

**A CASE STUDY OF THE ORGANIZATIONAL CHANGE STRATEGY TO “BEGIN  
IMPLEMENTATION WHEN PLANNING BEGINS” IN THE DEVELOPMENT OF A  
SCHOOL DISTRICT’S HEALTH AND WELLNESS INITIATIVE**

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This research inquiry served as a case study of how the process of “implementation begins when the planning begins”. The objective was to provide an analysis of the early stages of a school district’s Health and Wellness initiative and examine factors that are critical in the development of this initiative including the process by which such activities influence program implementation and district reform. Analysis of the documenter’s observations, documentation, and participant input of the initiative’s progression were examined. Results indicate that the strategy of implementing while planning creates much stress for implementers and possible confusion of the goals of the initiative. Indicators towards capacity building and progress towards initiative’s goal appeared significant. This study’s conclusions indicate that using the strategy of “implementation beginning when planning begins” could be a useful model when implementing an initiative of urgency. In addition, when sacrificing too much time to planning could be detrimental to students, like with a health and wellness initiative.

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## **1.0 CHAPTER**

### **1.1 REVIEW OF LITERATURE**

#### **1.1.1 INTRODUCTION**

In this era of standards and high-stakes testing, educators are searching for policies, practices, and programs to improve academic achievement. Policies related to teacher certification, grade retention, summer school, curriculum, grade promotion, and special education are under scrutiny in an effort to “Leave No Child Behind”. After decade and decade of various major educational reform efforts, NCLB (No Child Left Behind) has many in the education field clamoring for ways to increase the performance of our lowest performing students. In an effort to increase the achievement of all students, but especially of those who would be considered “not proficient”, school districts have implemented various initiatives from strategically using data in making informed decisions, aligning curriculum to the standards and tests, requiring some students to spend more hours a day learning reading, writing, and mathematics, and extending the school day or year. Since NCLB holds schools and districts accountable by instituting consequences to those who do not meet their AYP (Adequate Yearly Progress), educators are being encouraged to focus the educational lens on learning the standards and struggle to find the time to continue to teach the whole child or build the capacity of the child for learning. When an organization strives to improve upon the

performance of its workers, which includes students, in concert with other building capacity dimensions, the organization has a better chance at sustaining an initiative as well as working towards their AYP goal. This study is about the implementation of a district's health and wellness initiative that began without any planning. Because of the urgent nature of this problem facing our youth today for this district, planning began when implementation began.

According to the Association of State and Territorial Health Officials (ASTHO) (2003),

Children...who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind (p. 12).

Project PA, a collaboration between Penn State University's Department of Nutritional Sciences and the Pennsylvania Department of Education, identifies several trends and health consequences that have been researched and reported (Action for Healthy Kids, 2002):

- During the past two decades, the %age of American children aged 6 to 11 who are overweight have more than doubled (from 7% to 15%), and the percentage of adolescents aged 12 to 19 who are overweight has tripled (from five to 15%).
- Almost 80% of young people do not eat the recommended five servings of fruits and vegetables each day.
- Children who are obese as six – to nine –year-olds have a 55% chance of being obese as adults. Overweight adolescents have a 70% chance of becoming overweight or obese adults.
- One quarter of children ages 5 to 10 years show early warning signs for heart disease (e.g., elevated blood cholesterol and high blood pressure).
- Type II diabetes, formerly referred to as “adult-onset” diabetes is increasingly being diagnosed among overweight children.
- The Centers for Disease Control and Preventions estimate one in three children born in 2000 ultimately will develop diabetes because of eating too much and not exercising enough.

- Overweight children are likely to miss four times more school than children who are not overweight.
- Severely obese children rate their quality of life comparable to that of children with cancer being treated with chemotherapy.

The facts are alarming and according to the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, "Families and communities lie at the foundation of the solution to the problems of overweight and obesity," (Thompson, 2001) and it identified schools as a key setting for public health strategies to prevent and decrease the prevalence of overweight and obesity. With a push to teach standards and consequences given to schools who do not meet their Adequate Yearly Progress and now this national crisis regarding the health of our youth, has the government and in turn school districts forgotten about teaching the whole child?

When a person is feeling good about himself physically and mentally, it would make sense that the conditions for learning are better and maybe even more efficient. Unfortunately, some school districts are eliminating or decreasing the time children spend in art, music, and physical education to make more room for academics during the regular school day. One has to wonder if this is counterproductive. In a study of two parochial schools, class time for academics was decreased by 240 minutes per week in the experimental group to enable increased physical activity exposure. Yet mathematics scores were consistently higher for this group than for a group that did not have increased time for physical activity (Rodiger, 1999, p. 2).

With "No Child Left Behind" seemingly here to stay, school districts have been feverishly working to meet the state proficiency levels. A three-year study completed by the Consortium for Policy Research in Education (CPRE) researchers found that most capacity-building strategies targeted individual teachers (O'Day et al., 1995). While this may be one component of capacity building, one should not forget that improving the performance of

workers means *all workers*: including teachers, administrators, principals, and especially *students*. Building the capacity of a school district for improved academic achievement should include building the capacity of the children. One area of building the capacity of a child that needs to be examined is the health and wellness of the student. While the NCLB Act has commendable goals, what is being sacrificed to achieve those goals? Taking into account the present concerns regarding the health and wellness of our children, what strategies do schools need to consider to balance their programming efforts to raise student achievement but not at the expense of the needs of the whole child (building the capacity of a child to learn)? This review of literature will include the substantial body of research related to the health and wellness of our children as a unique problem today considering this era of accountability and student achievement as well as the importance of leadership to be able to rapidly implement an initiative and build capacity to ensure sustainability of that initiative.

### **1.1.2 Student Achievement/NCLB**

The investigation of the growing body of research relative to No Child Left Behind, building the capacity of a child - more specifically the health and wellness of children - and building capacity in an organization all work in concert to promote student achievement. This flow of concepts will generate a framework for a specific in-depth study. The following will explain the environment and stipulations that pertain to school districts regarding the No Child Left Behind Act (NCLB). With high-stakes testing in the forefront of every district's concern, it is important to understand the act and its perceived pros and cons. School districts are designing school reform efforts as a result of NCLB.



### ***1.1.2.1 From the Capital to the Classroom***

The No Child Left Behind Act signed by President Bush on January 8, 2001 has instigated significant changes and sweeping reform efforts in schools across the nation. In a study completed by the Center on Education Policy (CEP) (2004) in year two of NCLB, it was found that school districts were working hard to achieve the goals presented by NCLB and were taking it very seriously (p. v). No Child Left Behind means exactly what it is titled: that all children regardless of their race, economic status, gender, or disability are measured against similar standards “proficient” during the course of their yearly education. Each year the percent of required proficiency increases for schools so that by the year 2014, all students are expected to be proficient or better. This percent proficient also is the measurements used to determine the progress in disaggregate groups as identified by NCLB (everybody, limited English proficiency, special education, ethnicity, economically disadvantaged). When schools and districts do not reach the yearly benchmarks for proficiency, they are identified for improvement and considered not making their Adequate Yearly Progress (AYP). Schools and districts also can be identified as not making AYP based other indicators, such as declining graduation or attendance rates or less than 95% of the students in each disaggregate group not completing the test. If and when a school or district is categorized as not making AYP, they are then considered “in need of improvement.”

The findings from the Center on Education Policy (CEP) study is based on the results of a survey of, “47 states and the District of Columbia, a nationally representative survey of 274 school districts, in-depth case studies of 33 urban, suburban, and rural school districts, and other research methods” (CEP, 2004, p. v). They found that states and schools overwhelmingly agreed with the concept of NCLB and believed that it would ultimately increase student achievement and/or decrease the student achievement gap. States and districts conveyed that they have spent

considerable time developing initiatives in raising student achievement. Some respondents working in districts believed that any increase in achievement would be “temporary” or “only on paper” and cited that NCLB would increase labeling students (not proficient) and /or increase the dropout rate. One of the criticisms of NCLB is the 95% test participation requirement, and because of this stringent criterion, many schools were identified as “in need of improvement”. Over three-fourths of the schools that had been identified for improvement provided additional professional development. Most of the districts reallocated resources for strategies such as realigning curriculum to standards, strategically using achievement data, and using research to make informed decisions. Some of the districts (1/3) even extended the school day or school year. In the first two years of NCLB, less than 2% of eligible children took advantage of the school choice option and moved. Of the schools that had to offer choice, only half did so because of delays in knowing which school had to offer choice or lack of space or class size limits in receiving schools. When a district could not offer choice, the most popular solution was to offer supplemental education services. In 2003-04, only half of the students who were eligible for services received them. Though many states and districts are reporting an overwhelming majority of the teachers as “highly qualified” as needed to be in compliance with NCLB’s requirements by 2005-06, they are struggling to define what it means and how to track everyone. States reported that less than half of their paraprofessionals hired with Title I funds are “highly qualified” according to NCLB criteria.

The most often cited problem with NCLB is the requirement for testing students with disabilities and English language learners. Other criticisms noted were the law’s short deadlines, its insistence on revising state accountability frameworks to fit federal demands, and its emphasis on sanctions. Almost 80% of states responding about capacity said they do not have sufficient

staff to carry out the duties required under the Act; yet local school districts said they relied mostly on state education agencies to help them. Over half of the states that responded reported that financial limitations inhibited their ability to carry out the law.

### **1.1.2.2 Summary**

NCLB has had major implications for school districts across the United States. Districts have made a plethora of changes and implemented new programs in an attempt to satisfy the current and future requirements of the law. It is important that children attain a minimum level of proficiency; the question from most districts is what is the best way to fairly measure the knowledge of all children including those with disabilities and limited English skills and hold schools accountable. With a paper and pencil test as the current measurement system, schools are examining how they deliver education and contend with the population they have to service.

### **1.1.3 Social, Emotional and Educational Lens**

As we search for initiatives to improve student performance and attempt to build the capacity of those initiatives, one focus that should not be overlooked is the process of building the capacity of a child. Whether it be through guidance programs, in-school health services, lunch/breakfast programs, mixed families, divorce and two parent working homes, schools and communities need to do their part in addressing the social, emotional, and physical needs of children. As stated by O’Day, Goertz, and Floden (1995), researchers for the consortium for Policy Research in Education (CPRE), capacity of an organization is the “ability of the education system to help all students meet more challenging standards.” They also identify areas that may

increase capacity building in an organization. The first one is improving the performance of workers. Workers not only mean those employed by the organization, but also the students in the organization. O'Day, et al (1995) explain that improving the teacher capacity can be accomplished by improving their knowledge, skills, dispositions, and views of self. These four dimensions can hold true to helping to build the capacity of the child. With high-stakes testing it is imperative that children have the capacity to learn. Schools alone cannot carry the entire burden of building the capacity of a child or helping them to improve their performance. The parent/guardian and community also play a major role in the successful development of their children. Organizations like the Search Institute assist communities to have the knowledge, leadership, and resources to promote healthy youth.

#### **1.1.4 The Search Institute**

“The Search Institute is an independent nonprofit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities” ([www.search-institute.org](http://www.search-institute.org)). The institute researches, generates knowledge, and communicates new information in an attempt to collaborate with community, state, and national leaders. The institute has learned over the past several decades about the elements in human experience that have long-term, positive consequences for young people. There are many factors that contribute to an overall healthy individual such as family dynamics, adult role models, peer influence, school effectiveness, values development, and social skills. Unfortunately, all of these areas are not always working together coherently. After years of research, the institute has developed a framework of 40 Developmental Assets, which are both positive experiences and personal qualities that young people need in order to grow up responsible, caring, and healthy.

The framework of Developmental Assets examines the needs of the whole child; then identifies the many pieces that are needed for young people to thrive. The roots of the research for the Assets are grounded in scientific research on adolescent development; however, they blossomed out of two types of applied research: prevention and resiliency.

**Prevention**, focuses on protective factors that inhibit high-risk behaviors such as substance abuse, violence, sexual intercourse, and dropping out of school.

**Resiliency**, identifies factors that increase young people's ability to rebound in the face of adversity, from poverty to drug-abusing parents, to dangerous neighborhoods.

Initially, 30 Assets were developed in 1990 through a Search Institute report titled, "The Troubled Journey: A Portrait of 6<sup>th</sup>-12<sup>th</sup> Grade Youth", which was sponsored by Lutheran Brotherhood through its RespecTeen Program. The Search Institute not only reviewed the research, they conducted their own studies, "cumulatively surveying more than 350,00 6<sup>th</sup> – 12<sup>th</sup> graders in more than 600 communities between 1990-1995 to learn about the Developmental Assets they experienced, the risks they took, the deficits they had to overcome, and the ways they thrived" (Search Institute, 2004).

The 40 Assets are divided into two broad categories of external and internal assets. Each broad category has four subcategories with four to six assets. The Search Institute research has found that children who have more of the Assets refrain from problem behaviors and demonstrate more positive behaviors and attitudes. Based on surveys of over 217,000 6<sup>th</sup>-12<sup>th</sup> grade youth in 318 communities and 33 states during the 1999-2000 school year, when children have a certain amount of the assets, they refrain from many different destructive or unhealthy behaviors. According to the Search Institute, communities are joining together collaboratively to nurture the positive and healthy development of their youth. In the mid-1990's, schools began

working with the Search Institute to incorporate asset building explicitly into their work in schools.

Its focus on building strengths in young people and meeting the needs of the whole child or adolescent in the process of promoting learning and school success not only aligns with good teaching practices but also reignites that passion for nurturing eager young learners that brought educators to classrooms and schools in the first place ([www.search-institute.org](http://www.search-institute.org)).

The Search Institute identified three themes for asset-building in schools: building relationships, creating supportive environments, and connecting to programs and practices. In a time of heightened accountability for schools, they have to be caught up in issues such as truancy, poor student achievement, student dropouts, drug use, vandalism, violence, and other issues. The Search Institute believed its asset-building characteristics are a powerful perspective for schools to adopt. Focusing on the whole child is not new to education. Dewey and Sarason have espoused this philosophy for decades.

#### **1.1.4.1 *The School and Society***

Dewey (1859-1952), a teacher, professor, and pedagogue, inspired widespread rethinking of educational principles and procedures. Dewey believed that schools and learning needed to be active and experience based. He believed that children should be involved in real-life tasks, such as learning math from calculating proportions in cooking or figuring out how long it would take to get from one place to another via a mode of transportation. By connecting learning to real, guided experience students would be better prepared to contribute to society. For Dewey, the goal of education was to facilitate learning through educational experiences that enable students to become more effective members of a democratic society. Dewey's philosophy of education launched a movement known then as "progressive education" or experiential education. Though Dewey became the father of "progressive education", he was critical of giving a child complete

educational freedom with student-driven curriculum because he believed that learning needs strategic structure and order to maximize the learning experience for all involved.

#### **1.1.4.2 *And What Do You Mean by Learning?***

In Sarason's new book, "And What Do You Mean by Learning?" he searched for the definition of learning. After asking many teachers, professors, administrators, and school reformers throughout Seymour's career, he found that this was not only a difficult question to answer by leaders in education, but that their definitions varied greatly. Previously, Sarason wrote about the many failures of school reform efforts and believed that ineffective implementation was the biggest part of the problem. Sarason's conception of why school reform efforts fail has changed. He now believes the fundamental issue preventing schools from making gains is that there is no concise or prescriptive way to define productive learning. Sarason argues (2004), "unless, and until, on the basis of careful studies and credible evidence we gain clarity and consensus of the distinguishing features of classroom contexts of productive and unproductive learning, the improvement of schooling and its outcomes is doomed" (p. 1). Sarason demes that until there is a clear (established by research or credible evidence) consensus regarding the process of productive learning, reform efforts will continue to fail, including NCLB. He believes that a majority of today's classrooms are unproductive. Sarason notes some of the components of productive learning are for the teacher to reinforce and encourage a child's natural curiosity and cultivate their desire for learning. Sarason describes Mr. Rogers as the epitome of teachers. Mr. Rogers had all the elements of a teacher who understands how to create and perpetuate a context of productive learning. Sarason (2004) explains,

It is too simple to say that Mr. Rogers understood how children think and feel about themselves and their world. Understanding is one thing, a very necessary one, but unless it is wedded or embedded in a personal style that engenders the

feeling of trust or safety, the chances that you will learn from and be able to help a child are reduced (pg. 198).

Mr. Rogers understood what children needed and wanted and he used himself and that knowledge to teach. Sarason (2004) identifies teaching as, “not a science, it is an art fusing ideas, obligations, the personal and interpersonal. The chemistry of that fusion determines whether or how subject matter matters to the student” (p. 199). Mr. Rogers understood children and what they needed to learn. Physical movement and activity incorporated into the school day is also very valuable to creating an entire learning program.

#### **1.1.4.3 *The Role of Recess***

In light of the accountability requirements of NCLB, schools are reorganizing the school day so that instruction time is maximized and non-instructional time, like recess, is minimized. School administrators are assuming that decreasing recess allows more opportunities for instruction, which should equate into better performance. Pellegrini and Bohn (2005), in their article “The Role of Recess in Children’s Cognitive Performance and School Adjustment,” made an argument that recess periods and unstructured breaks throughout a school day maximize a child’s cognitive performance and has positive social benefits (p. 13). The experimental and longitudinal data presented in the article demonstrated strong support for recess especially in the primary grades. Their work supports the thought that unstructured breaks from intense cognitive tasks assist in school learning rather than hinder and help children be more attentive. In addition, there were many social competence skills such as interacting cooperatively with peers and building friendships that are learned during unstructured breaks. Pellegrini and Bohn did an experiment comparing the benefits of outdoor recess versus indoor and found the same results - children were more attentive after the break than before. The type of break did not play



an important role. The authors also asserted that a structured recess providing exercise opportunities would not only improve attention, but would also have positive physical health benefits (Pellegrini & Bohn, 2005, p. 17). Children are especially sedentary during a school day and opportunities to encourage exercise would help their overall health and wellness.

### **1.1.5 Students' Development in Theory and Practice: The Doubtful Role of Research**

In the Spring 2005 edition of Harvard Educational Review, Egan examined and summarized psychology theories and their relationships to educational history from the past 75 years. Egan is a professor who teaches an introductory to psychology education course. He discussed the influence and similarities of well know theorists such as Piaget, Rousseau, Spencer, Plato, Herbart, Wittgenstein, Smedslund, Louch, and Vygotsky. Egan (2005) realized and stated,

I think part of the problem was that so much of what I was teaching seemed to have very little grasp of the everyday reality of schools and the great diversity among students (p. 26).

Egan argued that educational practices have not made any significant changes in response to particular empirical results or theories. For example, Rousseau's and Spencer's biological descriptions of human development and Spencer's idea of the mind's progressive development and learning influenced teachers to develop lessons that start from the known to the unknown, from simple to complex, and from concrete to the abstract. Piaget supported both of these ideas with more elaboration. The point that Egan made is that psychology is not an exact science like physics or biology, and its research should not directly influence educational practices. Egan believed that all of the psychology theories of years past show that there is a lack of clear empirical demonstration of any real benefit to education. He argued, "we must attempt to

generate educational theories of development, whose character will be more sensitive to the phenomena of education than those of psychology which will likely gain sustenance from Plato and Vygotsky rather than Spencer and Piaget” (Egan, 2005, p. 39). One of the problems of generating educational theories that are based on empirical data is the difficulty in finding true experimental groups for a learning situation because of the variables associated with life and prior learning. Egan (2005) contended that we must continue to find ways to identify the successive manners in which children make sense of the world and of their experience in a language that leads us directly to precise curriculum content and new methods of teaching (p. 40). Health education is another important goal of education and has many benefits for the students and the community.

#### **1.1.6 School Health Education**

Summerfield (2005) commented that good health is recognized to be a goal of education as well as the overall benefits to society such as reduced health care costs, improved productivity, and enhanced quality of life (p. 472). She attempted to synthesize the findings from several of the major studies in school health education focusing on the areas of tobacco, alcohol, and drug education; nutrition and cardiovascular health; sexuality education; and HIV/AIDS prevention education. Summerfield identified all the current research regarding the increase of obesity in children and its ramifications along with the statistics for high schoolers engaged in alcohol consumption, marijuana use and engaging in sexual activity. School health education is mandated by 90% of the states in the U.S. however it is not a requirement nor viewed as a core subject at all levels of education. Typically the duration of health education classes in most schools are a semester or less, and the key factor to the success of the program is

the classroom teacher whose skills and behaviors directly affect the quality and quantity of health instruction (Summerfield, 2005, p. 475). The research detailed by Summerfield confirmed most school health education programs that have been established, meet the criteria for methodologically sound investigation, and often focus on prevention and enhanced knowledge of health related topics. Nevertheless, Summerfield added (2005), “few receive the kind of health education needed to prevent risky health practices (primary prevention) or to modify already existent practices (secondary prevention) or health conditions (tertiary prevention)” (p. 485).

### **1.1.7 Summary Social and Emotional Wellbeing**

There are many individuals and organizations that advocate for the social and emotional needs of children as it related to education. The changes in schools have reflected the changing needs of society and therefore, the increasing needs of children, for example, guidance programs, bullying programs, instructional support team etc. The Search Institute focuses on the community and the school as partners to provide all the necessary components that help children become productive members of society. There is no disagreement regarding the importance of the social and emotional wellbeing of children and its relationship to a productive learning day for a child. Dewey and Sarason focus on what teachers and schools can do to make learning more meaningful and important for a child to desire to learn. Dewey and Sarason both seem to fundamentally agree that teachers need to foster the innate desire, interest, and curiosity of children. Dewey believes the way to promote this desire is through genuine experienced-based lessons that are purposeful and meaningful to society. Sarason agrees that learning (each lesson) must satisfy the needs and wants of children and tap into their natural curiosity. The question becomes how can this be done in the age of standards and high-stakes testing when so much is

on the line. Considering the ramifications to school districts not meeting their adequate yearly progress (NCLB), schools are attempting to reform their efforts to help all children become proficient in state achievement tests. Some of these efforts involve increasing instructional time and decreasing opportunities in the arts, physical education, and recess. Schools are restructuring their school day to allow for more academic time, which makes the school day more sedentary for children.

The ramification of this contributes to or impedes the overall health and wellness of a child and their attitude towards school. The question remains, how are children best taught?" There is no agreement or recipe for productive learning for all children and how productive learning may be measured. Administrators are clamoring for the "silver bullet" research, and/or program that teaches everyone math and reading to a proficient level. The problem is, Dewey and Sarason believe, learning is experience based but high-stakes tests do not capture all that is learned from experience.

### **1.1.8 Health and Wellness/ Physical Wellbeing**

#### **1.1.8.1 U.S. Department of Health and Human Services**

On December 13, 2001, a report entitled, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity" was released. The Surgeon General announced, "health problems resulting from overweight and obesity could reverse many of the health gains achieved in the U.S. in recent decades" (Thompson, 2001, p.1). Overweight and obesity is defined by The National Institute of Health as a Body Mass Index (person's weight in kilograms divided by the square of their height in meters) above 25. Overweight adults would have a BMI between 25 and 29.9 and an obese adult would have a BMI of above 30. There is no generally

accepted definition for obesity for children and adolescents, though the Centers for Disease Control and Prevention considers at or above the 95<sup>th</sup> percentile as overweight. Some of the results of previous studies identified in the Surgeon General's report are as follows:

- Approximately 300,000 U.S. deaths a year currently are associated with obesity and being overweight (compared to more than 400,000 deaths a year associated with cigarette smoking).
- The total direct and indirect costs attributed to overweight and obesity amounted to \$117 billion in the year 2000.
- In 1999, an estimated 61% of U.S. adults were overweight, along with 13% of children and adolescents.
- Obesity among adults has doubled since 1980, while overweight among adolescents has tripled.
- Only 3% of all Americans meet at least four of the five federal Food Guide Pyramid recommendations for the daily intake of grains, fruits, vegetables, dairy products, and meats.
- Less than one-third of Americans meet the federal recommendations to engage in at least 30 minutes of moderate physical activity at least five days a week, while 40% of adults engage in no leisure-time physical activity at all.
- In women, overweight and obesity are higher among members of racial and ethnic minority populations than in non-Hispanic white women.
- In men, Mexican-American men have a greater prevalence for obesity than non-Hispanic black men.
- Members of lower-income families generally experience a greater prevalence for obesity than those from higher-income families.
- Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents.
- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese.
- The most immediate consequence of overweight, as perceived by children themselves, is social discrimination.

- Being overweight or obese (BMI > 25)\*, can result in various health issues such as premature death, heart disease, diabetes, cancer, breathing problems, arthritis, and reproductive complications.

In Thompson (2001), Surgeon General Satcher said,

Overweight and obesity may soon cause as much preventable disease and death as cigarette smoking. People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems (p. 1).

Satcher also commented (2001),

When there are no safe places for children to play, or for adults to walk, jog, or ride a bike, that's a community responsibility. When school lunchrooms or workplace cafeterias don't offer healthy and appealing food choices, that is a community responsibility. When new or expectant parents are not educated about the benefits of breast-feeding, that's a community responsibility. And when we don't require daily physical education in our school, that is also a community responsibility (In Thompson, 2001, p. 3).

As a result, the "call to action" report identified many strategies that communities may use to help address this health and wellness issue such as provide required and regular physical education classes, offer healthier food options on all school campuses, provide safe and accessible recreational facilities for residents of all ages, and create more opportunities for physical activity at work sites. The U.S. Department of Health and Human Services was not the only agency to alert the public about childhood obesity, the Center for Disease Control also published several reports.

#### **1.1.8.2 Centers for Disease Control and Prevention (CDC)**

According to the CDC (Center for Disease Control) (1997), almost nine million or an estimated 15% of the children in the United States are overweight (p. 3). The National Health and Nutrition Examination Survey (NHANES) measured the heights and weights of children and adolescents aged 6-19 from 1999-2002. The results from this report showed that an estimated

16% of children and adolescents ages 6-19 years are overweight which represents a 45% increase from the overweight estimates of 11% obtained from NHANES (1988-94).

To assess changes in overweight children that have occurred, estimates of participants in earlier surveys were compared with the participants in 1999-2002 NHANES survey. The CDC reported, “The NHANES 1999-2002 and earlier surveys used a stratified, multistage, probability sample of the civilian non-institutionalized U.S population” (National Center for Health Statistics, p.1). Each survey participant was involved in a household interview and a physical examination administered by trained health technicians, using standardized measuring procedures and equipment. Each exam included height and weight measurements as part of a more comprehensive set of body measurements. Table 1.1 summarizes the results of the NHANES study:

**Table 1.1 Prevalence of overweight among children and adolescents ages 6-19 years, for selected years 1963-65 through 1999-2002**

Age (years) <sup>1</sup>	NHANES 1963-65 1966-70 <sup>2</sup>	NHANES 1971-74	NHANES 1976-80	NHANES 1988-94	NHANES 1999-2002
6-11	4%	4%	7%	11%	16%
12-19	5%	6%	5%	11%	16%

<sup>1</sup>Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70.

<sup>2</sup>Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age, not 12-19.

When the overweight definition (greater than or equal to 95<sup>th</sup> percentile of the age- and sex-specific BMI; weight in kg/height in m<sup>2</sup>) is applied to the data from earlier studies, it is apparent in table 1 that from the 1960’s to the 1980’s, overweight in children and adolescents is fairly constant. However, when comparing the data from 1976-80 to the most recent report from 1999-2002, the prevalence of overweight nearly doubled among children and adolescents. The CDC reports, “the 1999-2002 NHANES findings suggest the likelihood of another generation of

overweight adults who may be at risk for subsequent overweight and obesity related health conditions” (National Center for Health Statistics, p. 2).

Another report developed by the CDC in collaboration with experts from universities and from national, federal, and voluntary agencies and organizations contained guidelines and recommendations for encouraging physical activity among youngsters so they will continue to engage in physical activity in adulthood and obtain the benefits of physical activity throughout life. These guidelines have been established in light of recent reports from NHANES and the CDC (1997):

Many young people do not engage in moderate or vigorous physical activity at least three days a week. For example, among high school students, only 52% of girls and 74% of boys reported that they exercised vigorously on at least three of the previous seven days. Physical activity among both girls and boys tends to decline steadily during adolescence. For example, 69% of young people 12-13 years of age but only 38% of those 18-21 years of age exercised vigorously on at least three of the preceding seven days, and 72% of 9<sup>th</sup>-grade students but only 55% of 12<sup>th</sup>-grade students engaged in this level of physical activity (p. 12).

The guidelines are for school health programs to promote healthy behavior among children and adolescents and are “based on an in-depth review of research, theory, and current practice in physical education, exercise science, health education, and public health” (Centers for Disease Control, 1997, p. 6). It is recommended that schools and communities evaluate their programs, collaborate, and coordinate their efforts to make the best use of their resources in promoting physical activity among young people. The CDC announced broad guidelines for school and community programs to promote physical activity among young people. These guidelines involve establishing policies, changing physical and health education programs, involving parents, assessment and evaluation of physical activity and programs, and providing guidance services and counseling. The goal should be to promote lifelong enjoyable exercise and create an environment that encourages physical activity.



### **1.1.9 Action for Healthy Kids**

The Action for Health Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. AFHK is composed of fifty-one State Teams and a national coordinating and resource group that cultivate collaboration amongst its various stakeholders. In response to the Surgeon General's "call to action," the AFHK offers guidance and direction to encourage change in schools in an effort to improve our nation's epidemic of overweight, sedentary, and undernourished children and adolescents.

Action for Healthy Kids noted evidence from several research reports that demonstrate that when children's basic nutritional and fitness needs are met, they attain higher achievement levels. The information from a fact sheet from Action for Healthy Kids (2004) suggested that poor nutrition hampers academic achievement, proper nutrition enhances academic performance, and increased physical activity leads to higher academic achievement (p. 1). The recent studies pose strong evidence that proper nutrition impacts achievement; for example, a study of children who suffered from poor nutrition during the brain's most formative years scored much lower on language arts and math tests. Also, insufficient amounts of protein and iron in the diet can impact a student's achievement scores. An iron deficiency can lead to shortened attention span and difficulty with concentration. Interestingly, a study on morning fasting showed a negative effect on cognitive performance, even among well-nourished children. A test of speed and accuracy of response on problem-solving tasks given to children who did eat and did not eat breakfast found that skipping breakfast had an adverse influence on their performance on the tests. This supports the evidence that school breakfast programs improve school performance, reduce absenteeism and tardiness, and improve behavior. The AFHK (2002) report also

identified studies that correlate intense physical activity programs having positive effects on academic achievement, including increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive behavior (p. 9). Aerobic conditioning may help to improve memory by strengthening particular areas of the brain, and oxygen intake during exercise may enhance greater connections in the brain. Based on this new research, increasing physical activity at the expense of some academic time has led to consistently higher mathematics scores.

As districts are encountering budget shortfalls and emphasis on standardized testing is becoming more competitive, they are eliminating physical activity and physical education programs. This seems to be counterproductive in light of the new findings between the relationship between physical activity and learning.

#### **1.1.9.1 *Pennsylvania Advocates for Nutrition and Activity (PANA)***

The Action For Health Kids (AFHK) Pennsylvania State Team hosted a statewide summit to bring together all the stakeholders regarding the benefits of coordinating a school health model. The AFHK PA State Team began collaborating with PANA and developed the Keystone Healthy Zone school recognition campaign, which was created to inspire schools to improve nutrition and physical activity. PANA selected 100 schools in Pennsylvania to receive a \$2000 grant to make improvements regarding the health and wellness of their children. There are studies that have found a relationship between physically activity and academics. These grants provided by PANA and help support schools initiatives to increase the activity level of students.

### **1.1.9.2 State Study Proves Physically Fit Kids Perform Better Academically**

The California Department of Education conducted a study to determine the relationship between achievement and physical fitness. This study involved 353,000 fifth graders, 322,000 seventh graders, and 279,000 ninth graders and compared their Stanford Achievement Test, Ninth Edition (SAT-9) with a fitness program called “Fitnessgram”. Fitnessgram assessed six major areas related to physical fitness including, aerobic capacity, percentage of body fat, abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility.

The study found an apparent relationship between academics and fitness, the higher the achievement the higher the fitness level. The achievement/fitness association was greater in mathematics. The greatest academic gains were from students who met three or more fitness levels and females demonstrated higher achievement than males.

This study provides the proof educators and policy makers have been looking for in regards to academic achievement and the physical health of students. It also supports the importance of physical education in the daily schedule of students.

### **1.1.10 Cognitive and Behavioral Responses to Acute Exercise in Youth: A Review**

There have been numerous investigations examining the relationship between physical activity and behavior and /or cognitive functions (Tomporowski, 2003). In Tomporowski’s review of the literature, he documented various studies that both confirmed and denied this relationship including typical and atypical children. Tomporowski (2003) deduces from the literature, “the studies evaluated in this review also indicate that physical activity exerts short-term positive changes in children’s behaviors and cognitive performance (pg. 348). He warned

that the studies he examined vary significantly in the procedures and methods used to draw conclusions.

Tomporowski acknowledges that physical activity programs have always been thought to be beneficial; however, specifically aerobic exercise is a fitness activity that results in short-term and long-term benefits (2003). Tomporowski explicates that the positive relation between acute exercise and children's attention, cognitive function, and academic performance may provide support for the implementation of structured aerobic-type physical activity programs in schools (2003).

#### **1.1.11 Relation of Academic Performance to Physical Activity and Fitness in Children**

The goal of this study was to determine if there was some relationship between scholastic performance and physical activity of children. A growing body of literature cites the many benefits of physical activity as well as its impact on academic performance. Dwyer, Sallis, Blizzard, Lazarus, and Dean studied 9,000 Australian children between the ages of seven and 15 (2001). Academic achievement was rated on a five-point scale: Excellent, Above average, Below average, or Poor. A survey captured data on each participating school regarding size and type of physical education program. Individual questionnaires gathered information on demographic factors including date of birth, ethnicity and health-related behaviors. The physical test included indoor and outdoor measurements. This indoor tests measured height and body mass, standing long jump, sit-ups, and push-ups to name a few. The outdoor tests comprised sprints and an endurance run.

Dwyer, Sallis, Blizzard, Lararus, and Dean's study substantiated a modest correlation between scholastic ability and physical activity. All correlations were low, but the study

supported the hypothesis that physical activity and fitness make a modest contribution to academic performance (2001).

#### **1.1.11.1      *Summary of Health and Wellness/ Physical Wellbeing***

The research and reports above are alarming. They support the childhood obesity crisis and the correlation between academic achievement and physical fitness. Each report studied was similar in data and supported the other's information. The bottom line is our children are not as fit and healthy as they should be, and this appears to impact scholastic ability. There are many reasons our children are more sedentary and unhealthy than in the past. From computers to electronic games, to unsafe neighborhoods and parks for children to play, to student access to competitive unhealthy foods and beverages (not to mention schools struggling to find more academic time during the school day to make gains on high stakes tests), it is no surprise that this issue has come to the forefront. It appears as districts are trying to "leave no child behind" academically, they and their communities have left many behind as far as their health and wellness. There seem to be so many priorities that challenge districts regarding the allocation of their time and money. In light of this recent research, it is recommended that schools, community organizations, and parents work together to improve the opportunities for their children to get regular physical activity and to make nutritional selections when eating on a daily basis. The task of reforming a school district to consider health and wellness might seem like a daunting task but improving the performance of workers and building organizational capacity can be instrumental in district-wide reform.

### **1.1.12 Improving the Performance of Workers/Building Organizational Capacity**

The following excerpts represent some of studies that have been conducted on building capacity and school reform efforts:

#### **1.1.12.1 *Building Capacity for Education Reform***

After a three-year study of twelve reforming schools in six school districts and in three states, O'Day, Goertz, and Floden (1995), researchers of the Consortium for Policy Research in Education (CPRE), published their findings urging the

discussions of capacity should be broadened to include factors such as the relationships between individual, or teacher, capacity and the abilities of schools, and districts to accomplish standards-based, or systemic, reform (p.1).

The authors of this study define capacity as,

the ability of the education system to help all students meet more challenging standards. If the capacity of the education system- or any system- is insufficient for accomplishing a desired goal, capacity maybe increased by: improving performance of workers; by adding resources such as personnel, materials, or technology; by restructuring how work is organized; and/or by restructuring how services are delivered (O'Day et al., 1995, p. 1).

The report focused on the importance of developing teacher capacity by improving four main dimensions: 1) Knowledge: teachers need a thorough understanding of their subject matters, curriculum, students, and teaching pedagogy in order to strategically help students learn. 2) Skills: teachers need to have the ability to actually carry out the knowledge that they may have. 3) Dispositions: with teachers attitude concerning their subjects, the students, and thoughts about reform and teaching are very important. 4. Views of Self: Floden explained,

studies suggest that the capacity to teach in different ways is connected to views of self, to teachers' beliefs about their roles in classroom activity, and to the personas they adopt in the classroom (O'Day et al., 1995, p. 3).

The study found that school environment (supportiveness of colleagues) has the greatest influence on their capacity and practice. In addition to promoting the professional development of teachers, analysis from the data in the CPRE study found that there are “five dimensions of organization capacity”: 1) Vision and leadership, 2) Collective commitment and cultural norms, 3) Knowledge or access to knowledge, 4) Organizational structures and management, and 5) Resources. The study also indicated the importance of (re) allocating needed resources and external input to assist in and sustaining school reform.

#### **1.1.12.2 *Building the Capacity for School Improvement***

The Improving the Quality of Education for All” (IQEA) Project is one of the most successful school improvement projects in the UK. Hopkins and Harris (2000) reasoned, “it acknowledges that without an equal focus on the development capacity or internal conditions of the school, innovative work will soon become marginalized” (Harris, 2002 pg.4). This study focused on the important role the district plays in school improvement, where the district is the support system for the school under reform. The IQEA project

works from the assumption that schools are most likely to strengthen their ability to provide enhanced outcomes for all pupils when they adopt ways of working that are consistent with both their own and the current reform agenda” (in Harris, 2002 pg. 4, Hopkins, 1998).

The internal forces that affect capacity building and reform is teacher collaboration and effective support from an outside source. All schools in the project had to identify a small group of staff whose responsibility would be to manage the project. This school improvement group (SIG) is expected to participate in analyzing and reviewing its own school’s problems and then prioritize and organize the process for collaboration and improvement. The district and an external agency support the SIG’s. With each initiative of the SIG in each school, a great deal of data was

collected, and value-added data was used to compare and determine the performance of each school. This process of having a SIG that has the support of the district and external support has proven beneficial in lasting school improvement endeavors. Harris (2002) commented, “There is increasing evidence to suggest that the external agency provided by the district advisers is a crucial component of successful school improvement” (p. 5). Leadership is also a very important component to successful and lasting school improvement.

### **1.1.12.3      *Leadership Capacity for Lasting School Improvement***

In Leadership Capacity for Lasting School Improvement, Lambert defined leadership and makes a comparison of constructivist teaching and leading. Lambert (2003), Costa and Kallick (2000) drew parallels between teaching habits of mind and leading; these parallels suggest that leadership is the cumulative process of learning through which we achieve the purposes of the school (p. 3). According to Lambert, the key to leadership capacity is the ability of the leader to make and sustain change long after their role as the leader has ended. The main concept discussed is leadership capacity as an organizational concept. Lambert identified a matrix (Table 1.2) of participation and skill in four different quadrants. In quadrant four are the prerequisites for high leadership capacity schools and organization (Newman & Wehlage, 1995).



Table 1.2 Leadership Capacity Matrix (Lambert, 2003, p. 5)

	<b>Low Degree of Participation</b>	<b>High Degree of Participation</b>
<b>Low Degree of Skill</b>	<ul style="list-style-type: none"> <li>*Principal as autocratic manager</li> <li>*One-way flow of information; no shared vision</li> <li>*Codependent, paternal/maternal relationships; rigidly defined roles</li> <li>*Norms of compliance and blame; technical and superficial program coherence</li> <li>*Little innovation in teaching and learning</li> <li>*Poor student achievement or only short-term improvements on standardized tests</li> </ul>	<ul style="list-style-type: none"> <li>*Principal as “laissez faire” manager; many teachers develop unrelated programs</li> <li>*Fragmented information that lacks coherence; programs that lack shared purpose</li> <li>*Norms of individualism; no collective responsibility</li> <li>*Undefined roles and responsibilities</li> <li>*”Spotty” innovation; some classrooms are excellent while others are poor</li> <li>Static overall student achievement (unless data are disaggregated)</li> </ul>
<b>High Degree of Skill</b>	<ul style="list-style-type: none"> <li>*Principal and key teachers as purposeful leadership team</li> <li>*Limited use of school-wide data; information flow within designated leadership groups</li> <li>*Polarized staff with pockets of strong resistance</li> <li>*Efficient designated leaders; others serve in traditional roles</li> <li>*Strong innovation, reflection skills, and teaching excellence; weak program coherence</li> <li>*Student achievement is static or shows slight improvement</li> </ul>	<ul style="list-style-type: none"> <li>*Principal, teachers, parents, and students as skillful leaders</li> <li>*Shared vision resulting in program coherence</li> <li>*Inquiry-based use of data to inform decisions and practice</li> <li>*Broad involvement, collaboration, and collective responsibility reflected in roles and actions</li> <li>*Reflective practice that leads consistently to innovation</li> <li>*High or steadily improving student achievement</li> </ul>

**1.1.12.4 Successful School Restructuring**

In *Successful School Restructuring* by Newmann and Wehlage (1995), it is reported that there is evidence of successful structural school reform, but only when social and human resources are strategically used to provide support for schools and students (p. 1). Newmann and Wehlage analyzed five years of research from more than 1,500 United States elementary, middle, and high schools. After examining the schools at different stages of reform, they identified the

main components of successful school restructuring as: 1) Student learning-teachers helping students to produce authentic performance of high intellectual quality; 2) Authentic Pedagogy-teachers understanding sound instruction and teaching practices. These standards for authentic pedagogy are construction of knowledge, disciplined inquiry, and value beyond school. (Newmann & Wehlage, 1995, p 14); 3) Organizational Capacity-schools create strong professional communities; interdependent work structure, small school size, and school authority to act can affect these; and 4) External Support for Student Learning and Organizational Capacity-there are many external agents attempting to help schools to restructure, for example, state legislation, district administration, universities, union, professional organizations, foundations, courts, parents, and federal government.

#### ***1.1.12.5 Summary of Improving Performance of Workers/Building Organizational Capacity***

The review of literature indicates that there is no formula for building organizational capacity; however, themes do begin to emerge from the research. It is apparent that professional development and teacher collaboration or professional communities are important components of building capacity. Some researchers include the importance of having a clear vision and leadership capacity as an important component. O'Day, Goertz, and Floden (1995) articulate

the importance of the school mission-and of leadership in articulating and mobilizing support for it – were recurring themes in our study. The visions focused on curriculum and instruction, improved achievement for all students, and teacher responsibility for student learning (p. 4).

Some researchers agree that the support of external resources are also needed. Some of the literature focuses more on certain aspects of building capacity, but clearly all mention the complexity of the process of truly effective sustained capacity building. For the purpose of this study, the four components identified in O'Day, Goertz, and Floden (1995) are used to determine

if capacity is being established through a new district initiative. The components are: improving the performance of workers; redistributing or adding resources such as personnel, materials, or technology; restructuring how work is organized; and restructuring how services are delivered (p. 1). When the leadership of a system attempts an initiative and is mindful of the necessary steps to build capacity, there is a greater chance of sustainability.

### **1.1.13 Implementation**

#### **1.1.13.1 *Change Forces...***

Fullan has several books on educational change and reform. His research base is from both successful educational and business organizations. He explained, “the goal is to remember that educational change processes as an overlapping series of dynamically complex phenomena” (Fullan, 1993, p. 21). In his first book, he identified eight interdependent lessons on school change (Fullan, 1993, p. 21):

Lesson 1: You can’t mandate what matters – the more complex the change, the less you can force it.

Lesson 2: Change is a journey not a blueprint- change is not-linear, loaded with uncertainty and excitement and sometimes perverse.

Lesson 3: Problems are our friends- problems are inevitable and you can’t learn without them.

Lesson 4: Vision and strategic planning come later- premature visions and planning blind.

Lesson 5: Individualism and collectivism must have equal power-there are no one-sided solutions to isolation and groupthink.

Lesson 6: Neither centralization nor decentralization works – both top-down and bottom-up strategies are necessary.

Lesson 7: Connection with the wider environment is critical for success- the best organizations learn externally as well as internally.

Lesson 8: Every person is a change agent – change is too important to leave to the experts, personal mind-set and mastery is the ultimate protection.

The process of change for school improvement has been broadly categorized into three phases (Fullan, 1999). Phase one is the “initiation stage”, phase two is the “implementation stage”, and phase three the “maintaining and sustaining”.

In *Change Forces-The Sequel*, Fullan acknowledged his lessons in *Change Forces* but noted that advances in both theoretical and empirical research of complex change situations have provided a much deeper understanding (1999, p.18). The 1999 version of “Complex Change Lessons” are as follows:

Lesson 1: Moral Purpose is Complex and Problematic

Lesson 2: Theories of Change and Theories of Education Need Each Other

Lesson 3: Conflict and Diversity Are Our Friends

Lesson 4: Understand the Meaning of Operating on the Edge of Chaos

Lesson 5: Emotional Intelligence Is Anxiety Provoking and Anxiety Containing

Lesson 6: Collaborative Cultures Are Anxiety Provoking and Anxiety Containing

Lesson 7: Attack Incoherence: Connectedness and Knowledge Creation Are Critical

Lesson 8: There Is No Single Solution: Craft Your Own Theories and Actions by Being a Critical Consumer

Again Fullan tackled the question of change in his 2003 book *Change Forces with a Vengeance*. He differentiated his previous sets of lesson for change in complex times, his new eight lessons are for dealing with current multi-year initiatives in which we are involved across countries (Fullan, 2003 p. 23). These latest lessons Fullan (2003) claimed (2003) are congruent with the previous two sets, but they have three additional distinguishing characteristics: 1) they

are more amenable to action, design and strategizing; (2) they assume large scale reform is the goal; (3) they pursue the ultimate question of sustainability (pg.23). The eight lessons must be used together and not any one in isolation, they are:

Lesson 1: Give up the idea that the pace of change will slow down

Lesson 2: Coherence making is a never-ending proposition and is everyone's responsibility

Lesson 3: Changing context is the focus

Lesson 4: Premature clarity is a dangerous thing

Lesson 5: The public's thirst for transparency is irreversible

Lesson 6: You can't get large-scale reform through bottom-up strategies-but beware of the trap

Lesson 7: Mobilize the social attractors moral purpose, quality relationships, quality knowledge

Lesson 8: Charismatic leadership is negatively associated with sustainability

Though Fullan details lessons for educational change and improvement, implementing too many initiatives at one time can undermine the entire reform initiative.

#### **1.1.14 When Improvement Programs Collide**

Thomas Hatch is the co-director of the National Center for Restructuring Education, School and Teaching (NCREST) at Teachers College, Columbia University. His research focuses on creating methods and resources that support the examination of teaching at all levels. His studies center on the demands in public education requiring schools to manage implementing several improvement programs simultaneously. Hatch discusses the "catch-22s" that has to happen in order to make implementation successful. He stresses the importance of a having a

thorough understanding and knowledge of the approaches, resources and expected outcomes of an improvement program before implementation begins. Schools must have an understanding of their own approaches to learning and to school improvement in order to determine the best course of action for implementation. A school must have a systematic understanding of their theories of learning, schooling, and change. Hatch explains, (2002) “It can be very difficult to figure out how different initiatives and programs can fit together in mutually reinforcing ways” (p. 631). Finally, districts must realize the degree of change or additional resources (time, money, flexibility) that are needed for implementation. There is also another way of looking at change called the “Tipping Point”. It can become an epidemic that can support or reverse the goal in mind.

#### **1.1.15 The Tipping Point**

*The Tipping Point* by Gladwell presents a new way of making sense of the world and understanding why change often happens as quickly and as unexpectedly as it does. Gladwell sites several examples of how major change is accomplished, from New York City’s drop in crime to a novel written by an unknown author becoming a bestseller. He considers these examples of social epidemics and believes that things can happen all at once, and little changes can make a huge difference. Gladwell explained, the virtue of an epidemic is that just a little input is enough to get it started and it can be contagious and spread rapidly (2002). An epidemic can be reversed/tipped by tinkering with the smallest detail of the immediate environment. Therefore, this phenomenon would be of enormous interest to everyone from educators trying to reach students, to businesses trying to market a product or anyone who is trying to create a change with limited resources.

**1.1.15.1 Summary of the Review of Literature**

The review of literature is summarized in table #, it depicts the overlap between subjects and authors examined.

**Table 1.3 Literature Review Summary Chart**

Key Studies	Academics & Learning	Health & Wellness	Implementation	Building Capacity
Action for Healthy Kids	√	√		
ASTHO		√		
CDC		√		
CEP	√			
Dewey	√			
Egan	√			
Fullan	√		√	√
Gladwell			√	
Harris			√	√
Hatch	√		√	√
Lambert	√		√	√
National Center for Health Stats		√		
Newmann & Wehlage	√		√	√
O’Day, Goertz, & Floden	√			√
Pellegrini & Bohn	√	√		
Ragozzino, Resnik, Utne-OBriejn, & Weissberg	√	√		
Rudiger	√	√		
Sarason	√			
Search Institute	√	√		
Summerfield	√	√		
Thompson		√		
US Health & Human Services		√		

Table 1.3 summarizes the many authors reviewed in this chapter and encapsulates the concepts or findings learned in each article or book. The authors who studied implementation and building capacity in a school district discuss the importance of correctly implementing change to create an environment for sustainability. Even though their articles do not directly

discuss academics and learning, indirectly student's academics and learning could be impacted by the leadership qualities, techniques, strategies, and success (or lack thereof) described in those books and articles.

#### **1.1.16 Conceptualization of the Study**

Almost simultaneously in 2001, NCLB was passed as well as the “The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity” was released. These two major initiatives have school districts struggling with two very urgent problems, proficiency of all children academically while not only monitoring students Body Mass Index (BMI), and needing to educate children in healthy living with opportunities for physical activity.

More and more schools are confronted with emergency issues that require immediate changes in the way they do business. Allowing years of research and planning before program implementation begins is sometimes not feasible and could be considered unethical especially when the problem impacts the health of children. This study is about the implementation of a health and wellness program that began immediately due to the recent reports on overweight and obesity of American children and growing research that correlates academic performance to physical well-being. This study examined the strategy that beginning implementation immediately and considering the planning during the implementation process can not only be efficient, but also build capacity in a system faster. This study will either support or not support the thought that planning begins when implementation begins.



## **2.0 CHAPTER**

### **2.1 RESEARCH METHODOLOGY**

#### **2.1.1 Background**

School reform and program implementation can be a gigantic task for any school leader to attempt. School districts have made attempts to improve programs in many areas including assessment, curriculum, and professional development. Schools have reached out to parents through Instructional Support Teams and Student Assistance Programs to assist children and their parents in dealing with issues such as personal organization, discipline, life skills, and the like. Currently many initiatives are focused on aligning curriculum to standards and improving academic achievement particularly of those students who are considered “not proficient”. Other reform efforts have attempted to deal with teacher burnout, lack of qualified administrators, and the achievement gap. In many instances reform efforts have fallen short on making any appreciable change and sometimes the costs out-weigh the end result. This is taking place in a time when educators are being scrutinized for their inability to teach students to meet certain academic standards.

It is the goal of this research study to provide an analysis of the early stages of a district’s Health and Wellness reform initiative, and examine factors that are critical in the development of this initiative including the process by which such activities influence program implementation

and district reform. In addition, this study serves as a case study of how the process of implementation often begins when the planning begins.

In the summer of 2004, the superintendent of the district involved in this study attended a conference that explained the current rise in obesity and increasing disease trends of children. During the conference, many suggestions were given on ways that schools and communities could help with this crisis. The Superintendent reflected upon many current practices in the district and realized that there are many areas in need of change. After thinking about the practices and programs in his district, he realized the beginning of the change would lie in the offerings of the food service department; however, there were many practices that could be altered to make an appreciable difference in promoting health and wellness of children. Above all, the hope of this initiative is that students will acquire the knowledge, genuine desire, and disciplined habits of mind and body that will guide them throughout their lives to maintain a healthy lifestyle. This study includes an evaluation of the early implementation processes of a school district's health and wellness initiative for the purpose of: (1) providing information to planners and program participants; and (2) developing alternatives to current professional practices.

### **2.1.2 Statement of the Problem**

What indicators emerged from participant input into the planning/implementation processes (Phase I, II, and III) for a district's Health and Wellness initiative and what concerns did participants have about the implementation process of the action plans created in Phase I?

### 2.1.3 Research Questions

The following research questions and data collection methods were investigated in the context of a small suburban school district in Western Pennsylvania. This case context is described in more detail in the following chapter.

- (1) What factors led the school leader to establish a process for the conception of the health and wellness initiative and implementation processes?
- (2) What factors were identified in the early stages of planning for the creation and implementation of the necessary changes related to promoting the health and wellness of the students in a school system?
- (3) What are the program activities that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative
- (4) What are the structural changes that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?
- (5) What are the indicators of organizational capacity building that may forecast the possibility of sustainability?

**Table 2.1 Data Collection Method and Procedures Per Research Question**

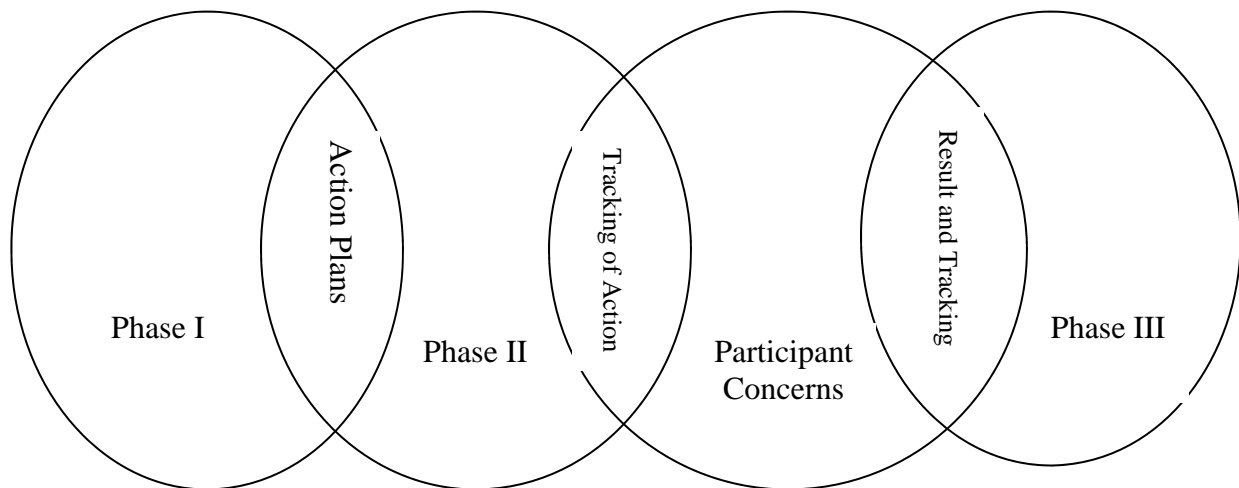
<b>Research Question</b>	<b>Data Gathering Method</b>
What factors led the school leader to establish a process for the conception of the health and wellness initiative and implementation processes?	Documentation of presentation and discussion with Superintendent.
What factors were identified in the early stages of planning for the creation and implementation of the necessary changes related to promoting the health and wellness of the students in a school system?	Documentation of Health and Wellness Committee meetings which includes the evaluation of the district's health and wellness score using the eight modules in the School Health Index (Appendix A includes a copy of a Module score card) and documentation of the early changes that principal's implemented in their buildings.
What are the program activities that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?	Documentation of principal and administration reports on the progress of implementation in their building.

What are the structural changes that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?	Documentation of principal and administration reports on the progress of implementation in their building.
What are the indicators of organizational capacity building that may forecast the possibility of sustainability?	The Concerns-Based Adoption Model (CBAM) * will be given to District Health & Wellness Committee participants after action plans have been developed. CBAM will be given to principals during implementation of action plans. Reevaluation of the district's health and wellness score using the eight modules in the School Health Index (Appendix A includes an example of a module score card) as well as determining evidence (if any) of the four components needed for building capacity identified in O'Day, Goertz, and Floden (1995), will be documented.

\*CBAM will be defined and explained later in the document on page 44.

#### 2.1.4 Procedures

Based on the educational focus and nature of this investigation, the mixed-method design was selected. Mixed research is the third major research paradigm where quantitative and qualitative techniques are mixed in a single study. Utilization of this method enabled the researcher to identify concerns, opinions, and attitudes of participants, in addition to, identifying factors that may impede or forecast Phase II of the implementation process. This method of acquiring data that address these areas are through observation and detailed documentation of Phase I (planning) of the implementation process, documentation and tracking of the progression of the action plans (Phase II), and participant/implementer's identification of concerns they have regarding the initiative. The sample for this study consisted of 30 representatives of a school district community including: the superintendent, principals, teachers, parents, and community members. Figure 1 symbolizes how the data is connected.



**Figure 2-1** Data Collection Continuum

- **Phase I** involved the tracking of all Health and Wellness early implementation programs started in the buildings/district and the progress of the Health and Wellness committee who will work collaboratively on the School Health Index and ultimately **create the action plans** for Phase II.
- **Phase II** documented and tracked the progression of the implementation of the action plans. Fullan's (1993) “Eight Basic Lessons of the New Paradigm of Change” was used to evaluate the implementation process (p .21).
- Then the researcher inquired from the **participants their concerns** regarding Phase I (planning) and the action plans (Phase II) as well as the concerns from those (principal’s and teachers) who implemented the action plans.
- These concerns identified issues and additional information for the **long-range action plans in Phase III**. The Concerns-Based Adoption Model (CBAM) developed at the Center for R&D in Teaching at the University of Texas at Austin by Hall, Hord, Loucks-Horsley, and Huling was used to determine the concerns of the participants and implementers.

After analyzing all information from Phases I, II, and III, the researcher reevaluated the district’s health and wellness score using the eight modules in the School Health Index as well as determining if there were any correlations to the four components needed for building capacity identified in O’Day, Goertz, and Floden (1995): improving the performance of workers; redistributing or adding resources such as personnel, materials, or technology;

restructuring how work is organized; and restructuring how services are delivered (pg. 1). By using the mixed-method, the researcher wished to acquire a deeper understanding of the implementation process, whether or not planning begins when implementation begins, and identifying indicators of building capacity and sustainability. Table 2.2 signifies the procedures used to acquire and analyze data.

**Table 2.2 Data Analysis Procedures**

Phase I	Documentation of early implementation and progress of the Health and Wellness Committee.	Field notes from administrative meetings/discussions and notes/minutes attained from Health and Wellness committee (action plans) were analyzed, organized and explained in a sequential manner, see Appendix B. The Concerns-Based Adoption Model (CBAM)* was given to District Health & Wellness Committee participants after action plans were developed.
Phase II	Documentation and tracking the progression of the implementation of the action plans.	Researcher analyzed field notes and minutes from administrative meetings/discussions and detailed all programs/activity changes and issues related to Health and Wellness, see Appendix B. Using this data the researcher identified themes that may or may not correspond to Fullan's (1993) "Eight Basic Lessons of the New Paradigm of Change" (p. .21).
Phase III	Documentation of action plans not addressed and identified as long-range plans.	By analyzing field notes from administrative meetings and discussion notes the researcher identified all action plans that are not addressed and determined as long-range plans, see Appendix B. CBAM was given to principals/administration during the implementation of action plans. The researcher reevaluated the district's health and wellness score using the eight modules in the School Health Index to determine if the score in each module had improved. The researcher synthesized and analyzed all field notes to determine evidence (if any) of the four components needed for building capacity identified in O'Day, Goertz, and Floden (1995), these were documented.

## 2.1.5 CBAM

Concerns-Based Adoption Model (CBAM) developed at the Center for R&D in Teaching at the University of Texas at Austin by Hall, Hord, Loucks-Horsley, and Huling. This model was developed to explain the lack of teacher buy-in and to propose ways of using this model to monitor and increase implementation of educational innovations. CBAM postulates that individuals in any organization that is adopting an innovation or change, progress through predictable stages of concern. There are three basic Stages of Concern as defined in CBAM: Concern for Self, Concern for Task, and Concern for Impact. Most organizations address the concerns for task. However, CBAM contends that successful program implementation is contingent on moving implementers through each of the levels/stages of concern (Hall & Loucks, 1979). Investigative research from the CBAM perspective proceeds from the assumption that teachers, as the relatively autonomous practitioners of education at the level “where it really happens” are the key adopters of concern. CBAM (Hall & Loucks, 1979) describes the seven levels of concern that teachers experience as they adopt new practice:

IMPACT	Refocusing. Teachers consider the benefits of the innovation and think of additional alternatives that might work even better.
	Collaboration. Teachers cooperate with other teachers in implementing the innovation.
	Consequence. Teachers focus on the innovation’s impact of students.
TASK	Management. Teachers learn the processes and tasks of the innovation. They focus on information and resources.
SELF	Personal. Teachers want to learn about the personal ramifications of the innovation. They question how the innovation will affect them.
	Informational. Teachers have a general interest in the innovation and would like to know more about it.

UNRELATED Awareness. Teachers have little concern or involvement with the innovation. (North Central Regional Educational Laboratory, 2001; Hall and Hord, 1987).

### **2.1.6 Levels of Use of the Innovation: Typical Behaviors**

- Renewal. The user is seeking more effective alternatives to the established use of the innovation.
- Integration. The user is making deliberate efforts to coordinate with others in using the innovation.
- Refinement. The user is making changes to increase outcomes.
- Routine. The user is making few changes or no changes and has an established pattern of use.
- Mechanical. The user is making changes to better organize use of the innovation.
- Preparation. The user has definite plans to begin using the innovation.
- Orientation. The user is taking the initiative to learn more about the innovation.
- Non-Use. The user has not interest, is taking no action. (Taking Charge of Change by Shirley Hord, William L. Rutherford, Leslie Huling-Austin, and Gene E. Hall, 1987)

### **2.1.7 Summary of Implementation Framework**

1. The Health and Wellness initiative was announced and administrators began making changes.
2. Stakeholder committee was formed by Superintendent to evaluate district programs and practices. This group created action plans for improvement.
3. CBAM was used to monitor the concerns of the committee participants and those who initially began implementing Health and Wellness changes when the announcement of the initiative was made and after the action plans were shared.
4. Fullan's (1993) "Eight Basic Lessons of the New Paradigm of Change" was used to evaluate the implementation process (p. 21).



5. Through the documentation of the initiative, the researcher categorized the action plans as well as any additional changes related to health and wellness to the four components needed for building capacity identified in O'Day, Goertz, and Floden (1995). This assisted in forecasting the potential for sustaining the initiative.

### **2.1.8 Definition of Terms**

**Capacity Building:** The ability of an education system to bring a majority of its stakeholders together to work toward a common goal and achieve that goal where the end result is part of the equation of helping all students meet more challenging standards. In this study, capacity refers to both the child and the organization.

**Indicators:** For the purpose of this study, indicators refers to the process of implementation that will be documented in order to study the notion that implementation begins when planning begins.

**Implementation:** For the purpose of this study, implementation begins when planning begins and is differentiated in three phases.

Phase I: The process that begins when planning begins and reported as documentation of meetings and creation of the numerous action plans from the Health and Wellness Committee. This process began with an initial meeting of the Health and Wellness Committee in October 2004 and concluded March 2005.

Phase II: The process of implementing the action plans that will be reported with documentation and tracking of each action plan.

Phase III: The more comprehensive or expensive action plans that involve extensive changes. Some may be continued from Phase I.

**Health and Wellness Committee:** A volunteer committee comprised of 30 district and community individuals who all have some interest in the health and wellness. The individuals selected for this committee were selected by the Superintendent and invited to voluntarily participate.

**School Health Index:** A self-assessment and planning guide that will: 1. Identify the strengths and weaknesses of a school's health promotion policies and programs; 2. Develop an action plan for improving student health; and 3. Involve teachers, parents, students, and the community in improving school policies and programs. This document was developed by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Division of Nutrition and Physical Activity, and Office on Smoking and Health; and the National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, and Division of Violence Prevention.

**Modules 1-8:** Eight different modules that correspond to the eight components of a coordinated school health program. The Health and Wellness Committee was divided to work together based on their expertise in each Module areas: Module 1: School Health and Safety Policies and Environment; Module 2: Health Education; Module 3: Physical Education and Other Physical Activity Programs; Module 4: Nutrition Services; Module 5: School Health Services; Module 6: School Counseling, Psychological, and Social Services; Module 7: Health Promotion for Staff; and Module 8: Family and Community Involvement.

**Score Card:** A quantitative tool used to evaluate a districts strengths and weaknesses in each of the Modules.

**School Health Improvement Plan:** The prioritized actions that need to be implemented; these were decided by each Module group of the Health and Wellness Committee.

**Tracking:** The process of observing and documenting the implementation and outcomes of each action plan.

### **2.1.9 Limitations of the Study**

The researcher acknowledges significant limitations regarding the analysis stemming from the nature of the planning and implementation process being researched. The Health and Wellness initiative is a relatively new and innovative reform concept. Since this study is isolated to a single western Pennsylvania school district, it is limited in application and may not be applicable to other Health and Wellness initiatives or planning and implementation initiatives. Additionally, the choice of surveying and interviewing representative stakeholders, as opposed to all constitutes impacted by the initiative, further limits the application.

Using the aforementioned procedures, the data was re-examined and correlated to present a description of how one school district planned and implemented the Health and Wellness Initiative.

## **3.0 CHAPTER**

### **3.1 THE CASE STUDY**

The purpose of this research study was to examine the early stages of a school district's Health and Wellness reform initiative, and examine factors that are critical in the development of this initiative including the process by which such activities influence program implementation and district reform. In addition, this research is a case study of how the processes of implementation often begin when the planning begins. In school business, this is paradox because typically planning occurs first then implementation takes place.

The researcher was the Principal at one of the two elementary schools in the district and also served as an observing member on the District Health and Wellness Committee. The study began during the 2004-2005 school year, which was the first year the initiative was mentioned as a focus for the district and before any planning commenced.

#### **3.1.1 SCHOOL DEMOGRAPHICS AND BACKGROUND**

The School District is located approximately 12 miles northwest of Pittsburgh, Pennsylvania. The community is stable, largely suburban, and is comprised of 21 square miles and 11 municipalities.

The district had an enrollment of 1,223 during the 2004-2005 school year, and 1,195 during the 2005-2006. Two elementary schools, one middle school, and one high school comprise the district. The two elementary buildings are in midst of extensive renovations. The first elementary school under renovation will be completed the summer of 2006 and the other will be completed the summer of 2007.

Both elementary schools and the high school are recipients of the National Blue Ribbon Schools of Excellence; the middle school was a Pennsylvania State Blue Ribbon awardee. The following Table 3.1 depicts the demographics of the school district.

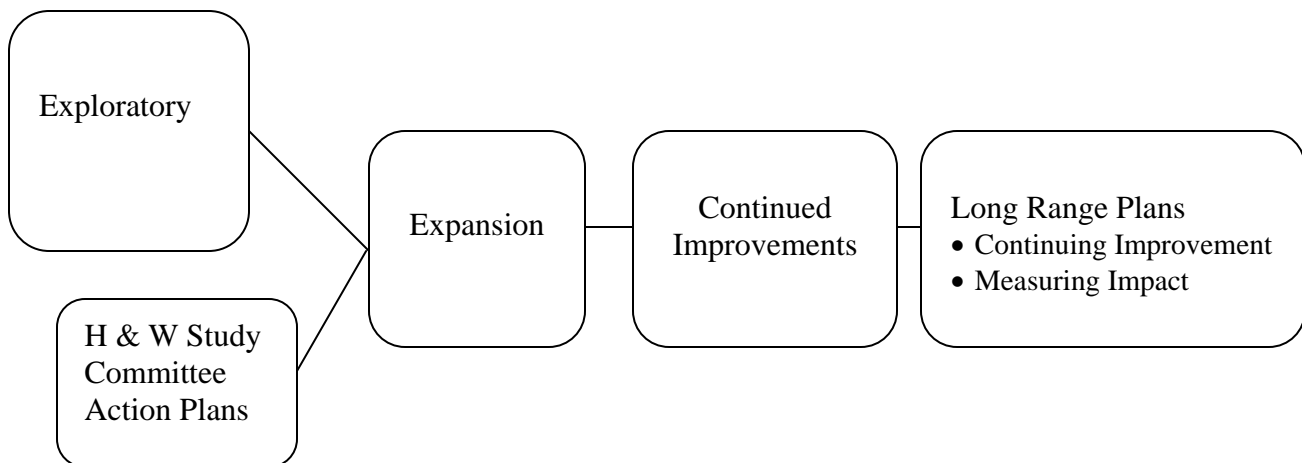
**Table 3.1 Ethnic Diversity of Student Population**

<b>Race</b>	<b>Percent of Population</b>
Black	8%
Hispanic	1.4%
Native American	0.3%
Asian	1.3%
White	87.1%
Multi	1.9%

This small school district’s recent history is one of active change. These changes include implementing the International Baccalaureate Middle Years Programme (grades 6-10), changing the way gifted education is delivered (do not have Gifted IEP’s), winning the grant to be one of three Pennsylvania Digital Schools, and several smaller initiatives like high school arena scheduling, and middle and high school changing to a trimester schedule. The relationship between the school board and the Superintendent is one of trust and professionalism, not micro management; for example, the school board does not opt to be involved with the hiring process (teachers and administrative positions) other than the final approval.

### 3.1.2 THE CASE STUDY

The data for this study was collected over a two school-year period, 2004-05 and 2005-06. Several departments in administration and school building personnel were integral participants in the evolution of the Health and Wellness Initiative. The departments/buildings involved were the district Health & Wellness Committee, Food Service Department, District Employee Programs (Benefits Coordinator), High School, Middle School, Elementary #1, and Elementary #2. The initiative was conspired during the summer of 2004, and implementation began when planning began in the fall of 2004. The time line for planning/implementation of the study followed the timeline of: summer 2004, fall 2004, spring 2004, summer 2005, fall 2005, spring 2005, and long range plans. Each department made specific progress regarding the health and wellness changes over the course of the two-year initiative. Figure 2 represents a “bird’s eye” view of the process and timeline that unfolded over the course of the initiative. (See Appendix B)



**Figure 3-1 Initiative Implementation Process**

### **3.1.3 Exploratory**

The exploratory phase began the summer of 2004 and continued until the District Health and Wellness Study Committee published their action plans the summer of 2005. Principals and pertinent district department managers were held accountable for planning and implementing change immediately when the initiative was announced (summer 2004) and before the study committee was created. Therefore, when the initiative began, departments and school buildings swiftly began meeting, planning and implementing change based on perceived areas in need of improvement. Appendix B, pages 91-95, detail the many initiatives that began as a result of being asked to “get started” without any official discussion or planning. This expectation of beginning to implement change without official planning, created much stress and anxiety because those in charge of implementing the change had very little warning and did not exactly know what to do to “get started”. It was helpful that the Superintendent devoted some time to discussing the new research regarding health and wellness, and no one disagreed, but implementers were not sure how that would translate into improving health and wellness in their department/building. Many websites and research articles were forwarded from the Superintendent to help implementers “getting started,” but with numerous other initiatives also in the forefront, it was difficult to find the time to read, discuss, and plan for change. Most of the initial changes revolved around the Food Service Department upgrading the nutritional benefit of offerings in the lunch program. The Superintendent realized that there needed to be someone in charge of employee wellness. Therefore, the benefits coordinator was given a promotion, which added to her responsibilities and included employee wellness programs. The principals began the public relations campaign to alert students, parents, and teachers to the research, initiative, and potential future changes. Some parents resented the request of sending in healthy treats for

parties, as well as some staff disagreed with the ban on using candy as a reward. Principals also began to study and revise their student schedules to provide more opportunities for physical activity and health education.

#### **3.1.4 Health and Wellness Study Committee**

The Superintendent organized and managed the creation, responsibilities, and progress of the District Health and Wellness Study Committee. The committee began meeting in November 2004 and was given a specific program (School Health Index) to guide the study. The School Health Index was published by the Center for Disease Control and the Department of Health and Human Services to be used as a self-assessment and planning guide for schools to: 1) identify strength and weaknesses of a school's health promotion policies and programs; 2) develop action plan for improving student health; 3) involve teachers, parents, students and the community in improving school policies and programs. Appendix B, pages 97-106, detail the notes from each committee meeting and the documenter's observations. Stakeholders identified their concerns, which made for rich discussion regarding health and wellness. The Superintendent guided the committee through the process dictated by the School Health Index. The end result was a three-year action plan that addressed all areas of health and wellness from school safety to the lunch program to employee wellness. This action plan was designed to start the beginning of the 2005/2006 school year. The documenter was a participant on this committee and was responsible for implementing change in one of the school buildings. Since the documenter participated in the study, this helped to identify areas for change in the building before the action plans were formally published. The study committee involved most of the individuals

responsible for implementing change. Implementers' participation in the study committee gave much insight for them to help guide their initial "getting started" changes.

### **3.1.5 Expansion**

Since the action plans were published the summer of 2004, the implementers had concrete plans to follow. The plans were more comprehensive than the initial activities being implemented. Each school building was directed via the action plans to assemble a school health and wellness committee. These committees reviewed and evaluated the activities implemented the previous year and determined which would continue as well as brainstormed additional activities for improvement. Since implementation began before any formal planning began, most of the activities were maintained or expanded. In the fall of 2005, the implementers were responsible for updating the health and wellness study committee regarding progress to date. The committee was astounded with the improvement that appeared to happen in a short time, but in actuality, happened over a school year while the committee was planning. Appendix B, pages 109-115, provide a summary of all the programs, activities, and changes related to the health and wellness action plans that occurred during the expansion period of the initiative (2005/2006 school year).

During the expansion phase of the initiative, the Superintendent worked with the School Board to create a district Health and Wellness policy (attached in Appendix C) that would both guide and maintain the integrity of health and wellness in the district in the future. The policy requires the district to maintain a district health and wellness council to oversee the continued maintenance and progress of the initiative.



### **3.1.6 Continued Improvement**

Since the action plans are to be addressed by the end of the 2007/08 school year, the building committees continued to meet, reflect on practices, and institute and/or maintain change. Each implementer was responsible to report their progress twice a year to the Superintendent and the District Health and Wellness Council (as per policy).

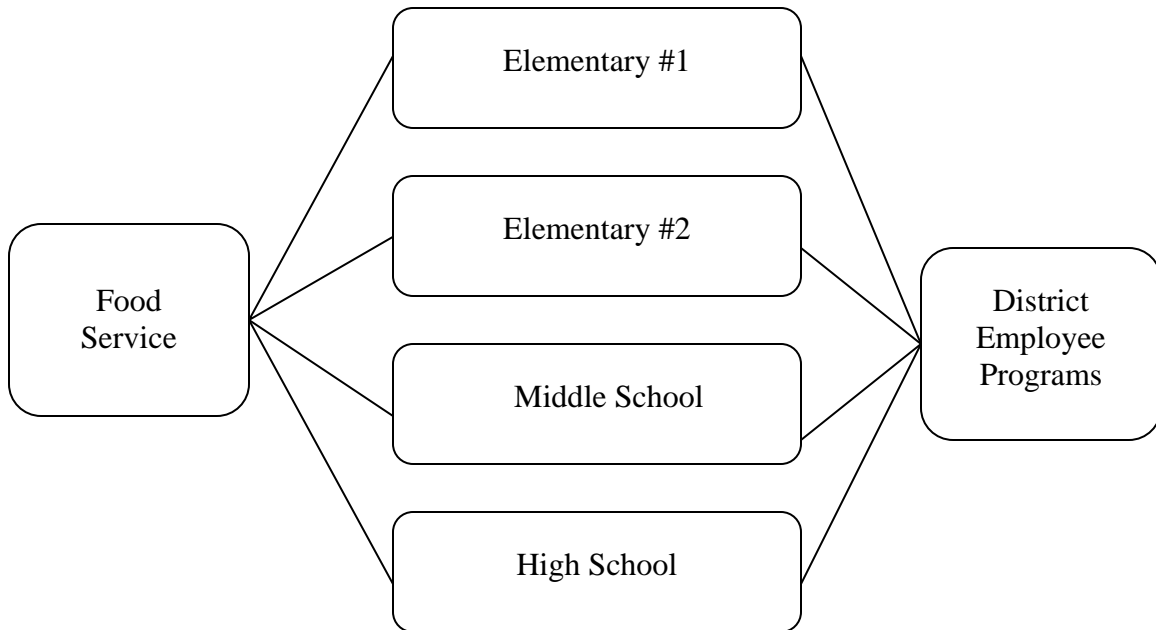
### **3.1.7 Measurement/Impact**

Since implementation began before planning began, (in the second official year according to action plans, but in reality third year of the initiative) conversation began regarding how could the district measure or understand the impact of the initiative. Some ideas were to compare students' BMI from year to year, compare data on school climate, survey school environment, charting staff wellness data, and repeating the study using the School Health Index to identify improvement. The researcher informally re-evaluated overall district health and wellness using the School Health Index and found that the district made significant improvements. (the findings can be found in Appendix B). One of the outcomes that was feared was the decrease in the sales of the food service department. There were drastic changes in the food service program which initially affected sales but the creativity of the staff and more attractive healthy offerings from vendors helped to regain sales.

### **3.1.8 Departments and Building Responsible for Implementing Initiative**

Each school building was in the midst of making changes in every area of their programming. The elementary schools examined departments/programs such as guidance, nurse, PTA, curriculum, schedule, and clubs to determine areas in need of change. The secondary school examined those same programs plus athletics and student government to determine areas in need of improvement. For the first time, the school building principals realized that major change in their buildings dealt with the areas under food service department and employee programs. Upgrading all lunch menus and improving vending machine offerings were the responsibility of the food service manager. All new employee programs were initiated from the new employee programs coordinator. For the first time, the food service and employee programs departments were participating in the overall education programming of the district. The building implementers were also listening to each other and discussing ideas between all the buildings. For example, the concept of morning exercises began in the elementary schools, and the middle school then decided to start the same activity. Figure 3 symbolizes the working relationship and impact each school building and department had with each other.

The district departments impacted all school building, plus each school collaborated and shared ideas. The school buildings also requested help with programs from each of the departments. Ideas, changes, and implementation were occurring fluidly between all parties responsible for executing the initiative.



**Figure 3-2** Departments and Building Responsible for Implementing Initiative

### 3.1.9 Health and Wellness Program Description

The school board created a student wellness policy to perpetuate and continually evaluate the school district's programs related to student wellness. In Appendix D, as per school board policy manual, the policy is described with specific activities added by the researcher to provide examples of certain criteria. It is important to note that the examples identified are activities or progress that was made during the health and wellness initiative and may change in the future based on current research and data.

## 4.0 CHAPTER

### 4.1 FINDINGS

#### 4.1.1 Answers to Research Questions

The following questions were developed and framed to explore in detail, those factors, which characterized the district's planning and implementation of the Health and Wellness Initiative.

**Question #1—What factors led the school leader to establish a process for the conception of the health and wellness initiative and implementation processes?**

The school Superintendent attended a conference offered by HighMark in the summer of 2004 that outlined the Surgeon General's Call to Action regarding childhood obesity. Many health facts resulting from childhood obesity were explained; for example, the rise of childhood diabetes, that 13% of our children are considered obese, etc. At this time, the Superintendent started to think differently about the way the district operated their Food Services Department. Until this point they were required to be financially self-sufficient: if a child could go the store, buy an item, and bring it for lunch, then our cafeteria should sell it to help increase sales. This included many high-fat snack items, desserts, and drinks. The Superintendent admitted that the way the district had been operating the Food Services Department was not in the best interest of children and maybe contributing to the problem of childhood obesity. He recognized that the district should help to do its part and immediately began identifying a strategy for reform. In addition, health-care benefits were on the rise and HighMark suggested that promoting health

and wellness for employees could positively impact benefit costs. Immediately following the conference, the superintendent approached the school board with the findings and they agreed that health and wellness would be an urgent focus for the next several years. The Superintendent began to discuss the obesity findings with all administrative areas. He announced that he was going to organize a Health & Wellness Study Committee to help analyze the health and wellness of the district and create a plan for improvement.

Politically, the topic of childhood obesity was a hot issue, and most seemed philosophically to be in agreement with the initiative. There were some parents that did not agree with providing healthy treats during elementary parties and special events. They felt that children needed some opportunities to indulge. All were supportive of the improvements to the lunch menu offerings and decreasing the opportunity to buy ice cream from everyday to two days a week. Since childhood obesity is a forefront issue, all of the food and beverage vendors were prepared for the healthier requests and offered other great menu options with lower fat contents.

**Question #2—What factors were identified in the early stages of planning (2004-05 school year) for the creation and implementation of the necessary changes related to promoting the health and wellness of the students in a school system?**

Since the Superintendent realized the contradiction in the school district's practices related to nutrition, he declared that one of the district's initiatives for the 2004-05 would be health and wellness. In the fall of 2004, the Superintendent told all administrators to "get started" by identifying and improving health and wellness in their buildings and areas. The Superintendent specifically asked the Director of Food Services and Coordinator of Health Benefits to begin to identify areas for change in their areas. At the same time, the Superintendent organized the Health and Wellness Study Committee. This group, comprised of

30 district administrators, teachers, parents, and community representatives, would analyze the health and wellness of the district and identify an action plan for district reform. All building administrators began implementing health and wellness changes in their respective buildings/areas simultaneously, while the District Health & Wellness Study Committee worked to analyze and create the district action plan. Each building administrator recognized that some small changes could make a difference. The Director of Food Services was faced with a financial dilemma. She suspected that if she changed to healthier options and eliminated fried food and high fat entrees, snack, and beverages that sales would decrease dramatically and then she would not be able to fund her own program like she has done for a decade. Regardless, she began making changes and started to examine different ways to promote healthier lunch and vending machine offerings. Table 4.1 is an example of the changes that were made to vending machines.

**Table 4.1 Pre/Post Vending Machine Offerings**

<b>Pre-Initiative Vending Machine Offerings</b>	<b>Post-Initiative Vending Machine Offerings</b>
Soft Drinks-regular and diet	Milk
Water	Water
Milk	Power Ade Option (Low Cal)
Juice	Juice
Power Ade	Pretzels
Cookies	Baked Chips
Chips	Crackers
Candy	Cereal Bars
Chocolate	
Crackers	

All principals began implementing change, such as supporting faculty exercise groups, increasing the time allotted for daily physical activity of the students, teaching healthy facts, and increased parent/staff/student awareness. The awareness and support of this issue helped to make changes that were unanticipated; for example, teacher/parent groups selected healthier fund

raising options. During the 2004-05 school year before the Health and Wellness action plan was conceived or published, both the middle school and the elementary buildings had to revise their schedules primarily due to new teacher contractual obligations. The awareness of the health and wellness initiative presented the scheduling committees an additional goal to consider as they revised their schedules, which was to include more physical activity time and health awareness opportunities for the children.

The district Health & Wellness Study Committee began to use the School Health Index to assist in analyzing the district with regards to health and wellness. As an example of how the modules were rated, the School Health Index score card for the Module 1 is located in Appendix E. The district scored above 50% in all areas except in Health Promotion for Staff (33%) (See Table 4.2).

**Table 4.2 School Health Index Results**

<b>Module #</b>	<b>Rating</b>
Module 1: School Health and Safety Policies and Environment	Rated: 63%
Module 2: Health Education	Rated: 68%
Module 3: Physical Education and Other Physical Activity Programs	Rated: 73%
Module 4: Nutrition Services	Rated: 72%
Module 5: School Health Services	Rated: 88%
Module 7: Health Promotion for Staff	Rated: 33%
Module 8: Family and Community Involvement	Rated: 56%

The scores vary from 33% in Health Promotion for Staff to a high of 88% in School Health Services. The low score was not a surprise because at the time of this evaluation, the school district had recently appointed a staff member in charge of employee programs. It should also be noted that the Superintendent chose not to evaluate Module 6: School Counseling, Psychological, and Social Services because of its obvious strength in the district and complexity of those programs.

The district Health and Wellness Study Committee appraised their findings and created an action plan for the district to follow. Attendance at the five Study Committee meetings slightly dwindled after the third meeting. It seemed that many of the members were skeptical; they thought that the recommendations for change were too significant and would never be accomplished. This doubtful attitude may have had an effect on the attendance. When the principals/administration received the final action plan, numerous changes had already taken place. Most of the items scheduled for Phase I of the plan were already underway.

The following Phase I, II, and III tables represent which of the action plans were accomplished (2004-05 school year) before the action plans were even published in summer 2005. The 2005-06 school year was considered the first year of implementation, but the Tables 4.3, 4.4, and 4.5 demonstrate that many (even into phase III) of the action items were already being planned for or had already begun.

#### **4.1.2 Definitions and Key for Tables 4.3, 4.4 and 4.5.**

**Planned for** – Indicates that the action item in the process of being planned for.

**Began** – Indicates that the action item has already begun in some fashion in the district.

**In Place** – Indicates that the action item has begun in all areas of the district that it was intended for 2005-06.



**Table 4.3 Compares the Implementation that Occurred in the Exploratory Year and Year 1 Action Plans Verses Proposed Phase I Action Plans.**

Phase I: Year 1 (2005-06) Action Plans:	Timeline for Implementation	
	Exploratory/Early Implementation 2004-05	Year 1 2005-06
1. Establish a standing district health and wellness committee.	Began	In place DW
2. Establish a building level health and wellness committee for each school.	Began	In place DW
3. Increase the use of the Employee Assistance Program (EAP) services.		Began
4. Update the district’s crisis plan and provide training to staff.	Began	In place DW
5. Provide students with an opportunity to get exercise during their lunch break. Consider intramurals within the scope of the school day.	Began	In place DW
6. Appropriately increase the amount of daily (routine) physical education available to each student and staff member.	Planned for	In place DW
7. Remove soda and sports drinks from school district operated vending machines.	Planned for	In place DW
8. Provide students with daily health and safety facts.	Began	In Place DW
9. Develop an extensive health and wellness resource collection in school and community libraries.		Planned for

The Table 4.4 illustrates that a majority of the proposed action plans for the “official” first year of the initiative were already planned for or even started during the exploratory year when planning was technically transpiring. Implementation and planning began before formal planning and action plans were conceived.

**Table 4.4 Compares the Implementation that Occurred in the Exploratory Year and Year 1 Action Plans Verses Proposed Phase II Action Plans.**

Phase II: Year 2 (2006 – 2007) Action Plans:	Timeline for Implementation	
	Exploratory/Early Implementation 2004-05	Year 1 2005-06
1. Develop a comprehensive, articulated modern-day health and wellness (physical education and health) curriculum.		Planned for
2. Integrate presentations by community-based health and wellness experts into the curriculum.		Planned for
3. Increase the amount of affordable, healthy food choices in school lunch and breakfast programs.	Began	In Place DW
4. Educate staff and students regarding prevention of unintentional injuries, including those arising from violence.		Planned for
5. Reorganize the student store so as to increase student access and provide more nutritious food choices.		Began
6. Increase communications between home and school regarding health concerns.	Began	In Place DW
7. Create a health and wellness after- school program for teens with a focus on exercise and walking.		Began
8. Develop an extensive “health and wellness” resource collection in school and community libraries.		Planned for

Table 4.5 demonstrates the number of action plans that were designated to begin the second year of the initiative; however, these same action plans were in the process of beginning in the exploratory year or year one of the initiative.

**Table 4.5 Compares the Implementation that Occurred in the Exploratory Year and Year 1 Action Plans Verses Proposed Phase III Action Plans.**

Phase III: Year 3 (2007 – 2008)	Timeline for Implementation	
	Exploratory/Early Implementation 2004 – 2005	Year I 2006 - 2006
1. Create a health and wellness page on the district web site, including links to appropriate community agencies.		Began
2. Develop a quarterly health and wellness newsletter.		In Place DW
3. Track ‘overall’ employee wellness using aggregated personal data.	Began	In Place DW
4. Upgrade physical education facilities as prescribed by the district’s long-range facility plan.	Planned for	Planned for
5. Provide an effective tobacco cessation program to staff, students and families.	Began	Began

Table 4.5 depicts that most of the year three action plan items were as least in the beginning stages of implementation by the first “official” year of the initiative.

Tables 4.2, 4.3, and 4.4 represent the total amount of initiatives that were already planned for and/or even began before the district started officially planning for the Health & Wellness initiative. Many of the items in the “exploratory/early implementation 2004-05” were being started simultaneously while the District Health and Wellness Study Committee even identified the areas in need of improvement. Many of the action items slated for the next two years were already either started or being planned for in years one and two.

**Question #3—What are the program activities that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?**

The focus of health and wellness instigated changes related to fundraising, celebrations and lunch menu choices; many initiatives related to increasing the activity level of students, as well as, activities for increasing health and wellness awareness for students and staff. The action plan published by the district Health and Wellness Study Committee identified specific areas that scored poorly during their analysis. The plan gave administrators a more specific “recipe” to follow for implementing change. The Superintendent required each building to have a building level Health and Wellness Committee to begin examining the action plans and continue with change. All four buildings began implementing changes the year prior so many (not all) of the suggestions in the action plan were already underway. Both the elementary buildings and the middle school had already revised their schedules for the start of the 2005-06 school year to include more time for physical education, and the middle school added a Healthy Living course.

The Director of Food Services had already begun (2005-06) changing the school lunch menus and restocking the vending machines with lower fat snacks, teas, milk, and water. This was scheduled to be accomplished in year two (2006-07) of the initiative, according to the Health and Wellness Study Committee action plans. Many of the food vendors were beginning to offer healthier alternatives in 2005-06; however, the options greatly increased in the 2006-07 school year as the obesity crisis became more public.

The Benefits Coordinator rescheduled the High Mark representative to reassess the staff Personal Wellness Profile and compare the data from the fall of 2004 with the fall of 2005. This data showed minimal improvement in staff health and wellness. The greatest area of improvement was in stress. The Benefits Coordinator will use this data to continue planning activities for staff. The biggest problem when organizing events for staff is the time commitment. Unless the activity is offered during the course of the regular workday, attendance

suffered. Many staff members have family responsibilities and young children that restrict their participation. The 10,000 Step Challenge and Weight Watchers seemed to be the most successful ongoing activities.

All administrators asked their parent groups for help with the Health and Wellness initiative. Everyone agreed philosophically, but did not want the initiative to become too stringent; for example, never allowing any unhealthy treats into the school, not allowing teachers to have candy rewards, and never offering snacks at lunch. Otherwise, the parent groups have been very supportive and keep health and wellness in mind when making decisions regarding their activities. However, there are still some unhealthy treats sent into school for birthday celebrations and holiday parties. In addition, some of the fundraisers of unhealthy snacks were too profitable to be abandoned all together; therefore, the initiative decreased unhealthy fundraisers and treats being brought into school, but did not eliminate them.

The documenter re-evaluated each module in the School Health Index as depicted in Table 4.6. The following chart shows the progress made from the completion of the Study Committee in Spring 2004-05 to the following spring of 2006, one-year time.

Table 4.6 shows the significant gains that were made in the one-year time frame. This is because many changes were beginning simultaneously while the District Study Committee was evaluating the district and designing a plan for improvement. Implementation began when formal planning began. The area with the most noticeable gains is Module 7: "Health Promotion for Staff." Before the health and wellness initiative criteria for this module like stress management, healthy eating/weight management, physical fitness programs did not exist. Now these areas are being addressed on in-service days and incorporated into after school activities.

**Table 4.6 School Health Index Reevaluation**

<b>MODULE</b>	<b>Committee Rating (2004-05)</b>	<b>Documenter Rating (Spring 2006)</b>
Module 1: School Health and Safety Policies and Environment	Rated: 63%	Rated: 92%
Module 2: Health Education	Rated: 68%	Rated: 77%
Module 3: Physical Education and Other Physical Activity Programs	Rated: 73%	Rated: 97%
Module 4: Nutrition Services	Rated: 72%	Rated: 87%
Module 5: School Health Services	Rated: 88%	Rated: 90%
Module 7: Health Promotion for Staff	Rated: 33%	Rated: 83%
Module 8: Family and Community Involvement	Rated: 56%	Rated: 83%

With the school board policy in place and the district Health and Wellness Council scheduled to meet and review progress twice a year, sustainability of the initiative should not be an issue. It was very important for the Superintendent to make this initiative board policy because he is retiring from the district in December 2006.

**Question #4—What are the structural changes that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?**

The revised middle school and elementary schedules allowed for additional physical activity time. The middle school increased PE by 10 minutes and added a Healthy Living course for all students. The Health Living course was formerly the Family and Consumer Science Course. It is now taught by a health teacher and incorporates more nutritional cooking and information. The elementary increased physical activity in grades three to five by five minutes per class two times a 6-day rotation, and grades one and two by scheduling them more frequently - three 30-minute classes and two 15-movement classes a 6-day rotation. Though there are some building limitations that restricted some structural changes, many scheduling improvements were made. In the fall 2005, all vending machines owned by the district were restocked with healthier snacks and beverages. Faculty-owned machines remained unchanged. All building faculties

wanted access to caffeinated beverages and snacks; this hindered overall acceptance of the initiative and set a bad example for the students.

**Question #5—What are the indicators of organizational capacity building that may forecast the possibility of sustainability?**

The following statements reflect perceptions of the district Health and Wellness Study Committee respondents, framed in accordance to the parameters consistent with Concerns-Based Adoption Model (CBAM) methodology for program evaluation developed at the Center for Research and Development in Teaching at the University of Texas at Austin by Hall, Hord, Loucks-Horsley, and Huling. A concerns-based questionnaire (in Appendix G) was given to all Health and Wellness Study committee members after their last meeting of the 2004-05 school year.

**STAGES OF CONCERN**

**H & W STUDY COMMITTEE MEMBERS  
STATEMENT**

*Refocusing: Understanding benefits and contributing new ideas*

*Collaboration: Cooperation between staff*

I honestly do not have any concerns- I think that this was an interesting and important initiative on the part of the school district, especially in light of the fact that so many Americans, including school- aged children are obese. I saw first hand some of the changes that were made in the cafeteria, for example, and feel that the changes were well received. I look forward to the next phase of the initiative and the changes that will occur.

*Consequence: Focus is impact on students*

The knowledge level of the cafeteria women implementing the action plans. It seems as though people that do not understand the wants and needs of students decide the food choices and menus. Many options are eliminated due to the bias of the food service staff rather than the opinions of the audience (students and teachers). I am referring to the specific plans to modify the food served in the cafeteria and the removal of the soda and candy machines in the buildings. Food preparation techniques that may provide tastier and healthier options are often ruled out due to the estimated time involved and the hypothesis that students

## STAGES OF CONCERN

## H & W STUDY COMMITTEE MEMBERS STATEMENT

will not buy the product. (I will also suggest that the knowledge of the methods and choices on the part of the staff may also be limited) I am concerned that the healthy choices will not be prepared or served properly, and students will reject the products offered rather than learning about new foods and identifying healthy options for lifelong wellness. I am discouraged that a proper implementation plan involving research of the healthy foods and preparation methods that students do embrace is not developed in order to successfully execute the action plan.

*Management: Focus on information and resources*

The overwhelming amount of work that needs to be completed in order to promote a well-rounded approach and whether all of this work will be completed or not. Some of the items discussed were high cost and high maintenance: is the district willing to put forth the finances to back this initiative?

Whether the plans will actually be carried out. We came up with many good ideas, but there was nothing definite about how or by whom the plans will be followed through. I think that we need a committee in each building and a district-wide committee that will have regularly scheduled meetings with the staff.

I am concerned about the quality and consistency of follow-up necessary to implement the action plans. I'm hoping that we can meet again as a group several times next year to monitor our plans and make adjustments as necessary.

*Personal: Focus on personal ramifications.*

Finding enough time in the schedule to allow the kids to participate in more PE. It will take more creative scheduling to give the students opportunities to be active on an everyday basis. With the new elementary buildings, the space and facilities will be much improved. I'm additionally concerned that the gym could be split as a way to offer more classes.

I have a slight concern that as we have to deal with new problems and issues in the coming years, our plans will be forgotten or put on hold. I really do hope the work we did will make a difference in the health and wellness of those



## STAGES OF CONCERN

## H & W STUDY COMMITTEE MEMBERS STATEMENT

in the district. Some of the plans are difficult to implement; I hope those in charge of their implementation will see the value behind them and really make an effort to make them work.

*Informational: General interest and want to learn more.*

Whether or not parts of the plan can actually be implemented. What will the district be willing to do that will enable students to get more physical activity in the elementary schools? Will the district be willing to hire personnel to teach extra PE or health classes? Will the food service be willing or able to sacrifice turning a profit to keep unhealthy snacks out of the elementary cafeteria? Some of the initiatives will cost the district, maybe substantially. I am interested in seeing what happens in this regard.

*Awareness: Little involvement or concern.*

That the plan is way too general and that we won't see any real change.

Though the statements are diverse and appear to have a wide-range of concern, a cluster of the respondent statements appeared to be in the task/management stage. It is important to address each level of concern in order to move everyone to the next level. The general theme of most of the responses related to the feasibility of follow through and the overwhelming amount of work that needed to be expedited if all the action plans are to be accomplished. With this initiative, the CBAM shows that many of the participants are preoccupied with "management". When using the process of implementation begins when planning begins, "management" concerns seem prevalent. Administration should be aware of these stages of concern when implementing an initiative this way.

Because the crisis of childhood obesity has been all over the news and a forefront issue in education, there was little resistance among study committee members or faculty to the general philosophical goal of the initiative. This Study Committee was disbanded after their final meeting in March 2005. The following school year the Superintendent convened a Health and

Wellness Council that is mandatory based on the new health and wellness policy the school board developed. This Council will meet twice a year to continue to monitor and evaluate the health and wellness of the district. Some (not all) of the members from the Study Committee are also members of the Council. The Council meeting yearly will help to maintain and build capacity of the initiative.

O'Day, Goertz, and Floden (1995), identified a correlation between building capacity in an organization and the following four components they identified. (p. 1). These four components were compared with the program and structural changes made during the health and wellness initiative to gain insight into the probability of building capacity.

1. Improving the performance of workers - Professional development and learning organization:

The domino effect of the health and wellness initiative hopefully improved both student and staff health, which in turn improve work performance. As per new board policy, each building committee is accountable to the Health and Wellness Council to report and discuss activities and programs related to health and wellness initiative. The Director of Food Services had been working with her staff to teach them to encourage the students to select healthy lunch options. Physical Education representatives were sent to state conference to learn more ideas for health and wellness. A variety of district employee programs had been offered to increase awareness of this initiative. All building principals discussed the initiative and asked for help from their parent groups. The data received from HighMark showed that the staff was less stressed, but did not support that the changes improved overall staff health, which would result in fewer missed days of work and managing stress better.

2. Redistributing or adding resources i.e., personnel, planning time, materials, or technology:

The Benefits Coordinator position was expanded to include the coordination and implementation of staff and faculty health and wellness programs. The new title for the position was Human Resource Manager. A grant was secured to assist in funding many of the new programs related to employee wellness. Two BMI scales and a plethora of pedometers were purchased with the grant money. Health and Wellness Committees were established in all school buildings, and the district Health and Wellness Council was created to oversee the overall changes and maintenance of the initiative. All PE teachers included items in their budget that would support the health and wellness initiative. One elementary school budgeted for several class sets of pedometers. Hand sanitizers were purchased and hung in all district classrooms.

The Food Service Coordinator challenged vendors to provide healthier food and beverage choices. The vendor that could deliver received the business.

### 3. Restructuring how work is organized:

The teacher designated to teach the middle school's Healthy Living class was a Health teacher not a Family Consumer Science teacher. Both the elementary schools and the middle school incorporated morning health facts and "get up and move" activities into their morning announcements. The PE curriculum was realigned and rewritten. Again, the Human Resources Manager began offering several employee health and wellness programs.

### 4. Restructuring how services are delivered. Changes in programs or services that need to change based on new initiative:

The main services restructured were in the food service department regarding the plethora of menu changes and promotion of healthy foods. The restructuring of both elementary schools and the middle school schedule to include more PE and movement time increased physical activity of all students in grades K-8. Also, all school stores, parties, events and fundraisers were opting for healthier food selections.

According to O'Day Goertz and Floden, the four components for building capacity were accomplished, and some items could have overlapped the various components. Many of these components began in the exploratory/early implementation year of the initiative. All the schedule and curriculum changes occurred in the exploratory year as well as the promotion of the Benefits Coordinator to Human Resources Manager, which included employee wellness programs. Since this restructuring of work and resources occurred, the personnel and programs were in place to expedite change, which further supported the notion - that implementation begins when planning begins.

In Fullan's book, *Change Forces*, he identified eight interdependent lessons on school change (Fullan, 1993, p. 21). Fullan believes that change occurs as an overlapping series of dynamically complex phenomena and is non-linear. The eight lessons represent a framework for understanding the numerous and highly complex interactions that occur during reform. Each of these lessons were examined and compared to health and wellness reform effort. As the documenter observed the unfolding of this initiative, it was obvious that progress was being accomplished and certainly not in linear fashion. The documenter had a very difficult time

chronicling the events of the initiative because change was not neat and linear; it was messy, overlapping, and sporadic, but all meaningful and towards the goal of the initiative.

### **4.1.3 Interdependent Lessons**

**LESSON 1:** You can't mandate what matters – the more complex the change the less you can force it:

Fortunately health and wellness was an area that was important to most. Though the Health and Wellness Initiative was described as an area of focus for the district, the specifics of the initiative were not dictated. Extensive education regarding childhood obesity was explained to all parents and staff of the district. A barrage of literature and education was distributed; this helped to attain a majority buy-in regarding the importance of the initiative. Each department responsible for improving health and wellness were initially told to just get started on any area in need of improvement; then, after one year, an action plan was given to follow. Each area had the flexibility to improve in areas they felt they could make an impact.

**LESSON 2:** Change is a journey not a blueprint- change is not-linear, led with uncertainty and excitement and sometimes perverse:

The journey of changing a district to be “healthier” was very unpredictable because each department was “directed” to start changing, but not given much direction. This ambiguity forced staff to be creative and map out their own course for the journey. Many times when activities were reported to district office, other departments were either inspired to do more or even copy ideas that proved to be effective.

As the researcher was tracking all of the changes with this initiative, it became apparent that change is not-linear. It could be better described as a web where numerous people, groups, ideas, initiatives, all work towards a common goal; and many times, use each other's ideas. Initially, there was much stress and anxiety regarding the perceived lack of direction, but after time, staff realized that they had been given the flexibility and creative leniency to make changes they saw as appropriate. Many unanticipated outcomes happened as a result of everyone working together for the common good.

The Superintendent admitted that he was uncertain as to the details or specifically how to improve health and wellness, but he knew if he challenged his staff with the task, they would be creative and move towards the goal. The Superintendent knew it would be a journey. The next step of the initiative was to determine a way to measure impact on student and employee health.

**LESSON 3:** Problems are our friends- problems are inevitable and you can't learn without them:

This positive way of viewing problems is healthy because every endeavor or change will have some glitches. Some of the problems that were encountered with the health and wellness initiative were issues regarding time constraints, faculty and student sensitivity, cooperation, and competing initiatives. The Superintendent was very effective at inquiring or questioning staff to get the root of the issue. The Superintendent realized that his strategy of "ready, fire, aim" could be stressful and he did not expect immediate perfection. However, when problems arose he expected them to be addressed and to continue moving forward.

**LESSON 4:** Vision and strategic planning come later- premature visions and planning blind:

The Health and Wellness Initiative was one that began before any official planning. The vision of improving wellness was specific, but the path to accomplish the goal was very vague. The Superintendent disclosed that he was not even sure specifically what needed to be changed but he knew he would start by directing everyone to start working to make their department or building healthier, and congregate a committee to begin examining our current practices. Before his first meeting with the district committee, he read about a Health and Wellness index published by the Department of Health and Human Services that might be helpful. He ordered a copy, and it detailed an exact process for districts to use when analyzing their health and wellness. This binder was used to lead the committee's study, which resulted in a specific district action plan being created. The superintendent had a vision, but certainly did not have the specifics for the process until he came across the Health and Wellness Index (which outlined a process for the committee). Throughout this process and much deliberation, the committee created a shared vision by creating the action plans for improvement. Some of the action plans were too specific and left department or buildings feeling like the plans may not be suitable for their area, but most were vague so it gave each area enough creative flexibility to improve in that area.

In this initiative, the general vision was there but the strategic planning definitely became clearer and much later. This worked with this type of initiative because the goal of being healthier is understood but if the initiative was one that staff did not understand, much education would be required before starting.

**LESSON 5:** Individualism and collectivism must have equal power-there are no one-sided solutions to isolation and groupthink:

Fullan discussed the importance of an individual being committed to the goal and participating in both group and individual work opportunities. A balance is required to achieve complex change. The organization of the Health and Wellness initiative was comprised of both individual and collective work. There was specific direction for each school building to have a health and wellness committee. The management of that committee was left up to each building principal. The departments involved with this initiative (Food Services and Benefits Coordinator) worked independently. The district Health and Wellness Committee worked in groups, but then were given assignments to complete independently. At monthly administrative meetings, buildings and departments had the opportunity to share their accomplishments and trade ideas.

**LESSON 6:** Neither centralization nor decentralization works – both top-down and bottom-up strategies are necessary:

The initial idea and focus on health and wellness was a top-down vision. It started with the Superintendent dispersing several videos and numerous articles detailing the facts and research regarding childhood obesity and endorsing the need for school districts to improve. Each building and department had the autonomy to examine their perspective areas and make improvements where necessary. Most school and departments began brainstorming ideas and instituting change. The School Board created a policy that did not permit teachers to administer candy or snacks as reward. The practice was an example of a top-down mandate and one that has created some controversy.

**LESSON 7:** Connection with the wider environment is critical for success- the best organizations learn externally as well as internally:

The main reason the district tackled the health and wellness initiative was because the Superintendent was very connected with the wider environment. He recognized that issues regarding childhood obesity were coming into the spotlight, and he knew the district was going to have to change and do its part in promoting the health and wellness of children. He said to the food service director, “let’s get ahead of this freight train.” He knew it was coming and knew that the district needed to make major changes in this area; if he did not, the community would eventually demand change. Teachers mostly accepted the initiative based on their moral purpose for generally helping with improving health and wellness of children.

**LESSON 8:** Every person is a change agent – change is too important to leave to the experts, personal mind-set and mastery is the ultimate protection:

By expecting each school to coordinate a health and wellness committee involves numerous individuals and fosters more creativity in the process. The competitiveness that exists between schools assists to keep all involved motivated to be and do their best. Fullan explained how all individuals in an organization must be change agents with moral purpose. Real change is when an initiative is supported and/or carried out by each individual teacher in each classroom in some capacity.

As the Health and Wellness Initiative unfolded, it was obvious that it was non-linear and “changes” were happening at different rates, at different times, and in different ways. The Superintendent was not over-controlling regarding the types of changes but held schools and departments accountable for improving their own areas. Some of the areas seemed to walk the line of over-controlling and chaos as they tackled the health and wellness initiative in their respective areas. The fortunate aspect of this initiative was that most teachers and parents agreed with its overall main moral purpose. However there were some specifics that caused some controversy. As with any initiative there are always unanticipated or domino effects that occur; this initiative was not an exception.

#### 4.1.4 Unanticipated Results

The preceding pages have examined and described the implementation/change process of a school district's Health and Wellness Initiative. This section illustrates some of the unanticipated results associated with the reform effort. In the case of program implementation, improvements in student and employee health and wellness are anticipated as an outcome. In as much as anticipated outcomes are inherently part of the process, so are unanticipated consequences. New practices are not accepted in isolation. Rather, it is superimposed on, or merged or nested with ongoing practices, structures, ideologies, and ways of doing things. It is the interaction of the new and old that, in part, gives rise to unanticipated consequences (Carlson, 1965).

In one elementary school, 3<sup>rd</sup> grade girls began to taunt other girls if they opted for ice cream during lunch. The counselor handled the issue between the girls and the taunting appeared to disappear.

It was anticipated that there would be a major decrease in both lunch and vending machine sales and this was not as extreme as expected. Because the staff wanted their own treats in the building, they funded their own vending machines. In the Middle School, it was brought to the principal's attention that some of the overweight staff were offended by the initiative and very sensitive to initiative's goals.

The school board made a policy that forbade teachers to distribute candy as a reward or incentive in class. Some teachers vehemently disagreed with this decision, but because it was board policy, they did not have much recourse. Parents were asked to cooperate by sending in healthier birthday treats; many did, but others felt that birthdays are a special occasion and deserve an exception.

The most significant unanticipated result was regarding employee wellness. The High-Mark employee “wellness profile” data showed that overall employee health and wellness improved from the data recorded in November 2004 to January 2006. Because of this improvement, the district’s insurance costs are projected to decrease by 2%.



## 5.0 CHAPTER

### 5.1 SUMMARY, CONCLUSIONS, IMPLICATIONS FOR POLICY & PRACTICE

This research study served as a case study of how the process of implementation often begins when the planning begins. The goal of this study was to provide an analysis of the early stages of a district's Health and Wellness reform initiative and examine factors that are critical in the development of this initiative including the process by which such activities influence program implementation and district reform.

The statement of the problem motivating the research was: *What indicators emerged from participant input into the planning/implementation processes for a district's Health and Wellness initiative and what concerns did participants have about the implementation process of the action plans created by the Health and Wellness Committee?*

The theoretical frameworks of O'Day, Goertz, Floden and Fullen were used to study the development and implementation of a school district's Health and Wellness Initiative. This case study, elements of the constructs emanating from the mixed-method design, and the Concerns Base Adoption Model (CBAM) were used to analyze the data.

### **5.1.1 Research Questions with Answer Summaries**

The following research questions were developed and framed to explore in detail, those factors, which characterized the district's development and implementation of the Health and Wellness Initiative.

#### **Research Question 1: What factors led the school leader to establish a process for the conception of the health and wellness initiative and implementation processes?**

The school Superintendent kept abreast of current legislation and educational issues. Based on the literature published on the health and wellness of our American population especially our children, the Superintendent elected to go a conference offered by HighMark to learn more. The Superintendent realized that many practices established in the district for other reasons might be contributing to this alarming issue. The facts presented regarding childhood obesity were so startling that the Superintendent informed the school board of his findings. Together they decided that health and wellness would be the focus for the upcoming school year.

#### **Research Question 2: What factors were identified in the early stages of planning for the creation and implementation of the necessary changes related to promoting the health and wellness of the students in a school system?**

The Superintendent decided to form a district Health and Wellness Committee to examine and identify areas for improvement. Before creating this committee, the Superintendent met with all pertinent departments and building administration and told them to begin analyzing their areas and begin making changes. Each department coordinator and building administrator identified and changed their areas/programs in numerous ways before receiving the action plan for improvement that was created by the district Health and Wellness Committee. The action plan was viewed and published a year after changes started taking place. The action plan created by the committee was comprehensive, but many of the year-one suggestions were already

completed by the time it was published. The school board health and wellness policy was completed by the end of the first formal year of the initiative, two years after change was being implemented.

**Research Question 3: What are the program activities that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?**

Each building began making changes when the initiative was announced. All buildings recognized some initial areas in need of improvement and began implementing change. The action plan created by the district Health and Wellness gave administration guidelines to follow. This plan was published a year after the initiative was announced, and it helped to focus efforts on the specific areas that were most in need of improvement district-wide. Each building then formalized their Health and Wellness Committee and all parent groups were asked for their support of this initiative. All agreed philosophically, but showed some resistance with eliminating candy/cookie dough fundraisers and treats for birthday and holiday parties.

The Food Service Department worked with the food vendors to provide healthier lunches, snacks, and beverages. As time progressed, the vendors increased the number and types of healthier options.

The Benefits Coordinator organized several programs from inspiring weight loss, getting more physical activity and overall health awareness. Since the district never offered programs of this nature, most of the staff appreciated the new focus. However, some staff became very sensitive to their unhealthy lifestyle (most smoking and weight control), and did not appreciate the goals of the initiative.

**Research Question 4: What are the structural changes that promote or hinder the facilitation of change during the implementation process of the Health and Wellness Initiative?**

The school schedules did not allow for ample physical activity for both the elementary and the middle school students; hence, their schedules were revised to include more physical and health education. There were building limitations that hindered some well -intentioned programs - not enough room in the gyms to hold additional physical education classes or allowing the gym to be available for free play. As each elementary school renovation is completed, this hindrance will become less of an issue in those buildings.

All district-funded vending machines were stocked with only healthy snacks and beverages. The creation of the health and wellness school board policy will foster ongoing analysis and change.

**Research Question 5: What are the indicators of organizational capacity building that may forecast the possibility of sustainability?**

With childhood obesity being very publicized, it was not difficult for the committee members and faculty to agree with the urgency of the initiative. Even though most respondents of the CBAM were in task management, there was definite buy-in to the initiative. The main concern was related to finding the time to accomplish the aggressive action plan and keep the initiative in the forefront in the future.

According to O'Day, Goertz, and Floden's (1995) four components for building capacity in an organization, there were many examples throughout the course of the health and wellness initiative that would support that capacity building was occurring.

Some researchers have noted, successful program implementation takes planning and adherence to linear and sequential activities. Fullan's book, *Change Forces*, believes change occurs as an overlapping series of dynamically complex phenomena and is non-linear. Implementation of this initiative can be generalized to "ready, fire, aim." Discussion and implementation began before any formal planning. The vision was clear, but initially the path

to accomplish was not close. Awareness and research of the initiative began the year before formal planning, and the administration and faculty were already trying to randomly implement health and wellness changes. Because the initiative began before any formal planning, the process to build capacity increased greatly the first official year of the initiative.

### **5.1.2 Conclusions**

**Statement of the Problem:** What indicators emerged from participant input into the planning/implementation processes (Phase I, II, and III) for a district's Health and Wellness initiative, and what concerns did participants have about the implementation process of the action plans created in Phase I?

A comparison between a school district's Health and Wellness implementation process and the review of literature generated several similarities and differences that scholars have identified as best practice.

As the school district transitioned to become a healthier district, special attention was given to the Surgeon General's Report on Overweight and Obesity (2004); National Center for Health Statistics (2002); Center for Disease Control (1997); Acton for Health Kids (2002 and 2004); and Association of State and Territorial Health Officials. Several attributes congruent with successful program implementation and building capacity were present including improving performance of workers, redistributing or adding resources such as personnel, materials, or technology, restructuring how work is organized and restructuring how services are delivered. (O'Day, Goertz, and Floden, (1995). Additionally, the school district was exemplary in establishing: a healthier environment for students and staff, clear and focused school mission, and the development of community and parental input.

As several researchers have noted, successful program implementation transcends adherence to linear and sequential activities (Fullan, 1993; Newman and Wehlage, 1995). Successful implementation entails the involvement of all stakeholders who are instrumental, responsible, and accountable for programmatic outcomes. The issue of whether or not the action plans would be completed and the quality and consistency of them throughout the district was a concern as the data indicated a demonstrated need for consistent and uniform implementation and need for follow-up in future years.

Both central office and building administrators provided strong leadership consistent with best educational practices. A substantial amount of focus was placed on improving the lunch menu, vending machine, and snack offerings, and starting an employee wellness program. Students and staff undoubtedly benefited from these immediate changes. The elementary schools and the middle school revised their schedules to include either more movement/physical education or health education. Parents, teachers, principals and department managers played a critical role but not limited to the same extent in the success of the Health and Wellness initiative on several fronts including but not limited to:

- A. Volunteering to participate on district and building level committees.
- B. Participating in researching ideas for change.
- C. Restructuring all community service fund-raisers as not include unhealthy foods, such as school stores and bake sales.
- D. Engagement of self-reflection.
- E. Assumption of leadership roles.
- F. Completely revising the lunch offerings program.
- G. Starting and supporting an employee health and wellness program.

When the documenter tracked all health and wellness changes, there was evidence that significant improvements had been made to the overall healthy offerings of the district. In as much as the Health and Wellness Initiative was coined successful, an underlying current existed which suggested that program leaders/participants may have been negatively impacted. The breadth and depth of district-wide initiatives and programs that were operational during the Health and Wellness Initiative and the concern that the district would move on to a new initiative the following the year and/or not devote appropriate resources to the initiative was of great concern. The researcher informally identified activities or initiatives that would require special attention of both administration and teachers. Table 5.1 below epitomizes the magnitude of multiple initiatives that is responsible for the negative remarks or feedback.

**Table 5.1 Listing of School District Initiatives and Responsibilities During Implementation**

<b>Technology</b>	<b>Curriculum</b>	<b>Collaboration</b>	<b>Act 48</b>
Power Grade Blackboard Power Library Distance Learning	Review Cycle Mapping Textbook Selections IDEA Gifted Education IEP's	PTA/HAS Sewickley Public Library YMCA Early Childhood Kindergarten Plus Sweetwater Arts Center Black History Month Friends of QV	Morning PD Time Flex-Time Study Groups
<b>Strategic Plan</b>	<b>RTI</b>		
Creating next plan	Goal Setting Data Collecting		
<b>IB</b>			
MYP PYP Investigation			
<b>Standardized Test</b>	<b>Construction</b>		<b>Other</b>
PSSA SAT-10 AP Exams 4-Sight	Edgeworth Elementary (05/06) Osborne Elementary (06/07)		Health & Wellness Superintendent Search

Though both administrators and teachers realized the importance of improving health and wellness, when presented with the concept of incorporating movement into their lessons, it was not uncommon to hear individuals state, “I have standards to worry about,” “you can only get so much luggage in a suitcase,” or “I know you have a lot on your plate right now, but...”

As a result, the researcher observed in some instances that many of the successes achieved and tasks completed associated with the health and wellness action plans were performed out of a perceived sense of duty and/or compliance and building schedule changes. However, many implementers expressed a concern of fatigue, overload, and multiple responsibilities that had to be addressed simultaneously. This left administration feeling that the necessary amount of attention could not be devoted to any one specific task. In the first year of the initiative (before the action plans were created), administration expressed concern over the lack of direction and strategy. A few administrators reported spearheading change efforts that first year, then after receiving the action plans, they realized that their changes did not fall into the parameters of the formal action plans. This left a feeling of frustration not only for leaders, but teachers. Many administrators reported that having the opportunity to begin change a year before having to report back to the school board policy required district Health and Wellness Council, gave them ample time to digest the magnitude of the initiative and assemble building health and wellness committees. In this case of implementation beginning before formal planning, the rate of progress and change appeared to be significant. With the urgency of the national childhood obesity, this was one type of initiative that benefited from implementation beginning when planning began.



### 5.1.3 Implications for Practice and Policy

Drawing from the literature review, archival records, and interview responses, the researcher presents the following for consideration for the development and implementation of similar educational initiatives:

- A. This study focused on the development and implementation of a suburban western Pennsylvania Health and Wellness Initiative. The time frame for this study was from 2004 to 2006. Since the initiative's action plans will be completed in 2008 and will remain operational, it would be prudent to conduct both summative and formative evaluations to measure progress and program effectiveness.
- B. Teachers should continue to unilaterally be involved in the various committees/councils so as to provide an increased sense of ownership.
- C. It would be advantageous to examine the effect of continual change at the district office level in regards to new and perceived competing initiatives.
- D. It would be of great benefit to the educational administrative leadership team to examine teacher responses as it relates to the effects of the initiative in establishing a community of learners to improve health and wellness.
- E. The school district should expect that the Health and Wellness Committee CBAM respondents would progress through the Stages of Concern over a period of time. Programs should be developed that address each of the Stages of Concern in sequential order with consideration given to disseminating specific information people will need at each level.
- F. It should be considered that in the face of leadership change that the teachers and administrators understand the school board's commitment to health and wellness and that this initiative would not terminate when the leadership changes.
- G. The model of strategic planning, as set forth by the state, supports the notion of planning, approval by the state, and then structuring a plan to accomplish action plans written in the strategic plan. This structure is contrary to the strategy of "implementation begins when planning begins". With the many emerging issues of crisis like NCLB, improving subgroups population PSSA scores, and childhood obesity, districts do not have the luxury to wait for the next cycle of strategic planning to determine a course of action. This conundrum plagues many school districts especially those that are penalized for not meeting Annual Yearly Progress.
- H. The process of implementation beginning when planning begins is an example of Fullan's "move to action" strategy. The initiative built and fostered support rather than

resistance from administration, faculty, staff, parents, and students as it unfolded. Also teacher support was cultivated because they were involved in the reform process.

#### **5.1.4 Researchers Reflection on the Case Study**

This case study was a several year process of attending and participating in meetings, tracking data and progress, and documenting and reflecting on events and processes. As the researcher in this case study, I was also a principal of an elementary school in the district, a participating member of most meetings regarding the initiative, and responsible for planning and implementing change within my own building. Even though the researcher was a principal and a participant in the initiative, it was still very difficult to stay abreast of the myriad of initiatives and changes that were simultaneously implemented across the district. I was part of the all meetings that required principals and department managers to update the Superintendent regarding the progress made. In addition, as I was completing my review of literature, I came across many ideas for improving health and wellness that I incorporated into my building plan and shared with other principals. Being a key player in the initiative may have created some bias and contributed to the speed and types of initiatives initially attempted by some of the principals during the exploratory year. The Concerns-Based Adoption Model helped tremendously in my research to understand the thoughts of participants. During meetings most participants seem engaged, supportive, and excited about the initiative. Fortunately the CBAM results gave insight to inner and unexpressed thoughts and feelings participants did not outwardly express and could not be captured otherwise during observations.

The concepts of sustainability and capacity building are difficult to measure in the short duration of this case study; thus, Fullan's Eight Lesson and O'Day, Goertz, and Floden four

components of building organizations capacity were helpful to gain some insight into the indicators that assist in forecasting organizational change.

One of the greatest obstacles the researcher encountered was how to consolidate, articulate, and portray the plethora of documentation that was acquired during the case study. Also difficult was how to tell the story of the process that either supported or not the premise of the entire case study that implementation begins when planning begins.

## APPENDIX A

### SCHOOL HEALTH INDEX -MIDDLE SCHOOL/HIGH SCHOOL

#### Module 1: School Health and Safety Policies and Environment

#### Score Card (photocopy before using)

##### Instructions

1. Carefully read and discuss the Module 1 Discussion Questions (pages 5-18), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 19-20).

		Fully In Place	Partially In Place	Under Develop ment	Not In Place
CC.1	Representative school health committee	3	2	1	0
CC.2	Written school health and safety policies	3	2	1	0
CC.3	Communicate school health and safety policies to students, parents, staff, and visitors	3	2	1	0
CC.4	Connectedness to school	3	2	1	0
CC.5	Overcome barriers to learning	3	2	1	0
CC.6	Enrichment experiences	3	2	1	0
S.1	Safe physical environment	3	2	1	0
S.2	Maintain safe physical environment	3	2	1	0
S.3	No tolerance for harassment or bullying	3	2	1	0
S.4	Active supervision to promote safety	3	2	1	0
S.5	Written crisis response plan	3	2	1	0
S.6	Staff development on unintentional injuries, violence, and suicide	3	2	1	0
PA.1	Access to physical activity facilities outside school hours	3	2	1	0
PA.2	Adequate physical activity facilities	3	2	1	0
PA.3	Prohibit using physical activity as punishment	3	2	1	0
N.1	Prohibit using food as reward or punishment	3	2	1	0
N.2	Fundraising efforts supportive of healthy eating	3	2	1	0
N.3	Restrict access to foods of minimal nutritional value	3	2	1	0
N.4	Restrict access to other foods of low nutritive value	3	2	1	0

T.1	Prohibit tobacco use among students	3	2	1	0
T.2	Prohibit tobacco use among staff and visitors	3	2	1	0
T.3	Enforce tobacco-use policies	3	2	1	0
T.4	Prohibit tobacco advertising	3	2	1	0
T.5	Tobacco-use cessation services	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.					
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(If you decide to skip any of the topic areas, make sure Add the You adjust the denominator for the Module Score (72) by enter the subtracting 3 for each question eliminated).	TOTAL POINTS: four sums above and Total to the right.	
(Total	MODULE SCORE = Points/72) X 100	%

## **APPENDIX B**

### **CASE STUDY JOURNAL**

#### **Summer 2004**

In the summer of 2004, the Superintendent was invited to attend a conference regarding the crisis identified by the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. The alarming statistics and information presented at this conference inspired the superintendent to seriously examine and rethink the plethora of programs and activities related to promoting or not promoting health and wellness in the district.

The obvious area of first concern was the food service department. For the last 15 years, this department was required to be self-sufficient and finance their entire program without using money from the general fund. In order to be successful, the department offered food, beverages and snacks that students liked and could buy anywhere. This included many high fat and sugar items. When the superintendent met with the food service director after his conference, she vividly remembered him saying, "Get ahead of this freight train." Confused, but philosophically understanding the importance of the initiative, the food service director began to investigate ways to improve the lunch selections and attempt to continue to finance the program without using money from the general fund. This was a major shift in the business model. The food service director previously ran the program like a business (serve what will sell and support the

program), and now she felt she needed to switch gears and be part of the educational programming of the district.

During the same time frame, the Superintendent shared his findings with district office staff. The Benefits Coordinator had attended a Wellness College where the topic was wellness programs for employees. As they reviewed the crises of childhood obesity and the importance of employee wellness programs, the theme for the upcoming school year (2004/05) became apparent: Health & Wellness (for everyone).

On August 18<sup>th</sup> of 2004, the Superintendent met with the principals and district administration to explain and discuss the importance of this new initiative. After reviewing a video detailing the childhood obesity epidemic and engaging in rich discussion, the Superintendent told principals to “get started.” In addition to the buildings “getting started,” he explained that he was going to organize a district-wide Health & Wellness Study Committee. This committee would study and evaluate the district, discuss issues, and create action plans for improvement related to the health and safety of the district.

The Superintendent announced on the first day of school during his welcome-back speech for faculty and staff that improving the Health and Wellness of the district would be one of several initiatives for the 2004-2005 school year.

## **FALL 2004**

### Fall 2004 - Food Service Department

After an extensive conversation the Food Service Coordinator had with the Superintendent during the summer, she immediately began to adjust the way the department ordered and prepared food. The following summarizes the immediate changes that were instituted:

- Stopped deep frying fries two years ago, last year (2004-05) cut back more. Did this on our own not because of this initiative.
- Started increasing fruits and veggies, everyday at all levels
- Decreased offering of potatoes and increasing other veggies.
- Decreased the types of higher fat snack items
- Offered ice cream only two days a week in the elementary...instead of everyday.
- When preparing catering service for adult meetings, changed to healthier options and choices.

#### Fall 2004 - District Employee Programs

After the Human Resource Manager had a discussion with the Superintendent during the summer, it was decided that the Back-To-School In-Service Day would include an extended lunch so the district could offer an Employee Health Fair. The lunch was chicken or steak salad, and the Fair included bone density testing, blood pressure, glucose checks, glaucoma and cataract checks, chiropractor adjustments, and other community groups (YMCA, curves etc.). Prizes were given for participation. The lunch and Fair was well attended and went better than expected.

November 2004

The Benefits' Coordinator, directed by the Superintendent (and approved by the union), addressed each school's faculty regarding employee Health and Wellness. During this meeting, a Highmark representative presented and asked each faculty to take a "Wellness Profile Survey" This would determine the needs of our staff and help the Superintendent to determine the types of programs that should be offered. Some staff were skeptical about filling out all of the information. Some thought it was too personal and chose not to participate. After completing the survey, the Highmark representative collected the survey to synthesize the data, mail each faculty member their health score, and present the district group findings in a future faculty meeting. The survey would also be administered the following year to determine any improvement.



The remainder of the first semester was devoted to researching employee health and wellness programs and ideas, as well as, submitting application for an AIU Wellness Grant for \$1000 to help underwrite the initiatives being organized for the Spring. The district was awarded the grant money.

#### Fall 2004 - School Building Programs

##### *Fall 2004 - Osborne Elementary School*

The principal met with the Home and School Association, parent group, and decided on the following activities to begin addressing Health and Wellness:

- Request for healthier treats for bake sales and parties
- Students in grades 1-5 will “Walk across America”
- Kindergarteners will “Walk Across Pennsylvania”
- Additionally, a group of teachers began walking on Thursday mornings
- Due to the anticipated bad flu season, hand sanitizers were hung in each room.

##### *Fall 2004 - Edgeworth Elementary School*

The Principal facilitated a school committee that developed an action plan to help improve health and wellness. Staff members formed clubs that promoted health and wellness, such as walking clubs. Guest speakers were scheduled to address staff on topics related to health and wellness. Since the gym was available during 5<sup>th</sup> grade lunch, the students were permitted to go in the gym and walk before recess. Professional Development sessions were scheduled for incorporating movement into lessons and/or during “sleepy” times in each grade level schedule. Staff walking and running clubs formed. Parents were asked to bring in healthier treats and snacks for parties and special occasions. All bake sales and fundraisers were asked to be selling healthier items. Due to the anticipated bad flu season, hand sanitizers were hung in each room.

##### *Fall 2004 – Middle School*

Due to the anticipated bad flu season, hand sanitizers were hung in each room.

*Fall 2004 - High School*

The principal reported that staff walked after school. Some guest speakers on health and wellness were being scheduled to address the staff. Due to the anticipated bad flu season, hand sanitizers were hung in each room.

Spring 2005 - School Building Programs

Elementary Schools: The principals created a focus group to revise the elementary schedule to accommodate several new contractual obligations. Much consideration was given to increasing or changing the time allocation of physical education class.

*Spring 2005 – Elementary #1*

The principal reported that it was difficult to find speakers for the faculty for each month. She continued allowing 5<sup>th</sup> grade students to access the gym after lunch while waiting to go out for recess. Students participated in the “Presidential Fitness Challenge” in PE class. The principal scheduled professional development time for teachers to learn how to incorporate movement into regular instruction. The teachers encouraged more participation in “Jump Rope for Heart” school fundraising and elementary health fair.

*Spring 2005 – Elementary #2*

They continued the activities that had begun in the fall.

*Spring 2005 - Middle School*

The principals created a focus group to revise the middle school schedule to accommodate several new contractual obligations. Much consideration was given to increasing or changing the time allocation of physical education class and changing the current Food and Consumer class to a Healthy Living class.

### *Spring 2005 - High School*

The high school focused on collaborating with the food service department to improve the lunch offering. The students of the high school were given input regarding the proposed changes.

### Spring 2005 - Food Service Department

During the second semester of the 2004-05 school year, the food service department worked to accomplish the following Health and Wellness changes:

- Secondary schools: more healthy choices in the vending machines. (As well as at lunch)
- Monday Memo: published healthy tips for parents
- Menus included healthy tips and nutritional information, and food pyramid information
- PDE Food and Nutrition Dept audit - reviewed our district, did a nutrient analysis of menus, and found us 100% compliant in meeting nutritional standards for school meals (Fat, saturated fat, calories, other essential nutrients).

### Spring 2005 - District Employee Programs

The \$1000 grant award helped to fund several of the programs that would be offered the spring of 2004. After receiving the money, the Human Resource Manager began to research various employee programs offered by our health insurance carrier. She piloted the following programs:

January:

Began Weight Watchers Work program, had 15 participants. (This was the minimum requirement and was hard to get staff involved. Staff had to be convinced to participate.

“Began Eat Well for Life” program, 5-6 weeks. Nutritionist from Sewickley Hospital discussed good nutrition.

February 28, 2005-May 23rd: “10,000 Step Challenge.” The grant paid for pedometers for the entire district to encourage them to participate in the 10,000 Step Challenge. The benefits coordinator distributed, via e-mail, Health and Wellness newsletters called, “Steps to Success”.

February 21, 2005: Wellness In-Service Day: The Wellness Coordinator from HighMark presented the data form the Wellness profile. After lunch, the staff was sent to the YMCA to get some exercise. (Appendix E includes the PowerPoint attachment)

April 2005:

Osteoporosis Preventions Session. Twenty-five women from the district gathered and learned about how they could prevent Osteoporosis.

Living Will Seminar: This session was not well attended, so it was cancelled.

Fall 2004 - District Health and Wellness Study Committee-

The superintendent selected the participants for the district Health & Wellness Committee. He invited many to participate including administration, faculty, staff, parents at all levels, various community and business representatives, and different pediatricians and doctors from the community. The committee was comprised of 30 members and would meet five times throughout the 2004-05 school year. The committee met once a month from November to March. The following excerpts summarize the process of creating the district Health & Wellness Action Plan.

*Committee Meeting #1: November 9, 2004*

The Health and Wellness Study Committee met for the first time. After introducing ourselves and describing our personal interest for agreeing to participate on the committee, the Superintendent showed a video from the CDC explaining the Obesity Epidemic. The Food Service Director reviewed the lunch program, specifically The National School Lunch Program,

competitive foods, and program adjustments for this school year. Then, the Superintendent distributed a copy of the School Health Index (SHI) to each member of the committee and divided the group into seven cooperative groups comprised of elementary, secondary, district, and community representatives. Each group was assigned a module in the SHI and was asked to begin assessing the district.

The School Health Index (SHI) is a planning guide created by the Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) for school districts to use to self-assess themselves in the areas of health and safety. The planning guide enable districts to: 1) Identify the strengths and weaknesses of the school's health promotion policies and programs; 2) Develop an action plan for improving student health; and 3) Involve teachers, parents, students and the community in improving school policies and programs.

The School Health Index quantifies the health of the district. The entire school environment influences the health and safety habits of students. Therefore, the Index has eight different modules, each corresponding to a component of a coordinated school health program:

1) School Health and Safety Policies; 2) Health Education; 3) Physical Education and Other Physical Activity Programs; 4) Nutrition Services; 5) School Health Services;

*6) School Counseling, Psychological, and Social Services (This module was eliminated from our investigation);* 7) Health Promotion for Staff; 8) Family and Community Involvement.

The Health & Wellness Study Committee was responsible for completing a score card for each module. Responses to each question were scored to help identify the district's strengths and weaknesses. After each module was scored, each group used the improvement section to help develop an action plan for improving student health.

## Documenters Observations of Committee Meeting #1

It was interesting to learn the many different reasons members of the Health and Wellness Committee chose to participate. Some had specific agendas. Some examples: improving the quality of the lunch program for various reasons such as improving student behavior; a parent thought better lunches would help her autistic son not be so autistic; requiring buses to stop idling when waiting for children to load and unload; increasing physical activity during the school day; concerned about the long term damage to school sport-related injuries; and eliminating all soft drinks from vending machines. The group seemed very enthusiastic to participate and the Superintendent asked that we move through the process before discussing all of the specific concerns of each committee member.

At the beginning of the 2004-05 school year, the Superintendent announced that Health and Wellness would be the focus. All pertinent departments had already begun making changes at the start of the school year.

The elementary schools and the middle school had already begun to revise their schedules to satisfy teacher contract changes. As per the directive from the Superintendent, increasing PE time for more activity level and including health classes was also a priority during the scheduling revision process. Therefore, implementation had already started before the first Health and Wellness Study Committee even started.

### *Committee Meeting #2: December 7, 2004*

This meeting was a work session for each group to evaluate their assigned module and present their findings regarding the district's strengths and weaknesses related to each module.

## MODULE 1: SCHOOL HEALTH AND SAFETY POLICIES AND ENVIRONMENT

### *Strengths*

1. No tolerance of bullying/harassment
2. Variety of enrichment experiences
3. Prohibition of tobacco use
4. Enforcement of the tobacco use policy
5. Good supervision to provide a safe physical environment
6. School promotes a sense of connectedness and helps students overcome barriers to learning

### *Weaknesses*

1. Need a more representative school health committee and need to follow through with suggestions
2. Physical environment has areas of need: proper lighting, buses idling, not enough equipment/room in some areas
3. Need staff development on injuries, violence, crisis – which should also be given to students (educational)
4. Need tobacco cessation services for students.
5. Written crisis response plan not fully developed
6. Need more promotion of food of high nutritional value.
7. Communication of school health and safety policies to all. This includes staff – custodians, etc.

### *Comments and Questions*

- A parent expressed her opinion that bus and car idling could be easily resolved. The Superintendent noted that the county recently passed laws limiting bus idling.
- A parent commented that parents need to be more mindful of the traffic laws while dropping off and picking up their students.

The Superintendent agreed that traffic safety is a concern, but one not easily remedied.

## MODULE 2: HEALTH EDUCATION

### *Strengths*

1. Health is taught at the elementary school.
2. The school district is trying to better articulate the curriculum, based upon the state standards. More community educators could be added to help teach the health curriculum.

### *Weaknesses*

1. Professional development in health/PE curriculum is lacking. Some teachers have never had an opportunity to attend.
2. In-service days are not focused on health/wellness. More could be incorporated.
3. Tobacco is not adequately addressed for the 9<sup>th</sup> and 10<sup>th</sup> grade students.
4. Physical activity taught in health is lacking. This is done in the PE curriculum.
5. Nutrition sometimes has its curriculum cut when cutting is necessary.
6. The middle school does more with nutrition.

## MODULE 3: PHYSICAL EDUCATION AND OTHER PHYSICAL ACTIVITY PROGRAMS

### *Strengths*

1. Variety of activities
2. Qualified instructors
3. Support of the administration
4. Students enjoy PE

### *Weakness*

1. Time spent in PE class
2. Space-conflicts with gym use.

### *Comments and Questions*

- The new elementary schools will address the space problems.
- The high school PE teacher noted that the administration really does help – volleyball has been provided more coaches.
- Nearly 90% of students participate in the Osborne marathon.
- A parent said the amount of time allocated for physical activities drops off in the middle school years.
- The Superintendent countered that our co-curricular programs are very popular – 7 out of 10 students participate. We support more athletic programs than many larger school districts.
- A high school PE teacher is not satisfied with high school students only having PE one trimester per year. She thinks this is not enough activity for students who choose not to participate in co-curricula's. She suggested that PE electives (in place of study hall, for instance) might help.
- The Director of Professional Services noted that middle school students do not want to change their clothes or mess up their hair, though they do get more time in gym.



## MODULE 4: NUTRITION SERVICES

### *Strengths*

1. High school breakfast/lunch programs
2. Variety of food
3. Milk variety
4. Promotion of healthy food choices
5. Posters
6. Higher prices on certain items
7. Collaboration between teachers and food services staff in elementary school

### *Weaknesses*

1. Sites outside cafeteria (vending machines) at high school have items that are not healthy
2. The student store mainly serves candy
3. High school – no collaboration between teachers and food service staff
4. The food service staff is not prepared for emergencies
5. No breakfast program at the elementary school
6. Trash and spilling is a problem during high school lunch times

### *Questions and Comments*

- A parent asked what is served for breakfast.
- The Director of Food Services listed dry cereal, pop tarts, muffins, and breakfast pizza, juices.
- A parent asked where field trips stop for lunch. She has heard that teachers allow students to buy lunch at fast food restaurants.
- A 4<sup>th</sup> grade teacher noted that each student usually brings lunch.
- The high school nurse said each building has an emergency response team, and cafeteria monitors at the high school have training in the Heimlich maneuver.
- The Director of Food Services acknowledged that who should be trained and responsible for providing aid has been a question.
- 11<sup>th</sup> and 12<sup>th</sup> graders are taught the Heimlich maneuver and CPR. It is also often offered to staff.
- The Edgeworth guidance counselor asked the Director of Food Services why breakfast is no longer offered to elementary students. The Director of Food Services answered that the program was not cost-effective at the elementary school level due to the staff necessary to supply breakfast to only a few students. She allowed that there are ways that breakfast could be offered.

## MODULE 5: SCHOOL HEALTH SERVICES

### *Strengths*

1. Middle and high school health services
2. Strong community links to agencies

3. Great PST/SAP teams
4. Good procedures to address injuries on school property/work-student related injuries
5. ER teams; flow charts
6. Nurses/teaching CPR, train staff (coaches, etc.) about emergency response and cardiac defibrillators, allergies, Epi pen use, latex allergies
7. Weight control/body mass indexing
8. Procedure for medical information for all staff.
9. Police
10. Nurses in each building
11. Alcohol, tobacco and other substance policies for co-curricular activities.

#### *Weaknesses*

1. Community/in-house smoking cessation/links tobacco use
2. Unintentional injuries

#### Comments and Questions

- A high school PE teacher related that when he calls parents about seeing possible warning signs for student health issues, he often has very positive feedback. Parents are usually grateful to have help from the school.

#### *Elementary Schools - Module 5*

##### *Strengths*

1. School nurse full time
2. Response understanding of specific conditions affecting children.
3. Parents offered meetings to help
4. Positive programs jump rope for heart, bullying classes, DARE
5. Personal meetings with families to discuss PE exclusion

##### *Weaknesses*

1. Card-carry emergency information for field trips – confidential, but may be needed.
2. Referrals to community links usually to physician
3. Parents sometimes will not keep school notified of problems of students, allergies, etc.
4. Students serve themselves at salad bar – could we use an adult to serve them?
5. Nutrition classes are needed

#### Module 7: Health Promotion for Staff

##### *Strengths*

1. Availability of Employee Assistance Program (EAP). Lack of utilization, though, is a weakness.
2. Highmark personal wellness profiles

3. Building wellness committees
4. Wellness time during professional development

#### *Weakness*

1. Lack of participation in EAP
2. No coordinated, specific plans of the wellness committees.
3. Need for differentiated approach – age, gender, etc.
4. Programs not offered to everyone (e.g. CPR)

#### *Comments and Questions*

- A high school PE teacher opined that there is no time for wellness at the high school.
- The school physician believes that it is better to rely on an emergency response team have the best skill and information to address emergencies. Time for skill development needs to be set aside. There is danger in a poorly trained person administering emergency aid to someone.

### MODULE 8: FAMILY AND COMMUNITY INVOLVEMENT

#### *Strengths*

1. Publicity in place
2. Parenting classes are offered
3. Parents are involved in health and wellness committee
4. Buildings and tracks are open

#### *Weaknesses*

1. Not geared towards health and wellness
2. Are truly geared to this topic... are they published?
3. Health and wellness are not necessarily topics – more academic issues
  - Smoking cessation
  - Preventing violence
  - Healthy eating
  - Unintentional injuries

#### *Comments and Questions*

- A high school PE teacher indicated that the above topics are part of the curriculum but more could be done. Unfortunately, most class time is spent on the more traditional academic subjects.
- That community health and wellness resources are listed on the last page of the parent/student handbook.
- The school nurse has a section in the quarterly school newsletter.

- Grades 1, 3, and 5 participate in the DARE program.
- The high school nurse said parents of incoming kindergarteners are given booklets on health.
- Students are provided dental and vision screenings by the Child Health Association of Sewickley.
- The middle school Assistant Principal observed that there is more offered district-wide than most people would assume due to their individualized experiences that may be building or grade specific.
- The Osborne Elementary Principal agreed, offering that most parents do not read the student code of conduct unless their student is suspected of having violated the code.
- The Superintendent added that some citizens are unaware that the YMCA uses our gymnasiums and other school facilities for programs.
- There is no formal method for students or parents to comment about the food offerings, but it does happen informally.
- The middle school student council discussed them last year.
- Home and school and PTA meetings are forums for cafeteria issues.
- The child health representative commented that there is no accepted definition of “healthy eating.” She pointed to the disparity among the medical community about such issues as low fat vs. low carbohydrate diets.

#### Documenters Observations Committee Meeting #2

At this point in the year most of the principals had already been working with their respective buildings on identifying areas for improvement regarding health and wellness. All parent groups were on board with the change and had been supporting the school system in various ways. It was interesting to hear at this committee meeting the different groups formally identifying the areas of strength and weakness. This formal process will help the principals to be mindful of all the areas that will be in need of improvement not just nutrition and activity level. The School Health Index really helped to define all the areas of being a healthy school system.

#### *Committee Meeting # 3: January 4, 2005*

During this meeting, each group worked collaboratively to finish scoring their module and summarize their findings. Using the modules scorecard, each group rated their module and calculated the Module Score. Each rating quantifies the level of proficiency for that module. A

low score for a module indicates that the school is not performing well in an area, whereas a high score indicates that it is performing well. Summaries of each module are attached.

Module 1: School Health and Safety Policies and Environment	Rated 63%
Module 2: Health Education	Rated: 68%
Module 3: Physical Education and Other Physical Activity Programs	Rated: 73%
Module 4: Nutrition Services	Rated: 72%
Module 5: School Health Services	Rated: 88%
Module 7: Health Promotion for Staff	Rated: 33%
Module 8: Family and Community Involvement	Rated: 56%

#### Documenters Observations

It was no surprise that Health Promotion for Staff received the lowest score even though the district began the year with a health fair for all employees of the district. It is my understanding that many more programs for staff are already in the planning stages. The Nutrition Services score would have been lower, but many changes were made at the beginning of the school year like eliminating all fried foods, increasing the offerings of fruits and vegetables, and improving the types of snacks available.

#### **Spring 2005**

##### Spring 2005 - District Health and Wellness Study Committee

##### *Committee Meeting #4: February 1, 2005*

Each module group examined the weaknesses in their module and identified a plan of action using the “School Health Improvement Plan” (Appendix F) worksheet as a guide. The plan summarized the actions, steps to accomplish the action, identify by whom and when. The session was a work session.

### Documenters Observations

As groups were identifying a plan of action for each weakness, some of the actions were already happening in some of the buildings. For example: announcing and posting health and wellness facts, increasing physical activity opportunities for students by allowing students to “get up and move” after eating lunch and before recess in the elementary.

#### *Committee Meeting #5: March 1, 2005*

Each module reported the ideas in their action plans. The Superintendent explained that he would take all the rough thoughts and synthesize the information into one comprehensive plan.

### Documenter Observation

The suggested plan addressed all areas related to health and wellness and created continuity and direction for each of the building principals. Up to this point, many changes had been made in the buildings, but the changes generally focused on increasing physical activity and nutrition. The plan includes employee wellness, safety issues, and family and community involvement. It is interesting to note that many of the action plans were created based on some of the work that was previously being accomplished in each of the buildings from the principals “getting started”.

### **Documenter Observations after the first year of planning/implementation**

As per the documenters notes detailed above, numerous changes have already been implemented during the 2004-05 school year, especially in areas of employee wellness and increasing student activity level. It was during this year that the district Health and Wellness Study Committee completed their assessment of the district and created an action plan for improvement. Since many changes had been made simultaneously while the assessment was

being completed during the 04-05 school year, the district assessment would already be outdated. Actually many of the items suggested for improvement for the first year of implementation had already been accomplished. At this point, the Superintendent compiled all suggestions for improvement from the Study Committee and planned to publish a formal plan in the summer of 2005.

### **Summer 2005**

After receiving the rough draft information from the District Health & Wellness Study Committee, the Superintendent compiled the data and created one comprehensive action plan. The plan was published in June 2005 and it is summarized below:

#### **In the first year of the plan (2005-2006), we will be addressing the following:**

- \* Establish a standing district Health and Wellness Committee
- \* Establish a building level wellness committee for each school
- \* Increase the use of the Employee Assistance Program (EAP) services
- \* Update the district's crisis plan and provide crisis management training to staff
- \* Provide students with an opportunity for exercise during lunch breaks and consider adding intramural activities within the scope of the school day
- \* Increase the amount of daily (routine) physical education to each student and staff member
- \* Remove soda and sports drinks from school district operated vending machines
- \* Provide students with daily school health and safety facts
- \* Develop an extensive health and wellness resource collection in school and community libraries

#### **In year two (2006-2007), we will:**

- \* Develop a comprehensive, articulated health and wellness (physical education and health) curriculum
- \* Integrate community-based health and wellness experts into curriculum
- \* Increase the amount of affordable, healthy food choices in school lunch and breakfast programs
- \* Educate staff and students regarding the prevention of injuries, including those arising from violence
- \* Reorganize the student store to increase student access and provide more nutritious food choices
- \* Increase communications between home and school regarding health concerns

- \* Create an after school health and wellness program for teens, with a focus on exercise and walking

**In year three (2007-2008), we will:**

- \* Create a Health and Wellness page on the district web site, including links to appropriate community agencies
- \* Develop a quarterly health and wellness newsletter
- \* Track overall employee wellness using aggregated personnel data
- \* Upgrade physical education facilities as prescribed by the district's long-range facility plan
- \* Provide an effective tobacco cessation program to staff, students and families

The school district administration believes that No Child Left Behind doesn't just refer to student achievement; it also relates to the health and well being of young people and adults alike. This action plan was published on the district web site and pamphlets were made for distribution. Each building administrator was asked to form a health and wellness committee in each building and begin addressing each of the phase 1 action plans.

The researcher asked each member of the Health and Wellness Committee to complete a Concern's Based Adoption Model question.

**Fall 2005**

Fall 2005 – Superintendent

At an administration meeting, the Superintendent discussed his expectations for each building. Each school was required to coordinate a committee to address each item in the proposed action plan. The committee would consist of one parent, the school nurse, PE teacher and several grade level teachers.

Fall 2005 - Food Service Department

The Director of Food Services began negotiating new contracts with most of her vendors and, fortunately, they were all aware and supportive of the Health and Wellness initiative. She



met with her cafeteria managers and explained the purpose of the initiative and the changes that would be occurring. They are as follows:

- Stopped all deep frying
- Removed all soda from school run vending machines, replaced with waters, juices and teas.
- Started offering milk in the plastic bottles instead of cardboard to increase sales. Has increased milk consumption.
- One of the school H&W committees this year included each School lunch head server. (Cafeteria Manager).
- Having the visiting Chef for the High School and Middle School: to have chef teach our students some better ways of preparing healthy foods in a tasty way.
- Greater emphasis on encouraging the children to take the veggie and fruit, eat meal first and then snack. “Did you get you veggie today? I made this for you; you need to eat your veggie”
- Participated in the PA Apple Crunch Day: Everyone had an apple that day to support H & W.
- Increased visibility of healthy information in the cafeteria. Health displays.

#### Fall 2005 - District Employee Programs

Based on the success or failure of her pilot programs the prior spring, the Benefits coordinator began scheduling the programs that worked well and looked for other options for the programs that were not as successful. The following were implemented:

- Have Weight Watchers Program again, but have to open it up to the community to get the minimum of 15 require
- November –January: Maintain Don’t Gain Program: 8-week program designed to help members eat well, exercise smart and feel good, through high mark BCBS, newsletter
- December: Will do wellness profile and compare to last years data
- January: another session of Weight Watchers
- Planning on doing: 10,000 Step Challenge again
- Working with the school board to create a district Health and Wellness policy

#### Fall 2005 - School Building Programs

##### *Elementary #1*

The principal created the building Health & Wellness Committee and the group reviewed the action plans established by the District Health & Wellness Committee and began to brainstorm activities and ideas for each item. The following are a list of ideas:

- A health tip is read each day, posted on school bulletin board, and sent home with students in Thursday parent packet
- The EAP hotline phone number appears at the end of the faculty meeting agenda.
- Staff is working to lessen playground injuries
- Increased PE from 80 minutes per 6 day to 90 minutes. Grades 1 and 2 will have three 30 minutes sessions; Grades 4 and 5 will have two 45-minute sessions.
- Grades K, 1 and 2 have movement class three times in 6-day rotation for 15 minutes each
- PD for teachers in incorporating movement during instruction. Help children have energy breaks
- AM announcements: Healthy Fact of the day and quick stand-up and move activities
- Various activities: Laps for Love, Jump Rope for Heart school fundraising, activities and health fair. , Encourage more participation
- Presidential Fitness Challenge in PE class
- Presidential Active Lifestyle Challenge with whole school
- Health Bulletin Board in a strategic, viewed by all (students, faculty, and parents) location in the school
- Healthier treats for elementary parties and bake sales
- Creation of Playground Safety Guidelines for teachers, students and parents.

### *Elementary #2*

The principal discussed the initiative with the Home and School Association and they embraced the concept and decided to help in the following ways:

- Home and School took up the challenge of healthier party food
- HSA has published its second edition of a Healthy Eating newsletter which included some healthy eating challenges for kids and adults--complete with prizes
- HSA is selling fruit leathers as a fundraiser

The principal began the following changes:

- Incorporated a session of healthy snacking in kindergarten round-up
- Increased PE from 80 minutes per 6 day to 90 minutes. Grades 1 and 2 will have three 30 minutes sessions; Grades 4 and 5 will have two 45-minute sessions
- Grades K, 1 and 2 have movement class three times in 6-day rotation for 15 minutes each
- Presidential Fitness Challenge in PE class

### *Middle School*

The principal created the building Health & Wellness Committee, the group reviewed the action plans established by the District Health & Wellness Committee, and began to brainstorm activities and ideas for each item. The following are a list of ideas:

- As a result of the schedule changes, there was increased PE time and a healthy living class
- Healthy Living Course: healthier cooking selections. (New course in schedule, synthesis of health and family and consumer science class. Students are taught the new dietary guidelines and food pyramid)
- Health and Wellness fact of the day and an H&W newsletter for parents, students, community and staff (Possibly offer morning intramurals)
- No donuts at faculty meetings, just coffee and bagels
- Track repaired to promote walking. Maybe let student walk in am before school.

### *High School*

The principal has worked with the food service department and the student store to incorporate healthier items in their programs.

- The Director of Food Services recently met with high school faculty, and some students to explain the ways in which the food service department is trying to promote healthier eating.
- The High School Principal has learned that the students are pleased with the healthier foods offered in the cafeteria.
- The student store has made some aggressive changes, and their profits are down.

### **Spring 2006**

#### Spring 2006 - District

The Superintendent guided the school board in creating a Health & Wellness policy. As per the new school board policy, the first meeting of the Health & Wellness Council was scheduled to meet on February 14<sup>th</sup>, 2006. This group was comprised mostly of study committee participants and some new members. The purpose of the Health & Wellness Council is to act as communicators throughout the district, and to also act as a resource for information regarding the ongoing examination of health and wellness.

By July 1, 2006, all school districts that participated in the National School Lunch Program must have adopted a “local wellness policy”. Our policy included this Health & Wellness Council and will meet twice per school year to evaluate progress and to determine how

to proceed during the following year. At the first meeting the group listened to reports from administration regarding the progress of the health and wellness initiative.

At the second meeting held on June 1, 2006, the group discussed the progress the district had made during the school year. Many non-district members were astounded with the progress the district had made in what seemed such a short amount of time.

#### Spring 2006 - Food Service Department

- The Director of Food Services reports that vending machine profits are lower due to the healthier offerings and the omission of soft drinks but milk in the vending machines sells surprisingly well.
- Salads are being made for students rather than by students, whole-wheat pizza is offered, a limit to student snack purchasing is enforced, PowerAde Options (a lower calorie PowerAde drink) is available, offering baked chips, and yogurt instead of ice cream.

#### Spring 2006 - District Employee Programs

After reviewing the interest in the programs offered last spring, the ones that had a good response were continued:

- The “10,000 Steps” program
- “Eat Well For Life” involved a nutritionist speaking in the district
- The Weight Watchers program is popular

#### Spring 2006 - School Building Programs

##### *Elementary #1*

- PD for teachers on updated crisis plan
- Recreation Club started and had 15 student participants. Students continued to participate, but complaints were made regarding the instructors management of the program.
- “Relay for Life” teams participated in the one-day event.
- Presidential Life-Style Challenge was piloted in the 4<sup>th</sup> grade. The challenge is for all students to get 60 minutes of physical activity five days per week. Students tracked their own activity via a paper chart or on the computer. Incentives were given to help keep students motivated. It was believed that the program did raise awareness but possibly not enough for the amount of logistics it took for operate and manage the program.

### *Elementary #2*

- In January the principal coordinated her building, established a building H&W committee
- PD for teachers on updated crisis plan
- Relay for Life teams were assembled by the staff
- Water was being consumed more often at parties and other special events.
- The Home & School Association sponsored a healthy snack demonstration for kindergarten students.
- An asthma education program was offered.
- Healthy snacks will be provided to students during PSSA administration.

### *Middle School*

- Participated in “Relay for Life” activity again this year.
- PD for teachers on updated crisis plan
- Stretching and other physical activity is done every day in homeroom.
- Students participated in the Coca-Cola sponsored “Fit for Life” program, which provided each student a pedometer.

### *High School*

- Healthier food items were sold in the student store and for fundraising
- The high school health and wellness committee is sponsored a “celebration of athletics” which includes an education program about head injuries.

### **Long-Range Plans**

Each of the buildings and departments responsible for focusing on health and wellness will continue to use the action plans set forth by the initial district Health and Wellness Committee as a guiding tool in their improvement.

### **Final Documenters Observations**

When the administrators reported their progress to the Health and Wellness Council in February 2006, the members seemed very impressed with the amount of progress that had been made in technically only a half of year of implementation. What they did not exactly know is that the administration actually started marketing the initiative and making changes during the year the Study Committee was planning for the initiative.

The documenter re-evaluated each module in the School Health Index. The following chart shows the progress made from the completion of the Study Committee in Spring 2004-05 to the following spring of 2006, one-year time.

**School Health Index Reevaluation**

<b>MODULE</b>	<b>Committee Rating (2004-05)</b>	<b>Documenter Rating (Spring 2006)</b>
Module 1: School Health and Safety Policies and Environment	Rated: 63%	Rated 92%
Module 2: Health Education	Rated: 68%	Rated: 77%
Module 3: Physical Education and Other Physical Activity Programs	Rated: 73%	Rated: 97%
Module 4: Nutrition Services	Rated: 72%	Rated: 87%
Module 5: School Health Services	Rated: 88%	Rated: 90%
Module 7: Health Promotion for Staff	Rated: 33%	Rated: 83%
Module 8: Family and Community Involvement	Rated: 56%	Rated: 83%

Significant gains have been made in the one-year time frame. This is because many changes were beginning simultaneously while the District Study Committee was evaluating the district and designing a plan for improvement. Implementation began when formal planning began. The area with the most noticeable gains is Module 7: “Health Promotion for Staff.” Before the health and wellness initiative criteria for this module like stress management, healthy eating/weight management, physical fitness programs did not exist. Now these areas are being addressed on in-service days and incorporated into after school activities.

With the school board policy in place and the district Health and Wellness Council scheduled to meet and review progress twice a year, sustainability of the initiative should not be an issue. It was very important for the Superintendent to make this initiative board policy because he is retiring from the district in December 2006.

## APPENDIX C

### SCHOOL BOARD POLICY

#### **219.02 Student Wellness**

**No.:** 219.02

**Section:** Student Related Policies

**Title:** Student Wellness

**Date Adopted:** May 23, 2006

**Date Reviewed:**

**Date last Revised:**

**Related Policies:**

#### **Purpose**

The School District recognizes that good health and good nutrition affect a student's ability to learn. A thorough health and wellness program contributes to the physical, emotional and social growth of all children.

The board is committed to providing a school environment that promotes student wellness, proper nutrition, nutrition education, and regular physical activity as part of the total learning experience. Students will learn about and participate in dietary and lifestyle practices that are intended to improve student achievement.

To ensure the health and well-being of all students, the board establishes that the district shall provide to students:

- A comprehensive food service program consistent with federal and state requirements, including, access to reasonably priced foods and beverages that meet accepted nutritional guidelines.
- Physical education curriculum and other school day opportunities for developmentally appropriate physical activity.
- Curriculum and programs for grades K-12 that teach students about proper nutrition and lifelong physical activity, in accordance with State Board of Education curriculum regulations and academic standards.

### **Delegation of Authority**

The superintendent or a designee shall monitor district schools, programs, and curriculum to ensure compliance with this policy, related policies and established regulations.

Periodically, each building principal and other responsible staff shall report to the superintendent or designee regarding health and wellness compliance in his/her school.

Consistent with standard operating practices of the district, the superintendent or designee shall report to the board the district's compliance with law and policy related to student health and wellness.

The report may include:

- Assessment of school student wellness environment.
- A cost/benefit evaluation of the food services program.
- A compliance review of all foods and beverages sold in schools
- A list of relevant activities and programs conducted.
- Recommendations for policy and/or program revisions.
- Feedback received from district staff, students, parents/guardians, community members and wellness committees.

The food service director shall annually report in writing to the superintendent that district guidelines for reimbursable meals comply with regulations and guidelines issued for schools in accordance with federal law.

### **Wellness Council**

The district wellness council will meet a minimum of two times annually with council membership including (but not limited to):

- Food Service Director
- A local health practitioner



- A school nurse
- Teacher representatives
- Parent representatives
- Student representatives
- Principal representatives
- Support staff representatives
- A school board representative
- The superintendent or his designee
- A physical education and health program representative
- A family and consumer sciences teacher
- Local community partners

The role of the council shall be to:

- Provide guidance and to help explain this policy to the community and staff.
- Monitor the implementation of this policy.
- Evaluate progress
- Serve as a resource to the schools.

The wellness council shall serve as an advisory council to the administration and board regarding student health issues and policy.

The wellness council may examine related research and laws, assess student needs and the current school environment, review existing board policies and administrative regulations, and raise awareness about student health issues.

Using established procedures, the district wellness council may make policy recommendations related to health topics and student wellness.

The wellness council may conduct community forums or focus groups; collaborate with appropriate community agencies and organizations; and engage in similar activities, within district policy and budgetary limitations.

The wellness council shall provide periodic reports to the superintendent or designee regarding the status of its work.

### **Nutrition Education**

Nutrition education shall provide all students with the knowledge and skills needed to lead healthy lives. The goal of nutrition education is to teach, encourage and support healthy eating by students. Nutrition education will be provided within the comprehensive health education program in accordance with State Board of Education curricula regulations and the academic standards for Health, Safety and Physical Education, and Family and Consumer Sciences. Nutrition education lessons and activities shall be age-appropriate.

All foods available in district schools during the school day shall be offered to students with consideration for promoting student health and reducing childhood obesity. Nutrition content of school meals shall be available to students and parents/guardians upon request.

Foods provided through the National School Lunch or School Breakfast Programs shall comply with federal nutrition standards under the School Meals Initiative.

Competitive foods are foods offered at school other than through the National School Lunch or School Breakfast Programs and include a la carte foods, snacks and beverages; vending food, snacks and beverages; school store food, snacks and beverages; fundraisers; classroom parties; holiday celebrations; and food from home. All competitive foods available to students in district schools shall comply with the Nutritional Standards for Competitive Foods in Pennsylvania Schools. The nutritional standards shall be implemented as a three (3) year plan.

Competitive foods shall be strictly monitored by food service and by school principals and teachers for nutritional value and age-appropriateness.

All competitive foods available to students in district schools shall comply with the established nutrition guidelines, as listed in the student wellness plan.

Professional development shall be provided for district nutrition staff. The district shall also provide appropriate training to all staff on the components of the student wellness policy.

The stated goals of the student wellness policy shall be considered in planning most school-based activities.

Fundraising projects submitted to principals and the high school activities director for approval shall be supportive of healthy eating and student wellness.

### **Physical Education**

Physical education curriculum and instruction promotes life-long physical activity and the skills and knowledge necessary for lifelong participation.

A sequential physical education program consistent with State Board of Education curricula regulations and Health, Safety and Physical Education academic standards shall be developed and implemented by the district.

Students shall be active as much time as possible during a physical education class. With sufficient notice, properly documented medical conditions and disabilities shall be accommodated during class. Safe and adequate equipment, facilities and resources shall be provided for physical education courses. Certified health and physical education teachers shall teach the physical education classes of the district.

### **Other School Based Activities**

District schools shall provide clean, safe and adequate space, as defined by the district, for eating and serving school meals. Students shall be provided a 30-minute lunch period. Drinking water shall be available at all meal periods and throughout the school day. Students shall have access to hand washing or sanitizing before meals and snacks.

### **Safe Routes To School**

The district shall assess and, to the extent possible, implement improvements to make walking and biking to school safer and easier for students.

The district shall cooperate with local municipalities, public safety agency, police departments, and community organizations to develop and maintain safe routes to school.

## **APPENDIX D**

### **SCHOOL BOARD POLICY WITH ACTIVITIES**

#### **Student Wellness Policy and Program Description**

As a result of the health and wellness initiative a school board policy was created to ensure sustainability regardless of leadership or school board change. The following description includes the school board policy on student wellness, as per the school board policy manual (Copyright 2006) and specific examples for implementation.

#### **Purpose**

The School District recognizes that good health and good nutrition affect a student's ability to learn. A thorough health and wellness program contributes to the physical, emotional and social growth of all children.

The board is committed to providing a school environment that promotes student wellness, proper nutrition, nutrition education, and regular physical activity as part of the total learning experience. Students will learn about and participate in dietary and lifestyle practices that are intended to improve student achievement.

To ensure the health and well being of all students, the board establishes that the district shall provide to students:

- A comprehensive food service program consistent with federal and state requirements, including, access to reasonably priced foods and beverages that meet accepted nutritional guidelines.

Examples:

- Food offering that are not fried
- Healthy options in vending machines

- Limited offering of snacks and ice cream
  - Appropriate offering of fruit and vegetables
  - Use attractive and age appropriate packaging of important items (milk)
  - Increase marketing of healthy food options
  - Food service workers encouraging students of making health choices
  - Participate in state healthy food promotions like PA Apple Crunch Day.
  - Provide age-appropriate marketing: Chef in the High School
- Physical education curriculum and other school day opportunities for developmentally appropriate physical activity.

Examples:

- Maintain current levels of physical activity through PE and recess
  - Incorporate movement activities into content curriculum lessons
  - Design student schedules that incorporate appropriate movement breaks.
  - Begin school day with stretches and exercise activities
  - Use pedometer movement programs like Walk Across America
  - Offer activities that incorporated physical movement in all grade levels.
  - Provide after school opportunities for physical activity in all grade levels.
  - Involve student in fundraisers that promote movement: Jump Rope for Heart and Laps for Love.
- Curriculum and programs for grades K-12 that teach students about proper nutrition and lifelong physical activity, in accordance with State Board of Education curriculum regulations and academic standards.

Examples:

- Updated health curriculum in all grades
- Updated physical education curriculum in all grades
- Marketing of health living tips and information
- Increased visibility of nutritional value of food in cafeteria

### **Delegation of Authority**

The superintendent or a designee shall monitor district schools, programs, and curriculum to ensure compliance with this policy, related policies and established regulations.

Periodically, each building principal and other responsible staff shall report to the superintendent or designee regarding health and wellness compliance in his/her school.

Consistent with standard operating practices of the district, the superintendent or designee shall report to the board the districts compliance with law and policy related to student health and wellness.

The report may include:

- Assessment of school student wellness environment.
- A cost/benefit evaluation of the food services program.
- A compliance review of all foods and beverages sold in schools
- A list of relevant activities and programs conducted.
- Recommendations for policy and/or program revisions.
- Feedback received from district staff, students, parents/guardians, community members and wellness committees.

The food service director shall annually report in writing to the superintendent that district guidelines for reimbursable meals comply with regulations and guidelines issued for schools in accordance with federal law.

### **Wellness Council**

The district wellness council will meet a minimum of two times annually with council membership including (but not limited to):

- Food Service Director
- A local health practitioner
- A school nurse
- Teacher representatives
- Parent representatives
- Student representatives
- Principal representatives
- Support staff representatives
- A school board representative
- The superintendent or his designee
- A physical education and health program representative
- A family and consumer sciences teacher
- Local community partners

The role of the council shall be to:

- Provide guidance and to help explain this policy to the community and staff.
- Monitor the implementation of this policy.
- Evaluate progress
- Serve as a resource to the schools.

The wellness council shall serve as an advisory council to the administration and board regarding student health issues and policy.

The wellness council may examine related research and laws, assess student needs and the current school environment, review existing board policies and administrative regulations, and raise awareness about student health issues.

Using established procedures, the district wellness council may make policy recommendations related to health topics and student wellness.

The wellness council may conduct community forums or focus groups; collaborate with appropriate community agencies and organizations; and engage in similar activities, within district policy and budgetary limitations.

The wellness council shall provide periodic reports to the superintendent or designee regarding the status of its work.

### **Nutrition Education**

Nutrition education shall provide all students with the knowledge and skills needed to lead healthy lives. The goal of nutrition education is to teach, encourage and support healthy eating by students. Nutrition education will be provided within the comprehensive health education program in accordance with State Board of Education curricula regulations and the academic standards for Health, Safety and Physical Education, and Family and Consumer Sciences. Nutrition education lessons and activities shall be age-appropriate.

All foods available in district schools during the school day shall be offered to students with consideration for promoting student health and reducing childhood obesity. Nutrition content of school meals shall be available to students and parents/guardians upon request.

Foods provided through the National School Lunch or School Breakfast Programs shall comply with federal nutrition standards under the School Meals Initiative.

Competitive foods are foods offered at school other than through the National School Lunch or School Breakfast Programs and include a la carte foods, snacks and beverages; vending food, snacks and beverages; school store food, snacks and beverages; fundraisers; classroom parties; holiday celebrations; and food from home. All competitive foods available to students in district schools shall comply with the Nutritional Standards for Competitive Foods in Pennsylvania Schools. The nutritional standards shall be implemented as a three (3) year plan.

Competitive foods shall be strictly monitored by food service and by school principals and teachers for nutritional value and age-appropriateness.

All competitive foods available to students in district schools shall comply with the established nutrition guidelines, as listed in the student wellness plan.

Professional development shall be provided for district nutrition staff. The district shall also provide appropriate training to all staff on the components of the student wellness policy.

The stated goals of the student wellness policy shall be considered in planning most school-based activities.

Fundraising projects submitted to principals and the high school activities director for approval shall be supportive of healthy eating and student wellness.

### **Physical Education**

Physical education curriculum and instruction promotes life-long physical activity and the skills and knowledge necessary for lifelong participation.

A sequential physical education program consistent with State Board of Education curricula regulations and Health, Safety and Physical Education academic standards shall be developed and implemented by the district.

Students shall be active as much time as possible during a physical education class. With sufficient notice, properly documented medical conditions and disabilities shall be accommodated during class. Safe and adequate equipment, facilities and resources shall be provided for physical education courses. Certified health and physical education teachers shall teach the physical education classes of the district.

### **Other School Based Activities**

District schools shall provide clean, safe and adequate space, as defined by the district, for eating and serving school meals. Students shall be provided a 30-minute lunch period. Drinking water shall be available at all meal periods and throughout the school day. Students shall have access to hand washing or sanitizing before meals and snacks.

### **Safe Routes To School**

The district shall assess and, to the extent possible, implement improvements to make walking and biking to school safer and easier for students.

The district shall cooperate with local municipalities, public safety agency, police departments, and community organizations to develop and maintain safe routes to school.

Increased Employee Programs (not in school board policy)

Examples:

Weight Watchers

Maintain Don't Gain Newsletter

10,000 Step Challenge

Presenters on various topics: Cancer, Osteoporosis, Money Management, Stress Management, and Living Will Seminar etc.

Health Fairs

Allocate In-Service time to health living

Participate in HighMark Wellness Profile

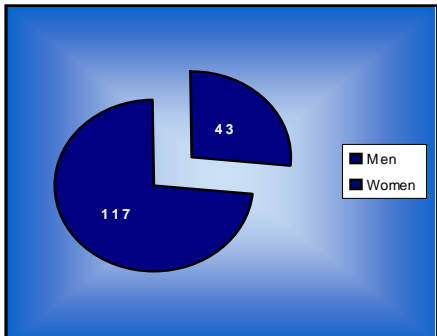
Promote Employee Assistance Program



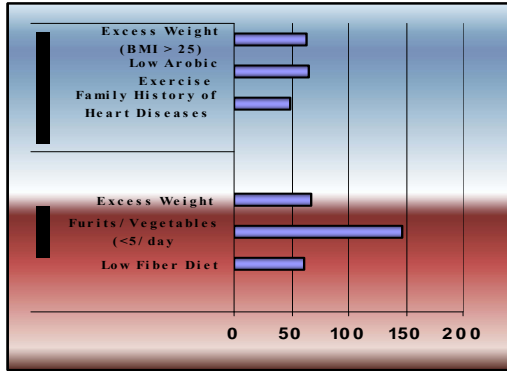
## APPENDIX E

### PERSONAL WELLNESS PROFILE

<p>Our Personal Wellness Profile</p> <p>The Results are in . . .</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>160 Individuals Participated</p>  <p>The average age of the group was 39</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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### Contributing Risk Factors




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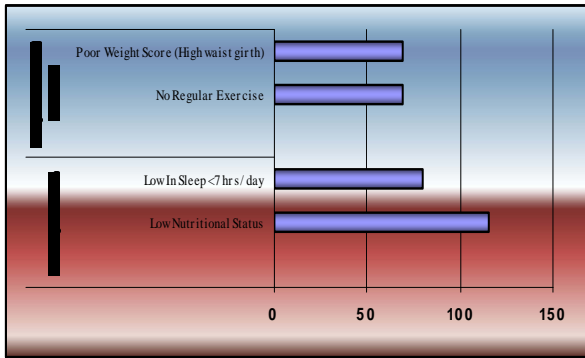
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### Contributing Risk Factory




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### Health Status *Perception of Quality of Life*

Composite Score		Group Score	U.S. National Norms	Low Status N
Physical Health	Males	54.73	51.05	4
	Females	55.39	49.07	1
Mental Health	Males	51.44	50.73	1
	Females	46.30	49.33	22

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<b>The ABC's of the EAP</b>	
<b>800-647-3327</b>	
Alcohol abuse or addiction	Negative thinking
Balance work and family	Overcome eating disorders
Career counseling	Panic Attacks
Depression	Quarrels with co-workers
Elder Care	Relaxation techniques
Financial Difficulties	Separation/divorce
Grief or loss	Time management
Habits that are hard to break	Understanding teenagers
Improving self-esteem	Victims of violence
Job stress	Women's issues
Kid's concerns	Xcessive worrying
Loneliness	Young adult transitions
Marital conflicts	Zzss (sleeping problems)

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<b>Health Age Summary</b>		
Average Age	Average Health	Average Achievable
38.9	38.7	33.6
Potential Years of Added Life per Individual		<u>5.1</u>
Potential Years of Added Life for Group		<u>808.5</u>

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<b>Health Action Opportunities</b>		
	# People	% of People
Alcohol Management	9	6
Better Nutrition	112	70
Healthy Pregnancy	3	2
Managing High Blood Pressure	24	15
Improving Fitness	93	58
Living with Diabetes	4	3
Managing Cholesterol Levels	12	8
Stress Management	32	20
Protecting Your Heart	27	17
Quit Smoking	11	7
Senior Living	11	7
Strengthen Your Back	25	16
Weight Management	67	42

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- Available Programs
- Weight Watchers (In Progress)
  - 10,000 Step Challenge (2.28 – 5/23)
  - Eat Well for Life (3/1 – 3/29)
  - Osteoporosis PREVENTION 94/12)

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Lunch and Learn\*  
(30 – 45 minutes)

Proper Nutrition

Career Prevention

Being Heart Healthy

Exercise

Hypertension

Stress Management

\*Available in March 2005

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Questions?

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## APPENDIX F

### SCHOOL HEALTH INDEX – ELEMENTARY SCHOOL

#### School Health Improvement Plan

##### Instructions

1. In the first columns: list, in priority order, the *Actions* that the *School Health Index* team has agreed to implement
2. In the second column: list the specific steps that need to be taken to implement each action.
3. In the third column: list the people who will be responsible for each step and when the work will be completed.

Actions	Steps	By Whom and When
1.	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	
2.	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	
3.	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	
4.	a.	
	b.	
	c.	

Actions	Steps	By Whom and When
	d.	
	e.	
	f.	
	g.	
5.	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	

## APPENDIX G

### CBAM QUESTIONNAIRE

Please complete the following question based on your concerns of the action plans for the Health and Wellness Initiative. **I ask that you do not identify what you think others are concerned about but only what concerns you.**

Question for Health and Wellness Committee Participants

When I think about the action plans that have been developed for the Health and Wellness Initiative for the Quaker Valley School District, I am concerned about...

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