuss interventions specific to their students.

5.13 Shared Leadership: Professional Learning Communities

Professional learning communities were created with the goal to provide extended opportunities for staff to discuss matters related to instruction or school improvement. Teachers were introduced to the action research process with the intention of assisting them to investigate, plan and address their concerns. It was also brought to the attention of the staff that the action research process provided opportunities for small professional learning groups to share their ideas with the whole staff for their consideration, action and evaluation. Over time the following topics were determined to be worthy of long term investigation by my staff: in-school suspension and discipline; transition from middle school to high school; credit recovery; raising academic expectations and improving the library media center.

Approximately 15 teachers per group met monthly. Successful outcomes from the PLC's include: revised expectations for the honor program; revised leveling expectations for all classes; revisions to the library media center and grade 9 credit recovery programs and mission oversight.

Other leadership strategies adopted for the purpose of empowering staff included: supporting their requests for out of school field trips, speakers and community based activities; fundraising activities for scholarships and to support the school's children's fund; release time for professional development and allowing staff to use their prep time to work out in the fitness center.

5.14 Physical Education: Stage 2

While the fitness center has been previously described the room came to fruition during year 2, Stage 2. Upon completion, the fitness center complimented two other weight rooms which are exclusively used by sports teams and to teach specialty physical education classes. With a large, empty room located in the center of the building it became my vision, and later the vision of the physical education teachers and students to create the fitness center. The first year was spent fact finding, writing proposals and investigating the interest and motivation of students and staff to use the center while year two consisted of the building dedication stage.

The significance of locating this facility in the center of the school was in part due to its availability and to promote the message that health and academics are connected. The fitness center is comprised of: stationary exercise bicycles; a large screen TV used to play exercise videos for the class; elliptical machines; treadmills; weight; balance balls; pull up bars and interactive fitness video games. The equipment was purchased by me from the internet, community contacts and direct purchases.

A proposal was presented to the superintendent of schools and later to the Board of Education where it was approved. Once approved plans got underway to raise funds. Donations, fundraising and the assistance of teachers in the technology program who worked with their students to build cabinets for the

room resulted in the creation of a state of the art facility which is used by athletic teams, teachers and an adult education class in the evenings.

The room and promotion of a fitness focus within the school responds to the needs and interests of the students and staff as determined from conversations and other data collection strategies. Physical education teachers, asked to periodically reflect upon the changes in programming which have occurred in their department and the new fitness room have cited the following:

- 'the room has been great for the whole school'
- 'as part of the health class I also want to integrate nutrition and fitness into my classes'
- 'students are making positive comments about the fitness room and want to use the machines all time'
- 'student participation has improved - there are still some students who won't participate'
- 'students are excited to take fitness classes'
- 'there is more interest with females - they often can't agree on what the class should do and want to do their own thing'

In addition to the creation of the fitness center students during Stage 2, who for a variety of reasons did not want to participate in scheduled gym classes, were allowed to contract for an independent study. These students signed a contract with their guidance counselor (Appendix W) had to complete 75 hours of physical activity, weekly reflections and reading and attend a meeting with me at the end of the semester.

5.15 Reflection and Redefining

During Stage 2, I sought out literature on leadership and change which I believed had the potential to provide me with greater insight into facilitating the creation of health promoting strategies within my school. Stringer (2004) points to factors which impact successful outcomes of action research citing that apathy and resistance occur among individuals when they perceive the activities they are asked to undertake as 'pointless, threatening or coercive' (p.42). On the other hand, Schlechty (nd.) highlights research on implementing innovation and change within schools specifically contrasting the concepts of disruptive innovation and sustaining innovation. As one who joined the school community as an outsider with a pre-conceived desire to create a health promoting school, I was aware of the work of Kotter & Cohen's (2000) whose assertions that individuals within an organization will be more receptive to change if they are taken through a process of 'see-feel-change' (p. 11). With that in mind it became my role to facilitate experiences for staff and students which modeled the type of changes I believed had the potential to change the entire context of the school.

I have learned that systemic change occurs when the structure and culture of the school environment supports the acceptance of changes which incorporate new thinking, beliefs and values which are part of a broader vision of innovation. As such I sought to work with my administrative team to outline plans of action and suggested set of expectations which would seamlessly integrate ongoing, standards based initiatives and school health promoting interventions.

In doing so I attempted to follow the State of Connecticut's *Common Core of Leading: A Guide for Professional Growth* (2009) (Appendix S) which provides an outline to guide reflective practice, professional development, self-assessment and goal setting. The common core of leading priorities systems thinking as a 'unifying concept of four leadership domains: vision, teaching, learning, human

relationships and culture for learning' (p. 1) which were applicable to this study. With the dearth of literature regarding school health promoting leadership the utilization of the state's framework assisted me by providing structure and a framework in which to infuse the leadership strategies which I used for the study. The process of thinking systemically about the complex interactions which impacted my school provided me with a deeper understanding for the value of integrating the CSHM and eco-holistic approaches.

Substantial outcomes resulted during Stage 2 including student led assemblies, the creation of a fitness center; increased opportunities for staff and student empowerment and a new school mission which supported the integration of health promoting principles specifically, empowerment, action, equity and attainment. Obstacles encountered during this time surrounded issues of accountability and a reluctance to acquire new knowledge and strategies as evidenced from by teachers involved with the freshmen cohort workshops. The teacher's union president continued to assume the role of 'gatekeeper' thereby criticizing and undermining efforts associated with change and accountability.

My own leadership strategies were enhanced during this time by utilizing the process of continually translating theory into practice with the infusion of literature into action strategies. Throughout Stage 2 I sought to inspire staff with a vision for what could be by highlighting successful outcomes of the study for example, improvements which were made because of students voice and increased numbers of students participating in physical education classes due to enhanced course offerings which focused on personal fitness. It was determined at this time that emphasis would be placed on program coherence and policy in stage 3 based on the perceived need to integrate standards and ongoing building initiatives associated with preparing for the upcoming NEASC study and the goals of the study.

5.16 Chapter Summary

Reflecting upon Stage 2 reveals significant accomplishments which were made to transform my traditional high school into a health promoting school.

Organizationally the school improvement team, faculty senate council, administrative leadership team, student committees and physical education program revision committee supported the health promoting initiatives which resulted from the study. Relying on Stringer's (2002) guidelines I continued to provide structure by: providing clarity and a rationale for my actions; articulating expected NEASC standards; communicating my vision of shared leadership, joint responsibility and collaboration; recognizing students and staff for their efforts and insight; supporting professional staff and voicing my sincere commitment to the organization and shared vision.

As the school principal my leadership strategies focused on collaboratively facilitating initiatives after first presenting them to various stakeholder groups. While my research goals were intended to be collaborative, I found myself facilitating most actions and initiatives due in part because staff had little to no awareness of how to create changes which were health promoting and integrative while at the same time maintaining a degree of status quo which provided familiarity and comfort.

Throughout this period of time I continued to utilize an action research strategy: investigate- plan-act-reflect. This strategy was shared with all stakeholders during conversations and discussions where we collaboratively engaged in the process of investigating issues collaboratively. This leadership strategy was deemed to be successful as evidenced by the increased number of staff who volunteered to participate in a process of integrating new interventions into their work specifically by revising curriculum, adopting new methodology and

providing students with opportunities for increased engagement and participation.

During Stage 2 it became more apparent to me that the actions of teachers within the classroom setting were a key component in creating a healthy school. Student 'voices' continuously reinforced the fact that the teaching style, behaviors and overall expectations and attitudes of the teachers had a profound impact on the quality of their learning and overall perceptions of school. I began to recognize the importance of the school leader's role in evaluating the degree to which a child's overall health was being positively or negatively impacted by what was occurring within the instructional core of the classroom. My response and efforts to evaluate my staff with regards to what was taking place within their classrooms added a dimension to the study which was not anticipated.

I worked closely with my administrative team to evaluate teachers. Countless meetings were held with my team to discuss expectations for teacher performance, curricular expectations and overall classroom performance. From a leadership perspective these conversations were difficult and often involved the union leadership who were not pleased with the increased emphasis that was being placed on teacher performance and accountability. It became evident that teacher union leadership did not support best practice only practices which provided staff with job security and maintenance of the status quo.

During this Stage the physical education and health education programs underwent major revisions. Curriculum from the State of Connecticut's *Healthy Balanced Living Framework* (2006) was adopted for use by teachers and integrated into their respective curriculums. The physical education program was revised to include increased opportunities for fitness with the integration of yoga, pilates, spinning, walking, boxing and cardiovascular training.

The concept of student voice continued to expand within the school culture with some students taking on leadership roles volunteering to plan and run whole school assemblies which would educate other students about topics which impacted health such as drinking, responsible driving and good decision making. The organization of the R.O.P.E.S. club by a volunteer staff member signified the fact that teachers who were once unfamiliar with the concept of providing students with opportunities for engagement and participation were now willing to oversee programs which supported these concepts.

The findings of Washor and Mojkowski (2006) reaffirmed the experiences I had when attempting to change the cultural norms of a traditional high school. The first hand experience I acquired from creating second order change within my organization provided me with valuable insight into my leadership style and strategies. As a result it is my belief that positive outcomes resulted by my providing staff with increased opportunities for staff development, participation and awareness of health promoting interventions which assisted them in addressing the needs of the whole child. Additionally, many of the actions related to the study which resulted during this stage were utilized to remediate NEASC citations for example revised curriculum, increased student participation, and improved academic achievement.

CHAPTER 6

INTEGRATING SCHOOL HEALTH PROMOTION INTO THE CONTEXT: A SITE SPECIFIC CONCEPTUAL FRAMEWORK

6.1 Introduction

Chapter 6, Stage 3 will provide an overview of literature on policy and an overview of action research field work (Appendix G) which took place during year 3. Most significantly will be the presentation of a site specific conceptual model which blends standards based accountability and health promoting activities which are framed within a health promoting and educational conceptual framework. The model was collaboratively designed for staff in order to articulate the coherence which existed among all initiatives.

The significance of this model reflects the consensus and collaboration which resulted in the development of an integrated standards based-eco-holistic model which prior to year 3 did not appear to be an outcome which I thought would have resulted given the skepticism which I perceived to be prevalent among the administrators. By year three after significant changes to the school culture transpired, my administrative team supported the notion of developing a site specific conceptual framework which infused standards and health promotion into a coherent scheme. Upon completion of the document (Figure 6.1) it was presented to staff as a 'living document' intended to be revised and updated as initiatives were created. Most significantly the fact that health promotion was, during year 3 of the study, perceived by my administrative team as an integral part of the school culture validated the goals of the study.

Chapter 6 provides a review of literature on the role of policy and its role on health promotion within school settings. Furthermore, there is discussion about the impact of federal, state and local policies upon the school leader which

was viewed by me and as a crucial component to promoting development of health promoting schools.

Consistent with Chapters 4 and 5 the chapter will begin with antecedents or lesson learned from year 2, Stage 2 which impacted and guided the design of stage 3 field work and professional practice.

6.2 Antecedents to Stage 3

Stage 2 field work and professional practice led to the creation of the following broad antecedents which guided stage 3 actions, interventions and strategies (Table 6.1).

Table 6.1

Antecedents: Stage 3

- Baseline findings addressing the social and emotional needs of students were corroborated from a variety of sources leading to the belief that coordinating support services was a key area of priority but one which was not easily implemented.
- The creation of a new school mission created by one student in collaboration with the school improvement team and staff assisted in validating the goals of the study. Further work is needed to become a 'mission driven school'. Obstacles preventing the mission from becoming implemented are impacted by entrenched cultural norms within instructional, professional practice which have connections to health promoting principles; equity, engagement, action, democracy, participation, health, wellness.
- The establishment of a grade 9 teacher cohort was unsuccessful in meeting the intended goals. Findings reveal the need for articulated expectations for grade 9 teams and increased accountability and coordinated supports to guide grade 9 teachers.
- The creation of a fitness center has redefined expectations for health and wellness for staff and students within the school culture. The creation of the fitness center

symbolically highlights the school mission by 'empowering students and staff to achieve success academically and physically. The location of the center supports the 'health is academic' mantra and health promoting goals.

- The continued implementation of the independent physical education contracts provides students who are unwilling to participate in physical activity in school with the motivation to exercise outside of school sending the message that our goal is to promote healthy lifestyles
- Student Voices, ROPES and Student Health and Wellness Committees have driven whole school initiatives promoting student voice, engagement and empowerment.
- Emphasis continues to be placed on monitoring environmental air quality, building cleanliness and safety as evidenced by monitoring systems and documentation. Improvements have been made in this area. Safety problems continue to be problematic
- School food continues to get positive reviews from students and staff. Cafeteria manager is receptive to ideas and suggestions about food choice and healthy choice. I am still unable to decipher government rules and regulations which impact decisions in cafeteria.

While numerous action research strategies associated with each of the conceptual components of the models used for the study were examined within this stage (Appendix G), it was not possible to report on each action due to constraints of thesis length. The use of holistic leadership strategies designed to transcend, connect and integrate each component found within the conceptual model will be described in part, along with the actions which resulted. The elements or components of the site-specific conceptual model addressed components found within the health promoting models adopted for this study as well as consideration for health promotion and its relevance to aspects found within the instructional core.

6.3 The Role of Policy in School Health Promotion

Tones & Tilford highlight the fact that policies can either 'support or inhibit the development of health promotion at the school level' (p. 231). The creation of health promoting interventions and leadership strategies used for the study were placed within the context of all policies, for example, those mandated by state, federal and local agencies as well as those established by former administrators.

While policies on the national level such as NCLB and district school wellness policies impact schools such as mine on a broad scale, other policies created at the building level for examples those which mandate the number of physical education credits students must complete and others which prohibit student athletes from playing a sport if they do not pass a required number of classes impact the school at the local level. With the potential for policies created at the federal, state, district or school based level to support and enhance safe, healthy environments it is essential that school leaders be provided with information about these policies. Kickbusch (2000) points out that 'the present traditional sectoral forms of policy making and public administration do not fit the integrated nature of many of the problems that societies need to solve in the face of change' (p. 269).

As suggested by Grogan, Donaldson & Simmons (1994) 'it is necessary for me as the school leader to reflect upon how policies and practices embedded into my school from federal and state mandates support or detract from every student's experience' (p. 2). It has been my experience that while information about standards and accountability driven expectations are provided to educators, policy information about health is not provided. Consequently individual school leaders such as I must seek out this information on our own which in reality does not occur unless one has a personal interest in the topic.

With a growing interest in school health promotion in 2004, I became aware of the *Child Nutrition and Women and Children Reauthorization Act of 2004 (Public Law 108-265)* as a result of my own personal interest. This act, created by the United States Federal government mandates schools who participate in the United States Department of Agriculture food program (USDA) to have developed a local wellness policy by the first day of the 2006-2007 school year (Connecticut State Department of Education, 2005).

This legislation placed the responsibility of developing school wellness policies in the hands of the local school districts. Local districts were requested to form an inclusive group of community and school based stakeholders and assesses the needs of the local district in order to create a wellness policy which was determined to meet the needs of the children within the community. While information was made available to local educational agencies (LEA's) on the internet school neither funding or onsite technical assistance was provided to school districts.

The response of my present school district was to delegate the responsibility for creating the policy to an interim, retired assistant superintendent who had no awareness, knowledge or interest in health and wellness. Consequently he pieced together policies from other districts, obtained over the internet to create the policy which is being used by the district. Neither principals in the district or teachers in the district were involved in the development of the policy nor were they provided with information about the policy once it had been developed and adopted by the Board of Education.

Table 6.2 provides an overview of the creation, evolution and progression of the school district's wellness policy which, in theory, should guide health and wellness activities within my school. Neither district implementation of the

policy or evidence based practices among leaders within their respective schools in the district has been formally evaluated to date.

Table 6.2 District Health and Wellness Policy Timeline

| | |
|--|---|
| District Policy developed by September 2006 | No |
| District Policy developed after September 2006 | Yes |
| District Policy developed by knowledgeable district representative | No |
| District Policy reviewed and disseminated to school leaders and teachers | No |
| District Policy disseminated to parents | No |
| District Health and Wellness Council formed | Yes |
| District Policy developed by representative committee | No |
| District Health and Wellness council meets to review policy | Inconsistent |
| Food Services adheres to state policy guidelines | Undetermined – no formal monitoring by school officials |
| Nutritional information displayed in sections for student information | Partially – not in all schools |
| School leaders monitor health and wellness policy | Partially –with regards to banning some items from consumption i.e. candy, soda |

An integral component of district health and wellness policies is the monitoring and evaluation which by law is required to occur 4 times a year. Evaluating school district policies can be done by utilizing evaluation surveys such as the Wellsat survey created by Schwartz, Lund, Grow, McDonnell, Probart, Samuelson & Lytle (2010). However, while attempting to complete the *Wellsat Survey* online, I experienced issues which prevented me from accomplishing the task. It was my opinion that completion of the district oriented survey required the input of a representative group of individuals. Secondly, school districts such as mine do not provide their school leaders with information about the district health and wellness policy or state and federal guidelines. The only awareness that most school leaders such as I have regarding the district wellness

policy is the awareness that there are food restrictions and requirements which prevent unhealthy food vending machines from being used within the school.

The completion of surveys such as the Wellsat survey highlight the need for school wellness policies to be created by a representative group of school leaders and community members and then shared with all staff members within the school community. Furthermore the value of intra-district systemic collaboration appears to be a crucial, but often missing component within districts such as mine so as to provide an articulated overview of individual school policies and practices which are ongoing within a given district which supports the health needs of students.

6.3.1 The Federal Role

In 2000 the United States Department of Health and Human Services established a *Healthy People 2010* (IOM, 2000) agenda which outlined national health objectives and called upon communities to reduce health disparities with a primary emphasis on physical activity and obesity/poor nutrition. The IOM references the *Coordinated School Health Model* and suggests that school districts integrate and apply this model into their schools. I became aware of this policy statement and recommendation of the IOM while collecting literature for this study. Throughout the past 10 years I have not heard of a school leader or teacher make reference to the IOM's work, national public health goals or the CSHM further exemplifying the degree to which school leaders must seek out policy and public health information on their own. By comparison countries such as Scotland, England and Australia have created national policy targets within schools which support the integration of programs which support the attainment of their national public health goals.

With schools now required to conform to many federal, state and local policies, Hess (2003) refers to the concept of policy attractiveness suggesting that teachers and educators are likely to resist to the adoption of policies which require deep change. According to McBride (1999) the adoption of Coordinated School Health Promotion policy and interventions will be difficult to implement in our standards based culture. Rorbach et al., 1993 concurs citing the need for policies to be accompanied by mandates in order to insure compliance. The experience and insight I have gained implementing this whole school study has validated the recommendations of both Hess (2003) and McBride (1999).

According to Tones & Green (2004) public policy requires effective advocacy, leadership and political vision (p.195). Policy assessment instrument for example the 2006 *Mississippi School Wellness Principal* survey exemplifies the methods and assessment strategies which can be utilized when creating and assessing school based public policy. Data collected from the survey provide information from a series of questions asked of principal's relative to their awareness of the local wellness policy and implementation of the policy. The school district for which this research study school was part of did not follow policy development protocol nor does it formally assess its wellness policy. Established protocols to provide school leaders and staff with policy information in addition to providing follow up assessments would be beneficial in monitoring implementation and understanding.

6.3.2 School Based Policies

It has been my experience that policy development at the school level is often more reactive than responsive to a perceived societal need or concern. Adelman & Taylor (2000) point to the fact that ' the creation of policy, planning and implementation of programs within schools often occurs in an unsystematic and ad hoc fashion resulting in fragmented and piecemeal activities and the

inefficient use of limited resources' (2000 p. 171). School based policies include those which address grading and homework, attendance, discipline, eligibility, suspension and expulsion. As the school leader it has become my goal to review established policies to assess their impact and contributions to teaching, learning, health and student well-being. During this study I assumed responsibility for revising the student discipline and eligibility policy. The policy guidelines were revised to include a counseling component for students who were found to be in violation of school rules regarding substance abuse, tardiness or violence.

There is a stark comparison of school level policies created within the countries of Wales and England specifically, in the area of policy development where there is the existence of collaborative involvement of 'nurses, district health promotion units and local authority advisory teachers' (Tones & Tilford, 2001, p. 232). St. Leger, (1999) highlights that while countries like Australia have created school health promoting policies there is a need for evidence which documents the 'health outcomes of these studies with reference to the existence of these policies' (Tones & Tilford, 2001, p. 233). It appears as though the policy driven promotion of health within schools might best be enhanced through the creation of coherent, site-specific conceptual frameworks such as the one created during this study (Figure 6.1) whereby expectations, goals, core values and health promoting principles can be embedded and implemented into the context of a real-world setting familiar to staff, students and external community partners.

6.4 A Site Specific Conceptual Framework: Creating Program Coherence through the Alignment of Standards and Health Promoting Principles

While school leaders are expected to improve learning outcomes for students, research points to problems which exist within schools regarding the conflicting initiatives which often prevent this goal from occurring (Madda, Halverson, Gomez, 2007). Researchers Madda, Halverson & Gomez (2007) present evidence generated from a qualitative case study which examined one urban school

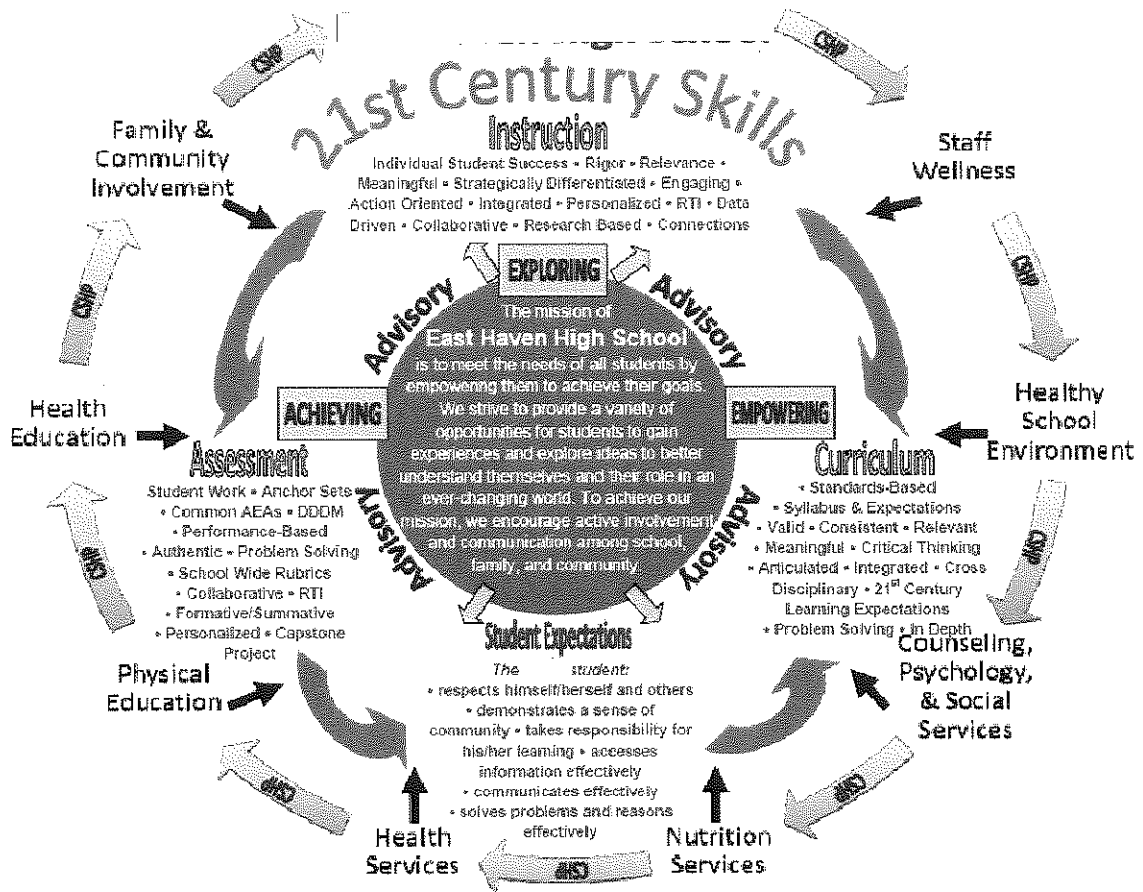
district's efforts to design programs to determine the degree of coherence and alignment to ongoing initiatives. Their research assisted me to understand the importance of facilitating the creation of program coherence within my school. Program coherence, a term created by Newmann, Smith, Allensworth & Bryk (2001) refers to the notion of developing how well multiple initiatives fit together and Tones & Green (2004) who maintain that 'health promotion is a synergistic interaction of policy and education' (p. 124). With that in mind I sought to examine the initiatives and policies within my school which were cohesive that is they shared similar goals, objectives, core values and expectations. My overarching goal was to work collaboratively with my administrative team to develop a site specific, visual conceptual framework which would provide staff with the ability to better understand the commonalities which existed among our initiatives.

The desire to create a site-specific framework for my school was precipitated by the continual complaints from staff regarding their perceptions of initiative overload which they believed were being imposed on them. Their perceptions also included the belief that these initiatives were '*uncoordinated and unrelated*'. With that in mind a visual representation was designed by my team to integrate standards based requirements, ongoing initiatives and supports into the creation of a health promoting-educational model which utilizes a common frame of indicators to guide all initiatives taking place within the school setting (Figure 6.1).

While a site-specific model was created it was realized that continued work needed to take place whereby particular elements and expected outcomes for health and achievement would be defined. As a living document the plan was to work with staff to revise the model to reflect the evolution of our shared vision and actions as they transpired overtime.

Figure 6.1

Site Specific Conceptual School Frameworks



The conceptual framework which was created was a symbolic representation of a learning system which was supported by holistic, coordinated initiatives which supported ongoing building initiatives and standards based expectations. The concept map provided staff with a living, symbolic representation of a cohesive whole system vision for integration and learning. Specifically, the school mission and slogan anchors the conceptual chart surrounded by the teacher-student advisory designed to provide students with additional opportunities to develop strong relationships. Encompassing the mission is an emphasis on 21st century skills which are embraced and included within instruction, curriculum, and

assessment. Surrounding each of these components is the emphasis on the integration and coordination of health.

There is a dearth of literature on creating program coherence within school settings. As such it was not possible to validate or find exemplars of similar conceptual maps or frameworks created which infuse standards and health promotion. Madda, Halverson, Gomez (2007) assert that 'program coherence can demonstrate how well multiple initiatives fit together to help practitioners pursue common goals' p.1). Newman, Smith, Allensworth & Bryck (2001) on the other hand introduce the concept of program coherence suggesting that schools who engage in such practices are 'more likely to advance than schools where coherence is not created' (p.2).

The conceptual framework created by my staff was based on the premise that curriculum and assessments, expectations for instruction and healthy and supportive climate for learning would be the overarching commonalities which would frame our work. Additionally, as a work in progress it was our hope that over time, external and internal policies and mandates would be created and embedded within the conceptual framework to promote and support our work on the state and community levels. Newman et.al.'s (2001) research on learning theory and motivation confirms the fact that students who experience connections among disciplines and programs within school are more successful. It was my belief that our site specific framework would provide coherence for both staff and students. Additionally, in fulfilling the NEASC requirement to become a mission driven school it was our assertion that the development of a site specific conceptual school framework would provide a visual representation to guide the implementation of the mission and expectations.

6.5 Stakeholder Requests to Coordinate Services: A Significant Win

In year 3 of the Freshmen cohort a group of teachers representing all 3 grade 9 teams approached me with concerns and frustration related to increased numbers of at risk students. These students were exhibiting apathy, disengagement, poor attendance and the at-risk behaviors such as substance abuse. These staff members sought out my assistance and evidence which reflected the need to create health promoting programs and coordinated support programs for students.

My leadership response was to reconvene team teachers, guidance staff and administrators for the purpose of investigating each area of concern. This process involved collecting data which would allow us to target specific behaviors about the number of students receiving free and reduced lunch, the number of students failing one or more classes and the number of students who had been referred for disciplinary issues.

The significance of this endeavor in relationship to the study has been profound with this event highlighting the fact that three years after the study was initiated staff have, on their own, acknowledged the value of coordinating services and addressing the social, emotional, academic and physical needs of the whole child thereby supporting the goal and perceived need of the study.

The outcomes of this have resulted in re-opening conversations with support staff about the significant need for them to work more closely with teachers and the value of collecting pre-assessment data on incoming grade 9 students prior to their arrival in order to create support plans which meet the academic, social, emotional and physical needs of the students. Conversations with support staff will be further expanded upon in the section below.

6.6 Guidance and Student Support Service - Integrating Components of the CSHM, Eco-Holistic Model and Whole Child Approaches

Notes left for me by the previous principal in conjunction with conversations with central office administrators expressed a multitude of needs for the guidance department and support services in the building to work more closely with students and teachers. Also expressed was the need to create ongoing groups for students with perceived student needs; the creation of a developmental guidance program; strategies for assuring better communication between guidance staff and parents; consistency in servicing and protocols to service more children during the course of the year. The determination of need expressed by staff and the former principal clearly expressed the need for the infusion of health promoting principles into the context of the school without making reference specifically to the terminology associated with the CSHM and health promotion.

During the first year I devoted a great deal of time developing strong relationships with guidance and support team members; investigating the program, protocols and resources. Staff members in the guidance department (n=5) were housed in a location which provided them with the ability to sequester themselves off in a way where the activities in which they were engaged in were difficult to monitor. While I did not want to disrupt the comfortable environment which they had created for themselves, it was necessary for me to find strategies to familiarize myself with what was taking place.

I requested that one teacher become appointed as team leader in order to create a point person with whom I could most easily communicate. Throughout the study I attempted to establish bi-weekly meetings with all staff and to frequently

communicate with the team leader. Entrenched habits and a reluctance to change established protocols resulted in resistance and little change. Staff was provided with extended days for professional development with the goal of their creating strategies to create and implement student groups and work more frequently with grade 9 team. These outcomes were not achieved.

On a positive note guidance staffs were asked to complete a needs assessment. As a result, staff established the goal of increasing parent/student communication and created a plan of action for the upcoming year. While this was considered a small win I was in a quandary as to how more substantial progress could be made to address the multitude of student issues which had emerged from the study's findings.

While I realize that it is not enough to expect that small wins should not suffice, it has been difficult to make larger, more systemic changes within this department primarily due to their collective 'mental model' (Senge, 1999) of their role. Discussions reveal that in spite of the perceived needs of the whole student body shared through the examination of data and recurrent conversations, they have been unwilling to address student needs more holistically. Furthermore, while they recognize the need to better coordinate services specifically finding ways to better communicate with staff and other support staff information about student issues which would assist other staff member find ways to meet the needs of the child, this practice has not been established.

6.7 Chapter Summary

While the thesis charts the first three and a half years of the study I have continued to promote and create a health promoting school in fact, the momentum has only just begun. The information and knowledge gained over the previous 3 years provided me and my staff with the strategies and

groundwork to expand upon many of the initiatives which were created during the study. So, in year 4 as I sit here writing I continue to work collaboratively to sustain the activities, programs and entrenched new protocols which have impacted the whole school in the areas of teaching, learning, school culture, relationships, student engagement, and well-being.

The literature review presented in this chapter highlighted the role and significance of policy in the creation of health promoting schools. As cited, policy decisions within school settings are often created haphazardly with little consideration of coherence or systemic impact. A conscious attempt by me during this stage was to provide all stakeholders with copies of literature I was reading in order to enhance their understanding of health promotion. Information was placed in staff mailboxes or hung outside my room for staff to review.

The site specific conceptual framework highlighted in this chapter reflects the collaborative work accomplished with my school administrators to create program coherence within our standards based setting while at the same time infusing health promotion into the context. With the recognition that this conceptual map was nothing more than a graphic representation of an ideal, our next steps have been to create common sets of expectations, vocabulary and goals which provides a clear vision for achieving standards based goals, our mission and health promoting goals. The first hand learning which I have acquired has taught me the significance of integrating academics, instruction and assessment into health promoting strategies due to their perceived potential to impact children emotionally, socially, academically and physically. One of the most significant realizations made during this stage was the importance of recognizing the impact of the school structure, organization, instructional core and culture and their connections to the overarching goals of school health promotion. Without attempts to unify and create program coherence within all

facets of the school health promoting efforts will be compromised as there will continue to be aspects of the school which continue to promote ill-health and thereby counterbalance attempts to promote health and wellness.

The role of student voice was again prominent during this stage with student groups continuing to provide direction, leadership and motivation. As evidenced within the chapter student input led to the creation of personalized physical education contracts, student led assemblies, student organizations, increased student engagement and student reflection regarding the purpose of education and the role of the school. It must be noted that sustaining student involvement and voice required my direct involvement and facilitation thereby reinforcing the role of the school leader and the strong relationships which must be created by the school leader promoting the initiative. This notion contradicts using an outside health coordinator whom I believe would not be as successful in their ability to connect with stakeholders.

As I reflect upon year 3, I realize that school leaders must be ready to take courageous risks in order to promote the emotional, physical, social and academic needs and interests of my students. The types of change and reform which took place throughout the study often required that I take a courageous stand on many issues for example addressing underperforming staff, addressing issues regarding staff who had poor relationship skills with students, addressing unclear staff expectations which impacted student learning and standing up to directives from my central office which I knew were not in the best interest of students. In most cases the leadership strategies which I used were often misunderstood and met with resistance and challenge.

Chapter 7

Discussion, Reflections, Implications

7.1 Introduction

The purpose of Chapter 7 is to synthesize components of the study and reflections in order to clarify the significant aspects of learning and insight which have resulted. As stated within the thesis this 3 year research study and the opportunities which I have had to live my life as not only a high school principal but health promoting research facilitator have allowed me to put theory into action within a real world context. As highlighted within the literature there is need for real world research within educational settings and for school leaders to document their experience. By doing so it is my hope that the insight which I have acquired begins to fill the existing gap within the literature.

Within this chapter I will revisit my initial questions, goals, objectives and aims of the study and will attempt to synthesize the learning which has emerged. I will attempt to go beyond the specific facts to make suggestions and recommendations for both short-term and long-term change.

This study began in year one of my tenure as the high school principal and while the research was initially intended to fulfill requirements for my doctoral degree it became much more than that with actions and outcomes of the study clearly changing the status quo, overall welfare and complex social characteristics of the whole school culture. The following summary of answers and responses to my initial questions will provide insight into the change and new thinking which has transpired and emerged for me as the school leader, my staff who, until this study began had no awareness of the concept or connection of school health promotion to academic achievement and my students who, once they found their voice discovered true learning. Lastly, I would be remiss if I did not highlight

the role of the literature review contained in this thesis and guidance and validation I acquired from the multidisciplinary array of research and information which I continually relied on.

7.2 Revisiting the Questions, Objectives and Goals of the Study

The overarching goal of this action research study was to create and document the processes used to transform traditional standards based high school into a health promoting school from a leadership perspective. Throughout the study I sought to answer the following questions:

1. What are the perceptions of the health needs of students and staff and what suggestions do they themselves have for their own health and for improving the school culture with regard to health?
2. What leadership strategies can a high school principal use to infuse health promoting principles into the culture of the school?
3. What components of the Comprehensive School Health Model/Coordinated School Health Model, as proposed by Allensworth & Kolbe (1987); the eco-holistic model, as proposed by Parsons, Stears & Thomas (1996), the whole child approach, as proposed by ASCD and the principles of health promotion as outlined by the WHO in the Ottawa Charter (1987) can be utilized in this study?
4. What obstacles will this study face and what outcomes will result? Specifically, what are the consequences of real-world' research?

While seeking answers to my questions I established four overarching objectives which included:

1. To 'tell the story' of my attempt to transform a traditional, standards based high school into a health-promoting school.
2. To contribute to filling a gap in the literature on leading health promoting schools.
3. To document the school leadership strategies I employed; and
4. To explore the overall implications of creating a healthy school within the context of a standards, based high school.

Question1: What are the perceptions of the health needs of student and staff and what suggestions do they have themselves and for their own health and for improving the school with regard to health?

My study found that my students were both concerned and interested in their own health needs and the health needs of the school. Of primary interest to most students, as evidenced by both quantitative and qualitative data which was collected was the desire to have healthy food options in the cafeteria; stronger relationships and connections with teachers; increased opportunities to learn more about nutrition; the ability to participate in fitness programs rather than traditional physical education classes and opportunities to become empowered and to have a voice. Initially, for most students the mention of 'health' evoked conversations only about food and exercise. As the study evolved and I was able to include within conversations with students and staff examples of how other concerns and issues which they had could be related to the concepts of health and wellness their understanding of the broader nature of health promotion expanded. For example, discussions about issues related to equity, safety, relationships, rigor, coherence, consistency, fairness when equated to health promoting principles or the whole child philosophy i.e. social, emotional, physical, academic considerations the number of staff and students who appeared to gain a more holistic understanding for the value of school health promotion and the goals of the study increased.

Additionally, student conversations regarding their perceived desire for *choice* led to action plans resulting in healthy food options, increased privileges, increased student input and increased student engagement. The concept of having 'choice' and empowerment also became a vital catalyst for creating action plans for providing students with more program offerings for example those which were created within traditional physical education classes including

fitness classes and those which provided student with increased opportunities for vocation programming.

Staff perceptions about their own health were difficult to honestly assess. While surveys given to staff indicated a desire to engage in on-site staff wellness programs the majority of staff did not take advantage of opportunities which were provided. Discussions related to personal health goals among staff were kept to a minimum with only those who regularly exercised outside of school willing to discuss their health and fitness goals in relationship to how an on-site fitness center could assist them. Recommendations for promoting the health of staff within the school setting include the establishment and creation of clear guidelines, scheduling and contract language which is supported by the district administration which permits teacher to exercise during the school day.

Question 2: What leadership strategies can a high school principal use to infuse health promoting principles into the culture of a school?

School leaders are 'held accountable not only for the structures and processes they establish, but also for the performance of those under their charge' (Leadwood, p. 4). This increased focus on academic outcomes has challenged individuals such as me to seek the types of programming and school culture which has the potential to improve teaching and learning while at the same time addressing the needs of the whole child. In the standards based culture which drives nearly all actions of the teachers and administrators discussions about matters related to health are difficult and perceived by most staff as unrelated to their primary focus and expectation to improve the test scores of their students. As the school leader attempting to promote health in a standards based culture it was my job to provide a sense of 'purposing' (Sergiovanni, 2003, p. 27). By doing so I utilized each opportunity available to me to articulate and align the goal of school health promotion to the tasks required of my staff. By continually

providing my staff with information about health promotion, a rationale for the study and opportunity to creating a common vision which included aspects of health promotion I attempted to build capacity and transform a simply standards based culture into a health promoting standards based culture. *purposing*

This study provides evidence that the participatory, hands on involvement of the school leader working as an agent of change in the capacity of collaborator visionary, steward, health promoting facilitator, instructional leader and building manager was a key factor in keeping the momentum for the study going and maintaining coherence between standards and the promotion of health. While it has been said that 'leaders articulate and mobilize others to achieve shared intentions' (Leithwood, 2003, p. 7) this study provided evidence that the leadership strategies which I used to mobilize and promote student voice and student participation was as much of a factor in the success of this study as my actions were. For by using a 'leadership by empowerment' perspective in conjunction with continued *purposing* strategies my students and staff became ambassadors for their own health needs and more globally those which impacted the whole school culture. As suggested by Jensen (2001):

1. Students must be drawn into the process of creating health promoting schools in order to acquire a sense of ownership
2. Schools should prepare pupils for participation
3. Ethically students should be involved in making decisions which impact their lives
4. Students should be involved in defining the parameters of health and the definition of healthy schools

p. 22

Leadership strategies used for the study were also inspired by those recommended by Kickbusch (1995) who suggests: a goal focus; adequate forms of communication; optimal power equalization; the utilization of resources; cohesiveness; positive morale, innovativeness; autonomy and adaption. It is my contention that this thesis reflects examples of each of those indicators as having been both attempted and attained to some degree.

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Question 3: What components of the Coordinated School Health Model, eco-holistic model and whole child approach prove applicable to this real-world study?

The findings which emerged from the study when analyzed revealed key areas which needed attention within all components of the CSHM, eco-holistic model and whole child approach leading to the belief that a more holistic, whole child approach inclusive of the 8 components of the CSHM is most appropriate and understood by teachers in the USA. When the study first began I had little understanding of how difficult it would be to address issues during whole school staff meetings and sought to build alliances and communicate information to teachers using more personal strategies such as having informal conversations or emailing. While many staff members did work collaboratively on the study I remained the primary facilitator primarily due to the staff's lack of a broad understanding of health promoting goals and potential to infuse health promotion into the context of the school. Other staff did not become involved simply due to their belief regarding not taking on extra work unless it was outlined in their contract.

Experience has taught me that while there are commonalities among the health promoting approaches and educational models used for the study school based initiatives must be holistically presented, holistically implemented and integrated into specific standards based initiatives within the building. The utilization of this process provides the potential for systemic, sustainable

student relationships, poor teaching strategies, instructional practices which reflect a lack of rigor, low expectation, inequity and lack of purpose have the potential to make children physically and emotionally sick. With this in mind coordinating services for a child who continues to return to the 'scene of the crime' each and every day has no purpose unless the root sources of the problems within the classroom are addressed. As evidenced within this study beginning in stage 1 teacher performance and classroom instruction, assessments, expectations and outcomes became a priority whereby teachers determined to display evidence of health compromising behaviors described above were intensively evaluated with many resigning, transferred or counseled out of the profession.

4 .What obstacles will this study face and what outcomes will result? Specifically, what are the consequences of real-world' research?

Entrenched school norms, strong union leadership, a myriad of ongoing initiatives, an upcoming NEASC evaluation and a school-community culture which was unaccustomed to change threw roadblocks in the way of every initiative, action or strategy associated with the study inspite of its positive result.

Additionally, this study has provided me with the experience to respond to comments such as one made by Cuban (1987) and others who ask why most school innovation fail. According to Marzano, Waters & McNulty (2005), 'leadership strategies supporting an innovation must be consistent with the order of change required for the innovation' (p. 66). The skills required by a school leader to infuse health promotion within to the context of a tradition school culture require an understanding and courageous commitment to endure *second order change* (Argyris & Schon, 1974, 1978; Marzano, Waters & McNulty, 2004). *Second order changes*, those which are most difficult to gain consensus for, to

implement and sustain are those which can be characterized by deep, culture changing practices which disrupt the status quo of an organization on many levels. According to Marzano et.al., (2004) 'principals seeking to provide leadership for second-order change may often pay a price' (p. 74).

Creating the type of changes required to create and infuse health promotion into the context of my school came with a steep price inspite of the substantial positive improvement and organizational learning which resulted. With the growing realization that change for many was difficult I continually sought to develop relational trust among staff and students and to convey a sense of moral purpose, commitment and passion for the goals of the study in order to foster the perception that my actions were driven not by a personal, self-serving agenda but by doing what was right on a local, national and global scale. Furthermore, I utilized strategies to share information with staff from the mass media, and research which I was reading which would enable them to build capacity and broaden their vision thereby hoping that change would be validated and thereby easier to endure.

Overtime, as veteran staff left, retired or were counseled out the school climate began to change with many young staff now feeling comfortable about validating outcomes of the study and changes which were resulting within the school for example: increased expectations for rigor in all classes, increased student engagement and attempts to coordinate services for students at risk. There continued to be an old guard of staunch resisters led by a teacher union president who did not support innovation or teacher evaluation. Her often underhanded attempt to thwart the actions of staff, students and myself engaged in health promoting interventions were ignored when possible since previous attempts to collaborate with her did not result.

Lastly, the lack of district leadership, support or recognition for the type of change which took place from the study and the positive recognition which was occurring within the community was a disappointment. In recognizing that my own expectation of how this group of administrators could have utilized the finding and outcomes of the study on a systemic level thereby promoting district wide health and wellness interventions is unrealistic since I must remain aware of the fact that the central office staff has no awareness of school health promotion other than what I have exposed them to. There is added reason to require aspiring school leaders, especially superintendents of schools to undertake graduate coursework in school health promotion in order to lead their school district in the direction of promoting the health of its students. My goal as a certified superintendent is to eventually seek out a job in this area in order to promote the health of the larger school community.

7.3 Improvement, Reform and Action Research

This study has been implemented within the context of a complex social environment controlled by a wide range of conditions and stakeholder personalities which influenced such things as: the delivery of services, the conditions which impacted perceptions of individuals and the implementation of health promoting recommendations. With the dearth of research on whole school initiatives such as mine there is a need to understand the challenges and limits of undertaking educational research within real-world, complex school settings (Lareau & Walters, 2010). The use of action research provided a roadmap which allowed action, learning and reform to take place.

Currently in the USA the Obama administration has a renewed emphasis on the use of scientifically based research to guide school improvement within schools. His administration has created guidelines as a pre-requisite for obtaining federal funding for school improvement and reform. While not providing funding for

their mandates the State of Connecticut has followed suit requiring the integration of scientifically based research into the development of school improvement plans referred to as SRBI (CSDE, 2009) which all school districts are to use in the diagnosis and support of special education students.

To date there has been little discussion or clarification of 'the type of research considered to be acceptable however, signs point to an emphasis on allowing overly narrow and restrictive definitions of what constitutes rigorous or scientific research' to lead the way (Lareau & Walters, 2010, p. 1). The utilization of a scientifically based experimental perspective, which benchmarked the typed of educational research considered acceptable during the Bush administration is insufficient for it does not consider qualitative interpretation of events or phenomena within school settings. Experimental research which relies on a 'stable set of laws defining the phenomena and the relationship between the phenomena' (Stringer, 2004, p. 18) cannot be used to explain the cause and effect relationships between the events which occur when promoting health within schools. As such there is a lack of understanding regarding the behaviors, experience and extended outcomes embedded into the educational culture of health promoting schools.

As pointed out by Stringer (2004) understanding the life-world, including the events which transpire within a setting and the conditions of human social life which are impacted by those events and upon the individuals in the setting has the ability to provide the knowledge needed to guide the site specific integration of health promotion into the context of the chaotic world of the school and lives of the stakeholders involved.

Similarly, Denzin (1989) highlights the value of acquiring interpretative learning by experiencing a 'true, authentic understanding of the phenomena under

investigation' (p. 123) which in fact, has been the goal of this real-world study. By utilizing the perspective of principal-researcher-health promoting facilitator I was able to acquire true sense of understanding about my school and its evolution overtime from an unhealthy school into a health promoting school. This first hand, participatory action research study provided me with the opportunity to experience a complex array of behaviors, emotions, actions and personal outcomes associated with the action research field work and leadership strategies which I implemented to promote the health of my staff and students.

The establishment of utilizing an action research model for the study provided me with the ability to design and implement a whole-school study which was inclusive of the stakeholders within the school thereby positioning myself not as the 'director' of the investigation but rather a collaborator. Utilizing a constructivist approach, whereby the acquisition of meaning which emerged from my interactions with individuals and the social world of the school led to the creation of experiences for my students and staff which aligned ongoing building initiatives and standards based requirements to health promoting principles utilizing leadership strategies.

The orientation of this approach also led to the creation of action research strategies which were adopted by the staff to expand upon areas of investigation which they collectively and individually determined to be worthy of investigation and improvement. As pointed out by Stringer (2004)

'The utilization of a process of investigation which 'not only provides information and understanding but also enables individuals to develop a sense of togetherness and basis for effective and productive relationships that spill all over into all aspects of their lives together is empowering and is the basis of democratic learning communities that enhance the life of school and institutions' (p. 31).

Naturalistic inquiries such as this study can be used to construct meaning about organizations, the social reality and beliefs of individuals within the organization and the interpretations of meaning. In my role as 'research-as-bricoleur' (Denzin & Lincoln, 1994) I have sought to employ 'a wide range of methods and skills' (p.2) to all aspects of the study. In this sense my role as bricoleur is inconsistent with the work of Levi-Strauss (1966) who defines the role as one who is not self-reflective and constantly assessing the objects and situation around them in order to create something out of 'what is' with regards to what each component signifies rather than 'a definition of what has yet to materialize' (Levi-Strauss, 1966 p. 18). Crotty (2003) on the other hand highlights the role of bricoleur which is more consistent with my approach which was not to rely on the data for their 'conventional meanings' but rather to view it in term of 'its potential for new or richer meaning and invitation to reinterpretation' (p. 51).

7.4 Reflections on Leading School Health Promotion: An Organizational Perspective

Stringer (2002) asserts that high school settings do not foster organizational outcomes which are associated with high levels of performance suggesting that low teacher morale and teacher frustration are the primary factors which impact performance. Fullan (2003) concurs and suggests that school leaders for high schools to create a constructive organizational climate for reform to occur the following policy and structural strategies must be in place:

- A reconceptualization of the role of school leader
 - An investment in leaders developing leaders
 - Improvements to the teaching profession
 - Improvements to the capacity of the infrastructure
- (Fullan, 2003, p. 73)

The knowledge I have gained from this study have provided me with a clearer understanding of Fullan's recommendations specifically:

- The reconceptualization of the role of the school leader must begin with changes made to administrative leadership programs. Within those programs the focus must change to providing aspiring leaders with the skills to acquire the capacity and moral imperative to improve student learning and health for the 21st century.
- School leaders must be re-trained in order to support Fullan's recommendation for *leaders developing leaders* for at at this point in time superintendents and central office personnel are not equipped to lead reform efforts and organizational change due to the narrow training and experience which impedes their performance
- *Improvements to the teaching profession* are also recommended and must include exposure to the concepts of: school health promotion; exposure to global initiatives; insight into the concept of developing a moral purpose; an understanding of the importance of relationship building and an overview of integrated, purposeful, real-world learning strategies.
- The infrastructure of schools has changed little over the past 125 years and in many respects continues to support *loose coupling*, by protecting the technical core. School leaders must create school environments which reflect and respond to public health goals, the goals of democracy and the 21st century demands.

This study has provided evidence that a traditional, standards based high school can be transformed into a health promoting organization which responds to public health goals, student health needs and 21st century demands. It is unlikely that a similar initiative will be replicated unless support is received on the federal, state and local levels which provide resources and support to the school leader.

7.5 Reflections on Leading School Health Promotion: A Leadership Perspective

School leaders must become familiar with the process of change and the challenges associated with whole school change specifically, the distinctions and stages related to first order and second order change (Waters & Marzano, McNulty, 2004). My reliance on the literature to provide me with knowledge and confidence to understand the process and stages of change which then strengthened my ability to create and at the same time promote and articulate the process of change to my staff while it was occurring. Had I not acquired first-hand experience with change and integration to the degree that I had I do not believe that I would have been able to promote the type of deep change which was created within my school.

My desire to create a health promoting school was in part due to my passionate belief in the importance of creating educational settings which met the needs of all students in hopes that by doing so the ability for all students to achieve their potential would be heightened. Additionally, my desire was also based on a larger, more global perspective driven by the morally compelling belief that it was my job and my role to raise the critical consciousness of students, staff and parents to the need to respond to national and global public health goals, medical findings and educational research which corroborated the need to maximize my school setting and its role in promoting, enhancing and perhaps saving the lives of my children.

As the school leader it was essential that I become actively engaged in this process acting in the capacity of role model and holistic health promoting leader in all of my dealings with staff and students. This role required the integration of health and wellness into conversations about instruction; assessment; evaluation; school climate; student engagement; teacher-student relationships and educat-

ional purpose. This experience has taught me that while central office administrator may not support health promoting initiatives the public, the parents and those who know what is medically and academically best for students do 'know' and as a result aspiring health promoting leaders must courageously hold steadfast to the moral purpose and sense of stewardship which drives their action.

7.6 Recommendations for Further Policy

This study has highlighted further work which needs to be done before it is realistic to believe that school health promotion will be a common practice among school leaders. It has become evident that students with whom I have worked with in the past inherently understand and acknowledge the role of health within schools and its impact upon their performance, attitude, goal setting abilities and life. As the school leader working within an educational arena on a state and local level which does not yet understand the concept of health promotion and its connection to achievement and our global society, there is much work to be done.

It has become evident that school leaders and teachers need to work collaboratively and inter-sectorally with schools of public health and medicine and teacher and administrator training programs if there is going to be progress made in this area. Furthermore, it is essential that state certification requirements be enhanced to include requirements which mandate aspiring teachers and school leaders to fulfill a multi-disciplinary array of coursework which prepares them to embed health promoting principles into their instructional strategies and educational philosophy. I would recommend the creation of interdisciplinary leadership colleges whereby professionals working within the areas of public health, medicine, education and government could

work together to promote aspiring school leaders and teachers for the 21st century.

On a federal level health reform must include consideration of the health needs of children and the role of the schools in promoting health. Federal funding must be allocated for school health promotion with qualitative, action based research fulfilling requirements for scientifically based evidence used to create, support, evaluate and sustain health promoting initiatives.

The results of this study indicate that the CSHM must be expanded to include a more eco-holistic view in addition to prioritizing a focus on the integration of health promoting principles which include the active involvement and engagement of students. Contrary to my expectations students had a much easier time understanding and accepting the concept that health and achievement are connected than did staff. There was continued evidence that leadership strategies which I implemented for example, to work out with students or to meet and discuss issues related to health and wellness broke down barriers between us and put us on a level playing field whereby health became the common denominator.

As noted, professional development and mandated course requirements in the area of school health promotion for teachers and administrators appears to be mandatory. It is my assumption that school leaders who have acquired a broad understanding of the value of health promotion and its relationship to school improvement will be more likely to take on the challenges associated with implementing whole school health promoting initiatives.

7.7 Final Reflections

While this journey has been long and arduous, filled with times of great exhilaration and deep self-doubt, I have acquired a sense of pride and fulfillment from the evidence which I have collected which supports the fact that the goals of the study were not only fulfilled, but that they enhanced the educational experience and health of my students. It is my belief that the connections between health, achievement and life-long emotional wellness cannot be excluded from conversations about school reform and academic achievement. The compelling evidence which I have collected suggests that by ignoring the emotional, social and physical needs of our children we are in fact responsible for making them sick.

As one who has worked in the field of education for over 25 years and who within the next 10 years will need to come to the realization that their years working in the field must come to an end, I am committed to continuing to promote the health needs of children and staff within the educational settings in which I work.

Substantial change and improvements have been made to the study site school as described within this thesis, however without my continual involvement and facilitation I question the sustainability of reform initiatives such as mine to endure. As one who is also certified to become a superintendent of schools whereby I can impact an entire school district with my educational philosophy and insight about school health promotion, I am now focused on moving on to the next level whereby I can utilize the experience and insight I have acquired on a broader scale. I also hope to work with individuals in the field of public health or medicine to develop courses for aspiring school leaders and teachers.

And so, this study went from being part of my life to representing the efforts of my life's work whereby the diverse, rather disconnected areas of study which I embarked on including art, history, environmental education, environmental psychology and educational leadership became one. Together the integrated learning experiences I undertook while considered alternative and unique for the times provided me with a broad understanding of how to fit unconnected but similar pieces together. In conjunction with the life-long pain and sensitivity which I harbored for needs unmet while a public school student myself so many years ago kept the need to revisit the root causes of the anguish fresh in my mind all of these years. As such my determination to create schools which would become places of health and wellness, clarity and validation, drove my passion. And while there is always more to learn, I am confident that under my watch no school will ignore the need to address the health needs of the whole child.

APPENDICES

Appendix A - Health Promoting Principles

Principles of Health Promoting Schools

- Promotes the health and well-being of all students
- Enhances the learning outcomes of students
- Upholds social justice and equity concepts
- Provides a safe and supportive environment
- Involves student participation and empowerment
- Links health and education issues and systems
- Addresses the health and well-being issues of all school staff
- Collaborates with parents and the local community
- Integrates health into the school's ongoing activities, curriculum and assessment standards
- Sets realistic goals built on accurate data and sound scientific evidence
- Seeks continuous improvement through monitoring and evaluation

(IUHPE)

Appendix B – Pre-Assessment

Pre-Assessment July 2006-August 2006

| Diagnosing Methodology | Taking Action | Evaluating Action |
|--|--|--|
| <ul style="list-style-type: none"> • Observations | <ul style="list-style-type: none"> • Observations of whole school include: classrooms, grounds, resources | <ul style="list-style-type: none"> • School facility is expansive (350,000 square feet). Problems determined with air quality, temperature, building cleanliness • Rooms used by some staff for personal use reveal safety concerns (stove, cooking supplies, lack of cleanliness) • Facility not alarmed |
| <ul style="list-style-type: none"> • Informal conversations | <ul style="list-style-type: none"> • I sought out all available certified and non-certified staff, student and parents to introduce myself. Relationship building begins. • Meetings held with town officials and parents during community/school events • Meetings held with central office personnel on a regular basis to access information and determine expectations. | <ul style="list-style-type: none"> • Conversations begin to reveal issues of concern related to student apathy, lack of engagement, low expectations, lack of self-esteem, overly protective/enabling parents; lack of parental involvement; concern over student at-risk behaviors. Concern raised over teacher accountability, hiring practices, failure to evaluate non-performing staff. • Conversations reveal information about teacher union president who works in my building who has historically not supported principal, has supported underperforming teachers and lack of accountability. It appears as though she has the potential act in the capacity of 'gatekeeper' resisting |

| | | |
|---|---|--|
| | | <p>change.</p> <ul style="list-style-type: none"> • Upcoming NEASC evaluation requires attention to previously determined citations for improvement • School-community expectations for improved test scores drives initiatives |
| <ul style="list-style-type: none"> • Review of artifacts | <ul style="list-style-type: none"> • Documents • Data from previous principal • School records • Review of State/NEASC accountability/standards • Review of teacher evaluation plan • Review curriculum • Review of student performance trends • Review of disciplinary records • Review of support programs i.e. guidance, health, physical education, social worker • Review of student newspaper • Review of budget • Review of hiring practices and its impact on teacher and student performance | <ul style="list-style-type: none"> • Student records reveal low standardized test scores and areas in need of improvement • Review of previous principal's notes reveals areas in need of attention i.e. library media center, guidance, programs that meet social, emotional needs of students; media/TV technology program; physical education department/teacher accountability • Student records reveal behavioral concerns • Student records reveal substantial failures in PE/health • Curriculum reveals lack of common assessments, syllabi and course expectation determinations ex. AP, honors, level 1, level 2 • Review of last NEASC evaluation reveals 102 negative citations in need of improvement before 2011 • Review of records reveals teacher evaluation plan in need of revision • Review of records |

| | | |
|---|---|--|
| | | <p>reveals low participation rates in club/after-school activities</p> <ul style="list-style-type: none"> • Conversations with staff corroborates antecedents which are emerging |
| <ul style="list-style-type: none"> • Literature review initiated | <ul style="list-style-type: none"> • Heightened focus on obtaining and reviewing multi-disciplinary sources of literature to inform actions and professional practice. Specifically in the areas of: school reform, leadership, school health promotion, public health, medicine | <ul style="list-style-type: none"> • Literature reviewed and aligned to conceptual components of frameworks used i.e. health, nutrition, environment, school culture, physical education, etc. as well as overarching critical concerns and issues i.e. leadership, health promotion, change, reform. |
| Reflection | Reflection | Reflection |

Appendix C - NEASC Citations (2001)

December 4, 2001
Page Two

Nevertheless, the Commission expressed concern regarding the school's adherence to the Standards on Curriculum and Instruction and placed the school on warning in the two areas for concerns that include, but are not limited to, the following:

- the stark contrast between the number of personnel assigned responsibilities for computer support services and facilities management and the number of personnel who are directly responsible for curriculum leadership and processes
- the impact on the establishment of priorities and a vision for the school resulting from ongoing administrative changes at both the building and superintendent level in the past five years
- the significant need for the professional staff to focus on student learning in a timely manner
- the heavy reliance by the majority of the teaching faculty on the delivery of the curriculum through lecture model which does not engage students as active learners
- the need to align all curricular areas with the school-wide academic expectations for student learning
- the significant need to increase the level of academic rigor
- the current instructional focus on breadth of coverage versus depth of knowledge
- the critical need to ensure that professional development programs focus on effective instructional strategies and assessment practices
- the lack of a formal curriculum processes to ensure regular review and revision of the curriculum
- the need for teacher supervision and evaluation to focus on improved student learning
- the limited feedback students receive related to their work
- the need to incorporate higher order thinking skills into all areas of the curriculum
- the limited extent to which the curriculum focuses on interdisciplinary coordination and articulation

The Commission determined it will be necessary to monitor closely the progress of school personnel resolving the above-cited concerns. It requested that school officials submit a Special Progress Report by July 1, 2002 indicating how the following recommendations have been addressed to date:

- refocus the professional culture of the school from reacting to organizational issues to proactive efforts to improve student learning
- describe specific steps taken to increase the rigor of the curriculum for the range of students served by the school
- provide professional development for the faculty and administration to further their knowledge of curriculum
- develop and implement a specific action plan to guide curriculum development as part of a strategic plan to improve student learning
- ensure that faculty evaluation process serves to improve instruction
- provide professional development for all faculty and monitor the use of a wide range of instructional strategies such as practices that personalize instruction, make connections across disciplines, engage students as active self-directed learners, promote high order thinking to promote depth of understanding, and provide opportunities for students to demonstrate the application of knowledge and learning
- dedicate time for the faculty to discuss instructional strategies and practices
- ensure that the work of the recently appointed professional development committee meshes with the intent of a strategic plan to improve student learning
- complete the development of rubrics for each of the academic expectations in the mission to include identifying the successful level of accomplishment, ensuring that they explicitly state what the learner should know and be able to do

- provide time and direction for teachers to meet to discuss student work
 - ensure that faculty evaluation process serves to improve instruction
 - provide professional development on the use of a range of assessment strategies and the effective use of assessment data to improve the curriculum and instruction
 - assure that unlevelled elective courses remain open to all students
 - foster cross discipline collaboration by identifying curriculum relationships
 - provide time for teachers to develop collaborative instructional activities
 - assure that the proposed advisory program is designed and developed as part of an overall action plan to improve student learning
 - maintain a copier for the library media center so it is always in working condition
 - cover the technology housed in the library media center with the same level of service as that provided by the contracted services available school-wide
-
- follow-up with students who do not sign the acceptable use policy to make sure that all students are able to use the Internet and the technology available in the school
 - assess on a regular basis the impact of the present school organization to make sure that opportunities for cross discipline discussion and collaborative learning are not limited by departmentalization
 - clarify the means by which achievement by each student will be determined for each of the school's stated academic expectations as articulated in the mission
 - confirm that each curriculum area has identified the particular academic expectations in the school's mission for which it is responsible

Consistent with Commission policies, the school's warning status will not be removed until the school can demonstrate that it has satisfactorily completed these and other evaluation report recommendations related to the cited Standards areas of concern.

All accredited schools must submit a required Two-Year Progress Report, which in the case of ██████████ High School is due on October 1, 2003. In that report school officials should indicate the status of all recommendations in the school's evaluation report by classifying each in one of five categories: Completed, In Progress, Planned for the Future, Rejected or No Action. In addition, they should provide a brief description of the action that has been taken on each valid recommendation in the evaluation report and include anticipated dates of completion where applicable. Special care should be taken to include appropriate information to justify the Rejected or No Action status of any recommendation.

The Two-Year Progress Report should also provide detailed explanations regarding the manner in which each of the following highlighted recommendations has been addressed:

- identify and use professional resources to assist the faculty and administration in reaching an in-depth understanding of current educational theory and effective practices
- ensure that the mission and expectations document is used to guide decision-making particularly as it relates to curricular processes, instructional strategies and assessment practices
- demonstrate that each curriculum area has incorporated into its written and practiced curriculum learning experiences and assessments in support of the academic expectations from the mission for which each is responsible
- provide for ongoing curriculum coordination, supervision, and evaluation
- report the effectiveness of teachers' use of a range of instructional techniques to improve student learning

- refine the use of portfolios to increase their assessment value for students and teachers
 - use agreed upon levels of performance, indicators of successful accomplishment, and other data to assess the progress of student achieving the school's stated learning expectations as articulated in the mission
 - describe the school's plan to report regularly to the community the progress of students in achieving the school's stated learning expectations as articulated in the mission
 - review and modify grouping and leveling practices to ensure that high levels of achievement are expected of all students
 - provide sufficient resources including adequate staffing to meet the health needs of the school
 - provide adequate personnel to meet all guidance related services for students
-
- develop and implement a plan to ensure that each student in the school has an adult member of the school community who serves to personalize that student's educational experience
 - fund, update and expand the print and non-print collection of the library media center to ensure that it supports all areas of the curriculum
 - make decisions about how funding will be allocated in the context of a strategic plan to improve student learning

The Commission congratulates the school administration and faculty for completing the first two phases of the accreditation program: the self-study and the evaluation visit. The next step will be the follow-up process during which the school will implement valid recommendations in the evaluation report. The Commission's Follow-Up Seminars should help you and your faculty develop a schedule for implementing valid recommendations. In addition, the Commission's *Accreditation Handbook* provides information on follow-up procedures.

The school's warning status will be next reviewed when the Commission considers the Special Progress Report. Consistent with the Commission's follow-up procedures, the Special Progress Report should be signed by the principal and chair of the Follow-Up Committee and sent to the Commission office by certified mail, return receipt requested.

Sincerely,

- cc: [Redacted], Superintendent, [Redacted] Public Schools
 [Redacted] Chairperson, [Redacted] Board of Education
 [Redacted], Chair of the Visiting Committee
 [Redacted] Chair, Commission on Public Secondary Schools

Appendix D - Stage 1

Laying the Groundwork, Assessing the Culture, Developing Relationships and Building Support Year 1

| Diagnosing | Planning Action Methodology | Taking Action | Evaluating Action |
|---|---|---|--|
| <ul style="list-style-type: none"> • Pre-assessment • Review of literature • Review of documents – internal and external • Identification of Problems • Identification of stakeholders and ‘gatekeepers’ • Identification of health needs i.e. student, staff, organization, community • Examination of school mission and philosophy • Review of policies i.e. federal, state, local impacting health promotion • Identification of potential community networks • Alignment of components (8) Coordinated School Health Model to school setting • Preliminary overview of features (8) components- strengths and weaknesses • Identification of health promoting principles embedded within culture | <ul style="list-style-type: none"> • Observations • Informal Interviews • Informal Conversations • Focus Groups • Surveys • Review of Artifacts | <ul style="list-style-type: none"> • Whole School Observations-random • Conversations with students, staff, parents, District Administrators – random sampling • Organization of student committees (focus groups) – random and snowball sampling • Integration of artifacts including: student work; records; assessments; documents; expectations for standards; curriculum standards; mission statement; disciplinary records into intervention plans • Facility review and oversight • Staff meetings & professional development-universal sample • Implementation of health survey to students and staff-universal sample grades 10-12 • Community contacts – Yale • University • Contacts-State Department of Education-Coordinated School Health and Nutrition Department • Dissemination of information to District Administrators and Board of Education • Participatory engagement with staff, students, parents, community • Begin discussion of physical education program review • Begin discussion of | <ul style="list-style-type: none"> • Identification of stakeholders-relationship building begins • Integration of literature into planning – process continues throughout duration of study • Analysis of survey results- results guide study • Analysis of artifacts- includes documents, student work, records, teacher/student work, policies, procedures, standards • Analysis of observations interviews; focus groups. Data collected and analyzed on continuous basis • Staff, student, parents volunteer to participate in school based health promoting initiatives • Leadership practices reviewed-reflective practice utilization of critical friends for feedback. • Relationship building- focus on maintaining high visibility and communication • Identification of problems/concerns (8) components of Coordinated School Health Model • Student |

| | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Identification of aspects of eco-holistic model – strengths and weaknesses • School Improvement committee meets to prepare for NEASC accreditation • Review of assessment/ • Standards, instruction, teacher evaluation • Identification of student and staff interest in fitness center • Identification of funding sources for health promoting interventions | | <ul style="list-style-type: none"> • guidance/support staff program review • Develop monitoring system for facility oversight • Develop school safety plans • Student health and wellness committee meets monthly with food services director • Organize Parent Teacher Organization • Principal's advisory committee • Senior privileges initiated • Mission statement revised • Changes in cafeteria food, displays • Arranged field trip to local gym with 5 physical education teachers, 20 students for the purpose of piloting fitness classes – snowball sampling used to select students • Opportunities provided for student voice • Physical Education and Health Program Review Committee meets monthly • Program review – health services • Program review – guidance/support staff • Parent teacher organization established • District Health and Wellness Committee Established • District Safety Committee established • Fitness center proposal presented to Board of Education, students, staff, Central Office Administration • Visitation to local school to assess fitness center | <ul style="list-style-type: none"> • engagement and participation-increase of clubs, activities • Student voice emerges –priority made to integrate suggestions made by students and staff into culture of school. • Concerns about 'gatekeepers' – determination as to who they are, what their agenda is, Strategies ongoing regarding how to engage them • Status quo – disruption begins – many changes take place in year one. Many staff members skeptical about nature of change, researchers agenda. • Implementation of staff meeting on the nature of change and school health promotion • Changes to food in cafeteria noticed by students, staff perceptions begin to change • Integration of theory and practice yields programs, activities • New school mission statement and slogan – explore, empower, achieve created • Students in graphics design mission statement posters – empowerment, communication strategy • Student accomplishments/ |
|--|--|---|--|

| | | | |
|--|--|--|--|
| | | | <p>photographs posted on office window</p> <ul style="list-style-type: none"> • Parents become more involved – book store, fundraisers (prior to this year parent group did not exist) • Students collaborate with food services coordinator to address student concerns • Food services program provides evidence of change – food options increase • Student groups diagnose and implement building wide changes • School administrators meet weekly and provide validation checks for HP interventions and ideas • School goals reflect evidence of health promotion principles • School Improvement prepares for accreditation self study – health promotion philosophy evident • Relationships with students increase • Issues cited by students related to lack of communication within building are responded to by –creating scrolling TV program which can be viewed in all classrooms which display |
|--|--|--|--|

| | | | |
|------------------|------------------|------------------|---|
| | | | messages, events. Additional information posted on bulletin boards and new signage <ul style="list-style-type: none"> • Signs created to reflect slogan (see Appendix). |
| Reflection cycle | Reflection cycle | Reflection cycle | Reflection cycle |

Appendix E - Health Surveys

School Climate Survey

2006-2007

This survey asks your opinions about this school only, not about the district overall. This survey is in two parts. The first part is for all staff. The second part is only for staff at this school who have responsibilities for services or instruction related to health, prevention, discipline, counseling and/or safety.

Circle the alphabetical letter that corresponds to your response to each question.

1. What is your role(s) at this school? (Mark all that apply.)

- A) Teacher
- B) Administrator
- C) Prevention staff, nurse, or health aide
- D) Counselor, psychologist
- E) Police, resource officer, or safety personnel
- F) Other certificated staff (e.g., librarian)
- G) Other classified staff (e.g., janitor, secretarial or clerical, food service)
- H) Teacher's aide, teacher's assistant, or instructional aide

2. How many years have you worked, in any position, at this school?

- A) Less than one year
- B) 1 to 2 years
- C) 3 to 5 years
- D) 6 to 10 years
- E) Over 10 years

Please indicate how much you agree with the following statements about this school.

| This school... | Strongly | | Strongly | |
|--|----------|----------|----------|----------|
| | Agree | Disagree | Agree | Disagree |
| 3. is a supportive and inviting place for students to learn. | A | B | C | D |
| 4. sets high standards for academic performance for all students. | A | B | C | D |
| 5. promotes academic success for all students. | A | B | C | D |
| 6. fails to involve most parents in school events or activities. | A | B | C | D |
| 7. clearly communicates to students the consequences of breaking school rules. | A | B | C | D |
| 8. handles discipline problems fairly. | A | B | C | D |
| 9. is a supportive and inviting place for staff to work. | A | B | C | D |

California Healthy Kids Survey, © 2006 CA Dept. of Education

School Climate Survey - Fall 2006

Please indicate how much you agree with the following statements about this school.

| This school... | | Strongly Agree | | Disagree | | Strongly Disagree | |
|----------------|--|----------------|---|----------|---|-------------------|--|
| | | A | B | C | D | | |
| 10. | provides adequate counseling and support services for students. | A | B | C | D | | |
| 11. | provides adequate health services for students. | A | B | C | D | | |
| 12. | provides students with healthy food choices. | A | B | C | D | | |
| 13. | encourages opportunities for students to decide things like class activities or rules. | A | B | C | D | | |
| 14. | fosters an appreciation of student diversity and respect for each other. | A | B | C | D | | |
| 15. | is a safe place for students. | A | B | C | D | | |
| 16. | is a safe place for staff. | A | B | C | D | | |

The next questions ask your opinions about adults at this school.

| How many adults at this school ... | | Nearly All | | | Most | | Some | | Few | | Almost None | |
|------------------------------------|---|------------|---|---|------|---|------|--|-----|--|-------------|--|
| | | A | B | C | D | E | | | | | | |
| 17. | really care about <i>all</i> students? | A | B | C | D | E | | | | | | |
| 18. | acknowledge and pay attention to students? | A | B | C | D | E | | | | | | |
| 19. | want all students to do their best? | A | B | C | D | E | | | | | | |
| 20. | listen to what students have to say? | A | B | C | D | E | | | | | | |
| 21. | believe that every student can be a success? | A | B | C | D | E | | | | | | |
| 22. | treat all students fairly? | A | B | C | D | E | | | | | | |
| 23. | support and treat each other with respect? | A | B | C | D | E | | | | | | |
| 24. | feel a responsibility to improve this school? | A | B | C | D | E | | | | | | |

The next questions ask your opinions about students at this school.

| Based on your experience, how many students at this school... | | Nearly All | | | Most | | Some | | Few | | Almost None | |
|---|---|------------|---|---|------|---|------|--|-----|--|-------------|--|
| | | A | B | C | D | E | | | | | | |
| 25. | are healthy and physically fit? | A | B | C | D | E | | | | | | |
| 26. | arrive at school alert and rested? | A | B | C | D | E | | | | | | |
| 27. | are motivated to learn? | A | B | C | D | E | | | | | | |
| 28. | are well-behaved? | A | B | C | D | E | | | | | | |
| 29. | are involved in extracurricular activities or enrichment opportunities? | A | B | C | D | E | | | | | | |

Student Health Survey

1. Instructions

This survey asks your opinions. There are NO wrong or right answers. Please answer the questions as HONESTLY as you can. Do NOT write your name on the survey to keep it anonymous.

1. What is your current grade level?

- Freshman (9th)
- Sophomore (10th)
- Junior (11th)
- Senior (12th)

2. What is your gender?

- Male
- Female

3. How much do you agree with the following statement?

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| This school is a supportive and inviting place to learn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| This school sets high standards for all students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school provides adequate counseling and support. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The School provides adequate health services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school provides healthy food choices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teachers and Staff show interest in improving the school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Based on your observation, how many other students ...

| | Nearly All | Most | Some | Few | Almost None |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Are healthy and physically fit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seem alert and well rested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are motivated to learn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are well behaved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. How would you describe your ...

| | Excellent | Good, but I can improve | Poor, I could really use help |
|---|--------------------------|--------------------------|-------------------------------|
| Physical Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Energy Level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to concentrate in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to do all of the things you want to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your state of emotions (happiness versus sadness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with other students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with your family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with your teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Would you like to see the school lunches offer ...

| | No, its OK as is | Yes, can use some changes | Yes, can use major changes |
|--|--------------------------|---------------------------|----------------------------|
| Foods with less fat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More foods with fiber (bran, whole wheat, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More foods with dairy (milk, cheese) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More fresh vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More fresh fruit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foods that taste better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. If the school could offer or change something to help improve your health, happiness or feeling of well being, what would it be? Please explain below.

THANK YOU FOR ANSWERING THE SURVEY ☺

Appendix F - Stage 2

Gaining Momentum - A New Mission, Exploring, Empowering, Achieving

Year 2

| Diagnosing | Planning Action Methodology | Taking Action | Evaluating Action |
|---|---|--|---|
| <ul style="list-style-type: none"> • Identification of strengths and weakness is ongoing. Data emergent and integrated into programming • Review of Literature ongoing - theory integrated into practice and disseminated to staff • Strategic planning committees continue working-School • Identification of students who are employed • Identification of fitness center physical and equipment needs • Teacher "learning walks" completed by administrators/evaluators seeks to determine level of student engagement and participation in classroom • Review of curriculum and programming to determine degree of integration, equity, participation, engagement, | <ul style="list-style-type: none"> • Observations • Informal Interviews • Informal Conversations • Focus Groups • Surveys • Review of Artifacts | <ul style="list-style-type: none"> • School facility maintenance assessment and oversight protocols established • Professional Development activities planned • School Improvement team reviews and monitors mission, slogan and impact on whole school • Faculty Senate Committee created • Fitness Center Created • Staff wellness programs (fitness) created - all staff invited to participate • Dissemination of information provided to whole staff and to specific departments • Program review in PE and Health continues with new programs implemented this year • Program review-health services continues • Creation of Professional Learning Community for Freshmen Team Teachers • Creation of exploratory Staff Mentoring Program for students • Staff express desire to create after school programs for students i.e. dance club, fitness program • District health and wellness committee meets to discuss implementation of District Health and Wellness Plan • Student Advisory Program revised to reflect integration of | <ul style="list-style-type: none"> • Analysis of all hp interventions and methodologies • Focus groups meet • Faculty Senate provides administrators with ongoing feedback from staff • New Health and PE program initiated - focus on fitness. Provides options for students within classes. • PE program: evaluated by students and staff monthly • Fitness Center opens - used by PE classes and staff • Fitness programs for staff • Freshmen teacher cohort begins to discuss transition plans for incoming 9th grades which address social, emotional, physical and academic needs of all students • Discussion of Student mentoring program provides evidence of obstacles i.e. funding, support • Lack of funding and support results in inability to implement afterschool programs • Donations made to fitness center |

| | | | |
|---|--|---|--|
| <p>democracy</p> <ul style="list-style-type: none"> Monitoring and evaluation of facility related issues ongoing i.e. environmental issues, air quality, sanitation, cleanliness, safety | | <p>social, emotional, physical needs and interests of students</p> <ul style="list-style-type: none"> Teachers required to create expectations and class syllabi to assure common expectations and standards Review of NEASC standards and new State of Connecticut High School Reform Plan Introduction to 'Response to Intervention' requirements Student club created designed to 'tie students together' – ROPES Meetings weekly with Instructional Department Leaders to discuss findings of curriculum review (equity, participation, engagement, democracy) to develop action plans for improvement Guidance and support staff meet weekly to discuss and develop student groups i.e. divorce, substance abuse Guidance and support staff meet to discuss coordinating efforts to meet needs of students Student "Voices" Committee established – in conjunction with NEASC 125th Anniversary Committee. Focus on evaluating the purpose of education and how school can provide framework for assuring success Safety and emergency plans revised and communicated to staff Monthly fire drills and lock down drills | <p>providing equipment and renovation</p> <ul style="list-style-type: none"> Advisory program revised Student Health and Wellness Committee continues to work with food services director Student assemblies generated by clubs and individual students focus on teen driving (see Appendix) drunk driving Student talent shows take place providing students with opportunities to display talents and connect with others Health classes integrate State of Connecticut 'Balanced Healthy Living Framework' into curriculum Health classes take students to hospital for demonstration and discussion Certified Emergency Medical Training Program (EMT) offered for certification/ Taught by members of local fire department open to community Whole school program created by Students Against Destructive Decisions Club – 'mock car crash' Students empowered to become involved |
|---|--|---|--|

| | | | |
|------------------|------------------|------------------|---|
| | | | in graduation program i.e. performers |
| Reflection cycle | Reflection cycle | Reflection cycle | Reflection cycle |

Appendix G - Stage 3

Integrating Health Promotion into the Context: A Site Specific Conceptual Framework

Year 3

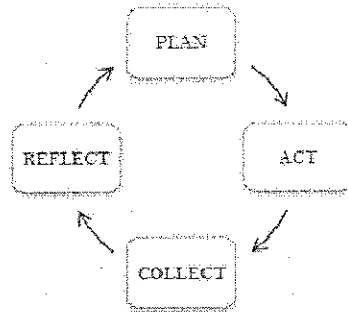
| Diagnosing | Planning Action Methodology | Taking Action | Evaluating Action |
|--|--|--|--|
| <ul style="list-style-type: none"> Continued evaluation of strengths and weaknesses relying on 3 component coordinated school health model, ec-holistic whole school model, whole school approach; health promotion principles Investigation of vocation programming to determine strengths and weaknesses of programs for non-college bound students Needs assessment of Guidance Program and time evaluation of time usage Investigation of Library Media Program and teacher replacement Examination of course leveling requirements and expectations for teachers and students Continued evaluation of student engagement, participation, democracy and equity within the school culture | <ul style="list-style-type: none"> Observations Informal Interviews Focus Groups Informal conversations Review of artifacts | <ul style="list-style-type: none"> Utilization of data to create conceptual school model Student voices prepares to host first NEASC convocation inviting other schools in New England and abroad to attend (via teleconferencing) Professional learning community -- Freshmen teacher cohort meets weekly to discuss transition, student engagement, student health issues impacting academics and performance, interdisciplinary units Fitness center utilized by sports teams after school Equipment purchased for fitness room based on student and staff programming needs and interests Year long, whole school fundraising planning to solicit donations for teacher with chronic illness Student health and wellness club meetings established by principal Staff wellness program initiated by principal Major safety breach and police intervention requires emergency plan revision School resource officer (police) hired to oversee safety and provide support to students Information conveyed to central office administration regarding safety issues | <ul style="list-style-type: none"> Donations made to fitness center by students, Board of Education, community provide evidence of support Staff meeting held to explain individualized conceptual framework Fitness Center dedication planned to honor ill teacher. Advisory program created by a chronically ill teacher and media teacher to provide students with awareness of her illness (CF). Program aired to whole school with intention of providing education and Evidence reveals that Student Health and Wellness Club is founder when principal does not facilitate or take charge-sustainability Evidence that unless principal facilitates staff wellness programs they do not take place Isolated safety breach provides evidence of intersectoral collaboration Safety concerns not remediated due to lack of political and administrative |

| | | | |
|--|------------------|--|---|
| <ul style="list-style-type: none"> • Evaluation of whole school setting and the impact of health promoting interventions within all aspects • Reflection and evaluation of professional strategies, performance, outcomes and obstacles • Investigation of building related safety concerns | | <ul style="list-style-type: none"> • Board of Education member provided with information related to perceived need for school based health center • Administrators, staff, students continue to provide validation checks and feedback • Fundraising initiatives by student groups provide assistance to local community • Individual students provide principal with suggestions for privileges | <p>support</p> <ul style="list-style-type: none"> • Board of Education member solicits support from State legislator in advocating for school based health center – verdict pending • Student request for privileges i.e. to play hacky sack at lunch is honored – space designated for students • Upperclassmen continue to be granted privileges i.e. patio, courtyard |
| Reflection cycle | Reflection cycle | Reflection cycle | Reflection cycle |

Appendix H - Professional Learning Communities (PLC's)

THE ACTION RESEARCH CYCLE

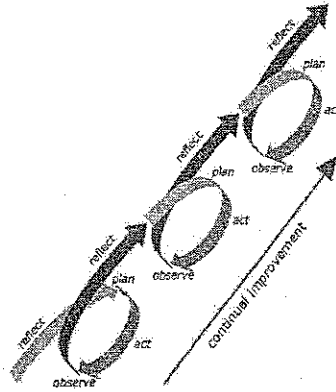
There are four basic steps in the action research cycle: Plan, act, observe/collect, reflect review:



Action Research is a form of inquiry conducted by researchers who wish to inform and improve:

- Their Practice
- Their understanding and their decision-making practice.
- The effect of their practice on research.

These steps are repeated in sequence as work progresses, creating an upward spiral of improving practice.



Cyclical steps:

1. PLAN: Discuss topics relevant to your topic and prioritize.
2. ACT: Brainstorm, review relevant research and data develop potential intervention/action plans to remediate problem.
3. COLLECT: Present rationale and evidence o staff (staff meeting) for their consideration and review. Collect feedback.
4. REFLECT: Reflect on staff comments.
5. PLAN: Intervention.
6. ACT: Implement intervention.
7. COLLECT: Evidence related to intervention.
8. REFLECT: EVALUATE.

REPEAT STEPS IF NECESSARY

PROFESSIONAL LEARNING COMMUNITIES (PLC's)

September 1, 2009

Agenda

Introduction - Meeting overview

Task #1 -

- a) Members of each committee should make the decision as to whether there is a purpose for the PLC to continue meeting (see chart below).
- b) In the event that the PLC disbands, staff should join an existing or newly proposed PLC (10 minutes) *see proposed PLCs below.
- c) We will make this decision prior to breaking out in groups.

GROUPS WILL BE ANNOUNCED - MEETING LOCATIONS ANNOUNCED

Task #2 -

- a) Assign following rolls within groups: secretary, spokesperson(s) to present findings/proposed action plans at staff meetings; facilitator to run meetings.
- b) Begin discussion of possible issues of concern - prioritize issues of concern for examination. Spokesperson will report back either at end of meeting of Oct. staff meeting.

Appendix I- High School Reform Plan

Connecticut's Plan for Secondary School Reform

Some Alarming Facts...

- CT now has one of the largest achievement gaps between whites and minority students in the country.
- Thirty to forty percent of students in some urban high schools **drop out** or earn a diploma.
- Only one-fourth of CT's ninth graders go on to college level complete their bachelor's degree program, even after six years.
- CT's colleges are now providing remedial instruction to an alarming number of incoming freshmen. Remedial means lower-level courses. Why? Because students lack "college ready" and "work ready" reading and mathematics skills.

Connecticut must break this downward cycle to maintain its position as leader in innovation, household income and economic strength.

The need: A comprehensive statewide secondary school reform plan, *The Connecticut Plan*

We need all of Connecticut's children to succeed in school - and in life beyond the classroom. Designing secondary schools where all students can learn and achieve at high levels will require important and substantial changes in our current structures, practices and assumptions. Small fixes here and there are not the answer. We must be committed to do all we can to enable all students to graduate from any high school in Connecticut with skills and understandings to not just succeed, but excel.

In the *Connecticut Plan for Secondary School Reform*, proposed interventions and supports, high expectations, and rigorous, cumulative expectations will mean that more of our students will earn a college and graduate. With these reforms, our students will have increased options and be better equipped with the knowledge and skills necessary for success in further education or the workforce.



Connecticut's Plan for Secondary School Reform *Investing Today for a Better Tomorrow*

Find out more information and follow progress on the implementation of the CT Plan on the Connecticut State Department of Education Web site, <http://www.sde.ct.gov>.

Connecticut's economic future depends on investing in secondary schools. We don't need much to get started, but we do need to get started ... now!

Accountability and Assessment Holding All Students to High Standards

To ensure students are learning the desired content, state-developed final examinations will be administered in each high school. These exams will be given to students at the completion of five of the required courses and will count for at least 20% of the student's final grade. These final exams will be given for Algebra I, Geometry, Biological Life Science, English Language Arts I, and American History. Some will include performance components. Students must score at least 70% on the final exams to successfully complete the course.

CAAP (Connecticut Academic Performance Test) will continue to be administered in Grade 10 to meet NCLB requirements and to serve as a constant in measuring progress over time.

Student Supports Providing A Variety of Supports to Ensure That All Students Succeed

Many student supports will be necessary to ensure that all students graduate from high school with the skills and understandings that are desired. Districts will need to provide needed supports in a timely and effective manner and create and expand programs that help students stay motivated and engaged in school. These programs may include mentorships, peer and adult tutoring, computer-based supports, after-school and weekend programs, school-based health programs, differently paced and/or modified courses, and other options. This key is that a variety of strategies must be used and implemented to help all students achieve.

Higher Education Ensuring That All Students Graduate "College Ready"

Significant numbers of Connecticut's current high school graduates might enroll in remedial English and/or Mathematics courses when they get to college. The establishment of a rigorous set of high school expectations and a challenging course of study for students will serve to reduce the high school completion with appropriate college level work.

Connecticut institutions of higher education, both public and private, can serve a significant role in ensuring that all students are "college ready" and that the knowledge and skills necessary for success in further education and the knowledge and skills necessary for success in the workforce. High school requirements with college expectations, and may include increased opportunities to earn college credit while still in high school, expedite admission to Connecticut colleges, and tuition assistance for students who enroll in their high school performance.

Implementation of the CT Plan 2009-2019

- Phase 1: School Years 2009-2011**
 - Develop a 1-2 model curricula, final exam questions, and formative assessment systems - all led by the Department of Education's Curriculum and Assessment Division.
 - Develop a two-year implementation plan that encourages district participation, based on CT's current and projected financial capacity.
 - Work with CT's regional education service centers (RESCs) to develop policy and guidance documentation for implementing student success plans, creating projects, on-line courses, innovative schedules and assessment alternatives.
 - Pilot 21st century courses such as *6821* offered through *The Center for 21st Century Skills @ Education Connecticut* to accelerate their effectiveness and potential as model curricula.
 - Identify 20-25 districts to begin piloting aspects of the *Connecticut Plan* in Phase 1 and full implementation in Phase 2.
 - Share best practices (curriculum, teaching-learning methods, increased student support, teacher training and professional development) with the rest of the state (CT Education Network).
- Phase 2: School Years 2011-2014**
 - Begin implementation plans, introducing all elements of the *Connecticut Plan* in the 20-25 pilot districts.
 - Continue development of model curricula, begin professional development for all teachers in selected areas of technical, career, and business, as needed and adjust supports for students, develop policies and procedures for students struggling with final examinations.
- Phase 3: School Year 2014-2015**
 - Develop incentives for districts to fully participate in the *Connecticut Plan*.
 - Complete phase 3 and make adjustments to clarify and strengthen the Plan, based on the first four years of achievement and formative assessment data. Introduce PISA examinations and support funds for PISA test boxes.
 - Prepare for voluntary implementation of the *Connecticut Plan* statewide, potentially involving all 168 districts.

Key Elements of Connecticut's Plan for Secondary School Reform

Focus on Engagement

- Robust, interesting and meaningful learning opportunities
- Supportive environments that address students' needs at appropriate levels
- Structures and programs that help students feel connected to the school community

Model Curricula

Assessing Quality and Consistent Curricula

To ensure that consistent curricula is provided throughout the state, model curricula will be provided for each core course requirements: Algebra I, Geometry, Algebra II, Science, English I, English II, English III, and American History. Teaching and learning of 21st century skills will be integrated into each of the model curricula.

Additionally, the state will provide formative assessment instruments that complement each model curriculum, to help teachers focus on student, class and school needs and modify instruction as needed.

Student Personalization

Addressing Each Student's Needs and Interests

Beginning in 6th grade and continuing through high school, each Connecticut student will participate in the development of a Student Success Plan. The plan recognizes the student's individual interests and abilities, and establishes an individualized program of study that will help every student stay motivated in school and set and achieve post-high school educational and career goals.

Middle School Connections

Early Intervention and Easing the Transition from Middle School to High School

Beginning secondary school success in physics is likely to be for the state. Secondary schools will provide early intervention and student support programs, as well as Student Success Plans for every student beginning in Grade 6. The model of middle school success curriculum for Grades 6-8, based on high school English Language Arts I and II, the creation of model curriculum in Science, History and Government for Grades 6-8, and joint common professional development for teachers in middle school and high school.

Middle school students will be required to complete an 8th Grade Portfolio or Demonstration Project. The exact details of which will be determined by each district based on state recommendations.

Focus on 21st Century Skills

- Locate, analyze, interpret and communicate information in a variety of formats and media
- Solve problems creatively and logically
- Collaborate with others face-to-face and via technology tools
- Demonstrate leadership skills, ability at personal and social responsibility, and adaptability to change
- Effective use of technology tools

Technology

Opening New Ways to Experience Learning

Technology has an important role in this secondary school reform package for both students and teachers. The use of various computer-based applications for preparing, delivering and assessing instruction, and for providing students with individualized learning paths, and providing teachers with tools for the ongoing learning process for each student.

Teachers will need to become skilled in this secondary student performance will be made, better-informed instructional decisions. Teachers will use innovative applications for sharing skills of study, lesson plans, student work, and online conversations about student performance. Just finally, but of the utmost importance, students must use technology tools to enhance learning. To accomplish these things, technology's use must be an integral part of professional development programs at the state, school, district, report, and class levels.

Excellent Teaching Practices

Assessing Excellent Teaching Through Pre-service Teacher Training and In-service Professional Development

Excellent teaching must be prevalent throughout our schools. This Plan describes high expectations for preservice teacher training and professional development of experienced teachers and administrators.

State institutions of higher education will help ensure that teacher training programs are preparing teachers in content areas and developmentally appropriate educational best practices to meet the requirements of this proposal. In particular, higher education will find it necessary to produce larger numbers of college mathematics, science, and world language teachers, and, at the same time, equip all new secondary teachers with the skills and competencies needed to be equally effective with early adolescent and adolescent students. Further, pre-service programs must stress, throughout their coursework and practicum experiences, the effective use of technology to advance learning.

Expert teachers will participate in the development of the designed model curricula, formative assessments, sample lessons, and final exams for the designed courses. The state will provide learning programs for middle and high school mentors that will provide the instruction and guidance required by the Student Success Plan.

Focus on Rigorous and Engaging Content

- Content that provides a solid foundation for continued education
- Learning activities requiring high-order thinking, deep understanding of important concepts, critical self-reflection
- Emphasis on application of knowledge and skills rather than rote memorization

Curricular Requirements

Increasing Credits, Expanding Opportunities

To be prepared for success in college and the workplace, all students must acquire deep understanding in the core areas of English, mathematics, science, and social studies. Additionally, coursework in the fine arts, computer science, health, and physical education will ensure that our students obtain a balanced and well-rounded education.

The Connecticut Plan requires all students to complete 25 credits. Students will also be required to complete a Capstone Experience, which is a culminating project that allows students to focus on an area of interest and demonstrate skills and understandings they've acquired.

Recommended Course and Credit Requirements - Total 25 Credits

| | |
|---|---|
| Class 1 - Language, Literature, and Technical Writing - 6 Credits | Class 2 - Mathematics - 4 Credits |
| Math - 4 Credits (Algebra I, Geometry, Algebra II, Probability, other mathematics) | Math - 4 Credits (English I, English II, Literature and Composition, American, World or British Literature, other English course or course) |
| Science - 3 Credits (Biological, Physical, Chemistry, Earth Science, other science) | Social Studies - 3 Credits (American History, Humanities/World Studies, 10 Civics/Civics II, Civics III, Global Studies Elective) |
| STEM Elective - 1 Credit (Science, Mathematics, Engineering or Technology) | Fine Arts - 1 Credit (Art, Music, Theatre, Dance) |
| Class 3 - Physical Education - 1 Credit | Humanities Elective - 1 Credit (English, World Languages, Social Studies, Fine Arts or other Humanities course) |
| Physical Education - 1 Credit | Class 4 - Career & Life Skills - 2 Credits |
| Career & Life Skills Electives - 2 Credits (Career and Technical Education, World Languages, English as a Second Language, community service or other credit-eligible course, credit as Personal Finance, Public Speaking, and Nutrition & Physical Activity) | Physical Education - 1 Credit |
| Class 5 - Capstone Experience - 1 Credit | Capstone Experience - 1 Credit |
| Capstone Experience - 1 Credit | Capstone Experience - 1 Credit |

Capstone Experience

Allowing Students to Demonstrate Skills and Pursue Personal Interests

The Capstone Experience is intended to be a culminating experience that provides a way for students to demonstrate knowledge and skills they have acquired during their educational experiences by creating a project in an area of personal interest. As part of the experience, students will be required to demonstrate skills and understandings they've acquired to the public. The exact details of Capstone Experience requirements will be determined locally.

Capstone Experiences could include special projects, a reflective portfolio of best work, community service and internships. These experiences should demonstrate not only the rigor of what the student is able to do, but clearly provide evidence of 21st century skills attainment.

Appendix J - CAPT Score Information

2009 CAPT Scores
Summary
Board of Education Presentation: October 13, 2009

Interdisciplinary Writing

increased from 90.4% proficient in 2008 to 93.4% proficient in 2009
State average was 88.2% in 2008, and it dropped to 86.5% in 2009

Reading Across the Disciplines

increased from 79.1% proficient in 2008 to 86.9% proficient in 2009 (Above AYP Targets)
State average was 82.7% in 2008, and it dropped to 81.8% in 2009

Science

increased from 79.4% proficient in 2008 to 85.7% proficient in 2009
State average was 80.5% in 2008, and it dropped to 78.4% in 2009

Math

increased from 72.5% proficient in 2008 to 81.1% proficient in 2009 (Above AYP Targets)
State average was 79.7% in 2008, and it dropped to 78.4% in 2009

has exceeded State of Connecticut averages in proficiency in each of the four areas of the CAPT. What is even more impressive is that our test scores saw gains in proficiency in all areas, while State averages decreased in every area. East Haven High School students also exceeded State of Connecticut averages at the goal level in Interdisciplinary Writing. numbers were 56.5% at/above goal, while the State of Connecticut numbers were 55.1% at/above goal.

DRG Comparison

Compared to the other schools in our Demographic Reference Group, scores far outperformed the DRG average.

In Math, 81.1 () compared to 73.4 (DRG)
In Science, 85.7 () compared to 75.5 (DRG)
In Reading, 86.9 () compared to 77.3 (DRG)
In Writing, 93.4 () compared to 82.3 (DRG)

Schools in our DRG:

Bloomfield, Bristol, Groton, Hamden, Killingly, Manchester, Middletown, Naugatuck, Plainfield, Putnam, Stratford, Torrington, Vernon

Additional Achievements

Advanced Placement

- U.S. Government (10th grade) – 7 of 13 passed exam
- U.S. History (11th grade) - 5 of 6 passed exam
- Psychology (12th grade) - 12 of 12 students passed exam

UConn Early College Experience (ECE) – students taking courses for college credit

- Statistics – 16 students earned college credit
- English – 16 students earned college credit
- Biology – 10 students earned college credit

What do we attribute this to?

- Support from Central Office and the administrative team at the High School to allow for implementation of and reflection on building initiatives
- Ongoing curriculum review and revision
- Meaningful professional development
- Data teams
- Common assessments and the use of school-wide rubrics (Academic Expectation Assessments)
- Keeping the focus on teaching and learning
- Increased rigor
- More standardized expectations
- Increased reading and writing requirements across all disciplines

Standards for Accreditation

Effective 2011

1. Core Values, Beliefs, and Learning Expectations

Effective schools identify core values and beliefs about learning that function as explicit foundational commitments to students and the community. Decision-making remains focused on and aligned with these critical commitments. Core values and beliefs manifest themselves in research-based, school-wide 21st century learning expectations. Every component of the school is driven by the core values and beliefs and supports all students' achievement of the school's learning expectations.

1. The school community engages in a dynamic, collaborative and inclusive process informed by current research-based best practices to identify and commit to its core values and beliefs about learning.
2. The school has challenging and measurable 21st century learning expectations for all students which address academic, social and civic competencies, and are defined by school-wide analytic rubrics that identify targeted high levels of achievement.
3. The school's core values, beliefs, and 21st century learning expectations are actively reflected in the culture of the school, drive curriculum, instruction, and assessment in every classroom, and guide the school's policies, procedures, decisions, and resource allocations.
4. The school regularly reviews and revises its core values, beliefs, and 21st century learning expectations based on research, multiple data sources, as well as district and school community priorities.

2. Curriculum

The written and taught curriculum is designed to result in all students achieving the school's 21st century expectations for student learning. The written curriculum is the framework within which a school aligns and personalizes the school's 21st century learning expectations. The curriculum includes a purposefully designed set of course offerings, co-curricular programs, and other learning opportunities. The curriculum reflects the school's core values, beliefs, and learning expectations. The curriculum is collaboratively developed, implemented, reviewed, and revised based on analysis of student performance and current research.

1. The curriculum is purposefully designed to ensure that all students practice and achieve each of the school's 21st century learning expectations.
2. The curriculum is written in a common format that includes:
 - units of study with essential questions, concepts, content, and skills
 - the school's 21st century learning expectations
 - instructional strategies
 - assessment practices that include the use of school-wide analytic and course specific rubrics
3. The curriculum emphasizes depth of understanding and application of knowledge through:
 - inquiry
 - problem-solving
 - higher order thinking
 - cross-disciplinary learning
 - authentic learning opportunities both in and out of school
 - informed and ethical use of technology
4. There is clear alignment between the written and taught curriculum.
5. Effective curricular coordination and vertical articulation exist between and among all academic areas within the school as well as with sending schools in the district.
6. Staffing levels, instructional materials, technology, equipment, supplies, facilities, and the resources of the library/media center are sufficient to fully implement the curriculum, including the co-curricular programs and other learning opportunities.
7. The district provides the school's professional staff with sufficient personnel, time, and financial resources for ongoing and collaborative development, evaluation, and revision of the curriculum using assessment results and current research.

3. Instruction

The quality of instruction is the single most important factor in students' achievement of the school's 21st century learning expectations. Instruction is responsive to student needs, deliberate in its design and delivery, and grounded in the school's core values, beliefs and learning expectations. Instruction is supported by research in best practices. Teachers are reflective and collaborative about their instructional strategies and collaborative with their colleagues to improve student learning.

1. Teachers' instructional practices are continuously examined to ensure consistency with the school's core values, beliefs, and 21st century learning expectations.
2. Teachers' instructional practices support the achievement of the school's 21st century learning expectations by:
 - personalizing instruction
 - engaging students in cross disciplinary learning
 - engaging students as active and self-directed learners
 - emphasizing inquiry, problem solving, and higher order thinking
 - applying knowledge and skills to authentic tasks
 - engaging students in self-assessment and reflection
 - integrating technology
3. Teachers adjust their instructional practices to meet the needs of each student by:
 - using formative assessment, especially during instructional time
 - strategically differentiating
 - purposefully organizing group learning activities
 - providing additional support and alternative strategies within the regular classroom
4. Teachers, individually and collaboratively, improve their instructional practices by:
 - using student achievement data from a variety of formative and summative assessments
 - examining student work
 - using feedback from a variety of sources, including students, other teachers, supervisors, and parents
 - examining current research
 - engaging in professional discourse focused on instructional practice
5. Teachers, as adult learners and reflective practitioners, maintain expertise in their content area and in content-specific instructional practices

4. Assessment of and for Student Learning

Assessment informs students and stakeholders of progress and growth toward meeting the school's 21st century learning expectations. Assessment results are shared and discussed on a regular basis to improve student learning. Assessment results inform teachers about student achievement in order to adjust curriculum and instruction.

1. The professional staff continuously employs a formal process, based on school-wide rubrics, to assess whole-school and individual student progress in achieving the school's 21st century learning expectations.
2. The school's professional staff communicates:
 - individual student progress in achieving the school's 21st century learning expectations to students and their families
 - the school's progress in achieving the school's 21st century learning expectations to the school community
3. Professional staff collects, disaggregates, and analyzes data to identify and respond to inequities in student achievement.
4. Prior to each unit of study, teachers communicate to students the school's applicable 21st century learning expectations and related unit-specific learning goals to be assessed.
5. Prior to summative assessments, teachers provide students with the corresponding rubrics.
6. In each unit of study, teachers employ a range of assessment strategies, including formative and summative assessments.
7. Teachers collaborate regularly in formal ways on the creation, analysis, and revision of formative and summative assessments, including common assessments.
8. Teachers provide specific, timely, and corrective feedback to ensure students revise and improve their work.
9. Teachers regularly use formative assessment to inform and adapt their instruction for the purpose of improving student learning.
10. Teachers and administrators, individually and collaboratively, examine a range of evidence of student learning for the purpose of revising curriculum and improving instructional practice, including all of the following:
 - student work
 - common course and common grade-level assessments
 - individual and school-wide progress in achieving the school's 21st century learning expectations
 - standardized assessments
 - data from sending schools, receiving schools, and post-secondary institutions
 - survey data from current students and alumni
11. Grading and reporting practices are regularly reviewed and revised to ensure alignment with the school's core values and beliefs about learning.

5. School Culture and Leadership

The school culture is equitable and inclusive, and it embodies the school's foundational core values and beliefs about student learning. It is characterized by reflective, collaborative, and constructive dialogue about research-based practices that support high expectations for the learning of all students. The leadership of the school fosters a safe, positive culture by promoting learning, cultivating shared leadership, and engaging all members of the school community in efforts to improve teaching and learning.

1. The school community consciously and continuously builds a safe, positive, respectful, and supportive culture that fosters student responsibility for learning and results in shared ownership, pride, and high expectations for all.
2. The school is equitable and inclusive where every student, over the course of four years of high school, is enrolled in heterogeneous classes in each curriculum area.
3. There is a formal, on-going program through which each student has an adult in the school, in addition to the school counselor, who knows the student well and assists the student in achieving the school's 21st century learning expectations.
4. In order to improve student learning through professional development, the principal and professional staff:
 - engage in professional discourse for reflection, inquiry and analysis of teaching and learning
 - use resources outside of the school to maintain currency with best practices
 - dedicate formal time to implement professional development
 - apply the skills, practices, and ideas gained in order to improve curriculum, instruction and assessment
5. School leaders regularly use research-based evaluation and supervision processes that focus on improved student learning.
6. The organization of time supports research-based instruction, professional collaboration among teachers, and the learning needs of all students.
7. Student load and class size enable teachers to meet the learning needs of individual students.
8. The principal, working with other building leaders, provides instructional leadership that is rooted in the school's core values, beliefs and learning expectations.
9. Teachers, students, and parents are involved in meaningful and defined roles in decision-making that promote responsibility and ownership.
10. Teachers exercise initiative and leadership essential to the improvement of the school and to increase students' engagement in learning.
11. The school board, superintendent, and principal are collaborative, reflective, and constructive in achieving the school's 21st century learning expectations.
12. The school board and superintendent provide the principal with the sufficient decision-making authority to lead the school.

6. School Resources for Learning

Student learning and well-being are dependent upon adequate and appropriate support. The school is responsible for providing an effective range of coordinated programs and services. These resources enhance and improve student learning and well-being and support the school's core values and beliefs. Student support services enable each student to achieve the school's 21st century learning expectations.

1. The school has timely, coordinated, and directive intervention strategies for all students, including identified and at-risk students, that support each student's achievement of the school's 21st century learning expectations.
2. The school provides information to families, especially to those most in need, about available student support services.
3. Support services staff use technology to deliver an effective range of coordinated services for each student.
4. School counseling services have adequate, certified/licensed personnel and support staff who:
 - deliver a written, developmental program
 - meet regularly with students to provide personal, academic, career, and college counseling
 - engage in individual and group meetings with all students
 - deliver collaborative outreach and referral to community and area mental health agencies and social service providers
 - use ongoing, relevant assessment data, including feedback from the school community, to improve services and ensure each student achieves the school's 21st learning expectations
5. The school's health services have adequate, certified/licensed personnel and support staff who:
 - provide preventative health services and direct intervention services
 - use an appropriate referral process
 - conduct ongoing student health assessments
 - use ongoing, relevant assessment data, including feedback from the school community, to improve services and ensure each student achieves the school's 21st century learning expectations
6. Library/information services are integrated into curriculum and instructional practices and have adequate, certified/licensed personnel and support staff who:
 - are actively engaged in the implementation of the school's curriculum
 - provide a wide range of materials, technologies, and other information services in support of the school's curriculum
 - ensure that the facility is available and staffed for students and staff before, during, and after school
 - are responsive to students' interests and needs in order to support independent learning
 - conduct ongoing assessment, using relevant data including feedback from the school community to improve services and ensure each student achieves the school's 21st century learning expectations
7. Support services for identified students, including special education, 504, English language learners, have adequate, certified/licensed personnel and support staff who:
 - collaborate with all teachers, counselors, targeted services and other support staff in order to achieve the school's 21st century learning expectations
 - provide inclusive learning opportunities for all students
 - perform ongoing assessment, using relevant data including feedback from the school community to improve services and ensure each student achieves the school's 21st century learning expectations

7. Community Resources for Learning

The achievement of the school's 21st century learning expectations requires active community, governing board, and parent advocacy. Through dependable and adequate funding, the community provides the personnel, resources, and facilities to support the delivery of curriculum, instruction, programs, and services.

1. The community and the district's governing body provide dependable funding for:
 - a wide range of school programs and services
 - sufficient professional and support staff
 - on-going professional development and curriculum revision
 - a full range of technology support
 - sufficient equipment
 - sufficient instructional materials and supplies
2. The school develops, plans and funds programs:
 - to ensure the maintenance and repair of the building and school plant
 - to properly maintain, catalogue and replace equipment
 - to keep the school clean on a daily basis
3. The community funds and the school implements a long-range plan that addresses:
 - programs and services
 - enrollment changes and staffing needs
 - facility needs
 - technology
 - capital improvements
4. Faculty and building administrators are actively involved in the development and implementation of the budget.
5. The school site and plant support the delivery of high quality school programs and services.
6. The school maintains documentation that the physical plant and facilities meet all applicable federal and state laws and are in compliance with local fire, health, and safety regulations.
7. All professional staff actively engage parents and families as partners in each student's education and reach out specifically to those families who have been less connected with the school.
8. The school develops productive parent, community, business, and higher education partnerships that support student learning.

Appendix L - Questionnaires (Examples of)

Name _____
Grade _____

1. What are the reasons why you did not participate in gym class?

2. Do you exercise or participate in an after school sport?

3. Would you have participated in a more structured fitness class?
(example
pilates/yoga)

4. Would you have used the DDR if it was set
up?

5. What are your feelings about mandating physical activity in school?

6. What could your pe teacher have done to get you to participate in
class?

School Health Promotion
Questionnaire

_____ optional

1. Is the concept of a health promoting school one that you are familiar with?

Yes ___ No ___

2. Do you feel that you are now more familiar with the concept than you were two years ago? Yes ___ No ___

Reasons

why: _____

2. Do you believe that academic achievement can be enhanced through school health promoting initiatives? Yes ___ No ___

Explain: _____

4. Do you believe that schools should assume some responsibility for health promotion/health literacy? Yes ___ No ___

Explain: _____

5. Theoretically the concept of "empowerment" is an essential focus in the field of health promotion. Do you feel our new mission statement and slogan support health promoting goals and have you seen evidence of this to date?

6. What do you recognize as health promoting initiatives that have been created over the past 2 years? (I am attaching the Coordinated School Health Model so that you can refresh your memories as to the categories).

7. What are your thoughts on providing programs for staff and what do you think the impact might be?

8. What are your thoughts on attempting to "integrate aspects of the Coordinated School Health Model" into the framework of a traditional High School in this day and age of high stakes testing and accountability?

Comments: suggestions: other _____

Thanks to all for taking the time to complete this questionnaire. Vanessa

Appendix M - Anecdotal Recording Form

BLANK ANECDOTAL RECORD FORM

DATE: _____

PLACE: _____

Description of the incident:

Interpretation:

Appendix N - NEASC Student Voices Information

New England Association of Schools and Colleges (NEASC)

Listening to Students

An Invitation to:

'Listening to Students—What They Want from Education'

A Three-Year Activity in Recognition of the 125th Anniversary of NEASC

In 2010, the New England Association of Schools and Colleges will celebrate its 125th Anniversary. As a preamble to and signature event for that celebration, the 125th Anniversary Committee is inviting member institutions to have their students help launch the beginning of this celebration.

Students in each member institution are invited to participate in **Listening to Students** – an extended conversation with students about their views on the purposes of education. The committee invites member institutions to have all or some of their students engage in a conversation that will begin in the fall of 2008 and extend until the fall of 2010, the anniversary year.

The three-part series will focus on what students think education should accomplish and how educational institutions should be assessed. The Anniversary Committee will provide an opportunity for students or their representatives to share the results of those conversations with each other and with other NEASC constituents at an annual fall event involving their peers as participants and presenters and adult educators as the listeners. Student teams working on the questions will be encouraged to share ideas on the NEASC website with other groups in preparation for the annual forums, and groups may wish to organize smaller meetings that are regionally or locally based. The framing questions for this extended conversation will be:

2008: What do you want education to provide for you?

2009: Given what you want education to do for you, what are the standards by which institutions should be judged?

2010: What do you think students from other countries will think about your position on the purposes of education and standards by which schools and/or postsecondary institutions should be judged?

Initial plans at this time are to host an event each fall where students can share ideas and prepare a summary briefing for the Annual meeting. Each occasion would ideally include educators from the Commissions, their staffs, NEASC members, and invited public, local, state and national figures. Student teams working on the questions will be encouraged to share ideas on the committee website for the annual gathering as well as smaller, regional or local meetings organized by groups of schools.

Your institution is invited to participate by completing the attached Registration Form and returning by facsimile transmission (781. 271-0950), or mail (NEASC, 125th Anniversary Committee, 209 Burlington Road, Bedford, MA 01730-1433, USA).

Comments and suggestions are welcome and may be sent by emailing the Committee at 125@neasc.org or contacting Dr. Eva Kampits in the Executive Office (kampits@neasc.org).

> Preliminary Registration Form [PDF]

Appendix O - Data Triangulation Form

DATA TRIANGULATION

Supporting Source #1

Instrument: _____

Data Type: _____

Findings: _____

Supporting Source #2

Instrument: Enter Instrument Name

Data Type: Select type

Findings: Enter Findings

Contributing Factors to the Strength:

Enter Factor

Domain: School Climate

Subdomain: Enter Sub Domain

Supporting Source #3

Instrument: Enter Instrument Name

Data Type: Select type

Findings: Enter Findings

Supporting Source #4

Instrument: Enter Instrument Name

Data Type: Select type

Findings: Enter Findings

Appendix P – Permission Slip to Implement Study to Superintendent



EAST HAVEN HIGH SCHOOL

35 Wheelbarrow Lane
East Haven, CT 06513

Vanessa Reale, Principal
Elizabeth Mazzu, Asst. Principal
Robert Proto, Asst. Principal

Telephone (203) 468-3254 FAX (203) 468-3818

Information about a Research Study and Permission Form

My name is Vanessa N. Reale, a PhD candidate at the University of Hull. I am conducting a research study to learn more about how school administrators develop and lead a health promoting school. Superintendent Anthony Serio has agreed to let students and staff at East Haven High School participate in this study and we would like permission for your child to participate.

Who am I? Vanessa N. Reale, PhD candidate in the Educational Leadership at the University of Hull under the advisement of Professor Derek Colquhoun. I am a certified administrator and Principal of East Haven High School. I hold a Sixth year degree in Administration, 093 certificate (Superintendent's Certification); MS in Environmental Education and BS in Art. You can find out more about the University of Hull and the Institute for Learning through the University of Hull website or from d.colquhoun@hull.ac.uk.

What will students do? Between February 2007 and October 2007 your child may be asked to complete a survey or questionnaire, join a focus group or participate in a one-on-one interview. Questions or conversation will focus on aspects of health, nutrition, physical activity and achievement. The survey or questionnaire may be administered on line or in a group setting. Your child may be asked to participate in a focus group or individual interview. Several students may be selected to complete follow up activities in October of 2007 to review the data that has been collected and to voice their opinion on concerns or ideas that have emerged from the study.

When will students participate? All activities will take place within school hours. Students may miss classroom instruction in the course of the 7 month study with teacher's permission. Students will be given extra time to make up class work.

Are there any risks? Could this study harm students? Help Students? We cannot think of any risks; the activities are those they would normally complete in school such as discussing issues or answering questions. Through your child's participation we will learn more about the needs and perceptions of students regarding aspects of health, wellness and achievement as it related to schools.

Does my child have to participate? No. And, if you give permission now, you can change your mind at anytime later. No individual students will be identified in the dissertation nor will their work be shared with any other researcher unless permission is granted by you.

Does the school support the study? Yes. Superintendent Anthony Serio and the Central Office Administration are supportive of this investigation into the link between healthy schools and student achievement.

What if I have concerns or questions? Please contact Vanessa Reale,
at any time. Telephone: (203) 468-3254 or email: vreale@mail.
You may also contact the Doctoral advisor, Professor Derek Colquhoun
at dcolquhou@hull.ac.uk or by telephone at 01482-45988

Appendix Q - Permission Form to Students

Information About a Research Study and Permission Form

My name is Vanessa Reale, a PhD Candidate at the University of Hull. I am conducting a research study to learn more about how school administrators develop and lead health promoting schools. Superintendent [REDACTED] has agreed to let [REDACTED] High School participate in this study and we would like permission for your child to participate.

Who am I? Vanessa Reale, PhD Candidate in Educational Leadership at the University of Hull under the advisement of Professor Derek Colquhoun. Vanessa is a certified administrator and Principal of [REDACTED] High School with a Sixth year in Administration; 093 Superintendent's Certification, MS in Environmental Education and BS in Art. You can find our more about the University of Hull and the Institute for Learning through the University of Hull website or D.Colquhoun@hull.ac.uk.

What will students do? Between November 2006 and April 2007 your child will be asked to complete several surveys that ask them questions about health, nutrition, physical activity, school climate, and learning. The surveys will be administered during an activity period time. Your child will also be asked whether they would like to volunteer to participate in focus groups which will take place. These groups will spend time discussing the issues mentioned above in more depth. A few students will be selected to return for a 45 minute follow-up interview in May with the researcher to review the data collected and to voice their opinion on concerns or ideas that have emerged from the study.

When will students participate? All activities will take place during school hours. Students may miss 60 minutes of classroom instruction of the course of the 7 month period, but only with teacher's permission.

Are there any risks? Could this study harm students? Help Students? We cannot think of any risks; the activities are those they would do normally in school. We can't imagine that this study could harm students in any way. Through your child's participation we will learn more about the needs and perceptions of students regarding aspects of health, wellness and achievement.

Does my child have to participate? No. And, if you give permission now, you can change your mind at anytime later. Students' grades will not change if they participate or if they do not.

Does the school support this study? Yes. Superintendent [REDACTED] and the teachers support this study.

What if I have questions or concerns? Please contact Vanessa Reale (203 468-3254) at any time.

What do I need to do to give my permission? Please complete and sign the attached permission form and return it to Mrs. Reale's office.



SCHOOL

Vanessa Reale, Principal
Elizabeth Mazzu, Asst. Principal
Robert Proto, Asst. Principal
Telephone (203) 468-3254 FAX (203) 468-3818

Consent Form

I _____ of _____ High School hereby agree to be a participant in a study to be undertaken by Vanessa Reale and I understand that the purpose of the research is to, *document information regarding the process a school leader goes through when creating a health promoting high school.*

I understand that:

- I voluntarily and freely give my consent for my participation in such a research study.
- I understand that aggregated results will be used for research purposes and may be reported in academic journals.
- Individual results will not be released to any person except at my request and my authorization.
- I am free to withdraw my consent at any time, during the study in which my participation in the research study will end immediately

Signature _____ Date _____

Print Name _____ Date _____

Witness Signature _____ Date _____

The contact details of the researcher are:

Vanessa Reale

Email: vreale@mail.

The contact details of the Doctoral Supervisor are:

Dr. Derek Colquhoun

Center for Educational Studies, University of Hull,

Cottingham Road, Hull, HU6 7RX

Email: d.colquhoun@hull.ac.uk Tel.01482-465988

Appendix R – University of Hull Ethics Form

A PROFORMA FOR

STAFF AND STUDENTS BEGINNING A RESEARCH PROJECT

Institute for Learning

Research Proposer(s): Vanessa N. Reale
 Programme of Study – PhD Educational Leadership
 (WorkingDissertation/Thesis) Title: "Leading Health Promoting Schools"

Research (brief): While an abundance of research exists to support the concept of the health promoting school, there is a dearth of empirical and theoretical research on leading health promoting schools. Once acceptable to define a school's mission in narrow terms, focusing on meeting educational goals and methods, research has shown that there is an inextricable link between student's health and their ability to learn. It has been said (St. Leger, 2001) that schools all over the world contribute to the achievement of public health goals through their commitment to education and schools. Numerous researchers have highlighted the fact that schools are important settings in which to promote a student's well being and that they are places where the improvement of health and well being of children can be addressed. This dissertation will focus on examining the skills, knowledge, strategies, and methodology that can assist school leaders to both manage the day to day challenges of running their schools and create institutions of learning that are health promoting. The research will be collaborative, reflective and based on questions such as "How do school administrators view the concept of health promoting schools?" and "What does a school leader do in order to develop a health promoting school"? Developing the knowledge and capacity of school leaders is vital to the success of health promoting schools. Understanding the type of institutional change that is required to integrate health promoting into the context of the school setting will integrate elements of school reform, systems thinking, educational leadership and health promotion. This research will rely on information gleaned from surveys and interviews with students, parents, teachers and school leaders.
 Proforma Completion Date: October 27, 2006

This proforma should be read in conjunction with the IfL research principles, and the IfL flow chart of ethical considerations. It should be completed by the researchers. If it raises problems, it should be sent on completion, together with a brief (maximum one page) summary of the problems in the research, or in the module preparation, for approval to the Chair of the IfL Ethics Committee prior to the beginning of any research.

- | | | |
|----|---|----|
| 1. | Does your research/teaching involve animal experimentation? | N. |
| | <i>If the answer is "YES" then the research/teaching proposal should be sent direct to the University Ethics Committee to be assessed.</i> | |
| 2. | Does your research involve human participants? | Y |
| 3. | Is the research population under 18 years of age? | Y |
| | <i>If yes, have you taken the following or similar measures to deal with this issue?</i> | |
| | (i) Informed the participants of the research? | Y |
| | (ii) Ensured their understanding? | Y |
| | (iii) Gained the non-coerced consent of their parents/guardians? | Y |
| 4. | Will you obtain written informed consent from the participants? | Y |
| | <i>If yes, please include a copy of the information letter requesting consent If no, what measures will you take to deal with obtaining consent?</i> | |

5. Has there been any withholding of disclosure of information regarding the research/teaching to the participants?
If yes, please describe the measures you have taken to deal with this.

N

6. Issues for participants.
Please answer the following and state how you will manage perceived risks:
- a) Do any aspects of the study pose a possible risk to participants' physical well-being (e.g. use of substances such as alcohol or extreme situations such as sleep deprivation)? NO
- b) Are there any aspects of the study that participants might find humiliating, embarrassing, ego-threatening, in conflict with their values, or be otherwise emotionally upsetting? NO
- c) Are there any aspects of the study that might threaten participants' privacy (e.g. questions of a very personal nature; observation of individuals in situations which are not obviously 'public')? NO
- d) Does the study require access to confidential sources of information (e.g. medical records)? NO
- e) Could the intended participants for the study be expected to be more than usually emotionally vulnerable (e.g. medical patients, bereaved individuals)? NO
- f) Will the study take place in a setting other than the University campus or residential buildings? YES
- g) Will the intended participants of the study be individuals who are not members of the University community? YES
- *Note: if the intended participants are of a different social, racial, cultural, age or sex group to the researcher(s) and there is any doubt about the possible impact of the planned procedures, then opinion should be sought from members of the relevant group.
7. Might conducting the study expose the researcher to any risks (e.g. collecting data in potentially dangerous environments)? NO
8. Is the research being conducted on a group culturally different from the researcher/student/supervisors?
If yes, are sensitivities and problems likely to arise?
If yes, please describe how you have addressed/will address them. Y
N
9. Does the research/teaching conflict with any of the HL's research principles? (please see attached list).
If yes, describe what action you have taken to address this? N
10. If the research/teaching requires the consent of any organisation, have you obtained it?
If no, describe what action you have taken to overcome this problem. Y

11. Have you needed to discuss the likelihood of ethical problems with this research with an informed colleague? N.
if yes, please name the colleague, and provide the date and results of the discussion.

Thank you for completing this proforma. This form must be signed by your supervisor and the JFL Ethics Committee representative for your area. Once signed, copies of this form, and your proposal must be sent to Mrs Jackie Lison, Centre for Educational Studies (see flow chart), including where possible examples of letters describing the purposes and implications of the research, and any Consent Forms (see appendices).

Name of Student/Researcher Vanessa Reale

Signature Date

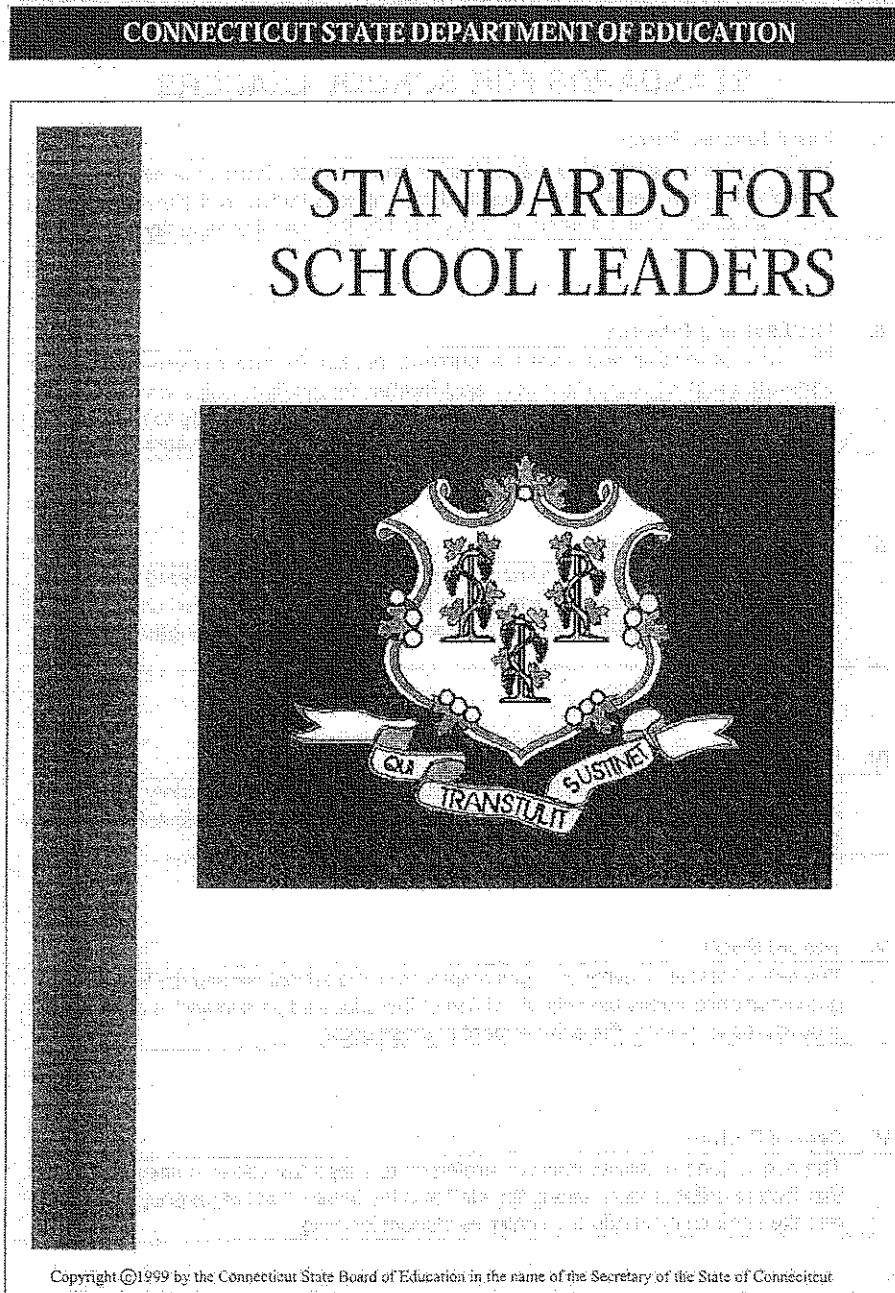
Name of Supervisor/Colleague Professor Derek Colquhoun

Signature Date

Name of Ethics Committee member

Signature Date

Appendix S – Connecticut Common Core of Leading



STANDARDS FOR SCHOOL LEADERS

I. The Educated Person

The school administrator is a school leader who promotes the success of all students by facilitating the development, articulation, implementation, and stewardship of a vision of learning that is shared and supported by the school community.

II. The Learning Process

The school leader possesses a current, research- and experience-based understanding of learning theory and human motivation, helps develop such understanding in teachers and parents, and uses that understanding to promote the continuous improvement of student learning (i.e. Common Core of Learning).

III. The Teaching Process

The school leader possesses a knowledge of teaching which is grounded in research and experience, and uses that knowledge to foster teachers' reflection on the impact of their professional beliefs, values, and practices on student learning (i.e. Common Core of Teaching).

IV. Diverse Perspectives

The school leader understands the role of education in a pluralistic society, and works with staff, parents and community to develop programs and instructional strategies that incorporate diverse perspectives.

V. School Goals

The school leader actively engages members of the school community to establish goals that encompass the school's vision of the educated person and in developing procedures to monitor the achievement of those goals.

VI. School Culture

The school leader utilizes multiple strategies to shape the school culture in a way that fosters collaboration among the staff and the involvement of parents, students, and the community in efforts to improve student learning.

VII. Student Standards and Assessment

The school leader works with the school community to establish rigorous academic standards for all students and promotes the use of multiple assessment strategies to monitor student progress.

VIII. School Improvement

The school leader works with staff to improve the quality of school programs by reviewing the impact of current practices on student learning, considering promising alternatives, and implementing program changes that are designed to improve learning for all students.

IX. Professional Development

The school leader works with staff to plan and implement activities that promote the achievement of school goals, while encouraging and supporting staff as they assume responsibility for their professional development.

X. Integration of Staff Evaluation, Professional Development, and School Improvement

The school leader works with staff to develop and implement an integrated set of school-based policies for staff selection, evaluation, professional development, and school improvement that results in improved teaching and learning for all students.

XI. Organization, Resources, and School Policies

The school leader works with staff to review organization and resources, and develops and implements policies and procedures to improve program effectiveness, staff productivity, and learning for all students.

XII. School-Community Relations

The school leader collaborates with staff to create and sustain a variety of opportunities for parent and community participation in the life of the school.

Appendix T - Staff Wellness Invitation

STAFF HEALTH AND WELLNESS COMMITTEE

Are you ready to get serious about your health?



We are looking for input from staff in the development and implementation of health and fitness orientated activities.

What's been happening?

- 1) PE 103 is now the Circuit Training Fitness Room, open to all students and staff. (during and after school)*
- 2) The current weight room is also open to staff and students consisting of mostly free weights, benches and Olympic weights.*
- 3) The room next to [REDACTED]'s old office is being transformed into an area that will be utilized for fitness classes and cardio-vascular types of activities and machines.*

Appendix U - Letter from State Senator



State of Connecticut
SENATE
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

SENATOR LEONARD A. FASANO
SENATE MINORITY LEADER PRO TEMPORE
THIRTY FOURTH SENATE DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 3409
HARTFORD, CT 06106-1591
CAPITOL: (860) 240-8306
TOLL FREE: 1-800-842-1421
FAX: (860) 240-8306
E-MAIL: Len.Fasano@cga.ct.gov

January 30, 2009

Vanessa Reale
Principal
[REDACTED] High School
[REDACTED] Lane
[REDACTED] CT [REDACTED]

Dear Ms. Reale

I am pleased to inform you that I have proposed a bill on your behalf that would provide state funds for the establishment of a school-based health center at [REDACTED] High School. The bill, Senate Bill 234, has been referred to the Public Health Committee. I will keep you informed on the status of this bill and, likewise, you should feel free to contact my office to inquire about it as the session progresses.

Thank you for sharing your concerns with me, this is a crucial part of my job. Please feel free to let me know if I can be of any further assistance.

Sincerely,

Len Fasano
State Senator, 34th District

RANKING MEMBER
PLANNING AND DEVELOPMENT COMMITTEE
SELECT COMMITTEE ON VETERANS' AFFAIRS

MEMBER
GENERAL LAW COMMITTEE
PUBLIC HEALTH COMMITTEE
EXECUTIVE AND LEGISLATIVE NOMINATIONS
COMMITTEE

CHAIRMAN
LIS LNG TASK FORCE

SERVING EAST HAVEN, NORTH HAVEN, AND WALLINGFORD

Appendix V – Fitness Center Proposal

High School
Fitness Center
Overview and Request for Permission to Fundraise
March 2008

FAQ's

1. Why a fitness center and where is it located?

The fitness center is located on the first floor to the right of the media center. The room, initially intended to hold large groups of students, was turned into a practice room for the wrestling and golf teams. This occurred prior to 2006.

The concept of creating fitness center resulted after a program review of the physical education department, assessment of student interests and needs and a review of current research and literature. Analysis of the data collected provided evidence that:

- Students who were not participating in physical education programs expressed great interest in fitness related programming and activities
- Students who piloted fitness programs were interested in extending program offerings at . . .
- Programming for staff and students would improve achievement and well-being
- Health related programming in the areas of fitness provided students with options, choice and aspects of "empowerment"
- Students wanted less competitive "boy sports" and more of an emphasis on fitness and individual programming

2. What resources were utilized in order to create the fitness center?

- Floor replaced- existing/damaged rug removed
- Cabinet stored in closet moved and installed in fitness room – to be used as reception desk. Kronberg family

donated granite countertop – students in technology classes installed countertop

- 4 pieces of cardio equipment moved from weight rooms to fitness center
- Large cabinet made by technology students – will be installed week of March 10th – school improvement funds used (approximately \$200.00)
- DDR (Dance, Dance Revolution) purchased by using funds donated by graduating class of 2004)
- Large screen TV and home theater donated through fundraising (Martin DeFelice Golf Tournament)
- Body bars used for classes purchased through school improvement gift
- DVD's purchased for class uses – student activity fund

3. How is this room being used?

- Physical education teachers utilize this room on a daily basis
- Special education students/ teacher uses room for adaptive PE
- Staff use room after school for staff-fitness programs
- Adult education utilizes room twice a week (evenings for classes).
- After school student dance club uses room
- Best buddies program utilizes room monthly after school
- Athletic clubs (baseball/track) utilize room

4. Goal

- Acquire approximately 10-14 pieces of additional cardio equipment
- Purchase 20 steps/mats for aerobic step classes
- Install mirrors on back/front walls
- Purchase bands, balls, jump ropes, mats for stretching, cardio
- Rent water-cooler

Physical Education Contract

I, _____ agree to the following criteria in order to meet the Physical Education requirement at _____ School. Upon successful completion of these requirements .5 credit will be awarded.

- Weekly Gym Journal
- Log of Hours (75 completed)
- Weekly Reflection (1 Page minimum)
- 5 Article Reviews on Physical Activity/ Health (1 page per article)
(Enclose Articles)
- Presentation upon completion

Student Signature _____

Administration Approval _____

Guidance Counselor _____

Appendix X-PE Teacher Reflection Form

Name _____

PE/HEALTH PROGRAM REVIEW – JUNE 2008

In order to monitor revisions made to the physical education/health programs you have been asked to evaluate your efforts periodically. Please complete the questions below citing both successful and unsuccessful outcomes. Thanks to all of you.

1. Student engagement: Please comment on the student engagement since we have created additional fitness options for students.

2. Have there been any obstacles to providing students the choices that they would like to participate in during gym class? Please explain

3. Have students been more likely to “dress” since they are now being provided with the opportunity to participate in activities they select?

4. Do you feel that your relationships with students have been impacted in positive/negative ways since we have provided students with the opportunity to participate in activities they are interested in? (cite specific activities if applicable, i.e. fitness focus)

5. Do you feel that students feel a sense of “empowerment” over having been allowed with the opportunity to select activities of interest?

6. Do you feel that students have taken advantage of "exploring" new activities?

7. To what degree do you feel that overall "achievement" has increased as a result of the changes made to program?

8. What changes would you like to see made to next year's programming and what resources are needed?

Other comments:

HEALTH TEACHERS ONLY –

1. How familiar are you with the document – State of Connecticut Healthy Balanced Living Framework?

2. To what degree have you used this document?

3. Is this a user friendly document? If not what is needed in order be able to integrate aspects of this publication into your curriculum?

4. How would you rank your own ability to teach about nutrition in your health classes?

5. Would you be interested in participating in professional development workshops on nutrition?

COMMENTS:

Appendix Y - Student and Staff School Culture and Climate Concerns

Appendix BB

Student and Staff Issues of Concern and Actions to Improve School Culture

| Student/Staff Concern | Action/Intervention | Stage(s) |
|---|---|----------|
| Students smoking in lavs and hallways | Security guards and staff supervision increased-smoking eradicated by year 3 | 1,2,3 |
| Students desire more privileges for upperclassmen | Patio open/Senior Lounge | 1,2,3 |
| Students need more freedom | Early/Late pass granted to seniors | 1,2,3 |
| More lavs need to be left open during the day | More lavs left open/request to behave or priv. lost | 1,2,3 |
| Media Center not user friendly | Teacher evaluated/space planning; new hire | 1,2,3 |
| More clubs requested | Additional club advisors volunteer/more stipends | 1,2,3 |
| Improved 'connections' relationships with staff | In progress | |
| Students want responsibility | Student empowerment groups emerge; more privileges given | 1,2,3 |
| Stricter dress codes wanted by students | Rules enforced by administration | 1,2,3 |
| More field trips suggested | Increase in trips | 1,2,3 |
| Students want choice | Increased course elective offerings created by teachers ;increased food options | 2,3 |
| Students desire opportunities to be 'heard' /actively engaged | Opportunities created for Student voice; emphasis placed on revising all curriculum to include hands-on, project based learning | 1,2,3 |
| School spirit lacking | Student groups plan activities, I host Band appreciation day; | 1,2,3 |

| | | |
|--|---|-------|
| | teacher forms student group to foster school spirit R.O.P.E.S. (to tie students together) | |
| Positive school environment; safe school environment; environmentally comfortable | Emphasis on visual displays and visual communication. Students organize talent shows/assemblies, students encouraged to demonstrate talents, news articles/ photos hung in office, breakfasts held in honor of student successes. Maintenance protocols established to oversee temperature i.e. heating and cooling problems; emergency protocols developed | 1,2,3 |
| Students exhibit inappropriate behavior in assemblies | Meetings with students to request proper behavior/ additional staff supervision. Student behavior improves to 95% by year 3 | 1,2,3 |
| Inequity among classes | Discussions with staff regarding value of creating high expectations/ rigor in all classes | 1,2,3 |
| Students in higher leveled classes i.e. honors and AP perceived to be 'pushed' students in other classes not | Articulated expectations to staff to model this behavior in all classes; course revisions include increased rigor | 2,3 |
| Staff cite 'enabling parents and 'low skills levels' | Discussions with staff; increased communication of expectations with parents – new requirement to create syllabus for all classes | 1,2,3 |
| Staff cited' failure of middle school to prepare students' | Transition/ articulation meetings, action plans established to obtain documentation of at-risk student needs prior to entering grade 9 | 3 |

| | |
|---|---|
| <p>Staff cited lack of communication - students report communication is poor in the building i.e. did not know what was going on</p> | <p>Emails, memos, posters, 2,3 meetings to inform staff; staff input solicited; bulletin boards moved to more central location, TV program created to scroll daily messages in all classrooms daily</p> |
| <p>Staff reported "little sense of community" Students reported "no place to socialize"</p> | <p>Faculty senate created staff breakfasts, luncheons Library/media center – new staff hired/center now accommodates some socialization/meeting</p> |
| <p>School Safety Concerns</p> | <p>Created school safety plans for lockdowns/emergencies. Created school safety committee. Collaborated with local fire and police departments to create safety plans. Supervised local security.</p> |
| <p>Elite power structure</p> | <p>Development of Professional Learning Communities; 1,2,3 increased opportunities for teacher leadership to emerge</p> |

Revised Mission Statement:

The mission of _____ High School is to meet the needs of all students by empowering them to achieve their goals. We strive to provide a variety of opportunities for students to gain experiences and explore ideas to better understand themselves and their role in an ever-changing world. To achieve our mission, we encourage active involvement and communication among school, family, and community.

Slogan:

_____ : Exploring, Empowering, Achieving

Appendix A2 - High School Improvement Goal

High School Improvement Plan 2009 -2010

Needs of the Whole Child

Goal 5: Whole school strategies will be created in response to meeting the needs of the whole child i.e. social, emotional, physical, academic

| Step# | Action | Outcome | Who | When | Evidence |
|-------|--|--|-----------------------|--------------|---|
| 1 | Investigation of student social, emotional, physical, academic needs takes place in collaboration with administrators, teachers, students. | Actions and strategies developed in response to perceived student need and data collected and analyzed | Principal facilitates | 2006-present | Collaborative meetings held with guidance staff, teachers, administration to discuss coordination of support services concept and teacher needs/student needs Meetings held with grade 9 teams to review interventions -- principal/instructional leaders Data collection strategies implemented to assess need Action plan created to document interventions/develop/share student strengths and weaknesses with receiving teachers in subsequent year. |

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