



ENGAGING PARENTS IN COMPREHENSIVE SCHOOL HEALTH

Multiple channels and approaches

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JOHNS HOPKINS
CHILDREN'S CENTER

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What did we do?

We partnered with KIPP Baltimore parents to set Rales Center priorities, gain feedback on initiatives, increase Rales Health Center enrollment, and promote parent voice and engagement. We tested different strategies to reach parents and evaluated barriers and facilitators to engagement and participation.

Rationale

Parent engagement is often evident in attending and participating in school activities (volunteering), parent meetings (parent associations), and relationships with teachers, administrators, and school staff [1, 2]. The positive impact of parent engagement on student achievement is well documented [3, 4]. Parent engagement is associated with better grades, healthier child behaviors, and better child social skills [5]. Moreover, school-based health and wellness programs have been shown to be more successful in the context of parent engagement and involvement [6]. Barriers to parent engagement include lack of opportunity, inadequate communication, lack of sense of belonging, and competing schedule and time demands [7]. The goal of the Rales Center parent engagement activities at KIPP was to provide a direct line of communication and feedback to and from parents and caregivers, and, more broadly, to support efforts to have families become proactive in their children's well-being.



Summary of Implementation and Results

Parent-Responsive Programming

We partnered with KIPP Baltimore to implement an annual parent health and wellness needs assessment as part of the school's Title I parent survey. Respondents indicated that they would like programming about healthy eating, stress management, physical fitness, and preventing bullying online; many said they would like opportunities to connect with other parents. In addition, at school events, parents were asked to return cards with additional comments, suggestions for programming, or needs. These suggestions included expanded sexual and reproductive health programs and more support for bullying prevention.

The Rales Center's ongoing work was guided by an advisory group of 20 parents (roughly evenly split between elementary and middle school parents) that met regularly to discuss plans, provide feedback, assess progress, and outline next steps. Three priorities were identified by the parent advisory group: 1) adolescent reproductive health, 2) communication between the school and parents, and 3) child pedestrian safety (following a child being struck by a car). Parent-identified priorities set the agenda for parent- and student-directed programming, including:



Nutrition

The team hosted healthy cooking demonstrations and tasting sessions for parents and staff, and an after-school cooking club for students. Recipes were informed by what foods families typically had on hand at home.

Social Media Safety

The team offered town hall-style sessions about online safety and cyberbullying using the book *ScreenWise: Helping Kids Thrive (and Survive) in their Digital World*.



Health and Well-being

The team hosted educational sessions for parents of children with attention deficit hyperactivity disorder (ADHD) and asthma, and sessions on managing stress and anxiety for parents and children.

School Success

The team produced a transitions program to support and prepare families for successful transition to middle school, including the evidence-based Take Charge! Curriculum on parent involvement and monitoring.



Parent Leadership Training Institute

A grant from the American Academy of Pediatrics allowed the team to conduct a pilot of the Rales Parent Leadership Training Institute for a group of 6-10 parents (10 parents initially enrolled and 6 participated regularly). Monthly meetings focused on developing parents as leaders for change, coalition building, and public policy strategy.

Adolescent Development and Reproductive Health

The team offered presentations and moderated discussion sessions focused on physical, cognitive, and emotional changes and the role of parents and caregivers in age-appropriate sexual and reproductive health education.



Physical Activity

The team launched a community fun run/walk at Cylburn Arboretum, a neighboring City park, as an opportunity to promote healthy, family-centered physical activity.

Child Pedestrian Safety

The team engaged students in the design of a campaign to promote pedestrian safety, including creating artwork and educational materials to help promote the best safe walking routes to school.

Identifying New Avenues for Parent Engagement

Rales Center staff partnered with the KIPP Baltimore Parent Association to identify new ways to engage parents, including the use of Facebook Live to live-stream meetings on social media, increasing transparency and access. Whereas in-person meetings typically averaged less than 20 participants, there were 746 views of the first parent meetings offered on Facebook Live.

Rales Health Center Enrollment and Parent Engagement

One indicator of parent engagement was response to the school-based health center (SBHC) enrollment process. Parents were asked to return a signed consent form or, alternatively, to return a form that indicated that they declined to enroll. We evaluated the relationship between SBHC consent form return (whether consented or declined) and student engagement in the school.

Children whose parent did not return a RHC consent form were more likely to be absent from school and to transfer to other schools.

We found that children of parents who did not return a form were more likely to be absent from school and to transfer to other schools. More specifically, students of parents who did not respond to outreach missed an extra 2.6 school days (95% CI: 1.4 to 3.8 days) compared to those who did respond. In addition, roughly one-quarter of those without a form on file left the school, compared to only 12% of those who returned a form to enroll and 5% of those who returned a form to decline enrollment. Reasons for these differences in absences and school transfers are unclear, but they highlight an important subset of potentially disconnected parents that schools should prioritize for engagement.

Dissemination

- Building Parent Advisory. School Based Health Alliance Annual Meeting, Long Beach, CA., June 2017
- Efforts to enroll parents into a school based health center. School Based Health Alliance Annual Meeting, Arlington VA., June 2016
- Jones, V., Spin, P., Connor, K., Johnson, S. (2019) Are no and “no thanks” the same for school based health center enrollment? Health Behavior and Policy Review. 6(1):101-106.

Impact

- We identified innovative, remote approaches to parent engagement to mitigate the challenges parents may face to participation related to scheduling, transportation and competing demand. For example, by using social media, we expanded our reach for communicating with parents.
- By adding a “decline to enroll” option to our SBHC consent form, we focused attention on reaching families who did not indicate a preference.

LESSONS LEARNED



- *The active consent process to enroll in a SBHC may be a proxy for parent and family engagement with the school.*
- *Adding the decline option to the SBHC enrollment consent form did not lead to a substantial increase in the number of declines overall. Providing parents the option to decline participation should be considered a best practice going forward.*
- *Parents who do not respond to a universal school-based health center consent process may have students who are less engaged with school, as evidenced by more absenteeism and greater likelihood of transferring schools.*
- *Using a social media platform, like Facebook, can increase parent participation in programs and meetings.*
- *School partners, like SBHC providers, can collaborate with schools on social media as a one approach to communicating general health-relevant information to parents and responding to their specific questions.*

"Having a parent navigator is awesome. It's kind of night and day between what we had before. I have a lot of students that just need family. The family needs support, too. That's been huge."

- KIPP Staff Member

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We are grateful to all those who have joined us in our mission to create models of school health that help every child to achieve their full health and academic potential. Special thanks to the Norman and Ruth Rales Foundation and our partners at KIPP Baltimore; without them this work would not be possible.

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