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I recently met with Jody Jenner, President and CEO of Broadlawns Medical Center, to discuss his vision for and the future of Broadlawns, Polk County's community hospital. This vision includes modernizing Broadlawns' overall facilities to enable the staff to continue delivering their mission of providing high quality patient care...*without* requiring any new taxes.

Over the last several years, the leaders of Broadlawns have been exploring options to modernize their overall facilities. One recent widely discussed option included relocating the medical center to the Iowa Lutheran Hospital site in Des Moines' Eastside. That is no longer a viable option because Iowa Health-Des Moines has decided to maintain its operations there.

Yet the facilities need for Broadlawns is pressing. The staff is coping with a burgeoning demand for services that is rapidly outstripping the facility's capacity. Outdated facilities and equipment are putting a strain on the staff's profound commitment to provide high quality patient care to the citizens of Polk County.

Broadlawns' Site and Facilities Plan is comprehensive, realistic and practical, aligning well with Des Moines' north side economic development plans. Broadlawns will remain at its current location, but through new construction and renovation, the community hospital will be able to address increasing demands for health care services.

The plan calls for improved access and efficiency with new outpatient-centered physician clinics for primary care (including family medicine, internal medicine and pediatrics), podiatric medicine, obstetrics, and general and orthopedic surgery. In addition, the emergency department will be renovated and expanded, outpatient-based surgical and radiological services will be improved, and both inpatient and outpatient mental health services will be provided.

This plan will be completed in three phases of new construction and upgrades, extensive renovation, and relocations. The order of work has been prioritized to make sure that Broadlawns continues to deliver high quality patient care and meet its immediate needs in areas with the most extreme space shortages.

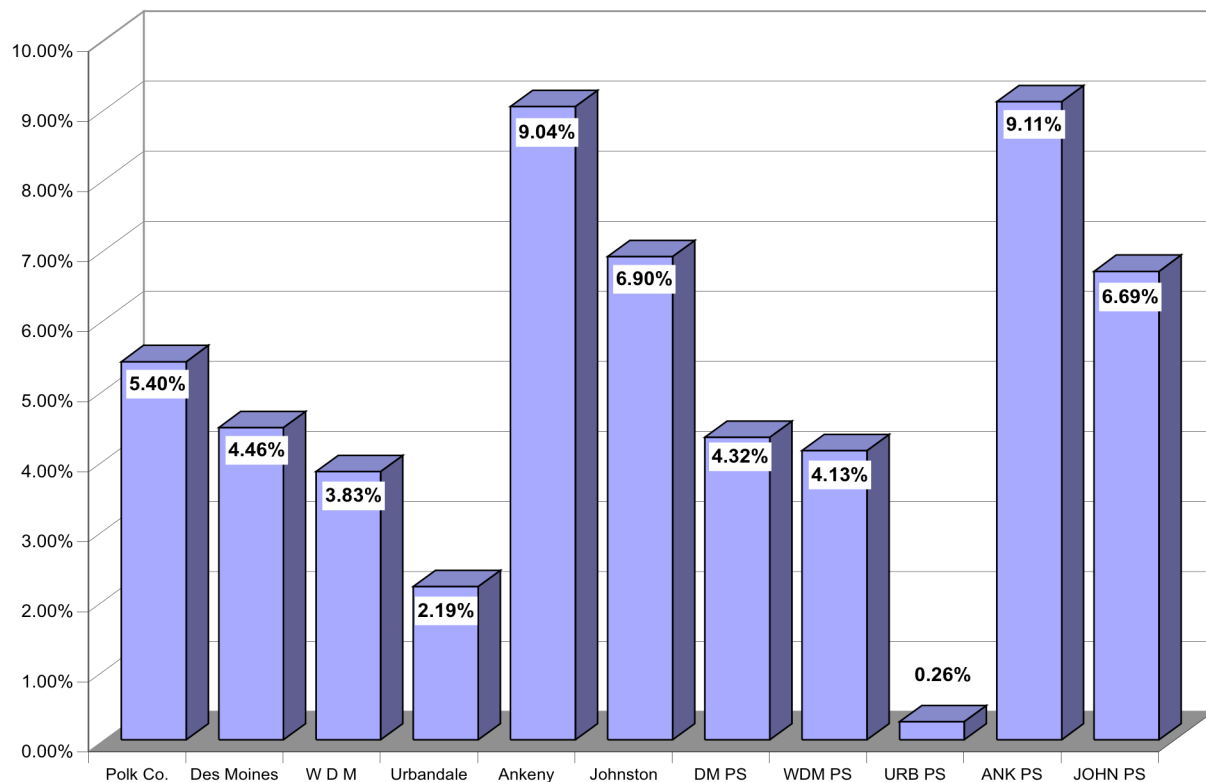
Phase I groundbreaking, which would take place Fall 2008, would renovate the most seriously outdated areas, such as the Emergency Department and Radiology. The financing

strategy for the estimated \$43 million plan would require no new tax dollars. Phase I, estimated at \$22.6 million, would be paid for with loans secured against revenues. The existing long-term debt will be laddered down and fully paid off in 2012. Private donors are critical to this plan and will lessen borrowing needs as well as free up funds for other vital patient care delivery needs not included in this project.

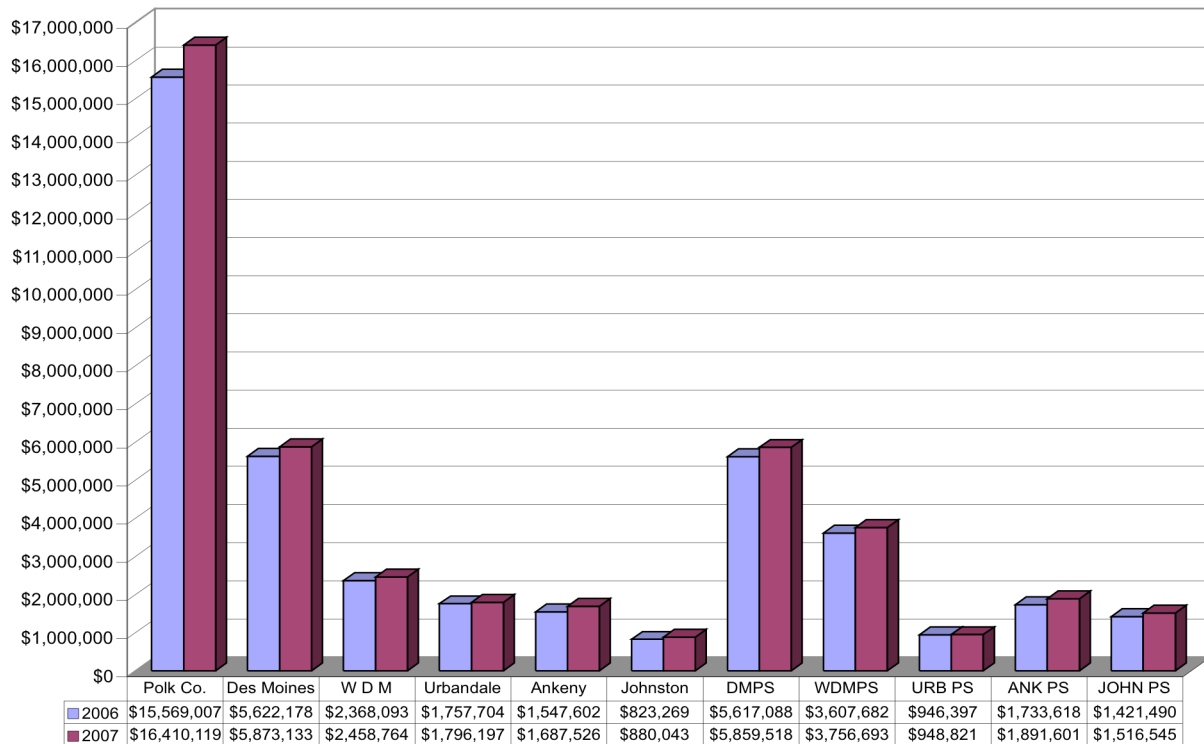
The three-phase plan provides flexibility so that plans can be adjusted to adapt to evolving community needs. Phase II is tentatively scheduled to begin Spring 2010, with Phase III estimated to begin Summer 2011.

Mr. Jenner has developed a realistic plan that will ensure a promising future for this valuable community hospital. Not only does this plan promise modernized facilities to meet the future health needs of our community, but it is a plan that will not require any new tax dollars. It is heartening to watch the transformation and redevelopment of Broadlawns Medical Center, which is at the very center of the economy for Greater Des Moines and Polk County.

**% INCREASE IN TAXABLE VALUATION 2006 VS. 2007 - PRELIMINARY**



**GROWTH IN REGULAR TAXABLE VALUATION\* 2006 VS. 2007 - PRELIMINARY**  
(in thousands)



**What does change mean?**

Change is a quality every district must have for public education to remain viable in the 21st century. And if that sounds like an overstatement, consider this: Today’s school leaders are under increasing pressure to raise student achievement, often in the face of criticism—warranted or not—that they work for immovable bureaucracies.

Shifting student demographics, growing economic threats from overseas, and mounting pressure from state governments and the federal No Child Left Behind Act mean school districts will most certainly be changed in the near future, whether they initiate it or have it forced upon them. Yet many of us know little about the dynamics of this inevitable process or how we might make it work to our advantage.

“We have become so accustomed to the presence of change that we rarely stop to think about what change really means as we are experiencing it at the personal level,” writes Michael Fullan, an emeritus professor at the University of Toronto, in *The New Meaning of Educational Change*. “Moreover, we almost never stop to think about what it means for others around us who might be in change situations. ... We vastly underestimate what change is ... and what factors and processes account for it.”

One group that has thought a lot about change is the Iowa School Boards Foundation, which has researched the impact of school boards on student achievement since 1998. The program is called the Lighthouse Project, and in 2002 it sponsored five pilot programs to put that research to use.

Then they asked him questions. “They were board questions. They were achievement questions,” Marang recalls. “They were leadership questions. They were consensus-building questions.”

### Conditions for change

Studies found that board members in districts with a history of high student achievement had different attitudes, training, and practices than those in low-performing districts. The research didn’t prove causality—that is, it didn’t say that forward-thinking school boards caused high student achievement—but it revealed a powerful connection.

And this connection was, to a large extent, unexpected, says Mary Delagardelle, the foundation’s executive director. For decades, studies of student achievement focused on the dynamics of classrooms and schools. That made sense, she says, because of well-established research showing that the quality of teaching has the second most significant impact on student achievement after family influences. Teachers were important to study, for obvious reasons, as were the principals who supervised them.

“We predicted that by the time you got out to the level of the boards, boards would be similar in high-performing districts” and lower-performing ones, Delagardelle says. “But that’s not what we saw. ... There were differences in their beliefs that were fascinating.”

Most basically, Lighthouse found that board members in high-performing districts had a stronger belief in their ability to influence their students’ education. And this was true regardless of the size of the district, the board members’ educational level, or the district’s location (urban, suburban, or rural).

The study pointed to seven “conditions for change” that high-performing districts appear to embrace. Then it considered whether the identified districts were “stuck” or “moving” in relation to each of these conditions. Take, for example, Condition No. 1 (shared decision making). In “stuck” districts, major decisions were made by the superintendent, and board members could not name any improvement initiatives. Moreover, “both superintendent and board members repeatedly mentioned the demography of the district and the hopelessness of working with the entire population,” the Lighthouse report says.

By contrast, board members from “moving” districts “reflected knowledge ability about the condition of the schools, alternatives for improving education, and the need to serve the population.” They had close contact with the schools and the community and “radiated trust in their process and the community.”

On Condition No. 2 (a perspective on how education gets better), stuck boards blamed the superintendent for problems, while moving boards took responsibility for them as a team. On Condition No. 4 (building human resources), stuck board members were overly concerned about being viewed as ineffective, whereas moving board members looked beyond such concerns to what the district could do to promote high student achievement.

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