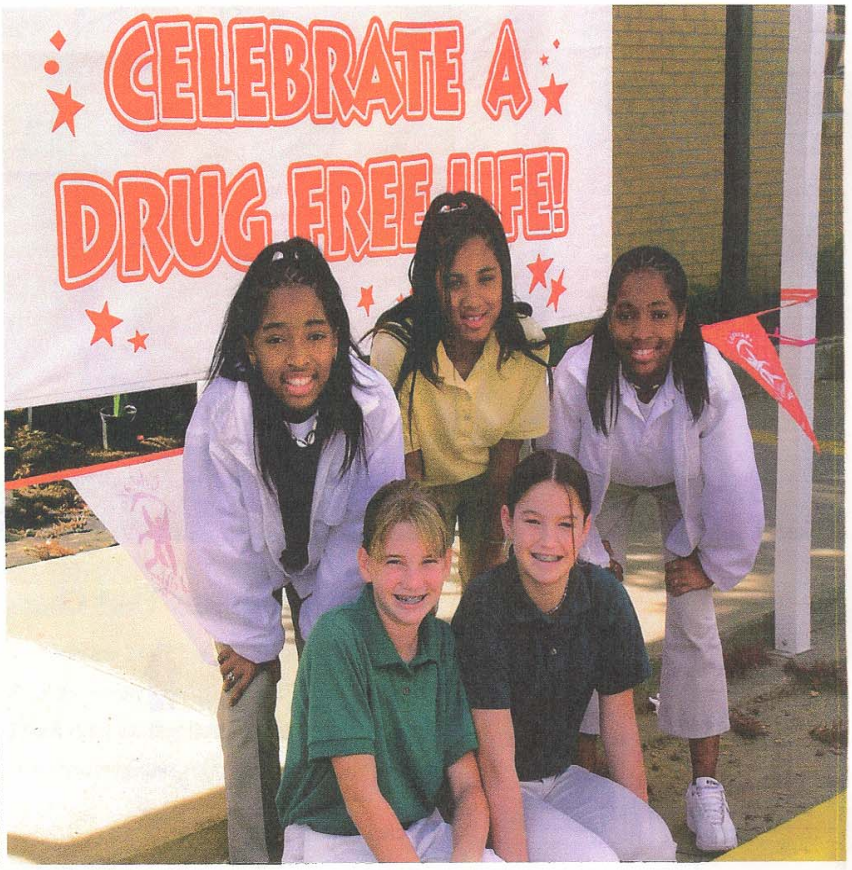
McComb School District in Mississippi supports the fundamental needs of all students—with outstanding results.

A Coordinated

Pat Cooper

In September 1997, the McComb School District in Mississippi hired me as the new superintendent of schools and gave me a mandate to improve academic performance, working within a framework of caring and inclusion. McComb is a small city of about 13,300 residents located in rural southwest Mississippi. Of the 3,000 students who attended the community's seven public schools, approximately 85 percent were eligible for free or reduced-price lunch, and more than 30 percent were living below the federal poverty line.

The school system had become fractious in terms of race relations, the "have and have not" syndrome, and private school competition. Public support was waning. In a community whose population was 50 percent white, McComb School District had a white student enrollment of only 15 percent.



PHOTOS BY CHRISTY KEIRN

Students at McComb's Denman Junior High School participate in Red Ribbon Week, a week of activities promoting a drug-free lifestyle.

A Community Comes Together

In undertaking the challenge of turning around this struggling school system, McComb's district leaders identified three questions that we needed to answer:

- What do community constituents not like about the school district?
- What do they want their school district to be like?
- How do they want us to get there?

To address those questions, we turned to the community. At the beginning of the 1997–1998 school year, we sent out notices to clubs, organizations, and churches, and we published invitations in the local newspaper encouraging people to take part in restructuring the school district. Respected and knowledgeable citizens and education leaders jointly facilitated the meetings. The 350 participants were divided into five groups according to their interests: health and wellness, facilities, technology, public relations, and academic opportunity. Each group met once or twice each month from September through May, and all groups participated in several joint meetings toward the end of the process to put the pieces together.

The meetings created unanimity in purpose and direction. Community members and district personnel reached agreement that excellence is not about test scores, but rather about enabling every child to excel in all of his or her abilities, whether that involves learning algebra, playing the trombone, shooting a basketball, or being of service to others. We developed a vision statement that revolves around the whole child:

> The McComb School District is a committed and nurturing community

School Health Plan

taking responsibility every day for positively impacting the physical, social, and academic well-being of every child and challenging him to become an extraordinary individual empowered to change the world.

A Plan of Action

Once the McComb community made its commitment, district personnel realized that we needed to translate the vision into an unwavering mission. As the first step to creating a school system that would address the needs of the whole child, we looked at the answers to our three questions.

What did community constituents not like about the school district? At the meetings, most participants focused on failures to meet our students' needs. A high proportion of their comments related to students' mental and physical health.

For example, the local hospital administrator complained that the only time doctors saw most of our students was in the emergency room—a practice that resulted in ineffective and costly health care. Most of our students did not receive regular Medicaid screenings because the doctors could not get their parents to bring them to the clinics. Even children with regular private insurance often received inadequate preventive care. School personnel identified cavities and gum disease as a major problem among students.

Businesspeople observed that our students were not ready for work when they graduated. Chamber of commerce personnel pointed out that the schools didn't appear physically inviting. Residents complained that there were too many kids hanging out on the streets as truants or dropouts.

Parents focused on the high number of students lagging behind in reading skills and being placed in special education. Some argued for tighter discipline strategies; others saw the district as too punitive.

Our job was to do for all children what we did for our own—no excuses.

Principals and teachers complained about poor attendance that was often the result of such medical conditions as asthma, lice, diabetes, and obesity. Secretaries and administrators worried about having to make medical decisions at school. Teachers said that poor physical facilities inhibited teaching and learning. Food-service directors said that they had a hard time financing the food services because students were skipping the school-provided meals in favor of junk food.

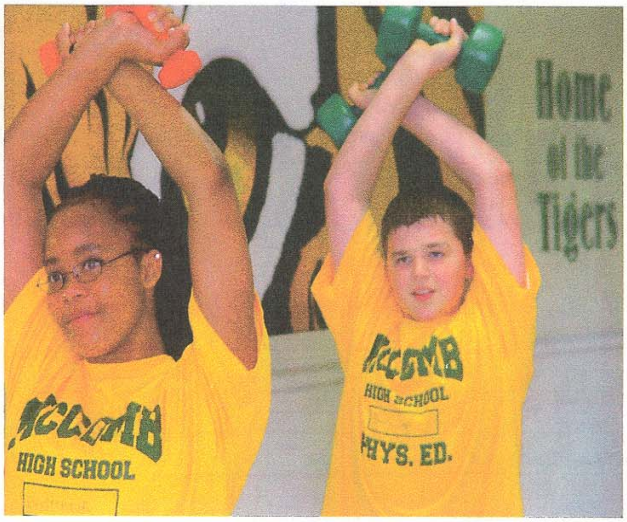
Recreation advocates complained about the lack of formal physical education in the schools, poor facilities, and too little opportunity for students to participate in less-competitive intramural and individual sports after school. Districtwide organized health education for students, they said, was almost nonexistent except as a rainy-day activity. Students had neither the knowledge of health that they needed nor opportunities to put that knowledge into action to make healthy choices.

Mental health advocates cited the prevalence among students of depression, eating disorders, thoughts of suicide, and violent behavior because of families' failure to find and use quality mental health services. Gangs and community violence were creeping into the middle and elementary schools, along with such problems as illegal drugs and alcohol, child abuse, and homelessness. According to the local Youth Court judge, the juvenile violent crime rate for McComb students was escalating. Law enforcement personnel complained about too many suspensions, which left kids roaming the streets unattended. And on and on and on . . .

Thank goodness we finally came to the next question!

What did they want their school district to be like? Community members and district personnel grappled with what the schools should be doing. We approached this question with a consensus that we had to do more for the students than provide traditional academics. At first, however, we disagreed about where the responsibility for our children's well-being should reside.

Community members asserted that schools should play a major part in teaching students how to be healthy and in preventing social and emotional problems that kept them out of school. Teachers and principals countered that with so much emphasis on test scores, they found it hard to spend time on programs that didn't directly connect to academics.



The well-being of youth in our community has improved.

A watershed moment occurred. We all agreed that having the best test scores doesn't make you the best school, especially if the dropout rate is high. We came to an agreement: McComb School District should strive to not only be the best *in* the state and country but also be the best *for* the state and country. If we focused on keeping all of our students in school through graduation instead of on the streets, our test score averages might never be the highest—but we would be serving the needs of our students and our community.

Community members and district personnel agreed not to blame parents, students, or circumstances. Our job was to do for all children what we did for our own—no excuses. We decided to measure our success not just according to the usual criteria of test scores, absenteeism, teacher retention, dropout rates, and graduation rates, but also according to outcomes that were crucial to the community as a whole—recreation opportunities, juvenile Medicaid service rates, juvenile arrest rates, and rates of teenage pregnancy, teen suicide and attempted suicide, drug abuse, and child abuse.

In short, to ensure the future of our society, we joined with parents and community partners in taking responsibility for the whole child. We believed that academic achievement would come for all children only when we addressed their basic needs. This approach would mean truly leaving no child behind!

How did the community want us to get there? Everyone was fired up and excited about the vision—at least until we faced the question, How do we get there? Then the magnitude of our commitment sank in. But the answer was there all along; we just had to rediscover it.

A breakthrough took place when one of our parents, a blue-collar laborer, proposed that we think of our children in school as having the same needs that adults do in their jobs. After all, school is children's job. This analogy led to the question, How do adults accomplish their best work, and what conditions need to be considered in the workplace? Then it was easy to recognize where we needed to look: Maslow's Hierarchy of Needs.

Abraham Maslow asserted that people must satisfy their lower-level needs—physiological well-being, safety, love and belonging, and a sense of competence and recognition—before they can concentrate on the needs involved in meaningful learning, including the cognitive drive to know and explore; the aesthetic drive to appreciate symmetry, order, and beauty; and the self-actualization drive to find self-fulfillment (Maslow & Lowry, 1998). Most educators read Maslow in their college sophomore psychology course. The problem was that we hadn't taken what we learned in that course and applied it to educating our students.

To translate Maslow's concepts into programs our system could implement, we turned to the coordinated school health model developed by the Centers for Disease Control and Prevention (2005). The model provided a framework for school reform based on programs in eight areas: (1) health education, (2) physical education, (3) health services, (4) nutrition services, (5) counseling and psychological services, (6) healthy school environment, (7) health promotion for staff, and (8) family and community involvement. To bring the circle back to teaching and learning, we added a ninth component: academic opportunity.

We had our restructuring plan in place. Our McComb School District vision statement kept us centered on serving the whole child. Maslow's Hierarchy of Needs provided the framework to accomplish that vision by defining what all our students needed. And our McComb nine-component coordinated school health model created the mechanism to meet the needs of all students, regardless of the circumstances.

Implementation of the Plan

During the next five years, every McComb school put into place programs that promoted the nine components of school health. The district mandated that each school tackle at least one component of its choice each year. Some schools worked on two or three components at a time, depending on their needs and available resources. For logistical reasons, the district central office took responsibility for the components of academic opportunity, nutrition services, and family and community involvement. "School Programs to Support the Whole Child" shows a sampling of programs that addressed the nine components.

The funding mechanisms for our districtwide initiative were incremental and evolved over time. First, we made more creative use of our existing funds from local, state, and federal sources. We worked from a zero-based budgeting model, finding funds for the health programs every year before funding anything else. We began to prioritize—for example, by devoting funds to hiring necessary staff before buying "stuff."

Next, we created interagency agreements that gave us access to the services of nurses, therapists, police officers, recreation personnel, and other staff working for the city government, hospitals, service clubs, and other local

School Programs to Support the Whole Child

Health Education

- Formal nine-week sequential K–8 health education classes for all students every year.
- 1/2 Carnegie Unit health education requirement for high school graduation.
- Data collection efforts to identify problem areas and progress of all programs.

Physical Education

- Certified physical education teachers in every elementary and middle school to provide an average of 30 minutes a day of organized P.E. or health for every student.
- Intramural sports leagues.
- Joint city- and school-sponsored summer recreation programs.

Health Services

- One nurse for every 450 students in a school.
- Health and wellness clinics with Medicaid services in each school, open to both students and staff.
- Follow-up referrals and contact with primary-care physicians and dentists.

Nutrition Services

- Redesigned menus that provide more attractive, healthful choices for our students.
- Policies that restrict school fund-raisers to nonfood or healthful food items.
- Policy that limits school site vending machines to selling water, 100 percent juice, or milk.
- Policy allowing drinks in the classroom to keep brains hydrated.

Counseling and Psychological Services

- One mental health therapist and one guidance counselor for every 450 students in a school to provide individual, group, and family counseling.
- An interagency health and wellness team in each school, which meets once a week to staff and case-manage troubled students.
- Drug and alcohol counseling services.

Safe and Healthy School Environment

- Annual districtwide safety checks by state department of education staff.
- Modernized and clean school physical plants.
- Security cameras in schools and on buses.
- A toll-free phone number for confidential reporting to law enforcement agencies.

Health Promotion for Staff

- Annual free health check-ups and screenings for all staff.
- School-provided aerobics and fitness classes.
- School nurse case management for staff with chronic illnesses.
- Extended school year beginning August 1, with four nine-week sessions and a nine-day break in between each session for stress relief.

Family and Community Involvement

- Joint community-school health fairs and screenings.
- Parenting classes and conflict resolution classes open to the community.
- Faith-based partnerships for mentoring.

Academic Opportunity

- District family nurturing center and day care for teen mothers and fathers and their babies for prenatal, postnatal, and child care classes and full-time day care while in school.
- Off-site tutoring centers at housing projects and churches in the community.
- Districtwide early childhood coalition (with private day-care providers and Head Start centers) to serve all 3- and 4-year-olds who will enter the McComb School District as kindergartners.

Source: McComb School District

Aims of Education

What then is the education to be? Perhaps we could hardly find a better than that which the experience of the past has already discovered, which consists, I believe, in gymnastic, for the body, and music for the mind.

—Plato

organizations. This win-win strategy gave the agencies much better access to the children and youth in our community. We also got increased funding by turning all our school clinics into Medicaid-eligible facilities so that we could collect reimbursement dollars for any services provided to Medicaid-eligible students. And, most important for the sustainability of our programs, we began to receive more state funding because our average daily attendance went up and dropout rates went down.

Improved Results

Good feelings from staff and community are positive indicators of success, but in the end, results are what matter. The problems that our community identified in 1997–1998 needed to show improvement in 2004–2005. And they did. The positive results of the coordinated school health approach for our schools and community have shown up in both expected and unexpected ways.

Some results reflect improved student discipline. We hoped that attendance would rise from 93 to 94 percent; in fact, it has stabilized at approximately 96 percent. Out-of-class suspension days have decreased by more than 40 percent. Disciplinary hearings for major infractions have decreased by more than half, from an average of 24 each year to 11.

Academic data are also encouraging. In the two years since the inception of our collaboration with private day-care providers and Head Start facilities, the academic functioning of children entering kindergarten has dramatically improved; the percentage performing below their age level has dropped from 57 percent to 45 percent. Student achievement has risen: For example, a representative sample of students tracked from 3rd through 6th grade showed improved Terra Nova scores in reading (from 32 percent to 46 percent of students exceeding the national norm); language (from 34 percent to 47 percent); and math (from 28 percent to 48 percent). Overall, state accountability levels for our schools have gone from Levels 2 (needs improvement) and 3 (successful) to Levels 3 and 4 (exemplary). Spring 2004 testing found that all but one school in McComb made adequate yearly progress in every category; the school that was the sole exception narrowly missed in special education.

In addition, we are keeping our students in school. Graduation rates rose from 77 percent in 1997 to 92 percent in 2004. Dropout rates in grades 7–12 were below 2 percent in 2004, compared with a national figure of more than 30 percent (Orfield, Losen, Wald, & Swanson, 2004).

The well-being of youth in our community has also improved. For example, the juvenile crime arrest rate in McComb has dropped by 60 percent (from 331 arrests in 1997–1998 to 131 in 2003–2004). The rate of teenagers having second babies—a significant indicator of teen mother dropout rates—has stood at 3 percent in McComb during the last six years, compared with a national average of 21 percent (Mississippi Department of Public Health, 2004).

Perhaps the most telling indicator is that the community is coming back to the public schools. White enrollment has risen to 25 percent, parental complaints to the superintendent's office have decreased by 75 percent (from 110 complaints in 1998 to 28 in 2004), and public funding for school facilities and programs has gained new support.

Overcoming the Odds

McComb School District's success started with the understanding that we had to address the needs of the whole child and then work toward systemwide change for our schools and community. We wanted to enable students to excel in spite of poverty, illiteracy, unhealthy environments, and the violence all around them. Eight years later, it seems to be happening.

Today, we have the same housing projects, the same one-parent households, the same poverty, the same teachers, the same reading program—but we see different results for our students. The common denominators for our success have been a focus on common human needs, a coordinated school health program, and a believing community. EL

References

Centers for Disease Control and Prevention. (2005). *Healthy youth! Coordinated school health program* [Online]. Available: www.cdc.gov/HealthyYouth/CSHP

Maslow, A., & Lowry, R. (Eds.). (1998). *Toward a psychology of being* (3rd ed.). New York: Wiley & Sons.

Mississippi Department of Public Health. (2004). *Teenage pregnancy in Mississippi: Annual report.* Jackson, MS: Author.

Orfield, G., Losen, D., Wald, J., & Swanson, C. (2004). *Losing our future: How minority youth are being left behind by the graduation rate crisis.* Cambridge, MA: Civil Rights Project at Harvard University.

Pat Cooper is Superintendent of Schools, McComb School District, P.O. Box 868, McComb, MS 39649; 601-684-4661; pcooper@mde.k12.ms.us.