

Coordinated School Health and Education Reform: What Administrators Need to See

**Author: Pat Cooper, Ed.D.
Superintendent of Schools
McComb School District
McComb, Mississippi**

Introduction

Many years ago, Charles Dickens wrote in his novel *A Tale of Two Cities*,

It was the best of times, it was the worst of times; it was the age of wisdom, it was the age of foolishness; it was the season of light, it was the season of darkness; it was the spring of hope, it was the winter of despair; we have everything before us, we have nothing before us. (Dickens, 1XXX/1986, p.1)

Dickens could very well have been writing about the present condition of our children and youth as it relates to education reform. We talk a good game but sometimes our nation's actions don't measure up to the rhetoric. That is especially a concern for education administrators charged with leaving no child behind.

The cornerstone comment of both theorists and activists, as well as politicians, when discussing education reform is that **healthy American communities** (i.e., in regard to economics, crime, business environment, race relations, and ethnic diversity) may only be attained by creating and maintaining nurturing and **healthy community school systems** (i.e., academically, physically, mentally, and socio-emotionally; Kozol, 1991). In retort, and sometimes in defense, many education professionals involved in reform maintain that a healthy community school system can only be attained if **teachers are able to teach to their potential and students learn to their potential** (Bush & Wilson, 1997). Therefore, the provision of avenues to allow teachers to maximally teach and students to maximally learn is the key to success for the public education system, and, therefore, the community. If these avenues are provided, it seems realistic that not only will the education system and community be successful, but it follows that society as a whole will prosper. **Meeting the basic needs** of our children and staff is a major avenue in this quest. And, it is just as important for the sanity and survival of school administrators that we all acknowledge that the basic needs of our children must be met first.

The social scientist, Maslow, described these basic needs. He said that physical health, safety, being nurtured and loved, and having a sense of positive self-esteem were all needed in order to learn most effectively. **Coordinated school health** is a major avenue for meeting those needs. We all say that one has to be healthy to learn, but we forget that

our children have to first learn how to be healthy and be given the opportunity to be healthy. Coordinated school health both teaches and gives opportunity to all the children attending school. For “success for all learners” and “leave no child behind”, the battle-cries of politicians and school reformers alike, to become a reality, schools and their communities have to figure out a solution for providing those basic needs to all of our children. In my mind, coordinated school health is a large part of that solution.

That solution for the McComb School District in McComb, MS, is a nine component coordinated school health model. As an educator for over thirty-three years, and administrator for the past twenty-four years, I have come to the conclusion that there is no more effective way to approach true success for all children....black, white, rich, poor, able and disabled. And the data is there to substantiate that claim. Children come to school many times with problems and burdens they bring from their homes and communities. We have to acknowledge the presence of those barriers to learning, but we cannot use those problems as excuses not to teach them effectively. Coordinated school health assists with that task.

The big challenge is to create an environment where administrators take the plunge and become activists for the health of their children, physically, emotionally, and after all, academically. So how do we do that? I’m not entirely sure, but I do know the things I believe to be basic in that quest for not only awareness and understanding, but action, too. Administrators have to have a **reason** to change and they have to be given tacit **permission** from their boards and communities to change.

A Reason to Change

For many school health advocates, just getting administrators to take their minds off of accountability issues and sit down and be still long enough to hear one out is the initial problem. The message has to be tailored. It is widely agreed upon that our three most pressing issues on a day to day basis as public school administrators are safety, funding, and improving test scores. There certainly are other concerns, but to me these are key. Any of these three can upset the calm of a school or district quicker than anything else. A fourth, and for administrators a more esoteric reason, is that placing coordinated school health in our workplace makes both our own as well as our teachers’ professional lives so much more enjoyable and rewarding. So, justify coordinated school health by playing to the sensitive nerve endings attached to those topics. School health can be easily connected to each. We have to give administrators a reason to want to change. These connections can be the reason.

Safety, funding, improving test scores, and quality of life are arguments you can hang your hat on. In McComb, and in other schools and districts where coordinated school health is the centerpiece, there are pieces of connected data that show positive growth in all of these.

SAFETY

For school safety, you can show administrators that suspension rates, disciplinary hearing numbers, assignments to alternative school, and expulsion rates all go down with quality school health programs in place. In McComb, we have even documented that the juvenile violent crime arrest rate for the community at large has decreased by sixty percent since the health program's inception in 1997.

When our children's basic needs are met somewhere, even at school, they can overcome many things that occur at home or in the community. Much of the resiliency research points to that phenomenon. If we make our children feel powerless, then they will be frustrated, act out, act up and be put out. If we equip them, they can cope. The sometimes tense, chaotic environment of school becomes nurturing. Our student's "calm" filters to our teachers, who then mirror that feeling back to the students. It is a self-reinforcing cycle that promotes a safe and orderly environment.

The other phenomenon that appears to have occurred during implementation of coordinated school health is that we are no longer (in vain) trying to squelch drugs and weapons with dogs and metal detectors. Instead, our students are demanding a safe environment from their peers. We depend on students talking to caring and listening adults to find out about possible violations. This has resulted in markedly less violations and quicker response to those that do occur.

FUNDING

Funding has been a challenge, but certainly not an insurmountable one. The figures show that our funding has become more plentiful every year as we put more of the program into place. For instance, you are not going to lose money in your vending program if healthy snacks replace unhealthy ones. Our revenue has gone up thirty percent. One thing that helped was a policy to allow one hundred percent juice and water to be brought into the classrooms. Sales skyrocketed. Taking out ala carte, having closed campuses during lunch, and banning snacks from being brought to school only increased our participation in the regular and more nutritious breakfast and lunch programs. Medicaid funding has kicked in since all of our school health and wellness centers are official Medicaid clinics. When attendance goes up, the funding from your state minimum funding program increases.

The key is to allow schools to take one step at a time. It took McComb five years to fully implement all nine components. And don't cop out because of district size. It doesn't matter whether you have two schools or two hundred schools. This program is a school by school initiative. Find a principal and a faculty who are ready for this. Select the component or components each principal and faculty wish to incorporate and then fund it fully using whatever dollars are available. Build the program one year at a time. Administrators will find that federal and state grant dollars are much more flexible than in previous times and can be used for these programs to a great extent. Especially ask the

question, “What are the new federal dollars being used for?”, as that will probably be our good fortune over the next few years. Also, start programs first that will generate funds the quickest (such as nurses to bring in Medicaid dollars and increase attendance). Get the local hospital or mental health agency to lend personnel. They’ll see a greater number of patients at your school than in their clinics. It’s a “win-win”.

IMPROVING TEST SCORES

In McComb we not only want to be the best in the state and country, but we want to be the best for the state and country. So, test scores are important, and they improve dramatically with the incorporation of a coordinated school health program. However, we have agreed as a community that we will not have higher test scores at the expense of discarded students. In other words, high test scores are not good for the community and state and nation if our dropout rates are steadily climbing, thereby placing young men and women on the streets to “steal your stuff and mine.” In McComb and other places like us, academic achievement is improving, but it is improving for all children, not just the easy to handle and teach. Our health program is providing that opportunity. Graduation rates are up from seventy-four percent to ninety-one percent. Dropout rates have dropped from thirty percent to less than five percent. And yes, all of our schools have climbed from the state accountability category of “Needs Improvement” into the state accountability categories of “Successful” and “Exemplary”. These results aren’t flukes. They are the result of building a solid infrastructure through coordinated school health.

QUALITY OF LIFE

Many administrators at some point during their day feel somewhat trapped and even powerless under the current scenario of high stakes testing and accountability. On the one hand there are huge expectations that every teacher will be able to instruct every child in such a manner that not one child will be left behind. On the other hand, the children that come to school have many problems over which we as educators have no control. The raw product, if you will, is less promising than we would like.

Our choices as administrators are to either keep on plugging under duress and stress or to take control of the situation by addressing those potential barriers to learning. The former will make one sick. The latter will give us back that feeling we all had when we started into our education careers, a sense of hope and accomplishment. Coordinated school health can even the playing field for all of our children. It can present the opportunities for teaching and learning all of our teachers and children deserve. And, as an administrator who puts this environment into place, one can take pride in the accomplishment. That administrator will have made life better not only for themselves, but for their teachers and students, too.

Permission to Change

Sitting the community down to talk about what they want for their children and their schools can be a real eye-opener for administrators. Most people are different from the policy-makers, politicians, and education “experts” with whom we usually dialogue. But they matter the most. When we take the time to ask, their concerns will more likely not match up with the accountability mantra continuously thrown our way. In fact, a compilation of recent national surveys of teachers, parents, and students published by Public Agenda, a research and policy organization in New York City, validates that thought. The conclusion from these authors is that “ill-mannered pupils, demoralized teachers, uninvolved parents, and bureaucracy in public schools are greater worries for Americans than the standards and accountability issues that occupy policymakers”. Proponents of school health should take this information and use it to give administrators and school boards “permission” to have a coordinated school health initiative in their school district or individual schools.

There are some “tried and true” lessons learned. Health proponents can use these and persuade administrators to take advantage of these in securing permission to move on to coordinated school health. These revolve around community ownership. And, remember, the regular community wants what we want...quality care and education programs for all children.

LESSON ONE: Community Meetings

Ask your community to come together and answer three questions.

-What do you not like about the education programs?

-What would you like to see happen?

-How do you want to get there?

Invite all to come, but also invite those you must have to come. For example, I recruited influential people who first-hand experienced the heartache of health problems. You need to go find a banker with an asthmatic child, a police officer with diabetes, a parent whose spouse died of heart disease from being obese, a teacher who suffers from high blood pressure, a preacher who counsels with depressed adolescents, and a store owner who sees kids hanging out on the corner. This will take some doing, but it will pay dividends in the end. Your community will tell you they want coordinated school health, although perhaps not in so many words. They will speak of kids not having enough to eat, not having opportunities for physical activity, not having access to regular medical and dental care, not having enough love and nurturing, not living in safe places, and they will speak of stressed out teachers and administrators.

The trick is to not be defensive. Lay out all the perceived faults, as painful as that might be. Once you have gotten past that stage the remedies come into play, and that is much more fun. The community will give the okay to create coordinated school health because

they want for every child what they give to their children. They can understand Maslow's Hierarchy of Needs" if presented to them in a reality-based fashion. Those basic needs affect them on their job, and they will make the connection that school is their children's job.

LESSON TWO: Form a Community Health Advisory Committee

The administrator needs outside cohorts. This movement cannot be as successfully born out of the staff's perception of needs, as it will out of the community members' perceptions. The community has to see the need, ask for remedies, and require accountability just as we do for test scores. It is far more effective for members of the community to request such a program from the superintendent than it would be for the school nurse or dietician. For instance, I recruited a pediatrician to serve on the Health Advisory Council because I wanted an outside expert. I needed an outside expert to give testimony to the school board about the wretched state of health of our children in this community...not New York or Cleveland or San Francisco, but McComb, Mississippi. I needed an expert to tell them what harm we were doing with the candy and soda in our vending machines. I needed a physician to say that it appeared, based on the obesity and diabetes cases he was seeing among our school children, that the children needed more regular physical education and health education. This physician, in fact, transferred the liability of contributing to the poor health of our children to the school board by that testimony. They could not say that they were not told the problems and the solutions. Sometimes liability fears gets movement before any good reason.

LESSON THREE: Data Collection and Dissemination

We don't do this very well as educators, but the best thing we can do to not only gain permission but to keep that support is to collect baseline data and then report all the wonderful progress you make on at least an annual basis. Your community likes good news about its children and its school system. Give it to them. The other point here is that the data does not just need to be education related. As we did, look, at the juvenile crime arrest rate. Look at the teenage pregnancy rate and especially the rate of second babies. Look at what your graduates do in the community (i.e., go to work, go to jail, go to college). The more good data, the more permission for next steps.

LESSON FOUR: Get the Teachers on Board

No matter what happens, the teaching staff has to both understand the "what's in it for them" and give permission if this is to work in the most effective manner possible. That is easy enough for the administrator to accomplish by virtue of one simple statement. "It's not your fault." Teachers are tired of being asked to do the impossible. We can show them that this will make life better for them. There will be support for them when their students show up with those problems from the outside. All of our teachers want to do a great job with every child. As an administrator, I just have to convey to them that this is going to help them do that, not become just some other thing they have to worry about. Coordinated school health conveys the message to teachers that

we as administrators care about them, that we acknowledge the difficulty of their jobs, and that as an administrator I am thoughtful enough and resourceful enough to help find solutions.

CONCLUSION

I believe that most administrators feel that in education we have tried most everything commercial and professional during the last thirty years of education reform. Some have worked for some students, but most have failed for many. It's those many that are hurting us in our society. Administrators are looking for something that really works to not only help children, but help the profession as a whole. Coordinated School Health will do that.

REFERENCES

Bush, J.M., & Wilson, C.S. (1997). Linking schools with youth and family centers. *Educational Leadership*, 55, 38-41.

Dickens, C. (1986). *A tale of two cities*. Philadelphia: Running Press. (Original work published 1XXX)

Kozol, J. (1991). *Savage inequalities*. New York: Crown.