

THE COUNCIL OF CHIEF STATE SCHOOL OFFICERS'

SUCCESSFUL PRACTICES SERIES



REPORT 1

A SYSTEM APPROACH TO CHARTING A PATH TO QUALITY AND ACHIEVEMENT

By: Leon McLean, Marvin Fairman, and Bob Moore



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Bob Moore, Superintendent,
Oklahoma City Public Schools (OKCPS)

What can superintendents do when they find themselves in a position where there is a lack of public confidence and support for public schools as evidenced by failures to pass adequate local funding? What can superintendents do when the level of student performance is declining as evidenced by a significant increase in the number of schools that are failing to make adequate yearly progress? These are two of the key questions that Superintendent Moore had to address three years ago when he became the new superintendent of schools in the Oklahoma City Public Schools (OKCPS).

As is typical for major urban school districts throughout the United States, the OKCPS district is challenged by “high-stakes” testing and accountability. This challenge is exacerbated in urban districts with high mobility rates, low SES as evidenced by the percentage of students receiving free and reduced lunches, and a high percentage of ELL students. The OKCPS district serves 40,000 plus students, from pre-kindergarten through grade 12, ranking it as the second largest public school district in Oklahoma. OKCPS consists of 89 schools inclusive of 57 elementary, 8 middle, 9 high, 6 alternative, and 9 charter schools. The district serves a majority minority population with 83 percent plus students eligible for the free and/or reduced lunch program.

Upon arrival to the district, Superintendent Moore received a report for the State that only 45 percent of the schools had made adequate yearly progress. Furthermore, after a careful examination of the financial status of the district, he learned that the financial integrity of the district was in jeopardy with an estimated deficit fund balance of approximately \$4 million. Within three years the OKCPS district has increased its fund balance from a negative \$4 million to a positive \$9 million, and the number of schools making adequate yearly progress increased from 45 to 91 percent.

What Was the “Path” to this Rapid Progress?

What was the path to this extraordinary progress? The model described in this article was implemented with a rapid turnaround in all indicators of improvement required by state/federal standards and audit requirements. The Organizational Health Diagnostic and Development Corporation (OHDDC) model was a key information source and tool that has been integral to improved academic achievement and overall organizational health in OKCPS. The “path” that Mr. Moore initiated upon arrival in Oklahoma City Public Schools (OKCPS) was a familiar path because he had traveled it in two previous districts. As a result of his leadership in charting a systemic pathway to quality and achievement, the Amarillo Independent School District was recognized in the state of Texas in 1998 as a finalist for the Texas Quality Award. Similarly, the successful implementation of his systemic approach as superintendent of the Mesa County

Valley School District in Grand Junction, Colorado, resulted in that district receiving the **Colorado Foothills Award for performance excellence** in 2003. Therefore, it is not now surprising that in December 2005 the Oklahoma Quality Foundation named the Oklahoma City Public Schools District as the recipient of the Oklahoma Quality Award.

Since he had previously “road tested” this systemic change process, he could state with confidence, “. . . they [the OKCPS Board of Education] knew that a pre-condition for my accepting the position [of superintendent] was that the Board of Education would fund and support the Organizational Health improvement process.”

The Organizational Health improvement process is a data-based approach to diagnosing and improving the leadership effectiveness of principals and their leadership teams. The objective is to develop and capitalize on the leadership capacity of individuals and teams on campuses throughout a school district in order to improve student performance.

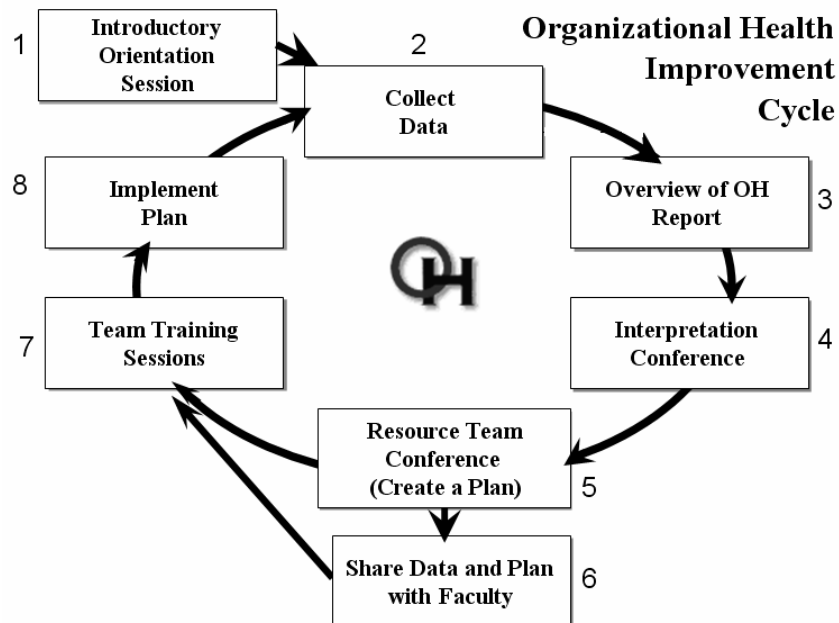


Figure 1: Organizational Health Diagnostic and Development Process

As depicted in Figure 1 above, Step 1 in the process is a district-wide Orientation Session for the principal and a faculty representative from each campus. In Step 2, data are collected during a regular or special faculty meeting following procedures that ensure the integrity of the data. In Step 3, a composite Organizational Health Profile is presented to district leaders and principals that shows leadership and organizational strengths as well as improvement priorities. These data are presented in a confidential scatter plot format to provide a visual representation of the strengths and priorities that permeate the district. Furthermore, it provides individuals an opportunity to see how strengths can also cause liabilities.

Steps 4 and 5 are highly individualized data-based activities with each principal and his/her supervisor. Based upon the data and a collaboratively developed strategic plan during Step 5, the principal is in a proactive position to share the data in Step 6 with his/her faculty. The Team

Training sessions in Step 7, which are scheduled for six teams consisting of the principal and six faculty members per school, are designed to build the leadership capacity of key team members. Step 8 incorporates the implementation of the strategic plan into the school's goals setting and planning process. As is implied by the circular graphic in Figure 1, this cyclical diagnostic and development process is continued annually.

The Organizational Health Instrument (OHI) elicits open and honest feedback from faculty members regarding the internal workings of their schools. Briefly stated, the OHI provides a reliable and valid measurement of the following 10 dimensions of Organizational Health.

1. **Goal Focus:** Goal Focus is the ability of persons, groups, or organizations to have clarity, acceptance, support, and advocacy of goals and objectives.
2. **Communication Adequacy:** Communication Adequacy exists when information is relatively distortion free and travels both vertically and horizontally within the organization.
3. **Optimal Power Equalization:** Optimal Power Equalization is the ability to maintain a relatively equitable distribution of influence between leader and team members.
4. **Resource Utilization:** Resource Utilization is the ability to identify and utilize the human talent effectively within an organization and to do so with a minimal sense of stress.
5. **Cohesiveness:** Cohesiveness is the state when persons, groups, or organizations have a clear sense of identity. Members feel attracted to membership in an organization. They want to stay with it, be influenced by it, and exert their own influence within it.
6. **Morale:** Morale is that state in which a person, group, or organization has feelings of well-being, satisfaction, and pleasure.
7. **Innovativeness:** Innovativeness is that ability to be and allow others to be inventive, diverse, creative, and risk taking.
8. **Autonomy:** Autonomy is the ability for members to have the freedom to fulfill their roles and responsibilities within established boundaries.
9. **Adaptation:** Adaptation is the ability of members to adapt and change to meet the external demands for change without violating their basic beliefs and values.
10. **Problem-Solving Adequacy:** Problem-Solving Adequacy is an organization's ability to perceive problems and solve them with minimal energy. The problems stay solved, and the problem-solving mechanism of the organization is maintained and/or strengthened.

These 10 dimensions yield a composite profile of Organizational Health, which is defined as “an organization's ability to function effectively, to cope adequately, to change appropriately, and to grow within.” This health, like personal health, can vary from a maximal to a minimal degree.

The data presented in this article reinforces Mr. Moore's commitment to the Organizational Health school improvement process. The state of Oklahoma measures the Academic

Performance Index (API) and the Adequate Yearly Progress (AYP) using the subjects of mathematics and reading. As is graphically demonstrated in Figure 2, the systemic planned change efforts implemented by Superintendent Moore are providing a pathway to quality and progress. The percentage of schools achieving Adequate Yearly Progress increased from 45 percent in 2003 to 91 percent in 2005.

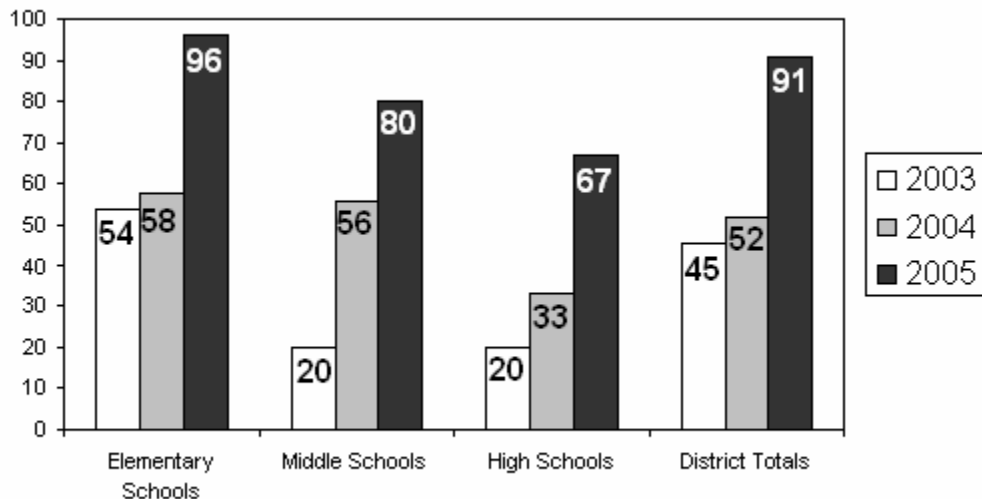


Figure 2: Oklahoma City Public Schools Percent of Schools Making Adequate Yearly Progress (Excludes Enterprise and Charter Schools)

Upon arrival in Oklahoma City, Mr. Moore received information during the summer of 2003 from the Oklahoma Department of Education that only 45 percent of the OKCPS campuses had made AYP. He knew based upon his experience that a foundational piece was to establish an Organizational Health data-base in order to

- Analyze and understand the internal dynamics of each campus, and
- Identify patterns and priorities that permeate the district.

In his first meeting with all administrators, he articulated his commitment to develop the leadership capacity of principals and key faculty teams throughout the district in order to enhance the quality of the teaching and learning environment as a precursor for improved student performance. At that time, he introduced Organizational Health and encouraged principals to embrace this data-based diagnostic and development process.

Early in the fall of 2003, an Organizational Health orientation session was provided for all principals and a faculty representative from each school, teacher union officials, central office personnel, and school board members. The objective for the orientation session was to provide an overview of the Organizational Health improvement process and to gain enthusiastic support for the process from key stakeholders. A date was then set for all schools to collect data. Faculty members from each campus responded to the 80 item Organizational Health Instrument (OHI) following a prescribed process that provided for data security and integrity.

Data-Based and Anxious to See the Data

Organizational Health profiles were prepared in the Fall of 2003 for each campus as well as a composite profile for the district. The composite district Organizational Health profile and a frequency distribution identified the top three strengths and the top three improvement priorities that permeated the district.

These data made it abundantly clear that the strengths of Autonomy, Innovativeness, and Power Equalization were having a negative impact upon the dimensions of Goal Focus, Cohesiveness, and Adaptation. The number one priority was clearly Adaptation, that is, “The degree to which the professional staffs are willing and able to adapt to meet the unique needs of students.”

Mr. Moore’s response to these data was, “The number one priority for a majority of our schools is Adaptation. Based upon my experience in two previous states, I know that the dimension of Adaptation consistently correlates with student performance at a statistically significant level, and therefore, we must double our efforts in improving the Organizational Health and effectiveness of our schools.” He also knew that successful adaptation takes place after faculties have bought into and made a commitment to school-wide goals and that faculty teams needed to be willing to work together collaboratively to accomplish these goals. He sought and received additional federal funding to address low Adaptation, Goal Focus, and Cohesiveness during that academic year.

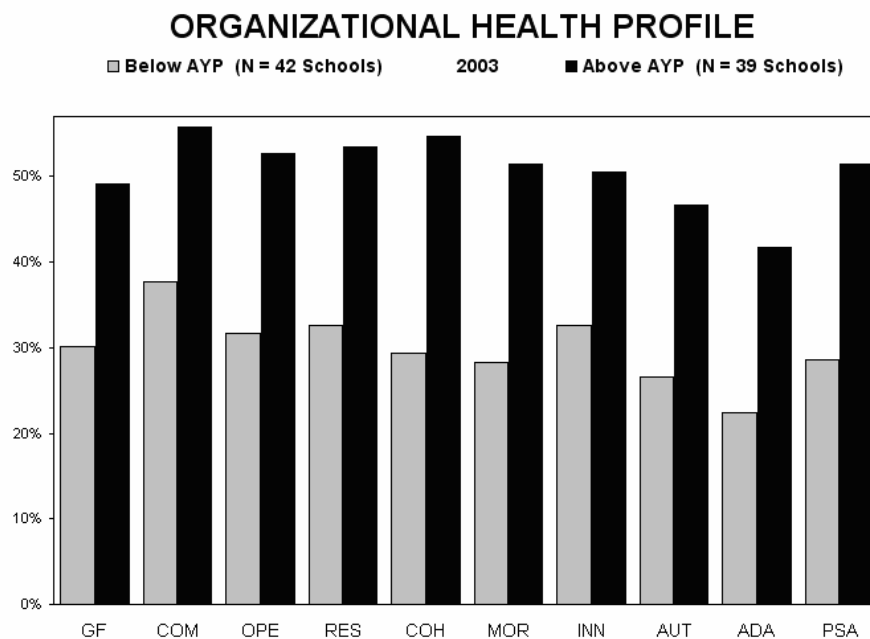


Figure 3: AYP and Organizational Health Relationships for 2003

He further requested that OHDDC provide a composite analysis of the levels of the Organizational Health dimensions for all schools achieving AYP and for those not achieving AYP. The Organizational Health profile in Figure 3 above provides a graphic contrast between these two groups of schools.

One can readily see that the composite Organizational Health profile for the schools that achieved AYP was significantly higher than for those schools that did not achieve AYP. Furthermore, he was very concerned that the levels of Goal Focus, Adaptation, and Cohesiveness were not higher for both groups of schools. As described earlier, Mr. Moore focused his energies on system-wide issues and on developing the leadership capacity of principals and faculty teams.

A Systemic Approach

If educational organizations are to improve—significantly and systemically improve—those who work inside them must take responsibility for focusing their efforts on building and sustaining commitment to a set of shared beliefs throughout the organization. The infrastructure provided by these beliefs provides a foundation for focus, decision-making, trust, collaboration, and professional autonomy. This infrastructure is especially important for a new leader to implement because it will provide a concrete conceptual framework within which organizational members can interpret a new leader’s behavior and trust that leader’s decisions.

Superintendent Moore knew that the Organizational Health systemic process for changing behaviors, structures, and communications is based on the following Belief Statements because he had used them in his previous two districts.

Leadership Belief #1

All decisions should be consistent with the mission and goals of the organization, should be data based, should be anchored in sound theory and practice, and should be focused on what is best for the interests of all students.

Leadership Belief #2

Decisions should be made at the most appropriate levels in the organization as close to the point of implementation as possible based on the competency and mission commitment of those involved.

Leadership Belief #3

Leaders should promote the appropriate empowerment of individuals and teams throughout the organization based on their maturity within the context of Belief #1.

Leadership Belief #4

Leaders have an obligation to create and sustain effective independent and interdependent cohesive teams that have a high commitment to the organizational mission.

Leadership Belief #5

Leaders should promote and grant professional autonomy and freedom to responsible individuals and teams who demonstrate growth from independence to interdependence.

Leadership Belief #6

Leaders should build in quality assurance and control strategies that serve to insure alignment of structures, systems, and strategies with organizational purposes.

A visual representation of these Leadership Belief Statements is presented in Figure 4 which graphically shows the interactive nature of these leadership concepts. For example, the desire and commitment to empowerment of individuals and teams must be done within the context of the district-wide mission and goals, must be data based, must be anchored in sound theory and practice, and must be focused on what is best for all students. These Leadership Belief statements provided the infrastructure for the day-to-day operations of leaders throughout OKCPS and also served as the foundational piece for team-training.



Figure 4: Conceptual Model of the Six Belief Statements

The Organizational Health Diagnostic and Development processes detailed below initiate the behavioral, structural, and communication changes necessary to translate these Belief Statements from theory into practice. Superintendent Moore provided principals and key central office leaders with the opportunity and expectation to participate in these processes as previously graphically shown and outlined in Figure 1 on page 2.

An Overview of District-wide Data. The purpose was to help principals and key central office leaders see patterns that permeated the district. The data analysis specifically revealed how the top three district-wide strengths of Autonomy, Innovativeness, and Power Equalization were negatively impacting the dimensions of Goal Focus, Adaptation, and Cohesiveness. Scatter plots were used to show how these strengths were causing the improvement priorities. Furthermore, these scatter plots were also superimposed on the leadership models of Goal Focus, Cohesiveness, and Power to provide a conceptual framework for visualizing these relationships. During the initial session and follow-up meetings, OHDDC consultants were able to offer specific recommendations regarding structural and behavioral changes.

An Interpretation Conference. Each principal participated in this important conference with his/her executive director and an OHDDC consultant. The objectives for these Interpretation Conference included:

- Helping principals gain a clear understanding of the profile for their campus, identifying and reinforcing the dimensions that were strengths of the profile
- Targeting a focus dimension for improvement
- Providing resource materials including a dimension specific chapter
- Providing a framework for facilitating their reflection on factors impacting the targeted dimension

Principals were expected to keep the profile confidential until after the Resource Team Conference.

Preparation for the Resource Team Conference. Principals were asked to take thirty days to read and be reflective regarding factors impacting the targeted dimension. Following the procedures in *Organizational Health: Improvement Strategies*, they forwarded their reflections to their supervisor and the OHDDC consultant a few days prior to the conference.

Resource Team Conferences. The principal's executive director and the OHDDC consultant served as a resource to each principal. During these conferences, a collaboratively developed Planning Guide was generated to capitalize on the strengths of the campus and to address the number one improvement priority. These Resource Team Conferences were highly individualized staff development activities designed to improve the Organizational Health and productivity of each unique campus. These data-based conferences placed the external consultant and executive directors in a coaching and support role.

Staff Data Sharing Sessions. Principals conducted these sessions with their faculties for the purposes of providing feedback relative to the school's profiles and also to initiate and gain a commitment for the improvement strategies in the Planning Guide. In many cases principals were in a position to use the conceptual framework of the Belief Statements as the springboard for initiating significant structural changes in the day-to-day operations of their schools and to gain enthusiastic support for these data-based changes.

Enhancing Leadership Effectiveness Team Training. Principals selected six key faculty members to attend this two-day team training session with them. Each training session accommodated groups of five schools. The Leadership Belief Statements and associated leadership models provided the foundation for these training sessions and for building the leadership capacity of key faculty teams.

A Follow-up Session. A one-hour session was conducted with each principal to provide support for implementation of the Planning Guide. This provided an important quality assurance component for the executive directors and principals.

Follow-up Training. Based upon Organizational Health data and leadership models, a specialized training session on the dimension of Adaptation was conducted for all principals and district leaders.

Building upon the Leadership Belief Statements initiated with the Organizational Health improvement process, Superintendent Moore also initiated the following specific strategies in order to improve the overall organizational health and effectiveness of the district:

1. Restructured the system from a K-5, 6-8, 9-12 structure to six professional learning communities with a K-12 structure without increasing administrative costs. He empowered six Executive Directors for Student Performance for those K-12 learning communities to provide support and assistance to principals. (Leadership Beliefs 2 and 3)
2. Focused his energies and those of the Executive Directors on the identified priority needs of students, teachers, and principals. This process also involved aligning the functions of key central office units and their leadership with those needs. Specific systemic initiatives included
 - District-State Alignment

He took steps to assure alignment between district and state requirements in all regards. An ongoing, open communication process was achieved with the State Superintendent of Public Instruction to assure district support from the state. (Leadership Beliefs 1 and 6)
 - Paths to Progress

He instituted a collaborative process with site-based teachers and district administration to identify the absence or presence of research based strategies and systems that impact student achievement. The process is implemented in those schools that have not achieved adequate yearly progress and has had a 100 percent success rate when sufficient time has elapsed to implement recommendations from the process. (Leadership Beliefs 1 and 2)
 - Instructional Facilitators

He initiated a process for identifying and placing outstanding teachers in schools in a role of support to other classroom teachers to improve achievement. The role of these instructional facilitators is non-evaluative and highly collaborative with teachers for the purpose of delivering timely and appropriate support based upon the needs of teachers and students. (Leadership Belief 3)
 - Allocation of Resources

He differentiated the allocation of resources (funds and staff) based upon identified needs of students. Schools not achieving adequate yearly performance receive preference for lower class size, professional development, etc. (Leadership Beliefs 1 and 6)
3. Introduced a high performance strategic planning process that involved school and business community leaders. As a result of this significant involvement of key stakeholders, the district has a comprehensive philosophy and a strategic plan that clearly communicates the Aims, which guide the district and serve as anchors for all systems and strategies. All programs and activities must be aligned to one or more of these Aims. Then Goals and Measures are aligned with these Aims to further sharpen the focus on continuous improvement:
 - Learning Focus
 - Effective and Efficient Operations

- Organizational Health
- Effective Workforce
- Safe and Nurturing Learning Environment
- Clear, Concise, Effective Communications (Leadership Belief 1)

Coupled with the involvement of these key stake holders in this strategic planning process, he also initiated the following improvement strategies:

- Superintendent-School Board Priority Action Process

This is a collaborative model that annually identifies and studies three-to-five issues that data suggests are of interest but that are not routinely addressed in other planning and improvement processes. (Leadership Beliefs 1, 2, 3, and 6)

- Action Team Process

New programs, grants, etc. across the district are reviewed annually to assure alignment with mission and goals so that results can be predicted to improve efficiency and effectiveness and ultimately contribute to achievement gains. (Leadership Beliefs 1 and 6)

Did It Make a Difference in Student Performance?

As reported in Figure 2, twelve months later, 52 percent of the schools achieved AYP. These data are presented in Figure 5 below.

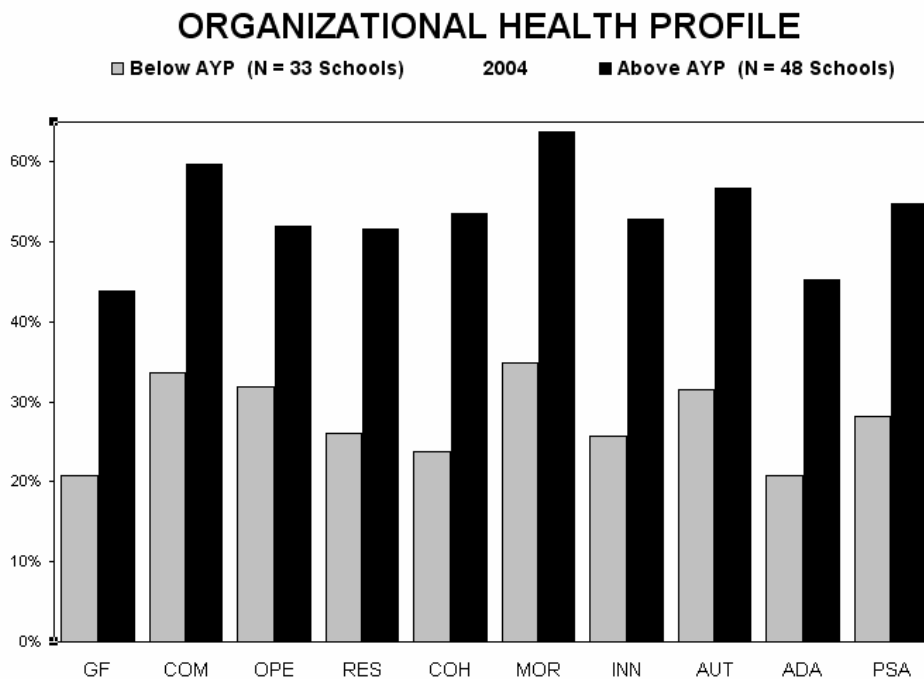


Figure 5: AYP and Organizational Health Relationships for 2004

Mr. Moore also wanted to see the comparison of these two groups of schools. The contrast between the Organizational Health of these two groups of schools clearly shows that those campuses that were implementing the OHDDC leadership improvement strategies were improving the quality of the teaching and learning environment and the subsequent level of performance.

However, as reported in Figure 6 below, the greatest gain in schools moving from below AYP to at or above AYP came during Mr. Moore’s second full year. In school year 2003-2004, Goal Focus was the number one improvement priority for campuses; however, by the end of the 2004-2005 school year, Goal Focus had become the number one strength for those schools achieving AYP, and Goal Focus had become the third highest dimension for those not achieving AYP. By the end of the 2005 school year, 91 percent of the schools were achieving at or above AYP. The profile for these two groups of schools is presented in Figure 6 below.

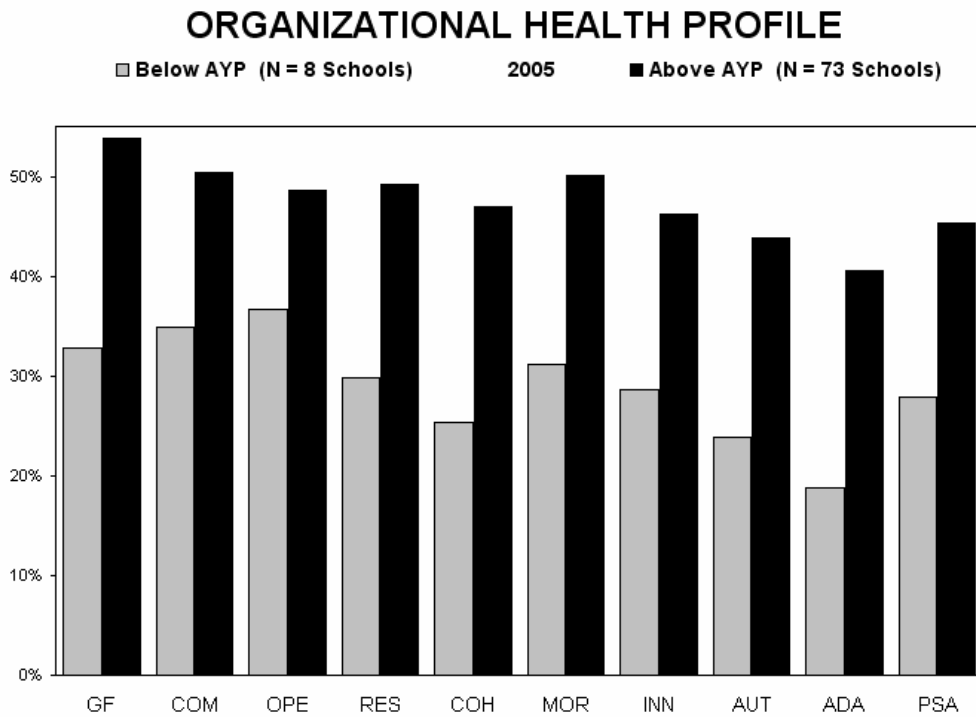


Figure 6: AYP and Organizational Health Relationships for 2005

Based upon these longitudinal Organizational Health and AYP data presented in the previous three figures, one can reasonably predict that the level of student performance will continue to track the level of Organizational Health. The root for reforms is a systems approach—the route to the root is Organizational Health.

NOTE: The data supplement in the Appendix provides further data validation of Organizational Health as a leading indicator of student performance.

The Common Thread

The commonality for schools like OKCPS that are experiencing success with urban challenges is that they have very positive and productive working environments. More specifically, OHDDC has consistently found a statistically significant relationship between student performance and the following four dimensions of Organizational Health.

- **Goal Focus:** the ability of persons, groups, or organizations to have clarity, acceptance, support, and advocacy of school-wide goals and objectives (.001 level of significance)
- **Cohesiveness:** the state when persons, groups, or organizations have a clear sense of identity. Members feel attracted to membership in an organization. They want to stay with it, be influenced by it, and exert their own influence within it (.001 level of significance)
- **Adaptation:** the ability of members to adapt and change to meet the external demands for change without violating their basic beliefs and values (.001 level of significance)
- **Autonomy:** the ability for members to have the freedom to fulfill their roles and responsibilities within established boundaries (001 level of significance)

Based upon these research findings, it seems logical that schools will be more productive when principals have “built in systems” that help the faculty have clarity, acceptance, support, and advocacy of school-wide goals and objectives. Schools that are experiencing high levels of support and advocacy for school-wide goals and objectives have systems in place so that faculty members have opportunities to critically examine data, to have healthy professional debates, and to be involved in establishing realistic short and long- range goals and objectives.

Furthermore, when principals and other key leaders demonstrate that they value, promote, and expect teamwork throughout the school, it has a powerful impact on performance. They have systems in place to help horizontal and vertical teams progress naturally from dependence to independence to interdependence. Teams functioning at the highest levels of interdependence analyze causes for gaps, identify discrepancies, predict future trends, plan proactively, hold themselves and others accountable, and work collaboratively with other interdependent teams. When time is at a premium, dollars are decreasing, and external expectations are increasing, educators need to maximize the impact of their time by capitalizing on the synergy within these interdependent horizontal and vertical teams.

When performance doesn't match the expectation, the natural response of cohesive, goal focused teams is to adapt. The adaptation will be based upon a critical analysis of existing data, a reexamination of current strategies, and the development of proactive strategies for achieving the desired results. Principals and other key leaders play pivotal roles in this important process, especially during the early stages of adaptation.

When faculties have a high commitment to the goals, are functioning as interdependent teams, and are willing and able to adapt and change, principals and other key leaders are in an excellent position to grant freedom and autonomy to these highly committed professionals. The challenge for school leaders is to provide the leadership and structures to build the leadership capacity of individuals and teams that have a high commitment to the goals, to develop cohesive

interdependent teams, to capitalize on the external demands for change as an impetus for proactive change, and to be able to grant autonomy to highly interdependent individuals and teams.

As a school leader who has implemented a systems approach for improving Organizational Health and student performance, Superintendent Bob Moore is once again able to say, “This [Organizational Health and student performance data] is really great news for the district because it proves that even in some of the most challenging situations, every child can learn and continue to experience academic growth when teachers and principals are committed and have the necessary support and resources to work as a team focused on goals and results.”

Furthermore, the success of these reforms reinforces his use of the infrastructure of the Leadership Belief Statements as the basis for a systems approach to school reforms. Not only have they provided a clear conceptual path they have also created a culture of hope and trust for his emphasis on: restructuring a larger district into smaller K-12 professional learning communities to create accountability at the most appropriate levels, gaining support of the community through a strategic planning process, aligning academic and operational programs and initiatives with district-wide aims, restructuring the decision-making structures at campuses with an emphasis on developing leadership capacity, and using Organizational Health data on an annual basis in order to enable interdependent campus leadership to make the adaptations necessary to remain aligned with “true north.”

Appendix and Additional Supporting Data

Each year Mr. Moore has requested an analysis of Organizational Health and student performance. In order to provide a comprehensive analysis, the Research Department provided OHDDC with student performance data for elementary schools during the past two years.

Since the district and state had modified some of their assessment components, the best representation of student performance for elementary schools was the percent of students who were performing at “Satisfactory and Above” on the spring 2005 state criterion-referenced tests for Reading and Mathematics for students in grades 3, 4, and 5. An average proficiency score was computed for each elementary school based on the average score for each of these six assessments. Based upon this “proficiency score” for each of these 57 schools, the schools were ranked from high to low achieving. Schools were then grouped as follows based on their proficiency score:

- Scores at or above the 75th percentile,
- Scores between the 50th and 74.9 percentiles, and
- Scores below the 50th percentile.

Next, a composite Organizational Health profile was created for each of these three groups of schools based on their two year average Organizational Health scores. Figure 7 shows the average Organizational Health score by dimension for the schools in these achievement categories.

ORGANIZATIONAL HEALTH PROFILE

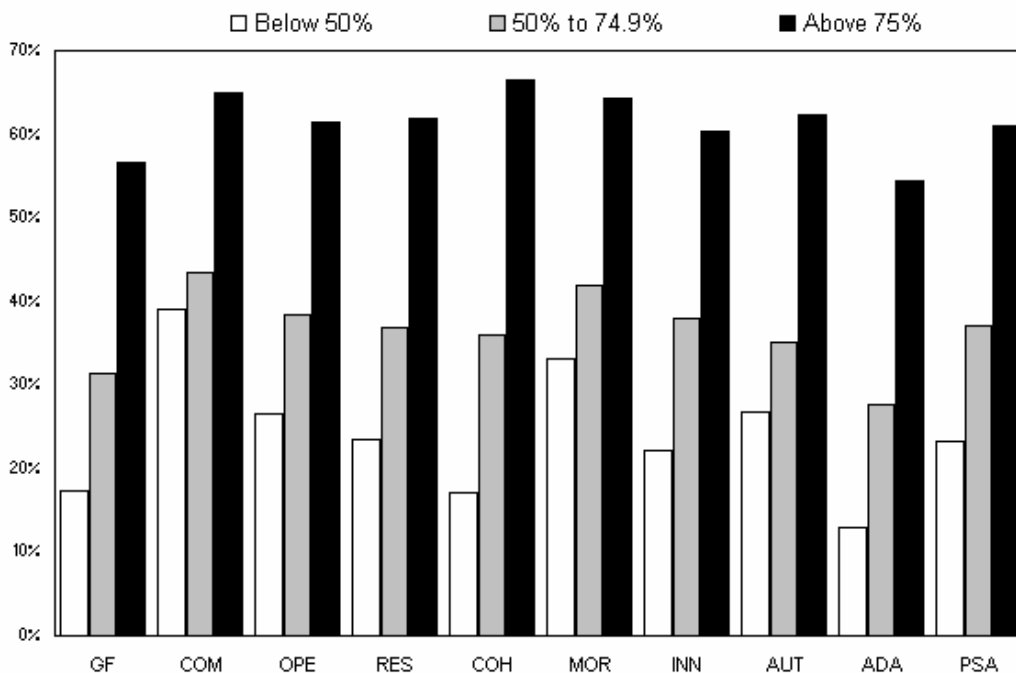


Figure 7: Organizational Health and Student Performance in Grades 3, 4, and 5

Note the relationship of the scores for the dimension of Goal Focus with achievement categories:

- Below 50th percentile achievement 17th percentile for Goal Focus
- Between 50th and 74.9 percentile achievement . . . 31st percentile for Goal Focus
- At or above 75th percentile achievement 57th percentile for Goal Focus

This pattern obviously suggests the expectation of higher performance from higher focus, moderate performance from moderate focus, and low performance from low focus. Similarly, one can readily see a distinct pattern revealing that all ten dimensions of Organizational Health have a corresponding relationship with the levels of student performance.

Furthermore, the three lowest Health dimensions for schools scoring below the 50th percentile were Adaptation, Goal Focus, and Cohesiveness. With Health data from hundreds of schools over the past decade, these three dimensions have consistently correlated most highly with effective schools and distinguished themselves as the “Big Three.” A closer examination of the data in Figure 7 also reveals that the dimensions exhibiting the greatest variance between the top group and the bottom group are:

- Cohesiveness: High achieving 67th percentile, low achieving 17th percentile
- Adaptation: High achieving 54th percentile, low achieving 13th percentile
- Goal Focus: High achieving 57th percentile, low achieving 17th percentile

To move from a visual representation to a statistical relationship, correlation coefficients were computed for each of the ten dimensions of Organizational Health and the Proficiency Score for each of these 57 schools. As presented in Figure 8 below, 9 of the 10 dimensions have correlation coefficients and significant levels ranging from .01 to .001.

Organizational Health Dimension	Level of Significance
Cohesiveness	.001
Adaptation	.001
Goal Focus	.01
Resource Utilization	.01
Innovativeness	.01
Problem Solving Adequacy	.01
Total OH	.01
Power Equalization	.01
Morale	.01
Autonomy	.01

Figure 8: Levels of Significance for Organizational Health Dimensions and Student Performance for Grades 3, 4, and 5

The dimensions of Cohesiveness and Adaptation were significant at the .001 level. The “Big Three” continue to distinguish themselves as “leading indicators” and predictors of student success.

More Evidence

Working in concert with the OKCPS research department, we searched for the most comprehensive performance data over a two-year period. Based upon that assessment, the best longitudinal data set was the average proficiency scores for 5th grade students in Reading, Mathematics, Science, and Social Studies for the spring of 2004 and the spring of 2005. These data represent the productivity of each school based on the performance of their 5th grade students for a two-year period. The two-year proficiency score was based on an average score for these eight performance indicators.

Next we placed the 57 schools into the following three groups:

- Scores at or above the 75th percentile
- Scores between the 50th and 74.9 percentiles
- Scores below the 50th percentile

A composite Organizational Health profile was computed for each of the 57 schools based on the average scores for each dimension for 2003-04 and 2004-05 data. Next, a composite Organizational Health profile was calculated for these three groups of schools.

The profile in Figure 9 below graphically shows the relationships between the “two-year student proficiency index” and a “two-year Organizational Health profile” for these three groups of schools.

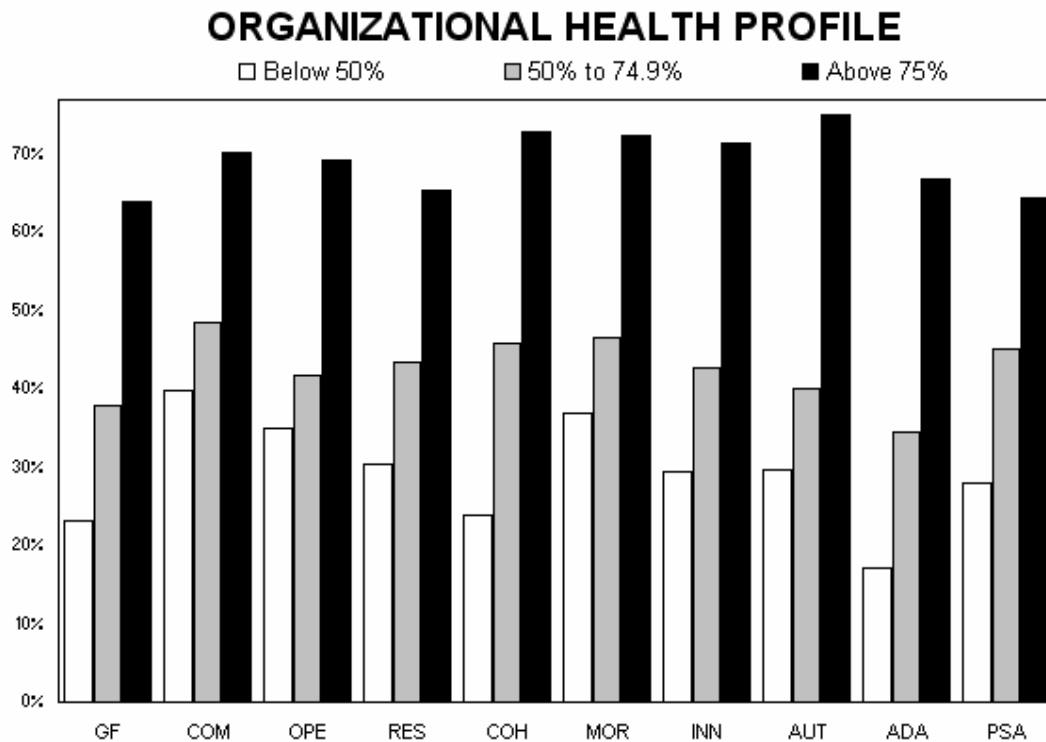


Figure 9: Organizational Health and 5th Grade Math, Reading, Social Studies, and Science Performance for a Two Year Period

Consistent with data in Figure 7, the three lowest dimensions for the bottom performing group were: Adaptation, Goal Focus, and Cohesiveness. Furthermore, the dimension with the greatest variance between the top performing groups was Adaptation (from the 67th percentile for the higher achieving group to the 17th percentile for the low group).

- Cohesiveness: High achieving 73rd percentile, low achieving 24th percentile,
- Adaptation: High achieving 67th percentile, low achieving 17th percentile, and
- Goal Focus: High achieving 64th percentile, low achieving 23rd percentile.

As presented in Figure 10 below, Goal Focus, Cohesiveness, Adaptation, Autonomy, and the composite OH scores all correlate at the .001 level of significance. Four other dimensions correlate at the .01 level, and the Communication Adequacy dimension is significant at the .05 level. These two-year longitudinal data reinforce and strengthen the single year data and reinforce the reliability of Organizational Health data as a leading indicator of performance.

The data in Figure 10 below clearly show a statistically significant relationship between student performance and the Organizational Health of these 57 elementary schools.

Organizational Health Dimension	Level of Significance
Goal Focus	.001
Cohesiveness	.001
Adaptation	.001
Autonomy	.001
Total Organizational Health	.001
Power Equalization	.01
Resource Utilization	.01
Morale	.01
Innovativeness	.01
Problem Solving Adequacy	.01
Communication Adequacy	.05

Figure 10: Levels of Significance for 5th Grade Math and Reading for 2004 and 2005

For more information, please visit <http://www.organizationalhealth.com>.