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Self-Perceived Coordinated School Health Coordinator Leadership Styles and Practices

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Self-Perceived Coordinated School Health Coordinator Leadership Styles and Practices

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ABSTRACT

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School-aged children's health needs have changed over the last several decades to the present day population of many overweight and obese children with health complications (Centers for Disease Control & Prevention, 2015). Tennessee has implemented the Centers for Disease Control and Prevention's (CDC) model for Coordinated School Health (CSH) in all public schools. Leading each school district's program is a CSH Coordinator. The role of CSH Coordinators is to provide leadership to district and school administrators while effectively and efficiently implementing the CSH program (Wechsler, 2012).

The purpose of this quantitative study was to explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators. The focus of many public health initiatives in America is childhood health. Research conducted by the CDC has shown that school health interventions have been effective in improving physical activity, comprehensive health education, and nutrition. Good health is essential for academic success (McKenzie & Richmond, 1998). CSH Coordinators are the leaders of health for school systems (Wechsler, 2012). How these individuals implement the CDC model for CSH varies based on leadership style and practices.

Many studies exist on the topic of CSH but few consider the people leading the program

(Strickland, 2012). By obtaining information regarding the leadership style of current CSH

Coordinators, this research provides insight into best practices and continuing education for

current and future leaders.

The study population consisted of all 137 Tennessee CSH Coordinators. Seventy (51.1%) CSH

Coordinators participated in the demographic, best practices, and Multifactor Leadership

Questionnaire (Appendix A). Findings indicated that all of the CSH Coordinators self-reported

leadership style was transformational. There were no significant differences reported between

the degree to which CSH Coordinator identified as transformational leaders compared with years

of experience, gender, school district size, education level, and number of best practices

implemented.

DEDICATION

I dedicate this dissertation to my husband, son, daughter, and mother. Each of you have provided prayers, support, encouragement, and laughter during this time. I can never thank you enough for your patience and sacrifices so I could complete this degree.

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There are many individuals who have provided me with inspiration and motivation during my journey. To my family, best friends, and colleagues who kept me motivated—thank you is not enough! I am forever grateful for your encouragement and support.

To my Mimi, Joyce Greene. She is one of the main reasons I began this journey. I know she is smiling down on me and would be very proud of me if she were still with us.

To my committee, Dr. Bethany Flora, Dr. Donald Good, Dr. William Flora, and Dr. Deborah Slawson, I appreciate the time all of you have spent and the wisdom you imparted helping me make my dream come true. I am grateful for you!

To my brother and sister Coordinators, thank you for striving to make each student's day better emotionally, physically, and mentally. To our mother Coordinator, Connie Hall Givens, you were a Godsend to Tennessee students and families. Your legacy is why many of us work so hard for our students and families. We are all in this for the kids.

I would like to thank my Lord and Savior, Jesus Christ, for without Him, I surely would not have been able to finish! "I can do all things through Jesus Christ who strengthens me," Philippians 4:13.

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CHAPTER 1

INTRODUCTION

Between 1980 and 2000, the obesity rates of children have doubled, while the obesity rates of adolescents have tripled. It was reported that one out of every six children in the U.S. were obese in 2011-2012 (Ogden, Carroll, Kit, & Flegal, 2014). These statistics are alarming when you consider that obese youth are five times more likely to become obese adults (Ogden, et al., 2014). Obese adults are more likely to have poor health conditions such as Type 2 diabetes, hypertension, high cholesterol, low self-esteem, and cardiovascular problems. The impact obesity has on youth is adverse, yet troubling statistics indicate that children and adolescents lead unhealthy lifestyles which can lead to being overweight and cause significant health issues later in life.

The Center for Disease Control and Prevention (2015) highlighted the unhealthy lifestyles of youth by reporting that less than 25% of adolescents consume the recommended servings of fruits and vegetables each day. It was also noted that more than one-third of students in grades 9-12 do not consistently participate in vigorous physical activity. Both healthy eating and getting the recommended amount of physical activity can lower the risk of being overweight. Youth with active lifestyles and healthy eating habits are less likely to develop poor health conditions (Wechsler, 2012).

Childhood health is the focus of many public health initiatives in America. Research conducted by the Centers for Disease Control and Prevention (CDC) has shown that school health interventions have been effective in improving physical activity, comprehensive health education, and nutrition (Centers for Disease Control and Prevention, 2013a). Addressing children's health early is one way to combat poor health behaviors (Basch, 2014).

Tennessee leads the nation in focusing attention on student health issues (Wechsler, 2012). Since 2000, Tennessee employs the CDC model for school health, Coordinated School Health (CSH). Several states follow the CDC model for CSH. Tennessee is the only state in America that is mandated to fund statewide CSH program with state dollars (Wechsler, 2012). CSH programs consist of eight separate but complimentary components: physical education/physical activity, nutrition, comprehensive health education, health services, healthy school environment, staff wellness, student, family, and community involvement, and school counseling, psychological and social services. The essential foundation to CSH is the strong correlation connecting optimal health to successful academic performance (Wechsler, 2012).

Each Tennessee public school district employs a CSH Coordinator to lead the CSH program (Tennessee Department of Education, 2013a). Effective CSH programs actively engage parents, teachers, students, families and communities in implementation. The program is designed to promote student success by helping students establish and maintain healthy behaviors (Tennessee Department of Education, 2013b). CSH Coordinators are the leaders of health for school systems. How these individuals implement the CDC model varies based on leadership style and practices (Strickland, 2012).

Leadership is a multifaceted process involving the interaction of several variables (Burke, Marx, & Lowenstein, 2012). Many theories have been developed to explain leadership approaches, behavioral styles, and outcomes. The full-range model proposes that leadership behavior ranges from laissez-faire leadership to transactional leadership to transformational leadership (Garcia, Duncan, Carmody-Bubb, & Ree, 2014). Laissez-faire leaders evade making decisions, resist moving forward, and are elsewhere when desired (Hinkin & Schriesheim, 2008). Transactional leadership is described as an interaction between the leader and follower that is

based on rewards or punishment (Humphrey, 2012). Transformational leadership treats

leadership as a process that occurs between followers and leaders "that changes certain aspects of

both people and joins their purposes" (Humphrey, 2012, p. 249). Using the Multifactor

Leadership Questionnaire (MLQ) is one way for leaders to learn what type of leadership style

they use. The MLQ is an instrument that measures transactional, transformational, and laissez-

faire leadership factors (Hauserman & Stick, 2013).

Statement of the Problem

The health needs of school age children have changed over the last several decades.

While school age children can still encounter illnesses like tuberculosis and measles, these occur

less often today (National Center for Health Statistics, 1975). One example of this is the present

day population of overweight and obese children with health complications (Wolford Symons,

Cinelli, James, & Groff, 1997). Tennessee has implemented the CDC's model for CSH in all

Tennessee public school districts. Leading each school district's program is a CSH Coordinator.

The role of CSH Coordinators is to provide leadership to district and school administrators while

effectively and efficiently implementing school health reforms.

Little is known about CSH Coordinators leadership styles and practices. A review of

current literature resulted in one dissertation that addressed the leadership traits of CSH

Coordinators in Tennessee (Strickland, 2012). The purpose of this quantitative study is to

explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators

compared to their experience, gender, education, and school district size. For the purpose of this

study, the full range leadership model is used to explore the leadership styles of CSH

Coordinators (Bass, 1990a).

Research Questions

The following research questions were investigated in this study:

1. Is there a significant difference in the degree to which one identifies as a transformational leader as compared by gender?

2. Is there a significant correlation between the number of years of experience as a Tennessee Coordinated School Health Coordinator and the degree to which one identifies as a transformational leader?

3. Is there a significant correlation between the school district size and the degree to which one identifies as a transformational leader?

4. Is there a significant difference in the degree to which one identifies as a transformational leader as compared by highest degree held?

5. Is there a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader?

Significance of the Study

Many studies exist on the topic of CSH but few consider the people leading the program. Futhermore, relatively few studies have compared experience, gender, school district size, and education level to CSH Coordinators' self-reported leadership style and outcomes of leadership. The findings of the study may have significance for CSH Coordinators in the identification of effective leadership approaches. The results of this study may offer purpose into future CSH practices and professional planning. The findings of this study will enhance the current body of research on CSH Coordinators leadership styles and practices.

Limitations of the Study

One limitation of this study was its narrow scope. The study was limited to CSH Coordinators in public school districts within the state of Tennessee during the 2014-2015 school year. According to the Tennessee Department of Education State Report Card (2015a), 146 public school districts are in Tennessee compared to 13,567 public school districts in the United States (United States Census Bureau, 2014). In 2014-2015, 1,811 public schools served 995,892 Tennessee youth (Tennessee Department of Education, 2015a). Therefore, this study was limited to the perceptions of CSH Coordinators in Tennessee.

Another limitation of the study was the possibility that confounding variables not accounted for in the study influenced CSH Coordinator leadership style. While the MLQ has been tested for validity and reliability, another limitation was the assumption that the MLQ is appropriate to address the research questions of this study. Also, the statistical analyses were assumed to be appropriate. The descriptive research design controlled for some of the demographic variables such as years of experience and gender by examining the correlations of these variables. The possibility remains that the findings were influenced by other variables not included in the research design.

Self-reporting was another limitation. Therefore, the validity of the study was dependent on the honesty and sincerity of study participants. As with all self-reported data, accuracy was dependent upon participants' familiarity with a leader's skill-area competencies. Using self-reported data is a common research method (Harris & Brown, 2010).

A limitation of the methodology was the possibility that researcher bias would influence important elements of the research process such as the research design, data collection procedure, and interpretation of the findings. I have worked as a CSH Coordinator in Tennessee

since 2007. The use of quantitative research methods reduces the effect of researcher bias because the researcher does not interact with the participants during data collection and data analysis. The preexisting opinions and viewpoints of the researcher may affect the research questions and the conclusions drawn from the results of the study.

Definitions of Terms

The following terms were used throughout this study:

1. Coordinated School Health Coordinator: An individual who provides leadership to district and school administrators while effectively and efficiently implementing school health programs and reforms (Wechsler, 2012).

2. Coordinated School Health Program: An effective approach designed to improve student health (physical, emotional, and social) and learning (CDC, 2013b).

3. Laissez-Faire Leadership: The avoidance of making decisions and failing to take responsibilities while leading. (Bass, 1990a).

4. Leadership Style: Refers to how individuals motivate, provide guidance, and facilitate learning into knowledge (Bryant, 2003).

5. Multifactor Leadership Questionnaire (MLQ): A self-reporting survey instrument that measures the self-perceived leadership behaviors of participants. The MLQ assesses a full range of leadership behaviors: transformational leadership, transactional leadership, passive/avoidant, and outcomes of leadership (Avolio & Bass, 2004).

6. Transactional Leadership: Leadership based on contingent reward and management by exception (Bass, 1990a).

7. Transformational Leadership: Leadership that is charismatic, inspirational, and provides intellectual stimulation and individualized consideration (Bass, 1990a).

Overview of the Study

Chapter 1 introduces the study by providing information about Tennessee CSH and the leaders of CSH programs. It also presents the statement of the problem, the research questions, and significance of the study. Definitions of terms used in the study as well as limitations are also given. Chapter 2 is a review of the literature on Tennessee CSH and leadership roles. Chapter 3 provides a description of the participants, the method for collecting data, and how the data were analyzed. Chapter 4 is a presentation of the analyses of data collected. Chapter 5 presents a summary, conclusions, and recommendations for future practice and future research.

CHAPTER 2

REVIEW OF LITERATURE

As a nation, a great deal of time and effort has been expended to raise expectations and

develop standards for student achievement. However, the critical issue of our students' health

needs attention as well (McKenzie & Richmond, 1998). Physical inactivity among children and

adolescents has contributed to an epidemic of obesity. The percentage of young people who are

overweight has more than doubled since 1980 (Centers for Disease Control and Prevention,

2015). Increased body mass index (BMI) is related to a greater risk for Type 2 diabetes, raised

cholesterol, and hypertension in youth. BMI increases are associated with more screen time and

decreases with moderate to vigorous physical activity (Belcher, Berrigan, Dodd, Emken, Chou,

& Spruijt-Metz, 2010).

Since health and academics are linked, helping youth become healthier will have positive

academic outcomes (McKenzie & Richmond, 1998). The National Commission on the Role of

the School and the Community in Improving Adolescent Health stated, "Efforts to improve

school performance that ignore health are ill-conceived, as are health improvement efforts that

ignore education" (McKenzie & Richmond, 1998, p. 1). It is vital to understand the role that

school health programs play in the lives of our students and more specifically how the leaders of

these programs implement best practices.

Conceptual Framework

The theoretical approach taken in this literature review is based on the work of Bass's

leadership styles: transactional, transformational, and laissez-faire which make up the full range

leadership model (Avolio, Bass, & Jung, 1999). Transformational leaders incorporate "creative

insight, persistence and energy, intuition and sensitivity to the needs of others" for their

organization (Bass & Avolio, 1993, p. 112). Transactional leaders form agreements with their

followers for rewards or punishment based on performance, making the relationship more like an

economic transaction (Bryant, 2003). Laissez-faire leaders tend to offer little support to their

followers. They are often inattentive and give their subordinates complete freedom (Barbuto,

2005).

The results reported from the MLQ are based on the self-perceptions of the CSH

Coordinators. According to John and Robins, self-evaluations contain "both valid and biased

components and that the nature of the bias varies as a function of individual differences in

narcissism: [s]ome individuals show self-enhancement bias, some show self-diminishment bias,

and others are relatively unbiased" (1994, p. 206). Self-evaluations are based on one's self-

perception. Self-perception theory states that individuals develop their own attitudes through

observing their own behavior and determining what surrounding circumstances must have

caused it (Bem, 1972). The second claim of self-perception theory suggests that people have a

"partial identity between self- and interpersonal perception" (Bem, 1972, p. 5). The person is

"functionally in the same position as an outside observer, an observer who must necessarily rely

upon those same external cues to infer the individual's inner states" (Bem, 1972, p. 5).

The behavior of CSH Coordinators is motivated by their goal to close the achievement

gap in order to help students succeed academically. Barbuto (2005) stated that,

> Behavior motivated by goal internalization occurs when individuals adopt attitudes and
> behaviors congruent with their personal value systems. Individuals motivated by goal
> internalization believe in the cause and have developed a strong sense of duty to work
> toward the goal of the collective. (p. 31)

Motivation from within happens when people believe in the cause (Barbuto, 2005).

Individuals' judgments of their skills also affect their thought patterns and emotional reactions

(Bandura, 1982). Barbuto reported, "Individuals with high levels of self-concept-external motivation desire to enhance their reputation or image, while those with high levels of self-concept-internal motivation are stimulated by personal challenge and self-regulation" (p. 31). Barbuto further reported that transformational leader behaviors are normally observed in individuals who care and accept the organization's goals.

Inception of School Health Programs

Since the 19th century, schools have provided health services to students. School health programs were initially implemented to identify and exclude students with communicable diseases. As early as 1896, doctors in New York City were required to participate in medical inspections of school age children (Selekman, 2013). From the medical inspections, students were sent home if identified with a communicable disease. This became problematic when education became compulsory by 1900 in New York City (Selekman, 2013). The school would have several children absent due to the medical inspections. The Month-Long Project began in 1902 to help reduce absenteeism (Selekman, 2013). This project required a nurse to spend one hour each day in four schools. After the project concluded, it was determined that the school nurse reduced absenteeism through providing minor care. The success of this project led to an expansion of school health programs across the United States (Selekman, 2013).

The Oregon State Tuberculosis Association funded a nurse program in 1928. The service provided through this program was a nurse who taught and provided first aid. From the Oregon project four key points were developed in order for a school health program to be successful:

- The physical education and health departments should collaborate and operate under one supervisor.

- All new students should be required to participate in a physical examination that includes tuberculosis skin tests, x-rays, and follow-up for reactors.

- Individuals should be trained to teach anatomy and physiology. Anatomy and physiology should be included in the curriculum.

- Qualifications for a school nurse should be developed (Selekman, 2013, pp. 10-11).

These points continue to be evident in schools today (Selekman, 2013).

School Health Programs in Tennessee

In Tennessee, over 950,000 young people attend school for approximately seven hours a day (Tennessee Department of Education, 2015b). Schools are uniquely positioned to support the improvement of health of children and adolescents. By addressing health issues at school, students enter the classroom ready to learn (Wechsler, 2012). Tennessee public school districts address student health and academics through CSH. CSH promotes student success by educating students on ways to establish and maintain healthy lifestyles. Effective CSH programs include teachers, students, families, and communities (Fetro, 1998).

Tennessee followed the CDC model for CSH created by Allensworth and Kolbe (Allensworth & Kolbe, 1987; Tennessee Department of Education, 2013). In 2000, the Tennessee legislature passed Tennessee Code Annotated Section 49-1-1002, entitled *The Coordinated School Health Improvement Act of 2000.* This law authorized and funded CSH. Since its inception, other funding has been established through grants from the CDC (Tennessee Department of Education, 2013b). However, Tennessee was the only state in the nation to be funded through state dollars and CSH is a legislative mandate for all public school districts (Wechsler, 2012).

In 2000, the Tennessee General Assembly allocated $1 million to engage ten pilot school districts for the purpose of bettering student health in schools (Tennessee Department of Education, 2013b). The pilot sites were Henry County, Loudon County, Macon County, Monroe County, Putnam County, Tipton County, Trenton and Gibson Special School Districts, Stewart County, Warren County, and Washington County (Tennessee Department of Education, 2013c). When the office of CSH was created in the Tennessee Department of Education, the main goal of the office was to improve student health outcomes in addition to supporting the relationship between healthy practices, academic success, and lifetime wellness. The Tennessee CSH mission was "to improve student's health and their capacity to learn through the support of families, communities, and schools" (Tennessee Department of Education, 2007, para. 2).

After success with pilot sites, the Tennessee General Assembly passed Public Chapter 1001 in 2006 (Tennessee Department of Education, 2013a). The *CSH Expansion and Physical Activity Law* created authority and $15 million in funding to grow CSH to all school districts (Centers for Disease Control and Prevention, 2013c; Tennessee Department of Education, 2013b). In addition to expansion and funding, the law established a Physical Education Specialist and a Coordinator of School Health position in the Department of Education. The *Physical Activity Law* set forth requirements that children attending public schools receive 90 minutes of physical activity per week for students in grades K-12 (Tennessee Department of Education, 2013a). All public school districts implemented CSH by July 1, 2007 for the 2007-2008 school year (Tennessee Department of Education, 2013b).

After the initial passing of the aforementioned laws, CSH continued to gain legislative support. The *Federal Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004* mandated that each school district have a wellness policy developed by the start of the

2006-2007 school year. In 2005, the State Board of Education adopted the Tennessee Nutritional

Guidelines and the Tennessee Physical Activity Policy. The Lifetime Wellness curriculum

standards were revised in 2007 and adopted by the State Board of Education. Since CSH has

expanded statewide, CSH continued to receive legislative support with reoccurring funding in

the state budget (Tennessee Department of Education, 2013b).

Rationale for Coordinated School Health

The fundamental basis for CSH is that there is a strong correlation connecting optimal

physical and mental health to successful academic performance (McKenzie & Richmond, 1998).

CSH is a program that provides a systemic approach to connecting health and education. This

coordinated approach to school health improved the health of students and their capacity to learn

through the support of families, communities, and schools (Tyson, 1999). A coordinated

approach allowed school districts to have more efficient and effective use of current resources to

meet the needs of students and staff (Fetro, Givens, & Carroll, 2009/2010). School

administrators stated that coordinating health initiatives resulted in decreased absenteeism,

decreased behavior issues, better academic performance, greater awareness of healthy nutrition,

improved participation in physical activity, postponement of certain health risk behaviors,

decreased smoking of students and staff, and decreased teen pregnancy rates.

CSH programs address health concerns in an organized fashion to minimize learning

barriers for students. Benefits of the CSH Program include reduced school absences, decreased

discipline issues, improved academic performance, and teamwork among parents, faculty, and

the community (Wechsler, 2012). These eight components, as listed in Figure 1, worked

together to systematically enable schools to remove gaps and decrease redundancies within the

school and concentrate efforts on assisting students to engage in healthy behaviors and avert

risky behaviors (Centers for Disease Control and Prevention, 2013a).
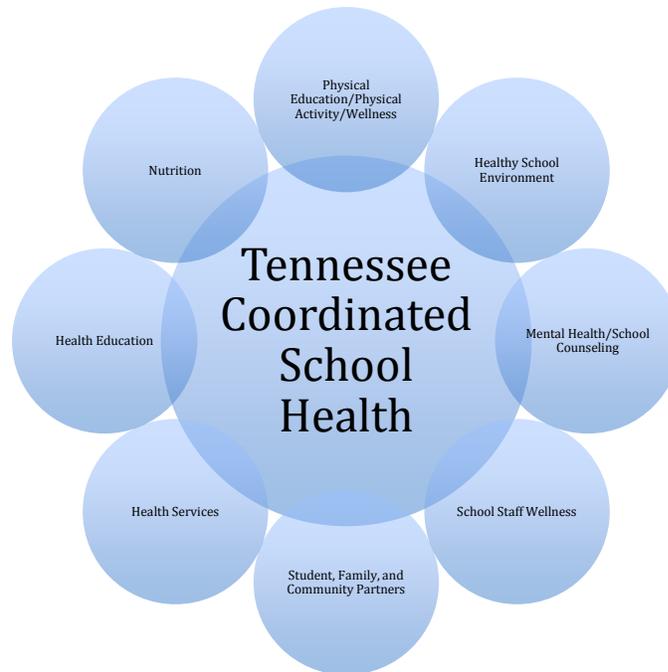
Figure 1. Tennessee Coordinated School Health Model. The eight components of Tennessee's

CSH program demonstrated the holistic approach. Adapted from "Eight Components of

Coordinated School Health" by Tennessee Department of Education, 2013b. Retrieved

from http://tn.gov/education/schoolhealth/text_define.htm.

Physical Education/Physical Activity/Wellness

Physical education is planned, sequential instruction that promotes lifelong physical

activity and fitness. Physical education is designed to develop psychomotor skills as well as to

enhance cognitive and social aspects (National Association for Sport and Physical Education,

2011). Certified physical education instructors teach physical education class whereas physical

activity can be taught by anyone (U.S. Department of Health and Human Services and U.S.

Department of Education, 2000). Physical education courses follow national and state standards for "developmentally appropriate, cognitive content and learning experiences" (Tennessee Department of Education, 2013a, para. 4). Students who participated in vigorous physical activity programs at school exhibit increased concentration and less disruptive behavior (Morgan & Hansen, 2008).

Nutrition

School nutrition services combine healthy, low-cost, and appetizing meals, nutrition education, and an environment that encourages healthy eating habits for all students (Tennessee Department of Education, 2013a). Most schools provide nutrition services through the National School Breakfast and Lunch Program (Story, Nanney, & Schwartz, 2009). Students who eat breakfast at school have been shown to have higher academic test scores, better attendance, and higher classroom participation (Levin, 2014).

Health Education

Similar to physical education, health education is a planned, chronological curriculum that focuses on physical, mental and emotional, and social scopes of health (Tennessee Department of Education, 2013a). Comprehensive school health education is "classroom instruction that addresses the physical, mental, emotional, and social dimensions of health" (Hurwitz & Weston, 2010, p. 10). Health education promotes information, viewpoints, and skills of healthy lifestyle choices. The curriculum is modified for age and developmental level of the students (Bradley, 1997). Health education is designed to motivate and assist students in maintaining and improving their health while reducing risky health behaviors (Lohrmann &

Wooley, 1998).

Health Services

School health services are "preventive services, education, emergency care, referral, and management of acute and chronic health conditions" (Stoltz, Coburn, & Knickelbein, 2009, p. 137). School health services follow state and local guidelines for implementation of care (Stoltz, et al., 2009). School health services are planned to "promote the health of students, identify and prevent health issues, and ensure appropriate care for students" (Stoltz, et al., 2009, p. 137). Health services are provided for students by qualified health care professionals such as physicians, nurses, dentists, and optometrists (Stoltz, et al., 2009). Schools with health services show increased classroom attendance (Tennessee Department of Education, 2007). During the 2013-2014 school year, 53% of Tennessee public schools employed a full time nurse (Tennessee Department of Education, 2014a).

Healthy School Environment

A healthy school environment includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. The factors that make up the physical environment include the school building, air quality, playgrounds, parking lots, and sport facilities. A healthy school environment is one that promotes safety and an acceptable social environment (Tennessee Department of Education, 2013a, para. 5). Students perform better in environments that are healthy, functional, and safe (United States Environmental Protection Agency, 2015).

School Staff Wellness

Health promotion for school personnel is designed to encourage and motivate the health and well-being of school staff (Naquin, Zannis, & Lowe, 2008). School employee wellness programs offer opportunities for personnel to improve their health through activities such as health exams and screenings, health education, and physical activity (Eaton, Marx, & Bowie, 2007). Individuals who participate in staff wellness programs report improved morale and a higher level of personal commitment. Often these employees are more dedicated to the health of students and being a positive example (Tennessee Department of Education, 2015). Benefits of a staff wellness program include increased productivity, reduced occupational injuries, decreased absenteeism, and decreased health care costs (Naquin, et al., 2008).

Student, Family, and Community Partners

Schools that intently seek parent involvement and engaged community partners respond more efficiently to student needs. Family and community involvement is designed to maximize resources and knowledge of the community for the students and their families (Michael, Dittus, & Epstein, 2007). Youth who attend schools that have strong connections to families and the surrounding community demonstrate higher academic achievement, better attendance, and decreased discipline issues (Blum, 2005; Michael, et al., 2007).

Mental Health/School Counseling

School counselors, school psychologists, and social workers provide school counseling, psychological, and social services. These professionals offer services such as assessment and evaluation of mental, emotional, and social health of the students (Tennessee Department of

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Education, 2013a). School counselors are considered a part of the instructional team within the school. School counseling programs concentrate on prevention while focusing on difficulties and facilitating positive learning (Tennessee Department of Education, 2005). The vision of Tennessee school counselors is that "all students will be academically prepared, well-adjusted members of society, lifelong learners and productive citizens" (Tennessee Department of Education, 2005, p. 19).

Focus on Tennessee Topics

School districts have a strong commitment to the health and welfare of their students. When President Bush signed *The Child Nutrition and Women, Infant, and Children (WIC) Reauthorization Act* in 2004, schools had to meet certain requirements to continue receiving state and federal funds. If a school system participated in the national school meals program, the school division was required to have a wellness policy (Action for Healthy Kids, 2016). The wellness policy must address:

- Nutrition guidelines for all foods available on campus during the day, with the goal of promoting student health and reducing childhood obesity.

- Goals for nutrition education, physical activity and other school-based activities designed to promote student wellness.

- A plan for measuring implementation, including designation of at least one person in the district responsible for oversight. (Action for Healthy Kids, 2016, para. 2)

The Healthy, Hunger-Free Kids Act further expanded *The Child Nutrition and WIC Reauthorization Act* in 2010. The wellness policy must now address:

- Provisions for reporting to the public about the policy's content and implementation.

- Provisions for periodic assessments of the policy.

- Inclusion of goals for nutrition promotion. (Action for Healthy Kids, 2016, para. 3)

Many American youth struggle with being overweight and obese (Minges, Chao, Nam, Grey, & Whittemore, 2015). Obesity affects the individual emotionally and physically (Shaya, Flores, Gbarayor, & Wang, 2008; Strong et al., 2005). Individuals who are obese identify themselves as having low self-concept (Strong et al., 2005). Youth who are obese tend to have fewer friends their own age and can be the victim of bullying (Dietz, 1998). Obese individuals are more likely to have health issues such as cardiovascular disease, diabetes, bone density, and acanthosis nigricans, a precursor to diabetes (Shaya et al., 2008).

In 2006, CSH was mandated in Tennessee. School districts began to educate students more specifically on healthy nutrition, increasing physical activity, and adding comprehensive health education to the curriculum as part of the wellness policy (Tennessee Department of Education, 2007). In 2006, 26.7% of Tennessee schools sold soda or fruit juice that was not 100% juice; in 2012, that number rose to 69% of schools selling 100% juice. Since the beginning of CSH, Tennessee school districts have increased the number of walking tracks or trails by 467 schools and 324 schools have new and/or renovated playgrounds (Tennessee Department of Education, 2015a).

With the implementation of the *Healthy, Hunger-Free Kids Act*, schools received stricter guidelines for the breakfast and lunch meal programs. Calorie minimums and maximums were established for the different age groups. The new guidelines slowly reduced sodium levels while increasing whole grains offered. The amount of fat was decreased, while the offering of fruits and vegetables increased in variety and doubled in servings (Food and Nutrition Service, U.S. Department of Agriculture, 2013; Wootan, 2012).

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With the new USDA guidelines, professional standards were implemented for child nutrition programs. Food service staff, including directors and managers, must attain professional development hours each year. Professional development areas are nutrition, operations, administration, communications, and marketing. Employees have the opportunity to learn new ways to serve meals that are more appealing to the students. The goal of the new professional standards is to ensure the success of the National School Lunch Program and School Breakfast Program (Food and Nutrition Service, U.S. Department of Agriculture, 2016).

Lasting effects of malnourishment can be seen in a child's "cognitive development and school performance" (Anonymous, 1997, p. 9). Focusing on nutrition and physical activity are two key ways to fight childhood obesity. A student must have adequate nutrition and physical activity to perform at the optimal level of learning (Parsons, Garcia, & Hoffman, 2014). Youth who are physically active and eat healthily report higher self-efficacy (Gamble, Parra, & Beech, 2009). While schools offer recess for students, this diminishes as pressures for academic time increases. Administrators are reluctant to offer physical education due to time constraints brought on by testing (Story, Kaphingst, & French, 2006). Participating in physical education can actually increase a student's ability to concentrate. Data has shown that increased physical activity and physical education has increased test scores, decreased absenteeism, and lessened discipline issues. The combination of these efforts increase academic achievement (Kuehn, 2013). Students who are physically active are also less likely to miss school because they are healthier (Anonymous, 1997).

Summary of CSH

When schools, families, and the broader community work together to support positive

youth development, risk behaviors are reduced and student health and academic achievement are promoted. CSH programs provide a framework for creating vital connections among resources to improve student outcomes (Michael, et al., 2007). CSH programs benefit schools through improved student performance, better test results, and decreased risky health behaviors (Tennessee Department of Education, 2007). Drop out and absenteeism rates have decreased with the implementation of CSH and less discipline issues have been reported (Tennessee Department of Education, 2007). Through a coordinated approach, school systems have saved money through increased staff morale and reduced staff absenteeism. Teacher teamwork was supported in schools with CSH (Tennessee Department of Education, 2007).

Leadership Styles in Education

Leaders are individuals who motivate, provide guidance, and facilitate learning into knowledge (Bryant, 2003). Leaders are attentive to followers while considering their beliefs and values (Bass & Avolio, 1993). Educators use many leadership styles to encourage learning of all members of the educational community (Lashway, 2003). Leadership can be defined as the process by which an individual influences another individual or a group to reach a mutual goal (Northouse, 2012). Bass indicated that leadership includes the use of interpersonal approaches or techniques with the purpose of convincing individuals to agree to a common objective. Once agreed upon, followers are engaged in the behaviors essential to reaching the goal (Bass, 1990b). In the educational context, administrators are the organizational leaders who inspire teachers to reach the mutual goal of improved student academic performance.

A leader's style can also impact how one performs a specific task. Leadership styles include the interactions with followers. The style chosen by the leader can facilitate the success

of the particular leadership approach. What style is chosen can affect the followers' view of the

quality of the relationship with the leader (Bass, 1990b). Kuhnert (1994) stated,

> The appropriate leadership and delegation style is a function of the leader, the associate's needs and abilities, and the leader's objectives. This view thus may help to explain why any one approach to delegation may be inappropriate for a given situation or inadequate for the development of all associates (p. 21).

To be an effective leader, the leadership approach and style must be appropriate. However,

leaders must take into account existing resources and the characteristics of the teachers and the

student population (Hargreaves & Fink, 2004). The process of choosing the leadership style for

the school environment depends on factors such as the leader's experiences and training

(Goldring, Huff, May, & Camburn, 2007).

The full range leadership theory was among the most commonly researched leadership

style as reported by Barbuto and Wheeler (2006). The full range leadership theory includes

transactional, transformational, and laissez-faire leadership styles (Avolio & Bass, 2004).

Transformational leadership theory and transactional leadership theory offer a basis for

understanding how leaders influence the development of knowledge (Bryant, 2003).

Transformational Leadership

James MacGregor Burns first proposed transformational leadership in his work,

Leadership, in 1978. The transformational leadership model, as first described by Burns, is

leadership that "occurs when one or more persons engage with others in such a way that leaders

and followers raise one another to higher levels of motivation and morality" (Burns, 1978, p. 19).

Burns' work was deeply rooted in Abraham Maslow's Hierarchy of Needs (1978). Bernard Bass

further developed the idea of transformational leadership by calling transformational leadership

"superior leadership performance" (1990, p. 21). Four distinctive characteristics are said to

make up transformational leaders. These characteristics are "charisma, inspiration, intellectual stimulation, and individualized consideration" (Bryant, 2003, p. 36). Some researchers interchange the characteristics of charisma and idealized influence (Bass, 1985). Charisma is the emotional component of leadership (Bass, 1985). Followers identify charismatic leaders as individuals who are trustworthy, worthy of respect, and are a role model (Bass, 1985). Inspiration, or inspirational motivation, describes leaders who communicate high expectations to subordinates (Bass, 1985). These leaders share their important message through symbols and emotional appeals to emphasize followers' efforts and encourage them to achieve more (Bass, 1985). Team spirit is improved by inspirational leaders (Bass, 1985). Intellectual stimulation encourages followers to grow in "intelligence, rationality, and careful problem solving" (Bass, 1990a, p. 22). Intellectual stimulation also encourages followers to be resourceful and inventive. Individualized consideration is descriptive of leaders who provide personal attention. Leaders are more like coaches or advisors as they provide supportive environments for the followers to express their needs (Bass, 1985).

A transformational leader concentrates on:

- Individual Support—providing moral support, showing appreciation for the work of individual staff, and taking their opinion into account when making decisions.

- Culture—promoting an atmosphere of caring and trust among staff, setting a respectful tone for interaction with students, and demonstrating a willingness to change his or her practices in the light of new understandings.

- Structure—establishing a school structure that promotes participative decision-making, supporting delegation, and distributive leadership and encouraging teacher autonomy for making decisions.

- Vision and Goals—working towards whole staff consensus in establishing school priorities and communicating these priorities and goals to students and staff, giving a sense of overall purpose.

- Performance Expectation—having high expectations for teachers and students and expecting staff to be effective and innovative.

- Intellectual Stimulation—encouraging staff to reflect on what they are trying to achieve with students and how they are doing it; facilitating opportunities for staff to learn from each other and modeling continual learning in his or her own practice. (Mulford & Silins, 2003, p. 179)

Transactional Leadership

Burns described transactional leadership as occurring "when one person takes the initiative in making contact with others for the purpose of an exchange of valued things" (1978, p. 19). Transactional leadership is comprised of three parts: "contingent reward, passive management-by-exception, and active management-by-exception" (Michel, Lyons, & Cho, 2011, p. 494). Contingent reward occurs when followers are directly rewarded for performing specific tasks. Here the leader seeks to outline the path the follower must take to receive payoffs (Avolio & Bass, 2004). Active management-by-exception leadership monitors subordinates' effectiveness and takes corrective steps if mistakes happen. Rules are enforced to deter mistakes. Passive management-by-exception leadership describes leaders who fail to intercede until serious mistakes occur. These leaders do not take action until the mistakes are noticed (Bass, 1997).

Transactional leadership is an outcome-motivated process. The leader establishes rewards for meeting the predetermined goal, and then based on the outcome, the leader gives the

rewards or consequences (Judge & Piccolo, 2004; van Eeden, Cilliers, & van Deventer, 2008).

The transactional style of leadership indicates monitoring of followers for deviances, mistakes, and errors. Active management-by-exception leaders take corrective action quickly to remedy any deviances, mistakes or errors. Passive management-by-exception leaders wait until an error is made before taking corrective action. If the leader takes no action at all, this would be labeled laissez-faire leadership (Bass, Avolio, Jung, & Berson, 2003).

Laissez-Faire Leadership

Bass (1990b) defined laissez-faire leadership as one who does not communicate the problem that needs to be worked on and does not share the conditions that should be met. These leaders avoid leadership (Northouse, 2012). Laissez-faire is also called passive-avoidant leadership (Avolio, et al., 1999). These leaders do not accept the responsibilities of being a leader. They delay answers, provide no feedback, and provide no follow up for help (Avolio & Bass, 2004; Bass, 1997). Often laissez-faire leaders react after an issue occurs and avoid making decisions (Avolio & Bass, 2004).

<div align="center">Variables Impacting Leadership</div>

Gender

Barbuto and colleagues (2007) researched the relationships of gender and education in leadership styles. They found "that the leader's gender and education explained significant differences in followers' ratings of leadership behaviors and influence tactics used by the leaders" (Barbuto, Fritz, Matkin, & Marx, 2007, p. 77). Gender was not attributed to significant effects on the scores of transactional and transformational leadership behaviors (Barbuto et al.,

2007). Anderson and colleagues determined "men and women are equally effective as leaders" (Anderson, Lievens, Van Dam, & Born, 2006, p. 557). However, men and women lead differently but their performance levels do not differ (Anderson et al., 2006). Researchers van supported previous findings of no differences existing between male and female leadership styles (Engen, van der Leeden, & Willemsen, 2001). However, gender-influenced differences existed at high school, the lowest level of education. The differences were greatly reduced at the bachelor's or graduate degree (Barbuto et al., 2007).

Education Level

Barbuto and colleagues examined the relationship of education level and leadership style. The education levels examine were high school graduates, bachelor's degree, and graduate degree. The leader's education level shaped a significant main effect on followers' views of transactional and transformational behaviors (Barbuto et al., 2007). The researchers stated, "Significant differences were found among educational level groups for individualized consideration; those leaders who had earned an advanced degree exhibited the highest rating level in this subscale" (Barbuto et al., 2007, p. 80).

Years of Experience

Good leaders interact well with their employees. Effective leaders build a working environment that allows for encouragement and support of one another (Giri & Santra, 2010). Giri and Santra reported, "With job experience, a person learns many things that are reflected in his behaviour. One learns how to handle the difficult situations and develop relationships with others only through experiences" (2010, p. 87). Giri and Santra surveyed 324 employees from different organizations in India on leadership style, job experience, career stage, and hierarchy.

Findings revealed that, "The descriptive analysis based on employees' experience indicates that the less experienced employees have high mean on transformational leadership and the high experienced employees have high mean score on laissez-faire leadership style" (2010, p. 90). The years of experience was identified as being positive and a significant factor affecting leadership style (Giri & Santra, 2010).

School District Size

Leaders adapt to their geographic location (urban, suburban, rural), school structures, and district size. Leaders in urban settings found that engaging in a more direct way was more successful than leaders in suburban settings. Similarly, small schools tend to provide more direct engagement from school leaders than larger schools. The make-up of the student population also influences leadership style (Leithwood, Seashore Louis, Anderson, & Wahlstrom, 2004). If the school is in an economically disadvantaged area, the leader should encourage the teachers to focus "on rich, meaningful, curricular content using heterogeneous student-grouping strategies" (Leithwood, et al., 2004, p. 11).

One leadership style does not fit all school districts. The leadership style of each school leader depends on his/her experience, training, and personality (Northouse, 2012). Six definite components of leadership were instructional, transformational, moral, participative, managerial, and contingent. Instructional refers to influencing teachers to work so as to improve student academic performance. Transformational signifies elevating the commitments and ability of school employees. The moral idea of leadership indicates encouragement of making ethical choices. Participative denotes including other constituents of the school community. Managerial

practice refers to efficiency of school operations. Contingent practice focuses on changing

actions and reactions to fit the situation (Lashway, 2003).

School Leadership Claims: Linking Learning and Leadership

Educational leaders must develop a set of organized actions to increase student learning

(Marzano, Waters, & McNulty, 2005). Leaders play an essential role in recognizing and

supporting learning, organizing the social settings and facilitating any external requirements.

Productive educational leaders cultivate their school systems and schools to be supportive and

sustainable for administrators, teachers, and students (Leithwood et al., 2004). Leithwood,

Harris, and Hopkins (2008) summarized key findings of successful school leadership after

reviewing the literature. These claims describe how leadership is productive in practice in a

school setting:

Claim 1: School leadership is second only to classroom teaching as an influence on pupil

learning.

The collective direct and indirect results of school leadership on student outcomes are

small but educationally significant (Day, 2011). Leithwood et al. stated, "leadership serves as a

catalyst for unleashing the potential capacities that already exist in the organisation" (2008, p.

29). The authors assume the main tasks of leadership are to "help improve employee

performance" while knowing the performance is part of the employees' "beliefs, values,

motivations, skills and knowledge and the conditions in which they work" (Leithwood et al.,

2008, p. 29). After completing a large-scale quantitative study, Day determined, "direct and

indirect effects of school leadership on pupil outcomes are small but educationally significant"

(2011, p. 49). About 25% of the total effects of leadership on student learning can be accounted for according to Leithwood, et al. (2004).

Claim 2: Almost all successful leaders draw on the same repertoire of basic leadership practices.

The basic leadership practices are "building vision and setting directions; understanding and developing people; redesigning the organisation; and managing the teaching and learning programme" (Leithwood et al., 2008, p. 29). When building vision and setting directions, the leader is motivating followers around a common goal. The leader understands and develops people while developing comprehension and skills so followers can meet goals of the organization. Leaders offer assistance and attention. A leader can redesign the school through partnerships with parents and the community and link the school to the community at large. Leaders mange teaching and learning programs. Here leaders organize a constructive working environment for teachers. Leaders find teachers for the program while continuing to offer assistance and attention for the teachers. The leader also protects the teachers from distractions (Leithwood et al., 2008).

Claim 3: The ways in which leaders apply these basic leadership practices - not the practices themselves - demonstrate responsiveness to, rather than dictation by, the contexts in which they work.

Leaders who are successful are considerate of their context. However, this does not imply that leaders use different practices each time. Leaders consider what combination of the basic leadership practices to use. When building vision and setting directions, the leader may have to employ a larger role if a crisis were to occur. Leaders must remain flexible and aware of their context (Leithwood et al., 2008). For a leader to be successful, one must be able to understand elemental causes of issues. Leaders must respond to the issues in such a way that is

productive for the school. School leaders must find solutions instead of fixing problems (Day, 2011).

Claim 4: School leaders improve teaching and learning indirectly and most powerfully through their influence on staff motivation, commitment and working conditions.

Significant consideration has been given to the school leaders' involvement in increasing staff capacity. Leithwood et al. determined, "while school leaders made modest direct contributions to staff capacities, they had quite strong and positive influences on staff members' motivations, commitments and beliefs concerning the supportiveness of their working conditions" (2008, p. 32). School leaders have an effect on student achievement through their relationships with teachers. When a teacher is motivated and has a positive working environment, school leaders can see the benefits in student learning (Seashore Louis, Leithwood, Wahlstrom, & Anderson, 2010). Figure 2 illustrates how a leader's positive influence on teachers can lead to better classroom practices.
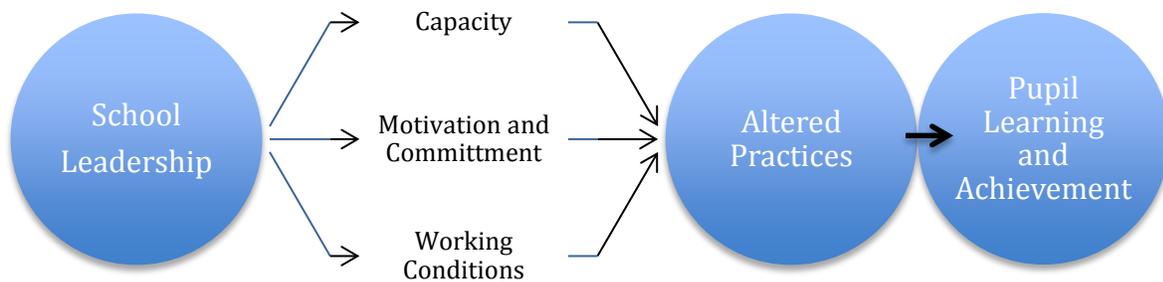
Figure 2. The effects of school leadership on teacher capacity, motivation, commitment and beliefs about working conditions. Adapted from "Seven Strong Claims About Successful School Leadership," by K. Leithwood, A. Harris, & D. Hopkins, 2008, *School Leadership & Management, 28*(1), p. 33.

Claim 5: School leadership has a greater influence on schools and students when it is widely distributed.

Total leadership is defined as "the combined influence of leadership from all sources" (Leithwood et al., 2008, p. 34). Significant connections exist among total leadership and capacity, motivation and commitment, and working conditions. Teachers' perceived working conditions have the strongest association with total leadership. The weakest association is with teacher motivation and commitment. The indirect effects of total leadership on student learning and achievement proved to have the most significance (Leithwood et al., 2008). The relationships of total leadership effects are depicted in Figure 3.
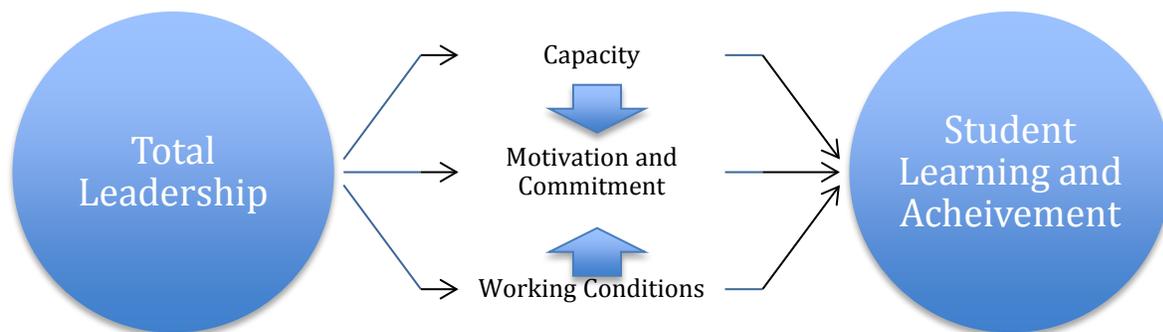
Figure 3. Total leadership effects on teachers and pupils. Adapted from "Seven Strong Claims About Successful School Leadership," by K. Leithwood, A. Harris, & D. Hopkins, 2008, *School Leadership & Management, 28*(1), p. 34.

Claim 6: Some patterns of distribution are more effective than others.

From examination of a sample of 110 schools, Leithwood et al. determined "there are relationships between the use of different patterns of leadership distribution and levels of value-added student achievement" (2008, p. 35). From this study,

- Schools with the highest level of student achievement attributed this to relatively high

levels of influence from all sources of leadership.

- Schools with the lowest level of student achievement attributed this to low levels of influence from all sources of leadership.

- Schools with the highest levels, as compared with those in the lowest levels, of student achievement differed most in their ratings of the influence of school teams, parents and students.

- Headteachers were rated as having the greatest (positive and negative) influence in all schools. (Leithwood et al., 2008, p. 35)

Results from this study maintain that laissez-faire forms of leadership are not effective. Studies from the private sector demonstrate that organizations with coordinated efforts of leadership practice are linked with more advantageous organizational results (Leithwood et al., 2008).

Claim 7: A small handful of personal traits explains a high proportion of the variation in leadership effectiveness.

Research demonstrates, "the most successful school leaders are open-minded and ready to learn from others" (Leithwood et al., 2008, p. 36). These leaders can easily adapt their thought process within the structure of principles, determination, resiliency, and hopefulness. Having characteristics like these further clarify why when successful leaders encounter difficult situations, they can easily move forward when progress is not anticipated (Leithwood et al., 2008). Day states,

> Leadership must be viewed as a process of mutual influence whereby instructional leaders influence the quality of school outcomes through shaping the school mission and the alignment of school structures and culture. This in turn promotes a focus on continuous improvement and high expectations centered on raising the quality of teaching and learning. (2011, p. 49)

It is imperative to note that all schools contain similarities but are unique as well. Leaders must respond to each school's intricacies while continuing to give attention to central leadership roles (Day, 2011). Leaders do not practice these claims everyday. The ways these claims are put into practice varies by the situation. However, these claims provide a framework for successful leaders to follow and use.

Best Practices of CSH Coordinators

To address the many needs of students, traditional medical and other health service providers, educators, and social services must be easily available and provided with an integrated system. Each integrated system emphasizes the needs of its community while following a common core of parameters (DeGraw, 1994). These parameters form the best practices for CSH Coordinators. The integrated system should be community-based, student-focused, and student-need driven. Successful programs are directed at the personalized needs of the students and the students as a group. Each integrated system is culturally sensitive and flexible. The program approaches the whole student's needs (DeGraw, 1994).

To maximize each program's potential, "A full-time coordinator with energy, vision, and a mandate from the school leadership is necessary to develop a functional school health system" (DeGraw, 1994, p. 194). The school health program's prevention efforts are accessible to the students, families, and the community. Each program should have an emphasis on accountability to the taxpayers, administrators, school boards, families, and the community (DeGraw, 1994).

The Tennessee Department of Education has developed twenty-nine best practices for CSH Coordinators to implement (Appendix A). The best practices include compliance with state standards and guidelines and scope of services. The CSH Coordinator should collaborate with

school staff and community members for the promotion of student and staff health and improved academic outcomes. To ensure accountability, the CSH Coordinator submits all data and reports to the state and communicates effectively with the community stakeholders. The CSH Coordinator remains current on school health research and attends professional development opportunities (Tennessee Department of Education, 2014b).

<center>*Health and Student Achievement*</center>

Physical Health

Normally, teachers and administrators concentrate on the promotion of student achievement and academic success. Health is a secondary notion of care. However, research has found that if schools provide the basic needs such as nursing care, nutritive foods, counseling services, and physical activity, the student will be a better learner and therefore have higher academic achievement (Stewart & Suldo, 2011).

Research has demonstrated that increasing physical activity and consuming healthy food choices are the most effective way to reduce childhood obesity. At the state and federal levels, policies have been developed to support this effort. Understandably, the focus of the legislation has been aimed at schools (Amis, Wright, Dyson, Vardaman, & Ferry, 2012). From a nationwide perspective, the United States Surgeon General, Regina Benjamin, Robert Wood Johnson Foundation President, Risa Lavizzo-Mourey, President Barack Obama's Childhood Obesity Taskforce, and First Lady Michelle Obama's Let's Move! Campaign are supporters of increasing the "quantity and quality of PE as being key components of strategies intended to reverse the upward trend in childhood obesity" (Amis et al., 2012, p. 1406).

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Howie and Pate found, "School settings offer significant potential to increase [physical activity] in children, and several school-based interventions have successfully increased [physical activity] in this population" (2012, p. 161). From a high quality physical education program, "students become empowered to become independent learners" (Subramaniam, 2011, p. 23). Due to academic constraints, schools are seeing less physical activity and physical education (Subramaniam, 2011). Promoting physical activity and physical education programs in schools are one way to promote lifelong healthy lifestyles.

The Tennessee legislature recently passed amendments to Tennessee Code Annotated Title 49, Chapter 1; Title 49, Chapter 2; and Title 49, Chapter 6, relative to physical activity for students and physical education (2016). These amendments, Public Chapter No. 669 and 706, were passed in an effort to increase physical activity in schools. The legislation requires students in kindergarten through first grade to receive "a minimum of three fifteen minute periods of non-structure physical activity per day." For students in grades two through six, youth are required to receive "a minimum of two twenty minute periods of non-structure physical activity" for a minimum of four days per week. Seven through twelfth grade students are required to receive "a minimum of ninety minutes of physical activity per week."

Research has proven that being physically active improves student performance in the classroom. When students get adequate physical activity, they are able to better focus in the classroom and retain information being taught. When students are able to retain the knowledge, they are more likely to do well in the subject matter and on standardized tests. Not only do physically active students benefit academically, but they also improve overall fitness, cardiovascular function, metabolic function, and bone health. The CDC determined that 50% of the literature reviewed on the association between physical activity and academic achievement

were positive. Therefore, as depicted in Figure 4 efforts to improve health disparities would

support improving the academic achievement gap (Howie & Pate, 2012).
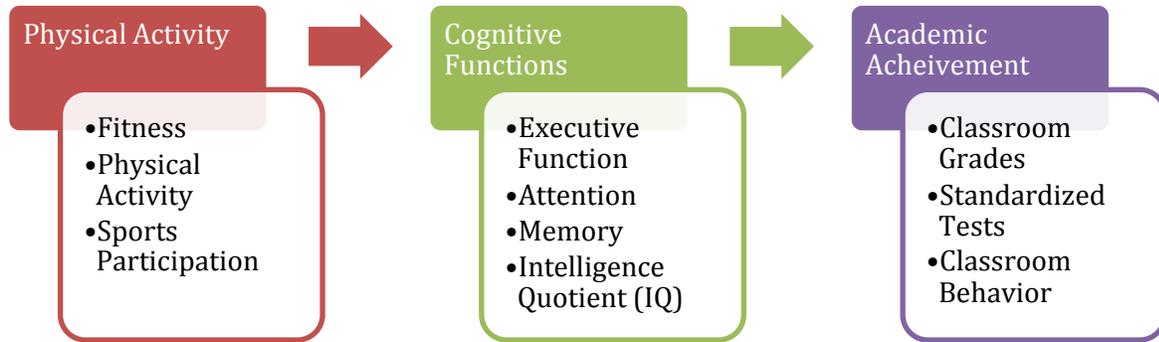
Figure 4. The relationship of physical activity, cognitive functions, and academic achievement as defined for this review. Adapted from "Physical activity and academic achievement in children: a historical perspective," by E. K. Howie & R. R. Pate, 2012, *Journal of Sport and Health Science, 1*, p. 163.

Another way to promote lifelong healthy life styles is through healthy nutrition. School nutrition staff contribute to promoting healthy lifestyles by providing well-balanced meals, snacks, and a la carte choices (Subramaniam, 2011). Subramaniam stated, "Physical activity and proper nutrition work in tandem to create optimal health" (2011, p. 24). Physical education teachers and nutrition service staff can work together by promoting healthy choices (Subramaniam, 2011).

One program used in several Tennessee schools is titled Go, Slow, Whoa! sponsored through the National Heart, Lung, and Blood Institute as part of the We Can! program. Go, Slow, Whoa! was also used in the curriculum called Coordinated Approach to Child Health. The program teaches students that "Go" foods are healthy foods that can be consumed anytime such as fresh fruits, vegetables, and low-fat milk. "Slow" foods are consumed less often. An example is a fruit cup in syrup. "Whoa" foods are foods that are seldom consumed such as birthday cake. Cafeteria staff use a green label for "Go" foods, a yellow label for "Slow" foods, and a red label

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for "Whoa" foods (Slawson et al., 2013). Barriers for students from making healthy food choices include "peer influence, negative perceptions of healthy food, and limited exposure to healthy foods" (Slawson et al., 2013, p. 490). Slawson et al. stated, "Cross-disciplinary efforts are challenging to implement in school settings, yet, they have the best potential for lasting impact" (Slawson et al., 2013, p. 491).

Mental and Emotional Health

In additional to physical health being a key link to student achievement, mental and emotional health is also considered to be integral in a student's academic success (Dix, Slee, Lawson, & Keeves, 2012). In the 1999 Surgeon General's Report on Mental Health, it was noted that almost 21% of American youth ages nine to seventeen had a "diagnosable mental or addictive disorder associated with at least minimum impairment" (United States Department of Health and Human Services, 1999, p. 123). The same report also stated these students "are not learning or reaching their full academic potential in school due to emotional and behavioral barriers" (Ballard, Sander, & Klimes-Dougan, 2014, p. 145).

Social and emotional concerns have the potential to impact a child's educational outcomes and lifelong trajectory (Ballard et al., 2014). Dix et al. stated, "Schools will be most successful in their educational mission when they integrate efforts to promote children's academic, social, and emotional learning, and that strong bonds between student behaviour, attainment and learning and their social and emotional development are central" (2012, p. 45). Research has demonstrated the "impact of universal interventions to enhance students social emotional learning found benefits in school achievement….This and other research suggest that

well-planned and well-implemented opportunities for supporting the social-emotional development of students can positively affect academic outcomes" (Dix et al., 2012, p. 46).

One way to address mental health in schools is through school-based mental health services. Research demonstrates that school-based mental health programs "can positively influence a diverse array of social, health, and academic functioning" (Ballard et al., 2014, p. 145). School-based mental health services continue to grow as a way to combat students' social-emotional concerns by reducing obstacles in accessing mental health services (Ballard et al., 2014). The Committee on School Health (2004) explains,

> School-based mental health services are evolving as a strategy to address these concerns by removing barriers to accessing mental health services and improving coordination of those services. School-based mental health services offer the potential for prevention efforts as well as intervention strategies (p. 1840).

Several schools in Tennessee have partnered with an outside agency to deliver counseling services to address these mental health issues. Normally, when these services are needed, a referral is made by a classroom teacher or school nurse to the school counselor. The school counselor then refers the student to the school-based therapist provided by the outside agency. Referrals can be made for withdrawal and isolation, anxiety, depression, or aggression as well as many more mental health issues. The benefits of a school-based therapy program are less time spent out of class, transportation is not an issue for the family, generally insurance can be billed for the services, and teachers and other personnel can be trained on how to best address the student's needs by the school-based therapist (Long, Page, Hail, Davis, & Mitchell, 2013). To support the efforts of school-based mental health services Stewart and Suldo (2011) found,

> Studies have evidenced positive associations between adolescent life satisfaction and academic achievement. Social–emotional outcomes linked to high life satisfaction include lower rates of suicide attempts, decreased substance use, and greater attachment to parents and peers. Such findings demonstrate the positive implications of high life satisfaction for adolescent adjustment and school success (p. 1017).

Merging Leadership and Coordinated School Health Programming

The Tennessee Department of Education Office of CSH recognized that each district required a CSH Champion. This Champion possessed the training and expertise to build a successful program in each school district (C. Givens, personal communication, June 2007). In 2007, it was reported that CSH was in thousands of schools nationwide (Joyner, 2007). American students have not been performing to their highest academic potential partially due to poor health practices and risky health behaviors; therefore, there was a need for CSH programs. Just as leadership does not provide a one size fits all for schools neither do CSH programs. Schools play a large role in students' lives in addition to family, communities, health care systems, legislators, and policy (Basch, 2011).

Chapter Summary

In conclusion, schools and communities must work together to help youth become healthy, productive adults. Research has proven healthy children make better students and better students make better communities (McKenzie & Richmond, 1998). Schools by themselves cannot combat the nation's most serious health and social problems. It takes a collaborative push of several individuals, organizations, businesses, and families to improve health and support education. Schools, however, can provide a place through which these groups can work simultaneously to better the health and education of young people (Tennessee Department of Education, 2013c).

Leadership within the school districts can impact student lifestyle behaviors and educational outcomes. The ways a leader chooses the appropriate leadership approach and style

determines the effectiveness for motivating the follower. In the context of a school district, the

CSH Coordinator was the chosen leader of health and wellness.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter provides a rationale for the study, research design, population, data collection, instrumentation, and data analysis that were used in the study. This study employed a descriptive-quantitative research method with a non-experimental, cross-sectional research design to determine the self-perceived leadership style of Tennessee Coordinated School Health (CSH) Coordinators. The purpose of this quantitative study was to explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators compared to their years of experience, gender, and school district size. For the purpose of this study, the full range leadership model was used in exploring the self-reported leadership styles.

As stated above, quantitative methodology was used in this descriptive study. Quantitative methodology is appropriate for research with the purpose of examining the relationships or differences among variables that can be observed and measured (Creswell, 2003). The dependent variable was the CSH Coordinator leadership style categorized on the Multifactor Leadership Questionnaire (MLQ) as transactional, transformational, or laissez-faire. The independent variables were the years of experience, gender, and school district size.

Research Questions and Corresponding Null Hypotheses

The following research questions and null hypotheses were used to guide to the study:

1. Is there a significant difference in the degree to which one identifies as a transformational leader as compared by gender?

   H_o1: There is not a significant difference in the degree to which one identifies as a transformational leader as compared by gender.

2. Is there a significant correlation between the number of years of experience as a Tennessee Coordinated School Health Coordinator and the degree to which one identifies as a transformational leader?

   H_o2: There is not a significant correlation between the number of years of experience as a Tennessee Coordinated School Health Coordinator and the degree to which one identifies as a transformational leader.

3. Is there a significant correlation between the school district size and the degree to which one identifies as a transformational leader?

   H_o3: There is not a significant correlation between the school district size and the degree to which one identifies as a transformational leader.

4. Is there a significant difference in the degree to which one identifies as a transformational leader as compared by highest degree held?

   H_o4: There is not a significant difference in the degree to which one identifies as a transformational leader as compared by highest degree held.

5. Is there a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader?

   H_o5: There is not a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader.

Population

The study population consisted of 137 Tennessee CSH Coordinators of the 146 public school systems (Tennessee Department of Education, 2015b). Each participant was a full-time or part-time employee of a public school system in Tennessee for the 2014-2015 school year.

All participants follow the same Tennessee State Board of Education Standards and Guidelines for Tennessee's CSH Program when implementing the local school district's CSH program (Tennessee State Board of Education, 2000).

Instrumentation

Surveys provide researchers with a way to accurately and efficiently measure the perceptions, attitudes, and behaviors of the participants (Thomas, 2004). The current study involved administration of the Multifactor Leadership Questionnaire (MLQ) (Appendix A) and a demographic questionnaire (Appendix B). The MLQ was used to measure self-perceived leadership styles of Tennessee CSH Coordinators. The questionnaire was first developed by Bernard Bass (1985) and has since undergone revisions to the current MLQ Form 5X (Antonakis, Avolio, & Sivasubramaniam, 2003). The MLQ was used to study transformational, transactional, and laissez-faire leadership styles of Tennessee CSH Coordinators.

The MLQ assessed a full range of leadership behaviors: transformational leadership, transactional leadership, passive/avoidant, and outcomes of leadership (Den Hartog, Van Muijen, & Koopman, 1997). For transformational leadership, "idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation, and individualized consideration" were studied (Avolio & Bass, 2004, pp. 103-104). The MLQ reviewed "contingent reward and management-by-exception (active)" for transactional leadership (Avolio & Bass, 2004, pp. 104-105). Passive/Avoidant leadership was studied through examination of "management-by-exception (passive) and laissez-faire" in the MLQ (Avolio & Bass, 2004, p. 105). Outcomes of leadership studied are "extra effort, effectiveness, and satisfaction" (Avolio & Bass, 2004, pp. 105-106).

The MLQ was a long established survey instrument for identifying leadership

characteristics and leadership styles. Studies of the MLQ's validity and internal consistency

have established it is effective in identifying transactional, transformation, and laissez-faire

leadership styles (Ozaralli, 2003). The MLQ "is considered the best validated measure of

transformational and transactional leadership" (Ozaralli, 2003, p. 338). Validity considers

whether the researcher can draw meaningful and useful references from the research design and

instruments (Creswell, 2003; Drost, 2011). Validity has been established using Confirmatory

Factor Analysis to assess construct validity ($p < .001$). One study found that Root Mean Square

Error of Approximation was .050 and the Comparative Fit Index was .905 for the full nine

factors (Antonakis, Avolio, & Sivasubramaniam, 2003).

Reliability considers if the data collection instruments are collecting data accurately and

consistently (Gliner & Morgan, 2000). A common method of testing for internal consistency is

coefficient alpha termed Cronbach alpha (Cronbach, 1951). A Cronbach alpha correlation above

.70 is appropriate to establish reliability for instruments measuring skills and knowledge,

abilities, attitudes, personality traits, and educational achievement. The Cronbach alpha for the

MLQ is .86 (Muenjohn & Armstrong, 2008).

The MLQ consisted of 45 items with a 5-point Likert-scale. The items were designed to

gather information on nine leadership scales and three leadership outcomes. The scales were

idealized attributes, idealized influence, inspirational motivation, intellectual stimulation,

individualized consideration, contingent reward, active management by exception, passive

management by exception, and laissez-faire styles. The instrument used five scales to determine

transformational leadership factors, three scales to determine transactional leadership factors, and

one to determine laissez-faire. The 5-point Likert-scaled was rated 0 meaning "Not at all," 1

meaning "Once in a while," 2 meaning "Sometimes," 3 meaning "Fairly often," 4 meaning

"Frequently, if not always" (Avolio & Bass, 2004, p. 16). The information in Table 1 identifies

each leadership style, the corresponding leadership scale, and outcome (Avolio & Bass, 2004).

The participant was asked to select the one option that best represents his or her view for each

item on the survey.

Table 1.

Items for Each Leadership Subscale on the MLQ Leader Form 5x-Short

Characteristic	Subscale Name	Items
Transformational	Idealized Attributes	10, 18, 21, 25
Transformational	Idealized Influence	6, 14, 23, 24
Transformational	Inspirational Motivation	9, 13, 26, 36
Transformational	Intellectual Stimulation	2, 8, 30, 32
Transformational	Individualized Consideration	15, 19, 29, 31
Transactional	Contingent Reward	1, 11, 16, 35
Transactional	Management by Exception – Active	4, 22, 24, 27
Transactional	Management by Exception – Passive	3, 12, 17, 20
Passive Avoidant	Laissez-Faire	5, 7, 28, 33
Outcomes of Leadership	Extra Effort	39, 42, 44
Outcomes of Leadership	Effectiveness	37, 40, 43, 45
Outcomes of Leadership	Satisfaction	38, 41

Mind Garden added a demographic section at the request of the researcher. Participants

were asked to provide gender, years of experience, school district size, education level, and

number of best practices implemented in the demographic section. Table 2 represents a

summary of the demographic survey. The MLQ took approximately 15 minutes to complete and

consisted of closed-ended items with Likert-scale responses. The demographic items were close-

ended with unordered choices and took approximately 5 minutes to complete. The participant

was asked to select one choice for each demographic item.

Table 2.

Summary of Demographic Survey

	Item Type	Response
Demographic survey	Gender	Male Female
Demographic survey	Years of Experience	Open Ended
Demographic survey	School District Size	Open Ended (rounded to nearest 100)
Demographic survey	Level of Education	Bachelor Graduate
Demographic survey	Number of Best Practices Implemented	Yes No

Data Collection

Upon receiving approval from the Institutional Review Board at East Tennessee State

University (Appendix C), the researcher obtained current email addresses of the CSH

Coordinators. A formal request was made to the Tennessee Department of Education's Office of

CSH for the email addresses. The researcher contacted the publisher of the MLQ, Mind Garden,

and purchased the appropriate number of surveys for online use. The researcher provided the demographic items for Mind Garden to include with the MLQ. Mind Garden then provided an email with a hyperlink to the MLQ and demographic questionnaires.

To maintain anonymity, Mind Garden collected the data. The research design did not pose any physical or psychological risks to the participants. All CSH Coordinators received an email explaining the research and asking for consent to participate in the research. The email explained the purpose of the research and precautions taken to ensure anonymity. Since the study was voluntary, the participants could decline participation without penalty. In addition, participants could withdraw at any time in the data collection process. The informed consent form also indicated that the participants in the study could receive a summary of the findings upon request.

A follow-up email was sent to participants in the study thanking them for their participation and encouraging those who have not participated to do so after week one. This procedure was used to increase the number of CSH Coordinators willing to participate in the study. To reduce cost and increase time efficiency, the researcher used the electronic collection of the MLQ data. The researcher established a two-week timeline for the data collection.

After collecting the survey data, Mind Garden provided the data in an Excel data file to the researcher. According to Mind Garden's Privacy Statement, participant anonymity was ensured, as the survey did not collect any personal identification data. Only survey data were shared with the researcher. No third party had access to the data as dictated in Mind Garden's Privacy Statement. Preliminary screening was performed before organizing and analyzing the data. Data were reviewed for existence of outliers and missing data to ensure the data were ready for analysis.

Data Analysis

The data were collected through an online survey format provided by the MLQ publisher, Mind Garden. Next, the data were transferred from an Excel data file into SPSS software for analysis. The data were analyzed with Pearson correlation and independent t-tests. The descriptive statistics included measures of the mean and standard deviation. The analyses explored the relationships between the self-perceived CSH Coordinator leadership styles including the nine subscales and three outcomes of leadership.

According to Green and Salkind (2010), "The Pearson product-moment correlation coefficient (*r*) assesses the degree that quantitative variables are linearly related in a sample…The significance test for *r* evaluates whether there is a linear relationship between the two variables in the population" (p. 257). Pearson correlational coefficients were computed for Research Questions 2, 3, and 5 to determine the relationship between the number of years of experience, school district size, and number of best practices implemented as a Tennessee Coordinated School Health Coordinator compared to the degree to which one identifies as a transformational leader.

According to Bakeman and Robinson (2005), "The t-test is appropriate for designs with a quantitative dependent variable and a single binary independent variable" (p. 51). Independent-samples t-tests were computed for Research Questions 1 and 4 to determine the relationship between gender and education level as a Tennessee Coordinated School Health Coordinator compared to the degree to which one identifies as a transformational leader. For the statistical tests, the level of significance used in the statistical analysis was 0.05.

Chapter Summary

In this study, the researcher examined leadership style of the Tennessee CSH Coordinators. The study involved quantitative research methods. Data from the MLQ and demographic survey were analyzed to determine the perceived leadership style and outcomes of leadership of each Tennessee CSH Coordinator. The researcher then determined whether or not any significant correlations or differences existed among the variables.

CHAPTER 4

RESULTS AND ANALYSIS OF DATA

The purpose of this study was to explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators. This chapter contains the results of the data analysis as it relates to the five research questions proposed in Chapters 1 and 3. A series of research questions served as the guide for data analysis procedures. The independent variables included gender, years of experience as a CSH Coordinator, school district size, education level, and number of best practices implemented. The degree to which one identifies as a transformational leader was the dependent variable. The population for the study consisted of 137 Tennessee CSH Coordinators. Seventy (51.09%) responses were captured.

Demographics

An electronic survey with 78 items was used to capture data from Tennessee CSH Coordinators. The first section included demographic questions. Participants were asked to report gender, years of experience as a CSH Coordinator, district size, education level, and number of best practices implemented. To adequately determine the participant's leadership style, an examination of the CSH Coordinators' perceptions of his or her own leadership style was conducted using the Multifactor Leadership Questionnaire (MLQ). Descriptive statistics are presented in Table 3. This represents the results of the MLQ Rater Form. Data were retrieved following the completion of the survey and all responses were analyzed.

Table 3.

Descriptive Statistics for the Responses by CSH Coordinators on the MLQ Rater Form (n=70)

Characteristic	Subscale Name	Mean	Standard Deviation
Transformational	Idealized Attributes	3.2814	0.6282
Transformational	Idealized Influence	3.2400	0.6470
Transformational	Inspirational Motivation	3.3314	0.6446
Transformational	Intellectual Stimulation	3.0457	0.5970
Transformational	Individualized Consideration	3.2986	0.5479
Transactional	Contingent Reward	3.1614	0.6146
Transactional	Management by Exception – Active	1.4300	0.9257
Transactional	Management by Exception – Passive	0.8014	0.5160
Passive Avoidant	Laissez-Faire	0.4029	0.5848
Outcomes of Leadership	Extra Effort	3.0290	0.7931
Outcomes of Leadership	Effectiveness	3.4400	0.5769
Outcomes of Leadership	Satisfaction	3.5071	0.5866

The mean scores for the transformational factors when the CSH Coordinators rated themselves ranged from 3.0457 to 3.3314 (on a scale of 0-4). Mean scores for the outcomes of leadership revealed similar findings of 3.0290 to 3.5071. In this study sample, the CSH Coordinators reported their leadership style was more transformational and the scores for the outcomes of leadership were also higher. No CSH Coordinators reported their leadership style as transactional or laissez-faire in this study. Transformational leaders tend to yield higher levels of outcomes of leadership (Avolio & Bass, 2004). The mean scores for the transactional factors

ranged from 0.8014 to 3.1614. The mean score for the laissez-faire leadership style was the lowest at 0.4029.

<center>*Analyses of Research Questions*</center>

Five research questions were employed to guide the study, and five corresponding null hypotheses were tested. Results of the statistical tests and related null hypotheses are presented in this section.

Research Question 1

Is there a significant difference in the degree to which one identifies as a transformational leader as compared by gender?

H_o1: There is not a significant difference in the degree to which one identifies as a transformational leader as compared by gender.

An independent-samples t-test was conducted to evaluate whether the degree to which one identifies as a transformational leader differs by gender. The degree to which one identifies as a transformational leader was the test variable and the grouping variable was gender or male and female. The test was not significant, $t(68) = 1.217$, $p = 0.228$. Therefore, the null hypothesis was not rejected. Females ($M = 3.27$, $SD = 0.524$) and males ($M = 3.06$, $SD = 0.492$) similarly identified themselves as transformational leaders. The 95% confidence interval for the difference in means was -0.548 to 0.133. Figure 5 shows the distributions for the two groups.
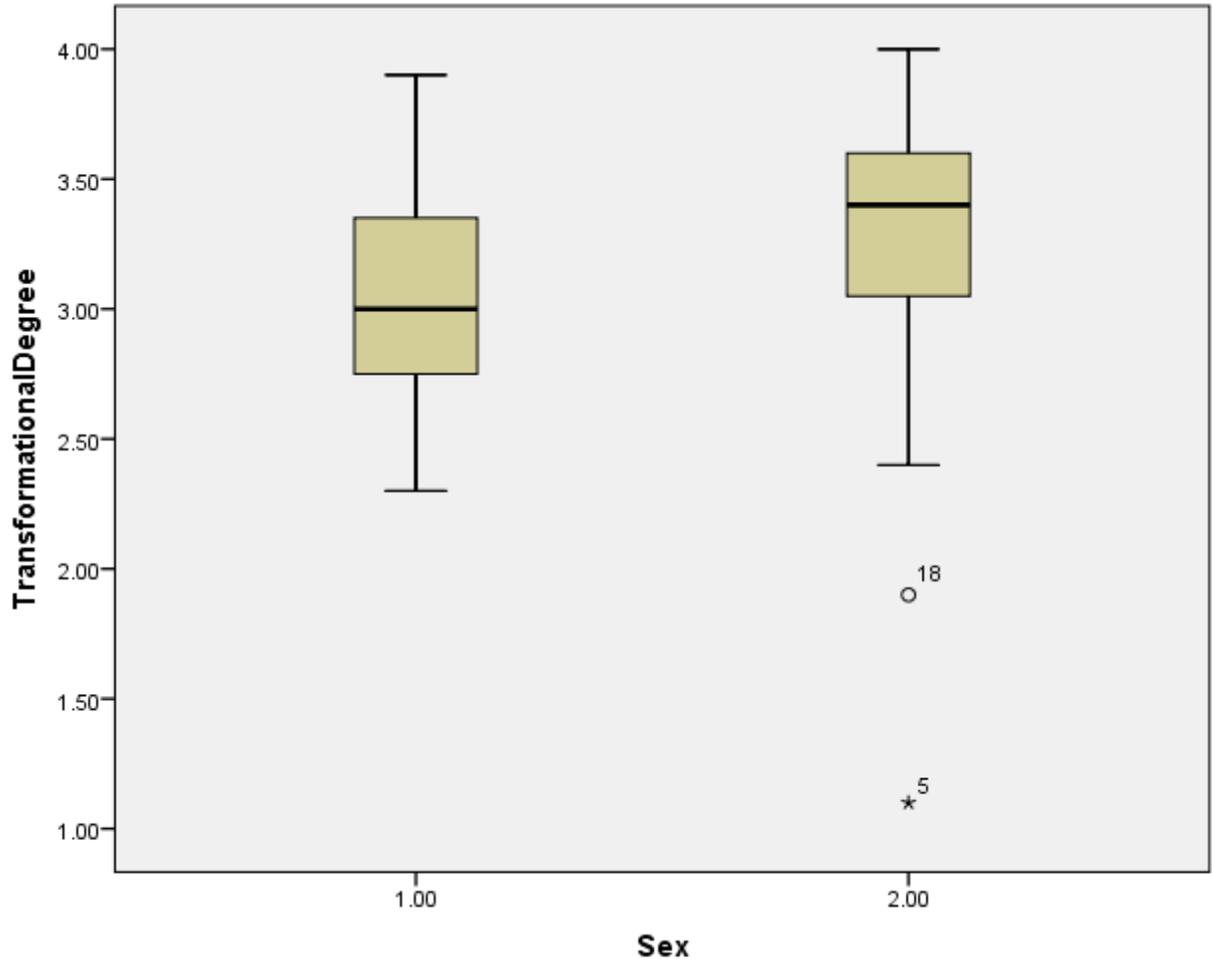
Figure 5. The Degree to Which One Identifies as a Transformational Leader Compared by

Gender

Research Question 2

Is there a significant correlation between the number of years of experience as a

Tennessee Coordinated School Health Coordinator and the degree to which one identifies

as a transformational leader?

H$_o$2: There is not a significant correlation between the number of years of experience as a

Tennessee Coordinated School Health Coordinator and the degree to which one identifies

as a transformational leader.

A Pearson correlation coefficient was computed to test the relationship between the

number of years of experience as a Tennessee Coordinated School Health Coordinator and the

degree to which one identifies as a transformational leader. The results of the analysis revealed a

weak negative relationship between the number of years of experience as a Tennessee

Coordinated School Health Coordinator (*M* = 5.757, *SD* = 3.470*)* and the degree to which one

identifies as a transformational leader (*M* = 3.239, *SD* = 0.521*)* and a statistically insignificant

correlation [*r*(68) = -0.142, p = .240]. Therefore, the null hypothesis was not rejected. Figure 6

shows the scatterplot for the relationship between the number of years of experience as a

Tennessee Coordinated School Health Coordinator and the degree to which one identifies as a

transformational leader.
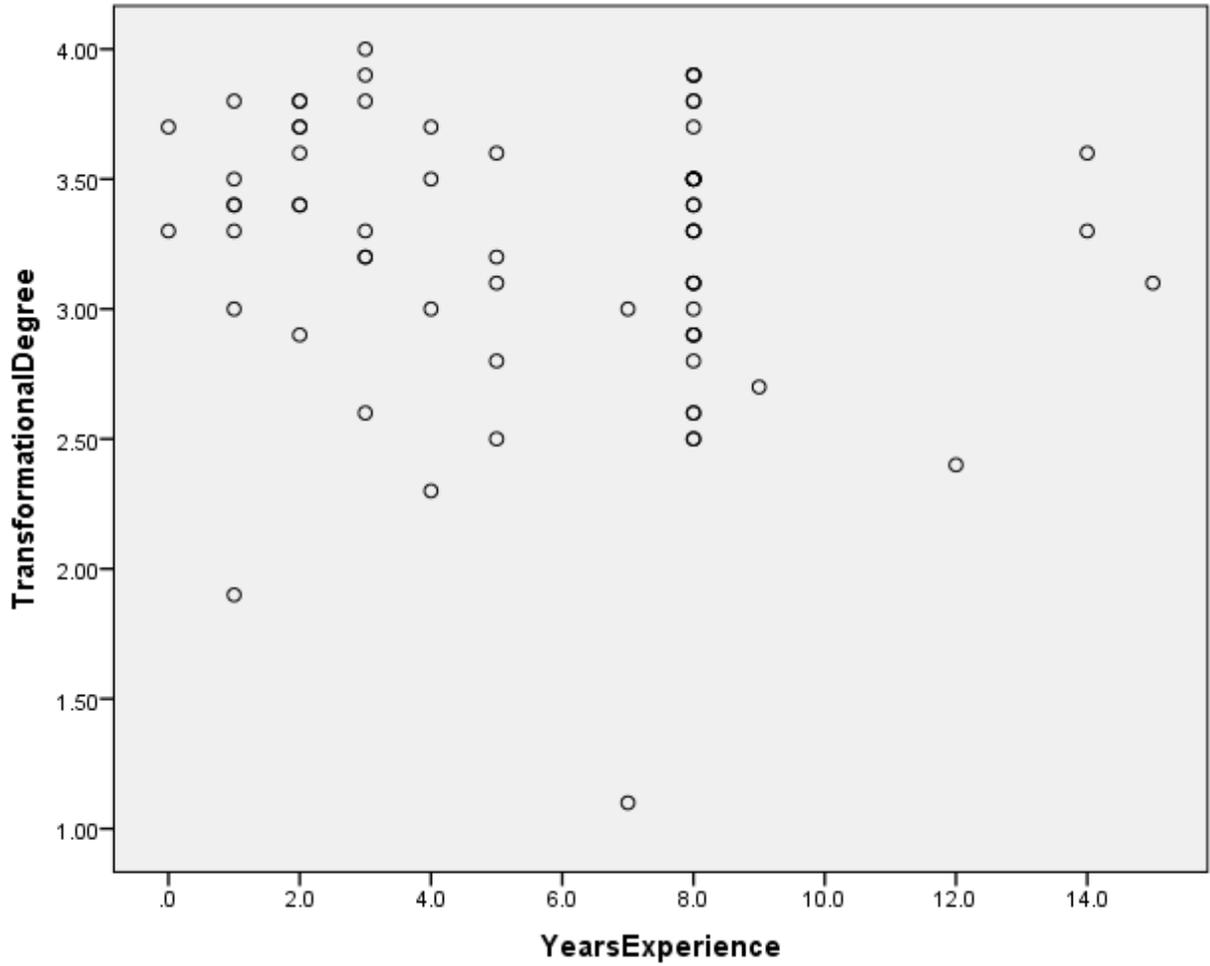
Figure 6. Years of Experience as a CSH Coordinator and the Degree to Which One Identifies as

a Transformational Leader

Research Question 3

Is there a significant correlation between the school district size and the degree to which

one identifies as a transformational leader?

H_o3: There is not a significant correlation between the school district size and the degree

to which one identifies as a transformational leader.

A Pearson correlation coefficient was computed to test the relationship between the school district size and the degree to which one identifies as a transformational leader. The results of the analysis, as shown in Figure 7 below, revealed a weak positive relationship between the school district size ($M = 6500.640$, $SD = 12088.123$) and the degree to which one identifies as a transformational leader ($M = 3.239$, $SD = 0.521$). The correlation was not significant [$r(68) = 0.189$, $p = 0.116$]. Therefore, the null hypothesis was not rejected. In general, the results suggest that there is not a significant correlation between the school district size and the degree to which one identifies as a transformational leader.
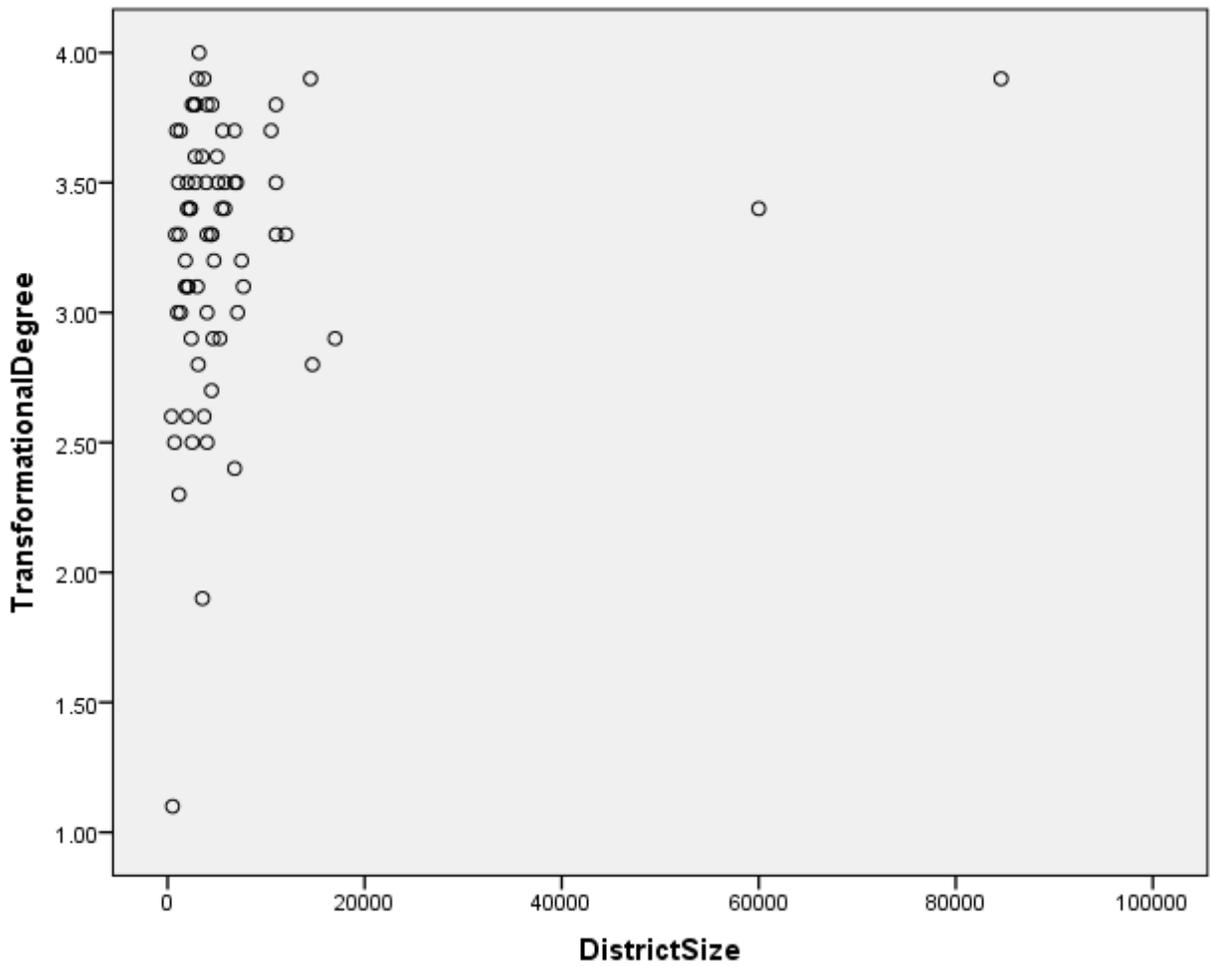
Figure 7. School District Size and the Degree to Which One Identifies as a Transformational

Leader

Research Question 4

Is there a significant difference in the degree to which one identifies as a transformational

leader as compared by highest degree held?

H_o4: There is not a significant difference in the degree to which one identifies as a

transformational leader as compared by highest degree held.

An independent-samples t-test was conducted to evaluate whether the degree to which one identifies as a transformational leader differs compared by highest degree held. The degree to which one identifies as a transformational leader was the test variable and the grouping variable was bachelor or graduate degree. The test was not significant, $t(68) = 1.588$, $p = 0.117$. Therefore, the null hypothesis was not rejected. Individuals with a bachelor degree ($M = 3.072$, $SD = 0.652$) and individuals with a graduate degree ($M = 3.296$, $SD = 0.461$) similarly identified themselves as transformational leaders. The 95% confidence interval for the difference in means was -0.505 to 0.057. Figure 8 shows the distributions for the two groups.
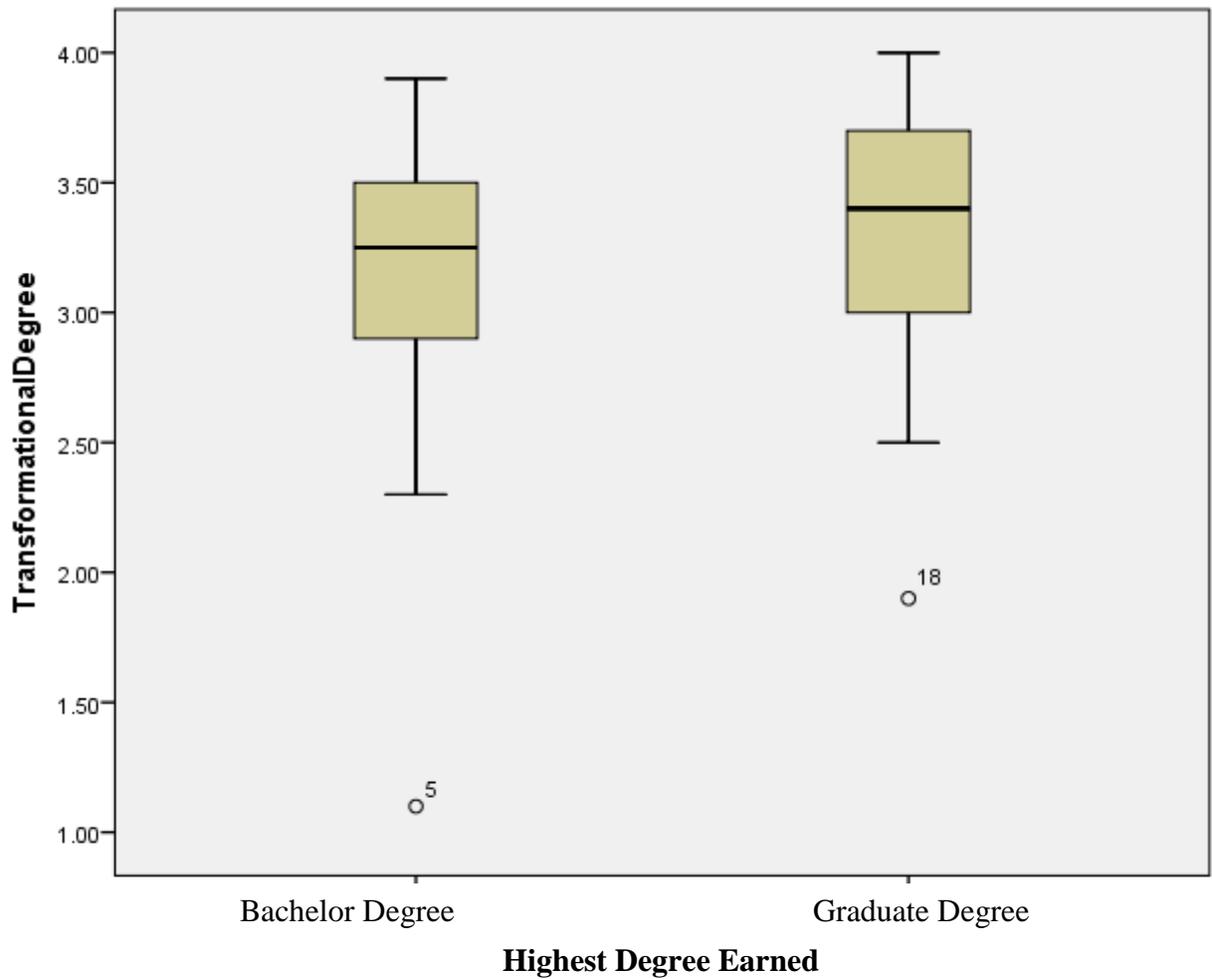
Figure 8. Educational Level Compared to the Degree to Which One Identifies as a

Transformational Leader

Research Question 5

Is there a significant correlation between the number of best practices implemented and

the degree to which one identifies as a transformational leader?

H_o5: There is not a significant correlation between the number of best practices

implemented and the degree to which one identifies as a transformational leader.

A Pearson correlation coefficient was computed to test the relationship between the number of best practices implemented and the degree to which one identifies as a transformational leader. The results of the analysis, as shown in Figure 9 below, revealed a weak positive relationship between the number of best practices implemented ($M = 24.07$, $SD = 2.799$) and the degree to which one identifies as a transformational leader ($M = 3.239$, $SD = 0.521$). The correlation was not significant [$r(68) = 0.039$, $p = 0.750$]. Therefore, the null hypothesis was not rejected. In general, the results suggest that there is not a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader.
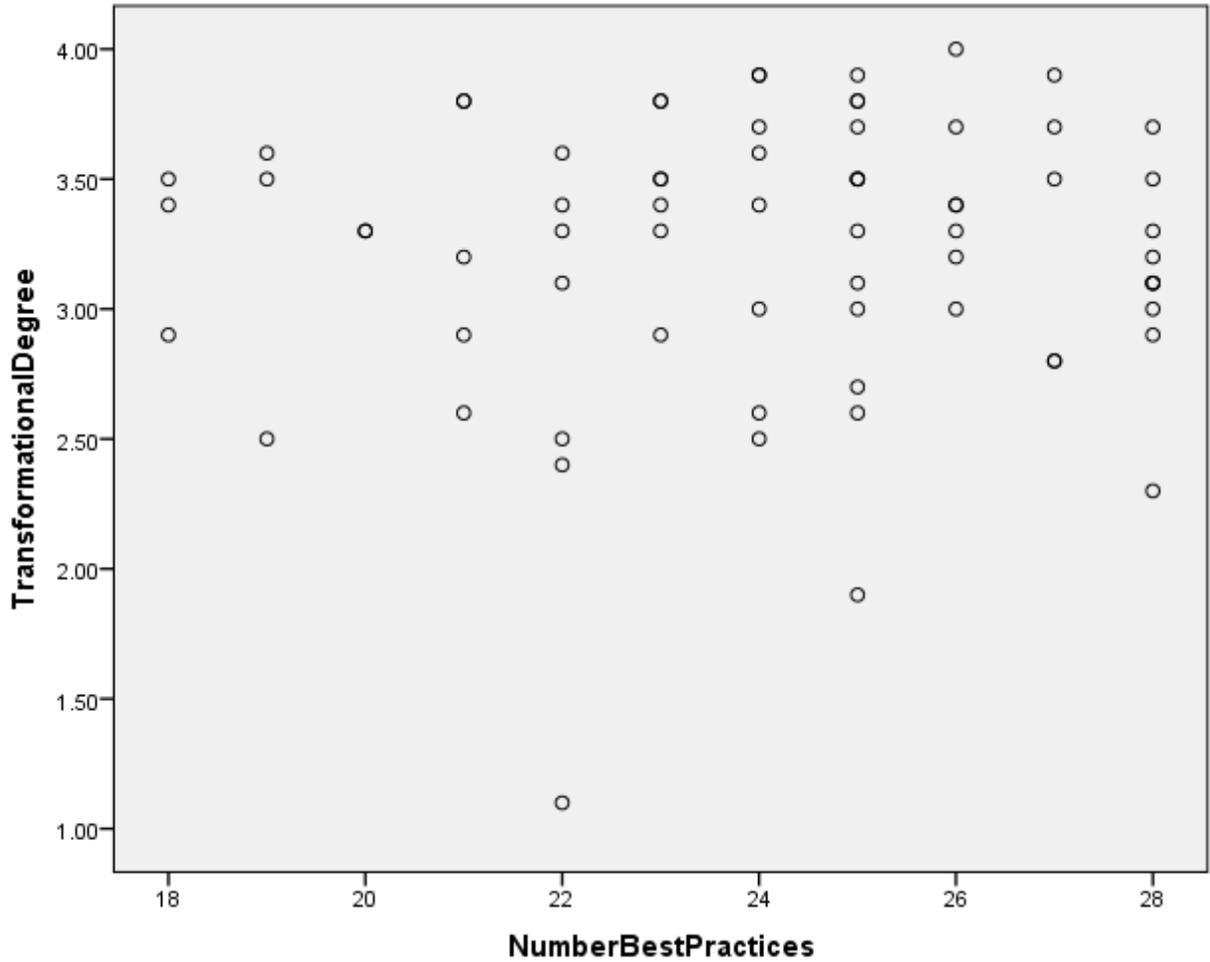
Figure 9. Number of Best Practices Implemented and the Degree to Which One Identifies as a

Transformational Leader

Chapter Summary

This chapter presented the statistical analyses of data obtained from an electronic survey containing demographic questions and the MLQ self-rater form. Five research questions and five null hypotheses guided the analysis procedures. Data were collected from 70 2014-2015 Tennessee CSH Coordinators. There were 70 CSH Coordinators who participated in the survey. The data were analyzed using independent t-tests and Pearson correlation in SPSS. Chapter 5

contains a summary of findings, conclusions, implications for practice, and recommendations for

future research.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Chapter 5 presents a summary of findings, conclusions, recommendations for practice, and recommendations for future research. This chapter contains an interpretation of the quantitative components of the study. The findings are presented in terms of the research questions that guided the study. The purpose of this study was to explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators. By investigating this topic, the researcher attempted to clarify the self-perceived leadership styles and practices of Tennessee CSH Coordinators.

Data obtained via an online survey from 70 Tennessee CSH Coordinators were presented and analyzed. There were five research questions and five null hypotheses. Quantitative data were collected from the administration of the Multifactor Leadership Questionnaire and a demographic survey. The collection of this data was designed to address the research questions and test the corresponding null hypotheses. Data analyses were processed using SPSS. Statistical analyses were employed for use in the study with results described in Chapter 4.

Summary of Findings

The purpose of this study was to explore the self-perceived leadership styles and practices of Tennessee CSH Coordinators. The data were collected from 70 of the possible 137 Tennessee CSH Coordinators (51.1%). Eleven participants were male (15.7%) and 59 participants were female (84.3%). The respondents ranged 0 to 15 years of experience as a CSH Coordinator. The school district size ranged from 400 to 84,600 students. Eighteen CSH Coordinators have a bachelor degree (25.7%) and 52 have a graduate degree (74.3%). The five

research questions with five null hypotheses guided data collection and analysis. These

hypotheses were tested using independent t-tests and Pearson correlation, and results were

presented in Chapter 4.

Research Question 1

Is there a significant difference between the degree to which one identifies as a

transformational leader as compared by gender?

No significant difference exists between the degree to which one identifies as a

transformational leader as compared by gender.

Numerous studies have demonstrated that there are no statistically significant differences

in leadership as a result of gender (e.g. Anderson et al., 2006; Chemers, Watson, & May, 2000;

Morgan, 2004). Previous studies indicated "that there is little difference in the results men and

women achieve as leaders" (Kent, Blair, Rudd, & Schuele, 2010, p. 52). Therefore, this present

study supports previous research.

Research Question 2

Is there a significant correlation between the number of years of experience as a

Tennessee Coordinated School Health Coordinator and the degree to which one identifies

as a transformational leader?

The results of the analysis revealed a weak negative relationship between the number of

years of experience as a Tennessee Coordinated School Health Coordinator and the degree to

which one identifies as a transformational leader. The correlation was not statistically

significant. The results indicated that there is not a significant correlation between the number of

years of experience as a Tennessee Coordinated School Health Coordinator and the degree to which one identifies as a transformational leader.

According to Barbuto et al. (2007), the area of education level and leadership is not highly studied. Barbuto et al. (2007) determined a weak association between experience and leadership. This study supports the research of Barbuto et al.

Research Question 3

Is there a significant correlation between the school district size and the degree to which one identifies as a transformational leader?

The results of the analysis revealed a weak positive relationship between the school district size and the degree to which one identifies as a transformational leader. The correlation was not statistically significant. The results indicated that there is not a significant correlation between the school district size and the degree to which one identifies as a transformational leader.

The district size, or environment, of a CSH Coordinator does not directly relate to one being a transformational leader. Kuhnert found,

> An environment that calls for highly structured planning and careful control, the operator's style of leadership and delegation may be most appropriate in the short term. But if the environment is one that values and requires a cohesive team spirit and significant cooperation, then the team player's style of leadership and delegation may be most appropriate (1994, p. 21).

Research Question 4

Is there a significant difference in the degree to which one identifies as a transformational leader as compared by highest degree held?

No significant difference exists between the degree to which one identifies as a

transformational leader as compared by highest degree held.

Many higher education institutions have seen a decrease in education programs (Cooper, 2013). Generally, school systems select educators with advanced degrees on the basis that these persons are more qualified (Banchero, 2013). The Tennessee State Board of Education passed a new state minimum pay schedule in 2013. The new pay schedule no longer calls attention to a teacher's experience and advanced degree but test scores and performance (Sher & Hardy, 2013). Since federal legislation of the *No Child Left Behind*, teacher accountability has increased. This research provides a further look into leadership style and level of education.

Research Question 5

Is there a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader?

The results of the analysis revealed a weak positive relationship between the number of best practices implemented and the degree to which one identifies as a transformational leader. The correlation was not statistically significant. The results indicated that there is not a significant correlation between the number of best practices implemented and the degree to which one identifies as a transformational leader.

According to Leithwood, Harris, and Hopkins, "Almost all successful leaders draw on the same repertoire of basic leadership practices" (2008, p. 29). However, the effects on leadership development and implementation of best practices are not highly researched (Leithwood, Harris, & Hopkins, 2008). This study adds to the current research on best practices of school leaders.

Conclusions

In conclusion, this research provides important information for CSH Coordinators. It should also serve as a basis for the further development of CSH program leaders. All CSH Coordinators that participated in the study responded as more transformational. This study found that being more transformational was not significant when compared to gender, education level, experience, district size, and best practices implemented.

Influential leaders in the school system are not just administrators and teachers but may include many other members of the staff as well (Leithwood & Riehl, 2003). CSH Coordinators will perform better if they know where and how to focus their leadership skills in the school districts. The results of this study may provide insight into future CSH practices and professional development. For any organization to be successful, leadership must be considered and valued (Marzano et al., 2005). Most effective leaders approach organizational needs with understanding and the skill to appropriately apply different leadership styles depending on the situation. Choosing which leadership style to implement is not an easy task. Leaders must be aware of their population, personnel, and resources (Avolio et al., 1999).

Recommendations for Practice

CSH Coordinators should consider their own experiences and knowledge of leadership to decide the most appropriate leadership style (St. Germain & Quinn, 2005). While all CSH Coordinators in this study rated themselves as more transformational than transactional or laissez-faire, there is relatively little consensus saying that is the best leadership style. CSH Coordinators should use the leadership approach and style that is most fitting for their school district while thinking through available resources, personnel, and the student population

(Dinham, 2004). In addition, professional development for district leaders should be broadened to present growth opportunities and practical purposes to leadership development.

Recommendations for Future Research

The following recommendations are offered as possible opportunities for research in the same area or topic:

1. This study focused on one state in the United States. Further studies should involve a larger sample drawn from multiple states as well as from other countries.

2. Data for this study were drawn from a single academic year. Future studies should examine and compare samples from multiple academic years.

3. Allowing a longer period of time for data collection and using additional reminder follow-up emails should provide a larger response rate. While Tennessee has 146 public school systems, only 137 have CSH. Therefore, the actual number of CSH Coordinators were 137 for 2014-2015.

4. A more in depth investigation of the more experienced CSH Coordinators could provide additional research on leadership styles practiced and best practices implemented.

5. Additional studies on education level as a predictor of leadership style could provide more research. This could also include comparisons of those with bachelor degrees, master degrees, education specialist degrees, and doctorate degrees.

6. A study on leadership effectiveness of Tennessee CSH Coordinators could provide more in depth knowledge. This information could be used in determine best practices for Tennessee CSH Coordinators.

7. Including colleagues of CSH Coordinators and using the 360-degree version of the MLQ

would provide more information on CSH Coordinator leadership styles.

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APPENDICES

APPENDIX A
Demographic Questionnaire

Please answer the following questions:

Gender   Male   Female

What is your number of years working as a Coordinated School Health Coordinator? _____

How many students are in your school system? Please round to the closest 100. _____

What is your level of education?   Bachelor Degree   Graduate Degree

Please indicate which best practice(s) you implemented during the 2014-2015 school year.

LEA/consortium is in full compliance with school health laws as listed in
components.   Yes   No

LEA Wellness policy was monitored during this school year and updated to include
CSH mission, goals and action plan.   Yes   No

A staff coordinating council for school health is active and meets a minimum of once
per semester.   Yes   No

CSH provided annual CSH update to all administrators and school staff.   Yes   No

All CSH schools have active Healthy School Teams that meet a minimum of once
per semester.   Yes   No

The LEA has at a minimum adopted TSBA Wellness Policy 6.411revised 7-2012.   Yes   No

School health goals have been incorporated into First To The Top (FTTT) plans.   Yes   No

School health goals have been incorporated into current school improvement plans.   Yes   No

School health goals have been incorporated into current TCSPP district plan.   Yes   No

The LEA/consortium supported the participation of the CSH Coordinator and
specified team members in state designated training, professional development,
meetings and conferences.   Yes   No

The LEA/consortium utilized school health materials and resources recommended
by the Tennessee Department of Education's Office of Coordinated School Health as
well as other materials that are evidence based.   Yes   No

CSH Coordinator developed collaborations with parents, community, businesses and higher education to achieve school health goals.   Yes   No

CSH Coordinator attended all mandatory CSH training events.   Yes   No

CSH Coordinator presented at one or more school board meetings this school year.   Yes   No

CSH presented a CSH overview/update to a minimum of two community organizations.   Yes   No

Coordinator has developed district level data collection system linking individual student health and academic data.   Yes   No

Coordinator is engaged in partnerships with the county health department and other community organizations/agencies concerned with the health and wellness of students and staff.   Yes   No

CSH Coordinator has created and uses data back-up systems to properly secure all previously required data/reports.   Yes   No

CSH Coordinator provided all school staff an in-service linking health and academics.   Yes   No

State and local school health laws/policies have been reviewed by the CSH Coordinator during this school years.   Yes   No

State and local health laws/policies have been updated annually and placed in a manual by the CSH Coordinator.   Yes   No

CSH Coordinator has provided all state required data to OCSH including required survey administration this school year.   Yes   No

Coordinator used CSH marketing, media and other communication efforts to expand CSH capacity.   Yes   No

CSH Coordinator monitors primary actions of the School Health Advisory Council and team composition.   Yes   No

CSH Coordinator monitors primary actions of School Health Staff Coordinating Council and team composition.   Yes   No

Staff Coordinating Council composition is representative of all eight components of the coordinated school health program.   Yes   No

CSH Coordinator monitors primary actions of Healthy School Teams and team   Yes   No

composition.

At least one-half of the Healthy School Team members are non-school personnel.   Yes   No

At least two-thirds of the School Health Advisory Council members are non-school personnel.   Yes   No

Multifactor Leadership Questionnaire (Sample)

Multifactor Leadership Questionnaire
Rater Form

Name of Leader: _____ Date: _____

Organization ID #: _____ Leader ID #: _____

This questionnaire is used to describe the leadership style of the above-mentioned individual as you perceive it. Answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.** Please answer this questionnaire anonymously.

Important (necessary for processing): Which best describes you?

___ I am at a higher organizational level than the person I am rating.
___ The person I am rating is at my organizational level.
___ I am at a lower organizational level than the person I am rating.
___ Other than the above.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

The Person I Am Rating...

1. Provides me with assistance in exchange for my efforts................................ 0 1 2 3 4
2. *Re-examines critical assumptions to question whether they are appropriate 0 1 2 3 4
3. Fails to interfere until problems become serious 0 1 2 3 4
4. Focuses attention on irregularities, mistakes, exceptions, and deviations from standards 0 1 2 3 4
5. Avoids getting involved when important issues arise 0 1 2 3 4
6. *Talks about his/her most important values and beliefs 0 1 2 3 4
7. Is absent when needed 0 1 2 3 4
8. *Seeks differing perspectives when solving problems 0 1 2 3 4
9. *Talks optimistically about the future 0 1 2 3 4
10. *Instills pride in me for being associated with him/her 0 1 2 3 4
11. Discusses in specific terms who is responsible for achieving performance targets ... 0 1 2 3 4
12. Waits for things to go wrong before taking action 0 1 2 3 4
13. *Talks enthusiastically about what needs to be accomplished 0 1 2 3 4
14. *Specifies the importance of having a strong sense of purpose 0 1 2 3 4
15. *Spends time teaching and coaching 0 1 2 3 4

Continued →

Office for the Protection of Human Research Subjects ☐Box 70565 ☐Johnson City, Tennessee 37614-1707
Phone: (423) 439-6053 Fax: (423) 439-6060

IRB APPROVAL – Initial Expedited Review

May 15, 2015

Mrs. Heather Ledbetter

Re: Leadership Styles of Coordinated School Health
Coordinators
IRB#: c0515.1sd
ORSPA #: n/a

The following items were reviewed and approved by an expedited
process:
• xform New Protocol Submission; Informed Consent Document
    (no version date, stamped approved 5/14/2015); Follow-up
    Email; Questionnaires; CV

On **May 14, 2015**, a final approval was granted for a period not
to exceed 12 months and will expire on **May 13, 2016**. The
expedited approval of the study will be reported to the convened
board on the next agenda.

This study has been granted a **Waiver of Requirement for
Written Documentation of Informed Consent** under

category 45 CFR 46.117(c)(2) as the research involves no more than minimal risk to the participants as it involves a survey with benign questions. The research involves no procedures for which written consent is normally required outside of the research context because individuals do not normally need consent to answer questions on a survey.

The following **enclosed stamped, approved Informed Consent Documents** have been stamped with the approval and expiration date and these documents must be provided to each participant prior to participant enrollment:

• Informed Consent Document (no version date, stamped approved 5/14/2015)

Projects involving Mountain States Health Alliance must also be approved by MSHA following IRB approval prior to initiating the study.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Accredited Since December 2005

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when

necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,
Stacey Williams, Ph.D., Chair
ETSU Campus IRB

VITA

HEATHER ROE LEDBETTER

Personal Data:	Date of Birth: August 29, 1983
	Place of Birth: Knoxville, Tennessee
	Marital Status: Married
	Husband: T. Brandon Ledbetter
Education:	B.S. Biochemistry and Cellular and Molecular Biology, University of Tennessee, Knoxville, Tennessee, 2005
	M.P.H. Community Health Education, University of Tennessee, Knoxville, Tennessee, 2007
	Ed.D. Educational Leadership, East Tennessee State University, Johnson City, Tennessee, 2016
Professional Experience:	Intern, Tennessee Department of Education, Office of Coordinated School Health, Nashville, Tennessee, 2007
	Coordinated School Health Coordinator, Marshall County Schools, Lewisburg, Tennessee, 2007-2008
	Coordinated School Health Coordinator, Maryville City Schools, Maryville, Tennessee, 2008-present
Presentations:	American Alliance for Health, Physical Education, Recreation, and Dance Southern District Association Convention, Chattanooga, Tennessee, 2007
	Tennessee Public Health Association Conference, Franklin, Tennessee, 2009

Rural Health Association of Tennessee Conference, Pigeon Forge,

 Tennessee, 2009

East Tennessee Wellness Roundtable, Alcoa, Tennessee, 2010

Leadership Blount Summit on Healthcare, Maryville, Tennessee, 2010

Rural Health Association of Tennessee Conference, Pigeon Forge,

 Tennessee, 2010

Tennessee Recreation and Parks Association, Knoxville, Tennessee, 2012

Rural Health Association of Tennessee Conference, Pigeon Forge,

 Tennessee, 2013

Rural Health Association of Tennessee Conference, Pigeon Forge,

 Tennessee, 2014

Tennessee Department of Education, Coordinated School Health Institute,

 Murfreesboro, Tennessee, 2016

Honors and Awards: Alpha Epsilon Delta, 2001-2005

City of Sevierville Parks-Recreation Education "Bootstrap" Fund

 Scholarship, 2004 and 2006

June D. Gorski Scholarship, 2007

Ready, Set, Move! Award, Blount BEneFITs, 2010 and 2015

Tennessee Public Health Association Scholarship, 2011 and 2013

Community Health Initiative Lifetime Achievement Award, Blount

 County Community Health Initiative, 2015

Excellence in the Area of School Staff Wellness, Tennessee Department

 of Education, Coordinated School Health Institute, 2015