Having a child almost die in his arms convinced one educator to bring community services into the school.

How can a child with a toothache pay attention in class? How can a child with lead poisoning succeed academically? How can a child concentrate on homework when her parents are struggling with addiction?

Supporting student learning, especially in high-need urban schools, is impossible by simply focusing on teaching and curriculum issues—important as those issues are. Rather, school leaders must also pursue initiatives traditionally considered outside the purview of schools and assume different mind-sets and practices to do so successfully.

This was the case when Ralph Spezio, principal of School 17 (one of the poorest elementary schools in Rochester, New York), decided to establish a health clinic on his school premises in the late 1990s.

Examining the development of this initiative will help educators appreciate not only the value of bringing community services to schools, but also the benefits of assuming an entrepreneurial mind-set.

Beginning with a Vision

Having a child almost die in his arms from an asthma attack had convinced Spezio of the need to address his students’ health problems. Many students and their families couldn’t afford needed medical services; when offered, these services were neither coordinated nor easily accessible.

Spezio envisioned a health clinic on his school premises that would provide the needed medical services.

By Raffaella Borasi, Ph.D., with Ralph Spezio, M.Ed.

In his vision, these services would involve well-child visits, urgent care for sick children and their families, prenatal health care, family support classes for expectant parents, primary prevention support and education (including classes for childhood lead poisoning prevention,
diabetes, heart health and hypertension, and stress reduction), parenting support (including the important role of fathers), nutrition and healthy cooking, emotional health support, and substance abuse counseling.

Spezio also envisioned the school–health center partnership as a focal point to coordinate all agency services within the community and create a more efficient way to deliver services to children and families. Furthermore, he believed these services should be offered not just during school hours but also in the evening, on weekends, and during the summer months—whenever people needed them. A new facility would therefore be necessary to allow the health center to stay open even when the school was closed.

Many people, including key school district officials, were concerned about the liabilities a school might incur by venturing into such uncharted territory. Yet Spezio defined his mission as principal as ensuring that all students have the best possible chance to learn, and he knew that would not happen in his school unless he attended to his students’ primary health needs. He felt both a personal responsibility and an urgency to establish a clinic without delay because until their basic health problems were addressed, many of his students might miss their only chance to learn and succeed in life.

**Vision to Reality**

The school district refused to fund the project, but Spezio continued to pursue his idea of building a school health clinic. He reached out to St. Mary’s Hospital (later named Unity Health System), a partner in a nutrition program offered at his school, because St. Mary’s shared a similar philosophy about supporting children in poverty by treating the whole family. Spezio engaged this hospital as a full partner, with key responsibilities for staffing and running the health clinic and helping raise funds for the project, estimated at $1.2 million in start-up costs alone.

The hospital had recently won a community service award of $75,000 and decided to commit all of it to this project. It then matched the amount with another $75,000. The project received an additional $400,000 raised by the St. Mary’s Hospital Woman’s Auxiliary Board.

Spezio actively participated in the fund-raising efforts by promoting the project to local constituencies, passionately arguing about his students’ needs for the proposed services, and sharing images of what the building would look like and offer.

He also sought grant funding to support the ongoing operating costs of the new health clinic. As grant writing was not his strength, he reached out to the director of an outreach health program. While initially skeptical, this director found Spezio’s vision and arguments so compelling that she wrote the proposal and secured a federal grant targeting “vulnerable” populations—a funding stream that continued to support the health center operations over time.

Securing the necessary funding was not the only obstacle Spezio encountered in making the school health clinic a reality. The state education and health departments initially refused to provide the needed permissions, as they perceived integrating a health center within an elementary school as being too risky. However, Spezio was able to convince the county executive, the mayor, and the district superintendent to appeal to the governor, who directed the two department heads to sign off on the project.

Until their basic health problems were addressed, many of his students might miss their only chance to learn and succeed in life.

In 1999, the Orchard Street Community Health Center became a reality. In 2001–2002, Spezio created a partnership with the University of Rochester Medical and Dental Center and raised another $1 million to include a full-service dental facility. It doubled the size of the existing health center, adding four dentists, two operating rooms, and a full medical staff.

Spezio has retired, but this health clinic has continued to provide valuable services to the school community.

**The Entrepreneurial Mind-Set**

At first, it may seem surprising that entrepreneurship played a role in the development of the Orchard Street Community Health Center project. However, some broader definitions of entrepreneurship suggest interesting parallels between the practices of business entrepreneurs and school leaders engaging in innovative projects, such as the school health clinic.

An analysis of key decisions and actions within this initiative, guided by concepts and categories drawn from the literature on entrepreneurship (Boras and Finnigan 2010; Bygrave 2004; Green 2005), led us to identify the following “mind-sets,” which are considered typical of entrepreneurs, yet are less common among school leaders:

**Seizing problems as opportunities for innovation.** Many principals identify their students’ unmet health needs as a significant problem, yet Spezio responded with an innovation. Recognizing this problem led him to spearhead the creation of a school health clinic to better serve his students. His actions are a prototypical example of capitalizing on problems as opportunities, or catalysts, to initiate education innovations and gain support for them despite their novelty and risk.

**Having the willingness to act quickly.** Spezio’s sense of urgency for addressing his current students’ health needs led him to not only want to act but act...
quickly. He was aware that delaying this project meant some of his students wouldn’t benefit from it. This realization, in turn, made him willing to make key decisions—especially the decision to move forward with the project—even when he did not have all the necessary information or resources in hand.

**Giving significant weight to “missing the boat” risks.** Although some risks were involved in starting a school-based clinic, Spezio focused on what he saw as an even bigger risk for his students if he didn’t do it. In other words, Spezio considered not only the obvious risk of failing and the consequences of such failure (“sinking the boat” risks) but also the negative consequences for his students if he didn’t pursue the project (“missing the boat” risks). Brown and Cornwall (2000) point out that school leaders tend to be penalized for failure, while there are few or no negative consequences for missing opportunities, so they have a strong incentive to weigh “sinking the boat” risks over “missing the boat” risks.

**Having the willingness to pursue worthwhile opportunities even if all the needed resources are not in hand.** Spezio’s willingness to move on with the school health clinic even when the school district refused to provide the needed funds may be surprising. A school or district budget is often the only source of funding school leaders will consider. In contrast, entrepreneurs are individuals who “pursue opportunities without regard to the resources they currently control” (Stevenson and Jarillo 1990, p. 23). Such action does not mean entrepreneurs are foolishly optimistic, but are confident in their ability to secure the needed resources if they deem an initiative worthwhile—a confidence that is often built on previous successes as well as skills in specific fund-raising strategies, as articulated in the following point.

**Be willing to assume responsibility for securing the needed resources and to consider unconventional funding sources.** Spezio believed it was his responsibility, as the leader of the organization, to secure the resources for the clinic. He was also open to explore any possible funding source, including seeking gifts from individuals and corporations, applying to public agencies and private foundations for grants, and most importantly, creating partnerships with organizations that could provide key resources his school did not have. Creating successful partnerships with other community organizations, in turn, required building long-term relationships with key community players, based on mutual respect and trust, as well as ensuring that each partnership resulted in a win-win outcome for all the parties involved (compromising as needed).

**Never giving up on the ultimate goals yet being willing to compromise on the means.** Spezio was also determined and persistent in making a project a reality once he concluded that the project was critical to his students’ success. He expected obstacles and setbacks along the way, and he approached them as problems to be solved. He was also confident that a solution could always be found—although sometimes it might require looking at alternatives he did not originally envision.

**Looking Outside the Box**

As innovative as the School 17 community health and dental center was, it is important to note that it was central to the larger vision of Spezio’s leadership: making his school completely integrated within the community and the center of an urban village, “the beacon of the community, not the fortress on the hill.” Within such a vision, having a facility that met the critically urgent health needs of the children and families in the neighborhood seemed both natural and necessary—as it is well known that effective learning can only take place when one (especially a child) is able to concentrate, and that can only happen when a person feels safe, secure, and healthy.

Teachers and school leaders are child advocates by default. Children, especially children from high-stress poverty environments, need a school that is an island of calm, safe nurturance filled with adults who deliver systems that embrace and support them so they can learn. In today’s world, to create such a healthy learning environment and to be an authentic child advocate, school leaders must be willing to look “outside the box” and also to embrace an entrepreneurial mind-set to translate their ideas into enterprises that add value to the students and communities they serve.

**References**


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