Building Capacity for the Continuous Improvement of Health-Promoting Schools

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ABSTRACT

BACKGROUND: There has been much educational verbosity over the past decade related to building capacity for effective schools. However, there seems to be a scarcity of clarification about what is meant by school capacity building or how to accomplish and sustain this process. This article describes the preexisting conditions and ongoing processes in Pueblo, Colorado School District 60 (Pueblo 60) that built capacity for the development and continuous improvement of health-promoting schools.

METHODS: Capacity building strategies and a program-planning model for continuous improvement for health-promoting schools were used that included: (a) visionary/effective leadership and management structures, (b) extensive internal and external supports, (c) development and allocation of adequate resources, (d) supportive policies and procedures, and (e) ongoing, embedded professional development.

RESULTS: Pueblo 60 strategically developed an infrastructure through which they successfully delivered a wide array of health programs and services.

CONCLUSIONS: Through building organizational capacity at the school district and school level, additional school health programming can be developed and sustained.

Keywords: health-promoting schools; capacity building; continuous improvement in school health; coordinated school health; school improvement.

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A school district’s capacity can be defined as its potential ability to sustain itself at a high level of performance, ensuring teachers’ ability to teach and students’ ability to benefit from the educational process.\(^1\)\(^-\)\(^6\) Capacity building has been defined in the school improvement literature as a series of “actions that lead to an increase in the collective power of a group to improve student achievement”\(^1\)\(^-\)\(^14\) and “the ability of the education system to help all students meet more challenging standards.”\(^1\)\(^-\)\(^4\)\(^1\)\(^-\)\(^14\)\(^\text{p}4\) What is proposed throughout the literature is shared responsibility of the educational community and the public to ensure the capacity of the organization and individuals within the organization to succeed, putting in place the necessary supports so that schools can accomplish their academic mission.\(^1\)\(^-\)\(^4\)\(^-\)\(^2\) Ultimately, schools must prepare all students to “maximize their potential, to contribute to the common good, and to live a full and rewarding life,” thereby enabling “all students to achieve as much of their creative, intellectual, and social potential as possible” and preparing them “to live successfully and contribute actively in their communities.”\(^6\)\(^\text{p}358\) — _leaving no child behind._

The federal mandate and the political will that no child be left behind is a commendable disposition.\(^7\) Public schools _should_ be accountable for promoting the potential of all students to achieve future success. However, this accountability must be preceded by responsibility—a shared responsibility of the educational community and the public to ensure the capacity of the organization as well as the individuals within the organization to succeed.\(^2\)\(^-\)\(^8\)

Traditionally, school improvement efforts, including No Child Left Behind, are based on the assumption that students come to school equally “ready to learn” every day of the school year. Often, reform efforts make no accommodation for building the capacity of schools as a foundation for addressing students’ health issues as potential barriers to learning.\(^9\) Creating health-promoting schools through implementation of Coordinated School Health Programs (CSHP) and services has been proposed as an efficient and effective means to improve both the health and the education of Americans.\(^10\)\(^-\)\(^12\) Internationally, the World Health Organization (WHO), through its Global Health Initiative, seeks to increase the number of health-promoting schools, which they describe as schools that are “constantly” strengthening (their) capacity as a healthy setting for living, learning and working.\(^13\)\(^-\)\(^13\) The WHO further describes a health-promoting school with the capacity to provide and sustain this “healthy setting” in the following way:

A health-promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. . . . Health-promoting schools need to be set up in a way which ensures that positive changes are sustained. . . . For this reason the proposed approach is to develop policies, practices and structures which embed the fundamentals of a health-promoting school into a school’s operation.\(^14\)\(^\text{p}12\)

According to Wixson, a leading author in curriculum and assessment, organizational capacity can be increased by enhancing the capabilities of the workers: by adding resources; and by restructuring the ways in which work is organized and services are delivered. Additionally, she states that the dimensions of capacity include vision and leadership; collective commitment and cultural norms to realize the vision; knowledge and access to knowledge; organizational structures and management conducive to improvement; adequate resources; and an infusion of external ideas, assistance, and support to move beyond current practice.\(^2\)

The purpose of this case study was to examine Pueblo, Colorado School District 60, and its efforts to develop, continuously improve, and sustain health promotion in the school community. Pueblo School District 60 was selected for this study as a result of involvement of the Director of the Office of CSHP in the American Cancer Society’s National School Health Coordinator Leadership Institute. In 2000, Pueblo School District 60 successfully obtained funding through the American School Health Association’s Cooperative Agreement with the Centers for Disease Control and Prevention Division of Adolescent and School Health. In essence, Pueblo School District 60 demonstrated to funders and researchers a level of administrative support and district readiness to further develop and sustain the following conditions of organizational capacity: (a) visionary and effective leadership and management structures, (b) extensive internal and external supports, (c) development and allocation of adequate resources, (d) supportive policies and procedures, and (e) ongoing, embedded professional development.

Through these capacity building efforts and utilization of a program-planning model for continuous improvement that is structurally based on the CSHP model,\(^5\) Pueblo 60 pursued the development of health-promoting schools that promote positive physical, social, and emotional development of the whole child, thereby ensuring positive cognitive development and readiness to learn (Figure 1).\(^12\)

The individual capacity of students, as well as school staff, interacts with and is “interdependent with organizational capacity.”\(^2\)\(^-\)\(^15\) Only as conditions of organizational capacity are met can schools ensure an environment that supports the individual capacity of staff and students to perform at high levels. Schools can then attend to effective management and governance, teacher quality and effective pedagogy, and the curricula, standards, and assessments that ensure academic
achievement and school success.\textsuperscript{2,4} Only then can schools be held fully accountable for their institutional mission.\textsuperscript{1-6,8} Figure 2 shows Pueblo 60’s relationships among conditions of capacity, the climate for positive development, the role of the school, and its institutional mission.

While this report will describe 5 conditions of capacity independently, the reader should understand that there is no sequential order to their implementation nor are they clearly delineated. Rather, each is interwoven with the others and should be implemented simultaneously and iteratively. For example, it might be difficult to discern whether an existing community coalition is a structure or an external support. Frankly, the coalition appropriately fits in either category and labeling in either has no apparent advantage. The benefit is that it exists, contributes to positive development of the learning community, and strengthens the capacity of the school to accomplish its mission.

**CONDITIONS OF CAPACITY**

**Visionary and Effective Leadership and Management Structures**

Effective leadership is necessary at multiple levels of the school system—district, building, and community. Designated leaders need to be able to articulate a vision, mobilize people of good will who share that vision, empower others, and enable collaborative action.

The primary leadership structure for enabling capacity for health-promoting schools should be a designated school health coordinator at the district level.\textsuperscript{8,11,15,16} In Pueblo 60, the Director of the Office of CSHP served that role. This 12-month position, integrated into Pueblo 60’s administration and fully funded by the district, provided leadership and coordination for multiple programs: the delivery of K-12 Comprehensive Health Education and Physical Education; the district’s health services, including the Medicaid Reimbursement Program and School-Based Wellness Centers at selected middle and high schools; the federal Safe and Drug Free Schools and Communities Program (Title IV); the McKinney Vento Homeless Youth Program (Title X); and Steps to a Healthier Pueblo.

The Director of the Office of CSHP worked regularly with other directors and specialists who comprise a District Coordinating Team to conduct strategic planning and provide coordination of programming. A Health Services Coordinating Team promoted coordination among school nurses, planned professional development for the nursing staff, monitored adherence to protocol and procedures, and ensured communication between the medical center and the school district as they jointly administered the wellness centers.

Pueblo 60’s superintendents have been visionary leaders who have taken risks on behalf of students’ well-being and achievement and have advocated for the same among staff, the School Board, and the broader community. Leadership from the Pueblo community was represented on a Health Advisory Council comprised of approximately 60 members from among business, clergy, medical professionals, health and social service agencies, nonprofits, students, parents, and others, with a majority being parents of Pueblo 60 students. This group’s leadership enhanced district connections with multiple medical, health, and social service professionals and positioned school health as a community priority.

An additional staff member in the Office of CSHP provided leadership to and coordination among the schools, served as program coordinator to Steps to a Healthier Pueblo, and worked directly with building-level cofacilitators and Health-Promotion Teams. The program coordinator ensured connections with
community resources to complement programming, coordinated the dissemination of materials to schools, and provided training for a variety of the district’s prevention programming. In addition, the program coordinator facilitated meetings of the cofacilitators, the Bullying-Prevention and Student Assistance Program Teams at selected schools, and the Physical Activity Leadership Team, which enhanced delivery of quality physical education by designing and implementing professional development for teachers.

Strong leadership was necessary at the school level. Building-level leadership included a principal or assistant who was committed to the innovation and cofacilitators who served as leaders of the Health-Promotion Team, empowering team members as leaders of the change effort. Cofacilitators served as conduits for communication and resources from the district and community, providing a point of contact between the school sites and the Office of CSHP.

Interdisciplinary Health-Promotion Teams provided leadership for health programming at the school level. These teams administered the program-planning model, developed and implemented School Health Improvement Plans, and documented and monitored program efforts.

Figure 3 illustrates the leadership structures that ensured the capacity for collaboration and coordination of health programs and services in Pueblo 60.

**Extensive Internal and External Supports**

The mission of schooling cannot be accomplished in isolation—“schools and their educators cannot do...”

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**Figure 3. Organizational Infrastructure for School Health Programming**

![Organizational Infrastructure Diagram](image)

This organizational infrastructure ensures the capacity for sustainable school health programs and services.
Hierarchal Supports. Hierarchal supports are critical for school improvement, including efforts to make schools more health promoting. In Pueblo 60, school and district leadership established close relationships with counterparts in the State Departments of Education and Health, as well as leaders from other state- or regional-level organizations doing related work. The district’s Director of CSHP interfaced with the District Superintendent and assistants, members of the Board of Education, as well as directors, coordinators, and specialists within the district. While relationships with these positional, hierarchal leaders might have been intimidating, they were cultivated because of the linkages, resources, technical assistance, and support each provided. Sharing the vision of health-promoting schools with positional leaders often mobilizes them as advocates and allies.

Hierarchal leaders must recognize that an official appointment is not the only requisite for leadership nor does it necessarily provide the leadership for change that needs to occur throughout the levels of the system. Hierarchal leaders must validate and cultivate the leadership capabilities of staff, certified and classified, empowering them and giving ownership of the reform initiative to those most affected by it.

Collaborative, Interagency Relationships With the Community. “Schools, by themselves, cannot—and should not be expected to—address the nation’s most serious health and social problems” Collaborative, interagency relationships with the community must be sought, and partners must be “systematically involved.” According to a 1994 report of the Committee for Economic Development, schools must partner with community agencies and service providers to address health and social needs of students. Schools can provide “a critical facility in which many agencies might work together to maintain the well-being of young people.” Schools can serve as the coalescing institution—the convener among external supports, playing a facilitative role in bringing together the societal components in which children find themselves while remaining focused on their institutional mission.

In Pueblo 60, the Office of CSHP was formally and informally connected with multiple interagency partnerships and collaborative programs in the community, providing a strong foundation of external supports. Successful, long-term, active partnerships included law enforcement, the judicial system, the health department, as well as departments of social services and mental health. Partnerships with hospitals, a university, and a medical center were invaluable in the provision of health services. The District Health Advisory Council, described above, was another example of Pueblo’s ongoing commitment to garnering the capacity, good will, and work of a network of partners who shared the vision of continuous improvement in health-promoting schools.

External Consultation and Technical Assistance. When engaging in a process of continuous improvement in schools, external consultants with expertise in fields outside the realm of knowledge and proficiency of district staff can often provide the critical thinking needed for assessment of current status and identification of next steps. According to Wixson, research suggests that “districts and schools need external input and assistance to move significantly beyond current practice. There needs to be a specific conduit of information from outside the immediate organizational context to link reform ideas to the specific context.” Additionally, Ouellette proposes that external technical assistance can often help a district or school think about how to incorporate an innovation into existing programming.

Pueblo 60 invested biannually in an external consultant to provide training and technical assistance in a process for planned change and continuous improvement in school health promotion. This ongoing consultation and training ensured that Health-Promotion Teams were provided active, collective learning opportunities over an adequate period of time, as well as feedback and support during implementation of the change model.

Pueblo 60 used trainers and consultants with differing areas of expertise to strengthen multiple aspects of their health promotion innovation: school improvement, health promotion, program evaluation, facilitative leadership, cultural awareness, team-building process, and effective group process, as well as specific health issues and content.

Lateral Support—School to School and Teacher to Teacher. Much of the school-level capacity for health promotion in Pueblo 60 evolved because of the provision of mechanisms for lateral support from school to school and teacher to teacher and the strategic development of a “professional learning community in which principals and teachers work together over time. These interactive communities examine and re-examine their practices and results,” sharing “new ideas through collegial learning opportunities rather than mechanical implementation of a program.” This collegial learning was directly linked to the district’s priority to provide ongoing and embedded professional development.
Development and Allocation of Adequate Resources—Fiscal and Human

Building capacity is a process accomplished by persistence and hard work over a period of several years. Allocating large sums of money over a short time span could be counterproductive and fail to communicate the importance of working a process of continuous improvement rather than purchasing program materials and products. While school improvement requires a significant investment of resources, the most effective utilization is to direct available resources toward an investment in people as they work the process of capacity building, purchasing the time, and energy necessary for meaningful, collegial work.28

Often, a district’s fiscal resources are not adequate for the support of health promotion and school improvement efforts. External resources must be leveraged and blended funding is often required. For example, collaborative funding made possible the establishment and sustainability of School-Based Wellness Centers in Pueblo 60. Funding came from Medicaid reimbursement, a local medical center and hospital, a local university, and the school district, as well as numerous private and nonprofit grants.

The Office of CSHP was sustained primarily through its placement as a line item in the district budget, with total support for the Director and an administrative assistant. District funds were also allocated for health services, as well as health and physical education curricula. Federal entitlements IV and X provided fiscal support for related programming. In addition, the Office was diligent in the development of external funding to supplement programs, materials, and services, receiving grant funds from federal, state and local agencies, foundations, and nonprofits. A capable staff that appropriately managed procurement and reporting was essential to ensure this level of ongoing, external funding support.

Human resources, including the leadership structures previously described, are perhaps the greatest assets in school improvement, and these assets must be continually nurtured. Bandura’s Social Cognitive Theory—opportunity + skills + incentive = motivation for sustained action—provides insight into the need for nurturing individuals and teams as they work through the change process. The supposition is that, given ongoing skill development and the opportunity to exercise those skills in a safe setting that includes appropriate recognition and rewards, one will take action, expend effort, and sustain that effort over time—exactly what is needed if we are to make continuous school improvement. Pueblo 60 successfully applied this theory in that a significant portion of its fiscal resources were allocated to the purchase of teachers’ time; providing tuition and conference fees, recertification and college credit costs, substitute pay, stipends for work beyond contract hours, and adequate funding to ensure quality professional development.

Perhaps, the point at which there is the greatest potential for failure of school improvement efforts is the gradual loss of focus on the vision, eroded by scarcity of time, and energy for reform. The reality is that school improvement is hard work. Further, there is rarely time in the school setting for staff to interact, much less to do significant work together. Time must be purchased, providing opportunities for people to come together for substantive dialogue and collaborative effort toward a common mission. Administrators must find mechanisms for providing tangible and intangible rewards, ensuring that implementers sense that they are doing valuable work that is making a difference in the lives of their students. According to Fullan, “it is not hard work that tires people out, but rather, negative work. Hard work that yields positive results relative to a highly important goal can be energizing, and this is the kind of environment that effective leaders cultivate.”

Supportive Policies and Procedures

Policies and procedures demonstrate organizational and systems support for health initiatives and contribute to the organizational capacity to sustain health programming. Policies often provide the top down support and reinforcement that is needed to encourage behavior change of the system as well as individuals within the system.

Ensuring support from the Board of Education requires ongoing advocacy and education, particularly due to the nature of elected positions. Significant work was completed in Pueblo 60 to assess, develop, adopt, and implement policies that furthered the goals of school health, ensuring safe, healthy learning environments for staff and students. For example, a truancy policy reinforced the importance of attendance as students who were truant were referred to the judicial system, seeing a judge within 2 days of their first truancy. Further, policies provided for the delivery of comprehensive, K-12 health education; the immediate enrollment and access to programs and services for homeless students; the establishment of School-Based Wellness Centers through a contract with a local medical center; and the administration of the Youth Risk Behavior Survey and the Pueblo Youth Survey in alternating years.

As part of the Child Nutrition Reauthorization Act of 2004, Pueblo 60 developed and implemented a district wellness policy. Drafted by parents, students, teachers, administrators, representatives from nutrition-related community groups, as well as the District Health Advisory Council and vendors for beverages and snacks, the policy was adopted by the Board in June 2006. The Office of CSHP provided coordination,
professional development, and leadership for the implementation and evaluation phases of the policy.

Ongoing, Embedded Professional Development

According to the Wisconsin Center for Education Research, professional development must be the “cornerstone of any reform efforts designed to increase teachers’ capacity,” and “can enhance each dimension of school capacity. “It's not a question of whether schools adopt an external model for improvement, develop one themselves, or some combination. . . .” “The key is that schools advance dimensions of capacity by pursuing comprehensive school-wide professional development that is focused and sustained over time.”31(p1,7) It must be a priority in any district wishing to have continuous and sustainable improvement.

Maeroff, founding director of the Hechinger Institute at Columbia University’s Teacher College, suggests that school change is best achieved through collaboration among a team of school staff—a “nucleus of committed people in each school, people prepared to take risks inside and outside their own classrooms.”32(p513) This team of change agents would “assume ownership of new ideas and learn strategies for implementing them and for winning adherents among their colleagues in the school community.”32(p513) However, he states that the success of this approach rests on the endorsement and participation of the school principal who ensures that those taking the risks are bolstered in the uncertain pursuit of change. Maeroff stresses that a team who asks the right questions, begins to discover some answers through exposure to cutting edge ideas, and takes the lead in modeling change initiatives in visible ways can be instrumental in the success of the innovation.32

According to Maeroff, professional development for teams helps to “orient a school toward the continuous intellectual renewal of those who work in it,”32(p515) creating a community of empowered learners prepared to take the necessary risks toward school improvement. He suggests that the best way to embark on this team-based approach is through the use of leadership academies that (a) allow for substantive work away from the demands of the job, (b) bring together teams from several schools, (c) provide adequate time for individual school teams to work together for most of the academy, (d) involve the Principal’s participation with the team, (e) provide cutting edge ideas central to the context of the changes to be made, and (f) introduce a process for change that includes analyzing conditions in the school, devising strategies for improvement, and developing plans to involve the rest of the school community in the change process.32(p517) This team approach to cultural change solidifies a shared vision and creates a critical mass of positive leaders who encourage colleagues to welcome constructive change and become involved in reshaping the ethos of the school.32

Tobia and Hord state that teachers must have opportunity to learn together, discuss new ideas, and receive coaching and feedback. Further, they support adequate time for professional development and follow-up. They suggest that “enlightened districts” are “providing schedules where student early release days permits the professional staff to come together regularly and frequently for faculty study.”22(p3)

Pueblo 60 consistently used best practices in the delivery of professional development, believing that leadership at all levels of the system must be nurtured through intensive investment. Professional development was embedded in the workday through late-start days for secondary staff and early-release days for elementary staff so that all teachers could attend appropriately planned activities.

CONCLUSIONS

Building organizational capacity for health promotion in schools and districts is a long-term process that requires systemic attention to the development of structures, external supports, policies, resources, and professional development. Ongoing professional development is crucial to advancing each of the other aspects of capacity. Pueblo 60 strategically developed an infrastructure through which they successfully delivered a wide array of programs and services. Because of this attention to building organizational capacity, additional school health programming can be developed and sustained, ensuring continuous improvement and the accomplishment of the mission of schooling.

REFERENCES


