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COMMON SENSE IN ACTION

A Report on a BellSouth Foundation Special Initiative

"Teachers look at the children and see students; nurses look at them and see patients; we look together and see kids."

*Kaye Rideout, RN
Hickman Elementary School
Kentucky*



HEALTH AND EDUCATION: WHAT'S THE CONNECTION?

THE PICTURE OF HEALTH?



Our goal:
to find out what
can happen when
school districts
try new ways
to address the
full spectrum
of a child's
health needs.

It really comes down to common sense. Children who come to school feeling healthy, safe and well-nurtured simply do better. If a child is hungry, running a fever, or living in fear of a bad situation at home, how can she concentrate on reading, writing, math or physics?

Student health is holistic. Physical, psychological and emotional well-being all are part of high academic achievement. Healthy parents and healthy families lead to healthy kids. And the health of a family is influenced by community factors such as poverty or joblessness. Even the school itself can influence a child's health, as children look to teachers and other adults as role models for healthy behaviors. And, there is evidence that the ability to read has a positive impact on personal health.

These factors may seem obvious. Yet, they have been missing as a key consideration in most southern school districts as the region has wrestled with school reform over the past decade.

To draw attention to the importance of the whole child, the BellSouth Foundation created its Linking Health to Education Reform special initiative in 1996 as a core component of its overall mission to improve education in the South. The initiative was designed with the express purpose of promoting and sustaining policies and practices that ensure students come to school healthy and ready to learn. Our goal: to find out what can happen when school districts try new ways to address the full spectrum of a child's health needs.

79.5% of America's 84 million children are school age.

68% of child mortality is caused by accidental injury, suicide, homicide and HIV/AIDS

Low income children are 3 to 4 times more likely to have iron deficiencies as preschoolers. They are 1.3 times more likely to have learning disabilities.

15% of child visits to public health providers are for psycho-social reasons, such as anorexia, bulimia or sleep disorders. Health care providers recognize these problems only about half of the time.

Children ages 10 to 14 suffer more assaults than any other age group.

Two-thirds of 10-14 year olds have tried alcohol; one-third have tried drugs; one-third have smoked cigarettes.

One-third of students have considered suicide by the 12th grade.

20 - 30% of students have not been to a primary care health provider in the last year.

15% of children have no health insurance of any kind.

36% of youth have been diagnosed with a chronic illness, including physical ailments, developmental disabilities and mental health problems. 18% are considered "special needs."

THE BELL SOUTH FOUNDATION INITIATIVE

Nine school districts participated in the BellSouth Linking Health to Education Reform initiative. They ranged from a large, urban district with over 100,000 students to a very small rural area with less than 1,000. However, they all shared a vision for healthy, happy students who are ready and eager to learn. They also shared an acceptance that a school district must shoulder some of the responsibility to ensure that vision.

Likewise, they shared a great deal of creativity. Solutions ranged from developing on-site school health clinics for entire families, to summer and school-year health workshops, to an award-winning violence prevention program, to job placement and counseling for parents. Underneath it all, this group of districts recognized that they needed a model framework to guide their efforts – one that would ensure that no component of student health was left untargeted. They selected the Comprehensive (or Coordinated) School Health Program, first articulated by Dr. Lloyd J. Kolbe of The Centers for Disease Control and Prevention. Each district focused its strategy to address one or more of the eight components outlined in this framework, and laid the groundwork for incorporating all components going forward.

Districts received grants from BellSouth Foundation during the initiative, totaling \$60,000-\$90,000 apiece. They used their funds to support the immense amount of planning, training, networking and advocacy required to create, implement and sustain a comprehensive program. They also made a concerted effort to collect data, both analytical and anecdotal, to record their successes. Although the differences among strategies at each district make a district-to-district data comparison difficult, taken as a whole these nine school districts paint a wide-ranging picture of the positive impact that children's health strategies can have in school reform.

Project Partners:
 Beaufort County Public Schools, South Carolina
 Cleveland County Public Schools, North Carolina
 Fulton County Public Schools, Kentucky
 Gulfport School District, Mississippi
 Gwinnett County Public Schools, Georgia
 Jefferson County Public Schools, Kentucky
 McComb Public Schools, Mississippi
 Santa Rosa County Public Schools, Florida
 West Feliciana Parish Schools, Louisiana

EIGHT WAYS TO LINK HEALTH TO EDUCATION

These eight elements of the Coordinated School Health Program give school districts a guide for a comprehensive way to make health a part of education.



Health Services

1

School-based clinical services, from preventive check-ups or education programs to emergency care, help stop health problems and injuries from becoming obstacles to learning and help keep children in school.

Counseling and Psychological Services

2

Activities that address the cognitive, emotional, behavioral and social needs of students and their families can prevent many problems and facilitate positive learning.

Parents and Community Involvement

3

Partnerships among schools, families, community groups and agencies allow all stakeholders to share and maximize resources and expertise. Rather than working in isolation, the school becomes the hub of an integrated network of providers.

Healthful School Environment

4

A healthy physical, emotional and social climate in the school depends on everything from a safe physical plant to a supportive environment created by caring, sensitive school personnel.

Staff Wellness

5

Because all adults are role models, they need to be healthy, too. Health assessment, education and fitness activities for school faculty and staff are key.

Physical Education

6

Planned, sequential instruction helps develop basic movement and sports skills as well as enhancing mental, social and emotional abilities. This lays the groundwork for lifelong physical fitness.

Health Instruction

7

Classroom instruction, tailored to each age level, will help to motivate students to take charge of their own health, prevent disease and reduce health-related risk behaviors.

School Food Services

8

Nutritious, affordable and appealing meals, as well as nutrition education, promote healthy eating behaviors for all children that can last a lifetime.

Goal: Provide comprehensive counseling services to students and families in distressed situations through two elementary school Family Education and Service Centers.



"In the past, our school worked in isolation, but now we work more comfortably with local agencies."

Dr. Melissa Sheppard, principal of Broad River Elementary School, credits the success of Beaufort County Schools' efforts to link health and education on strong relationships with parents, public agencies, early childhood educators and local medical practitioners. These relationships have created a momentum that is continuing beyond the life of the BellSouth grant.

According to Dr. Sheppard, these lasting relationships are largely due to the individual efforts of the school/community liaison, Mary Butts. "Mary did a tremendous job of creating relationships that we've continued," says Sheppard. Although Butts has since left, the school now employs two full-time guidance counselors who have carried out the work she began three years ago. "In the past, our school worked in isolation, but now we work more comfortably with local agencies," states Sheppard.

The efforts of Broad River (and another school in the project, Beaufort Elementary School) centered on providing mental health services to families and children in need. "Thanks to Mary, we were able to make contact with a lot of families outside of school hours that we hadn't been able to reach before," comments Sheppard. Butts connected families in need with various local agencies who helped the families with everything from parenting skills, to diagnosing and treating children with Attention Deficit Disorder (ADD), to intervening in abusive situations. "Having a dedicated, caring individual to do this work created a level of trust with these families. They have continued to work with mental health professionals and we have not lost them," states Sheppard.

Building on the initial successes of the project, the guidance staff at Broad River recently has created a series of evening workshops on topics that staff and parents have identified as issues, ranging from making stepfamilies work to dealing with ADD in children. So far, they have held four workshops with eight to ten participants at each.

Butts also conducted a strong early childhood outreach effort, working with parents and local day care agencies to ensure that young children come to school ready to learn. Sheppard sees this relationship as three-fold: "Day care centers now understand what we expect children to know when they start school, and parents have some continuity and a basis for involvement when their children arrive at school," she says. The outreach effort is paying off in terms of test scores as more and more children are entering school with readiness scores of seventy to eighty percent.

In addition to relationships with local mental health agencies and day care centers, Broad River also has developed valuable relationships with public health agencies and local medical professionals. The school works with a sliding-scale public health clinic whose staff visits the school several times a week. The school also has developed relationships with local dentists to provide dental care to children who otherwise may not receive it.

The greatest success is that, because of the strength of these relationships, children at Broad River are performing better. "We've seen an increase in school attendance, a decrease in disciplinary actions, and an increase in parental involvement with the PTA and teacher conferences," states Sheppard. "Health truly does make a difference."

District Snapshot:

rural/small town

23 schools

16,505 students

52% on free/reduced lunch

48% Caucasian,
45% African-American,
7% Native American/
Hispanic/Asian/Other

\$5,700 spent per pupil per year

www.beaufort.k12.sc.us

Successes:

Increase in school attendance

Decrease in disciplinary actions

Increase in parental involvement



"Putting a face on mental health services takes away barriers for parents and students who otherwise might not seek out help because of the stigma attached."

Successes:

Students have a "safe place" to go for mental health needs

Increased attendance and improved test scores

Fewer out-of-school suspensions

School Board OK for a full-service health center at Burns Middle

Since 1998, the Healthy To Learn project in Cleveland County, NC has focused on a piece of health that is all too often overlooked – but is just as important as having a nutritious meal. Stress, anxiety and depression over situations either at home or at school distract many students from their business at hand: learning.

Burns Middle School, the site chosen for the Healthy To Learn project, is in a remote, rural corner of Cleveland County, isolated from the county seat of Shelby. "Most of the services are in Shelby, but most people are not in Shelby" says Bill McCullough, Director of Student Services for Cleveland County Schools in North Carolina.

How then do you provide the necessary services to students in the remote parts of the county? The solution: locate a licensed psychologist to work on site as a member of the school staff. This may seem very simple, but it has created a revolution at Burns Middle School. "Kids were hungry for the service after the first year," states McCullough. "Putting a face on mental health services takes away barriers for parents and students who otherwise might not seek out help because of the stigma attached to mental health issues."

The way McCullough sees it, this systemic change – having the mental health provider in the school and therefore more easily seeing the link between mental health and academic support – is the greatest long term impact of the Healthy To Learn project. "We were able to help kids before there was a crisis," says McCullough. "We definitely kept kids out of psychiatric hospitals and in school."

Nicole Finger, the on-site psychiatrist during the 1999-2000 school year agrees with McCullough that being on-site made all the difference in the services she could provide. "Because I was in the school, I could talk to teachers and the guidance counselor about what was going on with each student and we could work together to help the students." The ability to engage the teachers and staff at Burns Middle helped ensure success in carrying out the therapeutic solutions that Finger devised for the students who saw her.

Her presence also meant that kids did not have to wait for help. "Three times last year, students came by the office without appointments to talk about abusive situations at home," says Finger. "The school provided them a safe place to stay until I could get Department of Child and Family Services case workers to the home or to the school to help the kids."

So far, the Healthy To Learn project is paying off in more ways than one. Students who have taken advantage of the on-site mental health services increased attendance and improved their scores on state mandated tests. There are also fewer incidents of out-of-school suspension. "We are at the point now, after two years, that we are seeing a change in the whole paradigm of how to provide mental health services to school-age kids," states McCullough.

And the real pay-off is this: the evidence of results from providing mental health services at Burns Middle School has convinced the Cleveland County School Board to approve a full-service health center at Burns for next year.

District Snapshot:

Rural

11 schools

9,370 students

32.6% on free/reduced lunch

75.5% Caucasian,
23.2% African-American,
1.3% Native American/
Hispanic/Asian/Other

\$5,286 spent per pupil per year

www.ccss.k12.nc.us



"Because of our isolation, we realized that we had to provide health services on site."

Hickman, Kentucky is the seat of Fulton County, a rural county of eight thousand people in the far southwestern corner of the state. There is one doctor in town and one dentist. The closest city of any size is Paducah, an hour away. Many residents are on Medicare or Medicaid.

How do you ensure that children are healthy to learn in such an isolated town? Fulton County decided the answer was to bring dental and health care services to the schools.

Through the help of grants, the school campus - which includes almost 1000 students in Early Headstart, elementary school and high school - now boasts a dental clinic, complete with a dentist's chair and Novocain. A pediatric dentist, supplied by a private clinic, staffs the school's dental facility, performing check ups and filling cavities several times a week. In partnership with the county, the school has staffed a nurse's station with two nurses, an RN and an LPN, who are employed by the public health department. The nurses perform physicals and provide immunizations, first aid and health education.

"Because of our isolation," states Cynthia Terrett, Coordinator for State and Federal Programs for the Fulton County School District, "we realized that we had to provide health services on site."

Kaye Rideout, the RN on duty at the elementary school, is reluctant to take all the credit for the positive changes that she has seen, but she knows that she is making a difference. "Because I am here, these things can happen," Rideout says modestly. "But if I weren't here, I hope it would be someone else."

Each year, Rideout performs well child exams for any students new to the school district. One year, she looked in a ten-year-old boy's ear and saw that his eardrum was perforated like a honeycomb. The child had suffered for years from earaches, but the problem was always misdiagnosed and treated with antibiotics. Rideout referred the boy to an ear, nose and throat specialist who performed surgery to correct the condition. "With only one doctor in town, it's hard to get a second opinion, especially for Medicaid referrals," states Rideout. "But because I am here, I can provide the necessary referrals."

In another instance, a boy came to the nurses' station complaining of chest pains. His teachers thought he was making up the pains to get out of PE classes, but Rideout detected an irregular heartbeat and referred him to a heart specialist in Memphis. The specialist diagnosed a dangerous heart condition and performed corrective surgery.

Not all of the effects of Rideout's presence are as dramatic, but they are tremendous nonetheless. Because of her access to a network of health educators through the health department, she can produce effective health fairs that focus on a number of topics. She also helps the parents of children with chronic conditions understand their children's conditions and treatments.

"Teachers look at the children and see students; I look at them and see patients," says Rideout; "we look together and see kids."

District Snapshot:

Rural

2 schools

830 students

68% on free/reduced lunch

70% Caucasian,
29% African-American,
<1% Hispanic/Latino

\$2,905 spent per pupil per year

www.fulton.k12.ky.us

Successes:

Children in an isolated community have access to complete health and dental care

Preventive treatment allayed potentially dangerous health conditions

School nurse helps parents deal with children's chronic conditions



"This isn't just a Band-Aid solution; it reprograms the way kids deal with anger and aggression."

In 1999, when most of the country was focusing on the tragedy in Littleton, Colorado, *Time* magazine and CNN were profiling the successes of the violence prevention program in Gulfport, Mississippi.

"The Second Step program focuses on developing empathy for others and on finding more appropriate ways to deal with anger," says Candace Ozerden, the Program Coordinator for the Gulfport School District's various health services. According to Ozerden, since the program began in 1998, the district has seen a reduction in assault cases and a proportional increase in attendance as fewer students are suspended for assaulting other students.

"The real long-term effect of our BellSouth grant is that we have established an on-going violence prevention program," states Ozerden. Because of the way Gulfport has implemented the program, Second Step will be self-perpetuating. In 1998, teachers and administrators from elementary and middle school programs received Second Step Train-the-Trainer training. During that year, these newly trained teachers and principals trained their colleagues on how to deliver the curriculum to their students. Over the next two years, the trained teachers introduced the curriculum in their classes and now are continuing to train new teachers.

The trainers learn how they, too, can act and react with empathy and learn new ways to respond to student outbursts. "The training made teachers realize that as adults they may react too quickly as well and not have enough empathy for students," relates Kenny Hudson, a middle school principal. "The teachers are learning not to deal with things in a black and white way," says Hudson, "Kids live in the gray areas and we have to recognize that."

After seeing the results of Second Step in the halls of his own school, Hudson is a big fan of the program. "This isn't just a Band-Aid solution; it reprograms the way kids deal with anger and aggression. I see kids using Second Step principles to talk themselves and others out of fights," says Hudson. "One class made up a Second Step rap and started singing it to a group of students who were on the verge of a fight in the hallway. Before long, everyone was laughing and the situation was diffused."

In another instance, one student started to make fun of another child whose parents had died. Hudson came upon the two boys just as they began to fight and talked to the first student about empathy, asking him to put himself in the shoes of the boy whose parents had died. "He actually started crying when he realized what the other boy must feel," says Hudson. The fight was averted and the boys learned a valuable lesson in empathy.

"The beauty of Second Step," says Hudson "is that it gets to the heart of the problem."

District Snapshot:

Urban

11 schools

6,232 students

62% on free/reduced lunch

47% Caucasian,
49% African-American
4% Native American/
Hispanic/Asian/Other

\$6,160 spent
per pupil per year

www.mde.k12.ms.us

Successes:

Decrease in student assaults

Increase in student attendance

Program is on-going and self-perpetuating



"We realized that the schools couldn't provide for all needs, so we looked to the community, which was very hungry to help."

Faced with a booming population and a community that is transforming overnight from suburban to urban, and from homogenous to multicultural, the Gwinnett County School District staff thought the best way to handle the attendant problems of rapid growth was to harness the assets of the community and students. "We're trying to look at the whole child," says Brenda Thomas, School Project Leader for Gwinnett County's Community Care Teams initiative. "We realized that the schools couldn't provide for all needs, so we looked to the community, which was very hungry to help."

The thirteen Community Care Teams are centered in "clusters" that represent different areas of the county. As the clusters were created, both youths and adults (parents and interested community members) were actively involved in the process of identifying issues and developing and implementing responses. The activities supported by the Community Cluster Care Teams are based on four guiding principles: create awareness of what local residents can offer their community; increase youth involvement in community service opportunities; identify and connect community cluster assets; and foster community mobilization. Every cluster activity focuses on building and expanding youth and community assets as a way of proactively addressing the issues that growing urban communities face.

"I have seen a culture change as the clusters have developed," states Thomas. Suzanne Brighton, Community Project Leader agrees, "When you give youth the opportunity to do service, great things happen." And great things are happening all across Gwinnett County. Each cluster chooses the areas it wants to focus on. At Dacula High School, students organized Hands Together Dacula Day in October 1999. During the full day of volunteerism, students from all grades made baskets for the local food pantry and painted and cleaned the exteriors of elderly residents' homes. Nine hundred students – nearly the entire high school – took part in the event, which set the stage for a year-long burst of volunteerism throughout Dacula.

According to Brighton, through Hands Together Dacula, the youth became integral members of the community and realized that they had resources to contribute. Most importantly, volunteering kept the youths engaged in meaningful, healthy activities at an age when everyone is at risk. "The more involved youth are in the community, the less likely they are to engage in risky behavior and vandalism," says Brighton. "When they are helping to clean up the community, they are less likely to engage in tearing it down."

In other parts of the county, students who were already on the edge of society have become valuable members of their communities. The Meadow Creek Cluster Care Team identified expelled students as a community concern and decided to address this issue. "When students are expelled, they are at home with nothing to do," states Brighton. "They are at risk and fall below grade level." The Youth Elements of Success (YES) program takes advantage of community assets to work with expelled students who voluntarily take part in the program. A Gwinnett County teacher uses space at a local church to teach twenty expelled students. The students learn not only academics but also leadership skills. The participants mentor younger students and volunteer in the community. "The more engaged they are," says Brighton, "the more invested they become and the less likely they are to fall into delinquent patterns."

Among other results of all this community activity are fourteen school-based volunteer centers in elementary, middle and high schools across the county, and a partnership with the national America's Promise Partnership. Such symbiotic relationships between the community and schools in Gwinnett County are creating long term change and ongoing momentum that will sustain the Community Cluster Care Teams' involvement in the schools for years to come.

District Snapshot:

Suburban/urban

86 schools

103,845 students

19% on free/reduced lunch

65% Caucasian,
15% African-American,
20% Native American/
Hispanic/Asian/Other

\$5,872 spent per pupil per year

www.gwinnett.k12.ga.us

Successes:

Strong youth/adult partnerships

14 school-based volunteer centers

Constructive alternatives for expelled students

Jostens "Our Town" Award recognition

Creating Fitness Role Models

Goal: Promote and help maintain healthy lifestyles and reduce risk behaviors in students through the Health Promotion Schools of Excellence project.



"There is a link between the increased health awareness of adults and an increase in student fitness."

Since 1992, Jefferson County Public Schools in Louisville, KY has turned a spotlight on all aspects of student health, even going so far as to target staff health so that they may better model healthy behaviors and attitudes for students. The Jefferson County Health Promotion Schools of Excellence (HPSE) program focuses staff and parental attention on the health of all students and highlights the link between health and academics. "We have seen a greater awareness of health and healthy behaviors on the part of students, staff and parents," says Bonnie Ciarroccki, HPSE coordinator through the local Medical Society.

Each of the 59 participating schools has an HPSE committee made up of parents, staff, faculty and administrators who together examine everything from the nutritional content of school lunch menus to the safety of school crosswalks.

The HPSE program also includes the assessment of student physical fitness levels, knowledge, attitudes and behavior related to health, and a Summer Health Institute for all adult members of the school HPSE committees. These components demonstrate the synergy that is created when a district focuses on all aspects of health.

During several days of the week-long Summer Health Institute, all teacher participants receive health screenings from doctors and nurses for everything from skin cancer to cholesterol and blood glucose levels. Over the years, the Health Institute has helped many adults catch potentially life threatening conditions before they got too far. "We discovered that one woman who always had sinus trouble had asthma, and we've caught three basal cell carcinomas,"

states Ciarroccki. "We even discovered that one seemingly fit teacher who is a vegetarian and runs every day was on the verge of having a stroke."

According to Ciarroccki's observations, there is a link between the increased health awareness of adults and improved student fitness and health awareness scores. During the first summer health institute, two physical education teachers were diagnosed with high blood pressure and ended up undergoing angioplasty. Several years later, one of those teachers was at a new school, where it was noticed that students were more enthusiastic during fitness tests in that teacher's classes than in other PE classes, in response to the teacher's enthusiasm. It turned out that students in the enthusiastic teacher's class also had higher scores than those in the other classes.

Among all of the success stories that Ciarroccki shares, the one of which she is the most proud is the story of the program's funding. The school superintendent, Dr. Stephen Daeschner, was so impressed with the HPSE program that, in 1999, he gained school board approval to award \$1,000 to each HPSE school that raises its own \$1,000. Together with \$1,700 per school from the private sector, each HPSE school now devotes \$3,700 to health efforts. Daeschner also recommended that the HPSE staff (formerly volunteers) become salaried employees of the school district as of July 2000. Daeschner's vote of confidence in HPSE is an example of a "program" becoming a systemic commitment.

District Snapshot:

Metropolitan urban

151 schools

92,000 students

52% on free/reduced lunch

69% Caucasian,
30% African-American,
1% Other

\$5,524 spent per pupil per year

www.jefferson.k12.ky.us

Successes:

Teachers take part in health training

Teacher enthusiasm rubs off on students

Fitness levels of students improved

Formerly volunteer health advocate roles are now paid staff positions

Using Data to Evaluate Results

Goal: Implement a 13-year, multi-faceted, coordinated school health strategy and evaluate relative to educational outcomes.



"The biggest surprise is not how much of an impact the Healthy Outcomes project has had, but how quickly we have seen results."

Successes:

National recognition

Increase in school attendance to 98.5%

Decrease in disciplinary actions, suspensions and expulsions

District-wide advisory committee

All staff trained in data collection

When the McComb School District in McComb, Mississippi began the Healthy Outcomes project, they decided not to focus on just one or two components, but to tackle everything. In a district where eighty percent of students are on free or reduced lunches and there is a high rate of teen pregnancy, there is a lot of work to do. "Each year, we start something new," says Norma Kraypac, Health Coordinator for the school district. Three hundred community members participated in initial brainstorming meetings to provide input for the program, and the district now works with a Community Health and Wellness Advisory Board to help implement the program. "We just have to start where the children are and stay with them," states Kraypac.

The McComb program addresses all components of the Coordinated School Health framework adopted by the Linking Health and Education Reform special initiative. For example, in the area of Health Services, each school now employs a full-time registered nurse. One student's mother was especially grateful for this service when a nurse picked up symptoms of an acute, rare disease in her child. The McComb district is also setting up a childcare service in the high school where student parents learn parenting skills. In the area of Staff Wellness, all staff and teachers receive a Health Risk Appraisal and help with chronic conditions such as diabetes. In addition, McComb has declared that academic services provided through individualized instruction and nurturing teacher-student relationships constitute a ninth component of their Coordinated School Health strategy.

When McComb wanted to screen elementary school children for hypertension, they realized there were no models for doing this. So they created one. The results of the screenings will be published in conjunction with the National Association of School Nurses. "It was surprising to see how many students had a predisposition for hypertension," says Kraypac. In addition to sharing the results of the screenings to help create benchmarks, school nurses are working on nutritional needs with those students who are predisposed to hypertension.

Throughout the life of the Healthy Outcomes project, the school district has placed an emphasis on gathering detailed data and evaluating results. According to Kraypac, the biggest surprise is not how much of an impact the Healthy Outcomes project has had, but how quickly they have seen results. "School attendance has increased to 98.5%; more students are reading at their grade level; and there is a decrease in disciplinary actions, suspensions and expulsions," says Kraypac.

Fortunately for the community at large, McComb staff are not keeping the fruits of their labor to themselves. Tom Brokaw featured the program on his news show in February of 1999. Educators from school districts and universities throughout Mississippi and the U.S. have visited McComb to look at the program.

While the McComb district is sharing its success stories with the nation, the staff's focus is staying firmly on the students. "Everything we do is to help the children and relieve teachers of stress they used to feel as they try to teach children who have family, learning and behavior problems," asserts Kraypac.

District Snapshot:

Small town

7 schools

3,027 students

79% on free/reduced lunch

24% Caucasian,
76% African-American

\$4,900 spent per pupil per year

www.mde.k12.ms.us/5720



Goal: Train vocational/technical students interested in health careers to work as school-based health para-professionals.

"The success of the program rests in large part on students who are helping other students."

"Before we started the Closing the Gaps program three years ago, only forty percent of students who left class for health reasons returned to class that day," says Carol Calfee, Coordinator for the Santa Rosa, Florida school health initiative. "Now, ninety percent of students return to class."

The more students are in class, the more opportunities they have for learning, so it is easy to see why Calfee is so proud of the accomplishments of the program. The state of Florida does not fund school nurses, yet twenty of the Santa Rosa schools now have health clinics staffed by trained health technicians and they will have all the schools in the district staffed by summer 2001. What is even more impressive than the numbers is that the success of the program rests in large part on students who are helping other students.

"Initially, we wanted to offer full service health care," says Calfee, "but we didn't have the money for a full-blown clinic staff so we started researching the possibilities." What the district came up with is a unique partnership between the district, the public health department and a private corporation. For years, the district has had a successful technical training center that included a nurse training curriculum. The district worked with the state public health department to design a curriculum for Certified Nurse Assistants (CNAs). High school students participating in the technical center curriculum could take these courses and become CNA/Home Health Aides. The school district also contracted with Pediatric Services of America (PSA), to manage the oversight of

health clinics in the schools. Once students completed their CNA coursework, they performed internships in the school clinics and were then hired by PSA as health technicians at the schools and at other locations.

Health technicians in the schools provide a range of services such as administering medications, dealing with compound fractures, assisting students who are having epileptic seizures and helping parents understand children's health needs. The technicians know they are helping. Jerri Pittman is particularly proud of the work she did with a sixth grade girl with bipolar disorder. "Before the clinic opened, her episodes in class were so disruptive that she ended spending her entire day in the guidance counselor's office," says Pittman. Once Pittman was there, however, she could sit with the girl during her episodes, providing attention and guidance and helping her to work through each episode. By the end of the year, the girl was spending most of each day in her classes. "She is now in the eighth grade and her doctors have even reduced her medication," says Pittman.

By using creative solutions and reaching outside the traditional methods of health care delivery and financing, Santa Rosa has provided a better learning environment for all of its students and has directed some into new career paths. "Now we have a more caring environment for children," states Calfee. "Students used to come to the office, but there was no one who could take care of them so they were sent home, even though their case may have been relatively minor." Now, these students stay in class longer and are able to learn more.

District Snapshot:

Suburban/rural

30 schools

22,958 students

47% on free/reduced lunch

93% Caucasian,
6% African-American,
1% Other

\$4,623 spent per pupil per year

www.santarosa.k12.fl.us

Successes:

90% of students who leave class for health reasons return to class the same day

Student health needs met while providing career training

20 school sites covered; next year, all 30

School Board voted full support to continue

State of Florida commendation

Integrated Services for Whole Families

Goal: Expand the services offered through the Family Service Center to meet the needs of community parents in the areas of family literacy and vocational skills.



"The lasting impact of our programs is seeing family independence develop."

"We have finally learned what it means to help families do things for themselves," states Eileen Sonnier, Director of the Family Service Center (FSC) at West Feliciana Parish Schools in St. Francisville, Louisiana. For nine years, the FSC has delivered an expanding repertoire of family and early childhood services to at-risk families and children through the parish school district. The programs range from medical and mental health services, parental job counseling and family literacy, to Early Head Start and Even Start programs.

"The lasting impact of our programs is seeing family independence develop," says Sonnier. "We try to bring together as many services as possible on the premise that literacy, health and social-economic background are linked. The better these are, the more likely kids are to stay in school." This tight integration of services means that whole families participate in the programs and whole families experience the benefits when mom and dad learn to read, receive mental health counseling, participate in job training, and take an interest in their children's education.

Integrated services are especially significant in a parish that is struggling with welfare-to-work issues. Through FSC programs, 50% of the participants in the job training program now have stable jobs. One mother of four came to the FSC with significant cognitive disabilities, unable to read or perform basic math. After participating in the Family Literacy program, she was hired at the FSC as a kitchen aide in the Early Head Start program where she uses many of the reading, writing and basic math skills that she learned at the FSC. Just as important as the steady school district paycheck and

benefits is the fact that FSC physicians are helping her learn how to care for her son who has sickle cell anemia. "She can now talk to doctors and handle issues that come up with his illness," says Sonnier. "When he has to go to the hospital and receive a blood transfusion, she understands what is happening and can participate in his medical care."

FSC programs also are helping families to end intergenerational cycles of poverty, as parents begin to break old patterns and model new behaviors for their children. A mother with a history of family violence began attending family literacy and Early Head Start programs with her youngest children when her oldest son and daughter were in elementary school. The whole family received mental health counseling and the mother began working at a local restaurant. While the younger children were at Early Head Start, the older children watched their mother attend classes and become involved in their learning. They are now the first children in their family to graduate from high school and they are both attending college.

"The thing that makes the FSC unique is that it's so integrated," states Sonnier. "Families come here to see us about one thing and we can help them with other things. The more reasons they have to come here, the longer they come and the more services they use."

District Snapshot:

Rural

4 schools

2,385 students

46% on free/reduced lunch

54.5% Caucasian,
45.5% African-American

\$5,895 spent per pupil per year

www.wfpsb.org

Successes:

A fully-integrated spectrum of family services that are linked to education

50% of the participants in the job training program now have stable jobs

Families are breaking intergenerational cycles of poverty

District is now one of top ranked in state academically

LESSONS LEARNED



1 Synergy Components of School Health are Synergistic

When more than one component of the Coordinated School Health program was implemented – and the varied expertise of community personnel was brought to bear on the problems at hand – the benefits to students increased exponentially. Providing related services (e.g., social service contacts, after school programs) further enhanced these outcomes. Districts learned from one another how to tackle other components; this is the value of a network.

Listening to the needs and desires of all constituencies was critical to the success of the BellSouth Foundation initiative. Projects that offered activities aimed toward different constituencies but with the same goal benefited from greater universal support. However, the communities served were frequently in considerable flux. Turnover in project and school personnel as well as the migration of students and families to other schools or districts hampered service continuity, follow-up and evaluation. Recognizing these limitations helped personnel deal with setbacks.

Collaboration was a critical means for maximizing resources and sustaining activities, yet collaborations varied dramatically. Some were quite positive while others were fairly tenuous. Where individuals were highly committed and there was strong mutual support among groups, desired outcomes were achieved in spite of adversity. Having the school principal as a champion was especially important.

2 Support Enhancing Student, Family, and Community Collaboration

The projects in this initiative brought together professionals from different sectors and professional cultures. Good communication among the participating parties was imperative. Creating an ongoing dialogue among the various constituencies participating in the project required investments in time and energy by all parties, as well as a willingness to recognize and deal with professional differences. Each party's concerns, perspectives and contributions had to be recognized and explicitly addressed. There was a need periodically to re-examine roles and the tasks related to them and make adjustments. As new personnel were added, others gave up tasks – a welcome, but sometimes difficult, transition.

External communications vehicles – especially appropriate media coverage – were key to reaching diverse audiences in a timely manner. Marketing the project's purpose and successes helped community members become invested in its success. Sometimes, however, project personnel had little control over what the media presented. Providing carefully scripted materials, speaking in "sound bites," and offering to review drafts helped ensure that the correct message would be presented.

3 Communication The Value of Good Communication

4 Data The Need for Data-Driven Decision-Making

Strong buy-in for the project from the participating agencies' leadership and mutual respect among participants were key. To achieve this, and in some cases to reinforce school district commitment, required that data be in evidence to support the proposed changes. Data also was needed to influence legislative mandates and appropriations for services to improve the health of students. To begin, some sites used data already available in their communities, such as the results of comprehensive county health surveys. However, ongoing data collection was needed to make adjustments and to demonstrate project achievements.

Technology can be a wonderful asset, but also a headache at first. The difficulties in implementing new technology grew over the course of the projects. Schools and community agencies became increasingly dependent on technology for communication, record-keeping, information access and data collection. Good computer software to ease the collection of data was in short supply in these districts, as were the servers necessary to connect sites across districts and connect schools with the agencies. The need for all partners to work towards establishing an infrastructure and building budgets to undergird technological innovations were necessary.

5 Technology Successfully Implementing Technology

6 Planning The Importance of Continuity Planning

The most significant lesson learned was the need for continuity planning to sustain programs after initial funding ended. Project personnel needed business skills (e.g., marketing, strategic planning, and financial planning) for institutionalizing their programs. Formal risk assessments and business plans at the projects' inception were needed to help ensure the immediate and long-term success of complex projects. Failure to engage in such prospective planning would result in time-consuming scrambles for money. Lack of cash flow constantly threatened project viability in many cases.

Sites that used outcomes data and financial information for marketing purposes found such strategies to be beneficial. When school boards became invested in a project and were aware of its successes, they were more likely to heed the findings and incorporate relevant activities into school strategies. School boards were especially receptive to cost-benefit analyses of keeping more students healthy and in school.

Starting small, proceeding cautiously, and conducting formative evaluations allowed for necessary project adjustments, supported dynamic and controlled growth, minimized the difficulties encountered, and ensured that project goals were realized.



LINKING HEALTH TO EDUCATION REFORM

NEXT STEPS

When BellSouth Foundation began the Linking Health to Education Reform initiative in 1996, few corporations or government entities were engaged in this work. Today, more and more education leaders are involved. Universities are becoming partners with local school districts. State-level programs also are being developed.

For instance, in October 2000, Governor Jim Hunt of North Carolina is joining with the National Committee on Partnerships for Children's Health and Region Four of the U.S. Department of Health and Human Services to convene a special gathering of southern governors, health commissioners, higher education leaders, and business and foundation representatives to explore ways in which postsecondary institutions might work more proactively with local communities and state governments to address children's needs.

Meanwhile, in Georgia, a group of private foundations has established the Philanthropic Collaborative for a Healthy Georgia and is creating a shared pool of resources for expanding school health models and other health needs. The Georgia State Department of Community Health will match this amount to fund school health programs.

Nationally, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services has issued an RFP to fund a center that will provide technical assistance to school districts and health professionals that are collaborating to serve students. And the National Assembly of School-Based Health Centers draws larger and larger crowds to its annual conference; over 700 attended in June 2000.

The BellSouth Foundation is pleased about these and other developments that are bringing more school districts and communities together around children's health and learning. We look forward to their successes and the improved life chances for students that will result.

linking health to education reform

SELECTED RESOURCES



"If schools do not deal with children's health by design, they deal with it by default."
Health is Academic

America's Children: Key National Indicators of Well-being,
www.childstats.gov .

Building a Full-Service School: A Step by Step Guide,
Calfee, Wittwer, and Meredith; Jossey-Bass, 1998.

Common Cause: School Health and School Reform,
Charles Deutsch; in Educational Leadership, vol. 57, no.6
(Special Issue: Healthy Bodies, Minds, and Buildings), 2000.

*The Comprehensive School Health Program: Exploring an
Expanded Concept*, D. Allensworth and L. Kolbe; in Journal
of School Health, vol. 57, no.10, 1987.

Education and Health: Partners in School Reform,
BellSouth Foundation and the Education Development Center,
Inc. 1994.

Evaluating Educational Outcomes of School Health Programs,
Barbara DeJaney; US Department of Health and Human
Services, Public Health Service, 1994.

The Forgotten Half Revisited,
American Youth Policy Forum, Washington, 1998.

A Framework for Understanding Poverty,
Ruby K. Payne; RFT Publishing, 1998.

*Health as the Optimal State of Physical, Mental and Social
Well-Being*, W.T. Boyce; Paper presented at the Rochester
Child Health Congress, Rochester, NY, 1999.

*Health is Academic: A Guide to Coordinated School Health
Programs*, Eds. Marx and Wooley; Teachers College Press,
Columbia University, 1998.

KIDS COUNT Data Book: 2000,
Annie E. Casey Foundation. www.aecf.org

*More Things That Do Make a Difference for Youth:
A Compendium of Evaluations of Youth Programs and
Practices*, American Youth Policy Forum, Institute for
Educational Leadership, 1999. (Also 1997).

Poverty Matters: The Cost of Child Poverty in America,
A. Sherman; Children's Defense Fund. Washington, D.C. 1997.

School Health: Findings from Evaluated Programs,
US Department of Health and Human Services, Public Health
Service, 1998.

*School-based Clinics: A Response to the Physical and Mental
Health Needs of Adolescents*, Harold & Harold; in Health and
Social Work, vol.18, no.1, 1993.

The State of America's Children Yearbook,
Children's Defense Fund, Washington, D.C., 1999.

*Success Stories: How School Health Centers Make a
Difference and Starting Young: School-based Health Centers
at the Elementary Level*, National Health and Education
Consortium, 1995.

*What Every Educator Should Know...About the Changing
Social Policy Landscape and Efforts to Ensure Student
Success through Collaboration*, Council of Chief State
School Officers, 1998.

Also - on violence prevention

*Hidden Casualties: The Relationship between Violence and
Learning*, Deborah Prothrow-Stith MD and Sher Quaday;
National Health & Education Consortium, 1995.

In the School Safety Zone, Arthur Kellerman MD; in Rollins
School of Public Health Magazine, Emory University, 1999.

*Reducing School Violence: Building a Framework for School
Safety*, SouthEastern Regional Vision for Education.

*Preventing Violence: Parents and Caregivers Can Make a
Difference*, Metropolitan Life Foundation, 1995.

*School Safety and Discipline: Enhancing Learning and
Averting Misbehavior*, Dr. Gail Fletcher; for the Georgia
Partnership for Excellence in Education, 1999.
(also Resource Guide)

"Second Step Violence Prevention Curriculum," from
committee for children, 1-800-634-4449.

*BellSouth Foundation's
aim in the Linking
Health to Education
Reform initiative was
to spur innovation and
promote local solutions,
not to instill one
template. The case
studies presented in
this report exemplify
the wide range of
creative strategies
devised in response
to local priorities and
with local partners.
But these case studies
are just a snapshot
of the more extensive
work being done in
the districts. By sharing
their successes and
lessons learned, we
encourage other school
districts to engage with
their communities in
order to assure healthy
outcomes and academic
success for all children.
For more extensive
information, please
contact the individual
sites.*

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