

PARENT ENGAGEMENT IN HEALTHY SCHOOLS



BY JOANNE AIDALA AND KAREN STRAIM

Engaging parents as advocates for healthy schools is also common sense. Parents have political clout as residents and taxpayers to advocate for change on behalf of their child's school before school boards and municipal councils.

INTRODUCTION

Schools understand that parents care deeply about their children, and expect that parents will support their child's health and learning at home. As reflected in the CDC's online materials (<http://www.cdc.gov/healthyschools/parentengagement/parents-forhealthyschools.htm>), parents are also a valuable resource to promote a healthier school environment. Equipped with the knowledge, skills and confidence they need to engage with schools around health, parents have the capacity to strongly influence school health policies and programs.

Children with special needs (CSHCN) are particularly impacted by health issues at home and school. The current epidemic of obesity is a health care concern for all children, including those with disabilities, who are more likely than other children to be sedentary, placing them at higher risk of obesity and associated health conditions. According to the Centers for Disease Control and Prevention, children with disabilities are 38% more likely to be obese. "Fewer children with SHCN (aged 6-17) are engaged in recommended vigorous physical activity at least 4 days per week compared to children without SHCN (60.9% vs 65.3%, respectively), and more children with SHCN (aged 6-17) watch television or videos or play video games at least 4 hours per weekday compared

to children without SHCN (12.8% vs 10.3%, respectively)."

According to data from the National Health and Nutrition Examination Survey (NHANES), 22.5% of children with disabilities are obese compared to 16% of children without disabilities. The problem is particularly acute among young teens and "tweens." In addition to the physical implications of obesity, the psychosocial implications of inactivity and obesity include decreased self-esteem, decreased social acceptance, and ultimately, greater dependence on others for daily living. Thus, a focus on health is of particular importance to children with special needs and their families. (Check out <http://abilitypath.org/wp-content/uploads/2015/11/obesity-report.pdf> for a report and guide specifically regarding strategies to prevent and address obesity in CSHCN.)

WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD (WSCC) MODEL: THE IMPORTANCE OF PARENT ENGAGEMENT

The CDC's new Whole School Whole Community Whole Child (WSCC) model recognizes the critical role that parents play in promoting healthy schools. In contrast to the Coordinated School Health model (precursor of WSCC model), which combined family

and community involvement in a single component, the WSCC model (www.cdc.gov/healthyschools/wsccl/compo) devotes one of its 10 components exclusively to Parent Engagement. Rather than merely asking that parents become “involved” in their child’s school, WSCC defines Parent Engagement as parents and schools working together as partners:

Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child’s learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child’s life and

requires an ongoing commitment as children mature into young adulthood.

For parent engagement to be effective, parents and schools each have responsibilities. Parents must actively support their child’s health and learning, as well as systemic efforts to improve the health and learning of all the children in their school and community. Schools must reach out to parents and engage them in meaningful and sustainable ways at the individual child/family level as well as the school and district level.

WHY IS PARENT ENGAGEMENT IMPORTANT TO SCHOOL HEALTH?

The research and evidence show that parent engagement in schools can promote positive health behaviors among children and adolescents. For example, students who feel supported by their parents are less likely to experience emotional distress, practice unhealthy eating behaviors, consider or attempt suicide, or disengage from school and learning. In addition, school efforts to

promote health among students have been shown to be more successful when parents are involved. For instance, studies have shown that when parents volunteer at their children’s school, the likelihood of their children initiating smoking decreases, and the likelihood of their children meeting the guidelines for physical activity increases.

The good news is that parents are already playing a role in school health councils nationwide. According to the 2012 School Health Policies and Practice Study (SHPPS) [overview](http://www.cdc.gov/healthyouth/shpps/2012/factsheets/pdf/FS_Overview_SHPPS2012.pdf) (www.cdc.gov/healthyouth/shpps/2012/factsheets/pdf/FS_Overview_SHPPS2012.pdf)

: “Among the 65.4% of districts with 1 or more school health councils (groups that offered guidance on the development of policies or coordinated activities on health topics), 79.1% had representation from students, parents or families.”

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CDC RESOURCES : PARENTS FOR HEALTHY SCHOOLS



Centers for Disease Control and Prevention (CDC) has developed a set of resources to help schools engage parents to create healthy school environments.

To learn how you can strengthen parent engagement in your school and district, please check out the links below.

PARENTS FOR HEALTHY SCHOOLS

www.cdc.gov/healthyschools/parentengagement/parentsforhealthyschools.htm

This new set of resources includes a guide

www.cdc.gov/healthyschools/parentengagement/pdf/guide.pdf

and PowerPoint presentation

www.cdc.gov/healthyschools/parentengagement/pdf/p4hs_slides.pdf

for engaging parents in healthy schools, as well as fact sheets with ideas for parents to promote healthy school policies.

There is also a list of Check-in Questions

www.cdc.gov/healthyschools/parentengagement/pdf/checkin.pdf

to help schools assess how its parent engagement strategies are working.

The following resources provide the evidence-based underpinning of parent engagement strategies as well as a Facilitator’s Guide to Staff Development.

PARENT ENGAGEMENT:

STRATEGIES FOR INVOLVING PARENTS IN SCHOOL HEALTH

www.cdc.gov/healthyschools/parentengagement/pdf/parent_engagement_strategies.pdf

provides an evidence-based framework to support parent engagement in school health, and describes ways to connect with parents, engage them, and sustain parent engagement over the long term

PROMOTING PARENT ENGAGEMENT IN SCHOOL HEALTH: A FACILITATOR’S GUIDE FOR STAFF DEVELOPMENT

www.cdc.gov/healthyschools/parentengagement/pdf/guide.pdf

includes exercises, activities and handouts to help build staff capacity to engage parents in school health activities.



SERVING ON GROUPS

www.servingongroups.org

An additional resource that can be helpful in preparing parents (and other stakeholders) to participate effectively in committees/councils, including parent guides (in English and Spanish) and webinars that provide families with the skills they need to serve on groups.

NATIONAL CENTER FOR FAMILY PROFESSIONAL PARTNERSHIPS

www.fv-ncfpp.org

A further resource to engage parents of children with special healthcare needs in health advocacy, a collaboration between Family Voices and the Statewide Parent Advocacy Network of New Jersey.



WHOLE SCHOOL WHOLE COMMUNITY WHOLE CHILD



A Collaborative Approach to Learning and Health

For more information

ASCD: www.ascd.org/learningandhealth

CDC: www.cdc.gov/HealthyYouth/cshp

The **Whole School, Whole Community, Whole Child** (WSCC) model combines and builds on elements of the traditional coordinated school health approach and the whole child framework. The focus is directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child. ASCD and the U.S. Centers for Disease Control and Prevention (CDC) encourage use of the model as a framework for improving students' learning and health in our nation's schools.



and municipal councils. As district employees, the political capital of school staff members is often more limited. •

ABOUT THE AUTHORS:

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References

1. For the purpose of this article, the word "parent" is used to refer to the adult primary caregiver(s) of a child's basic needs (e.g., feeding, safety). This includes biological parents; other biological relatives such as grandparents, aunts, uncles, or siblings; and non-biological parents such as adoptive, foster, or stepparents.

2. Centers for Disease Control and Prevention. Parent Engagement: Strategies for Involving Parents in School Health. Atlanta, GA: U.S. Department of Health and Human Services; 2012. www.cdc.gov/healthyyouth/adolescenthealth/pdf/parent_engagement_strategies.pdf

PARENTS AS CHAMPIONS FOR HEALTHY SCHOOLS: HANDS-ON PARENT WORKSHOP

To provide parents with the knowledge, tools and confidence that they need to partner effectively with school staff to promote healthy schools, the Statewide Parent Advocacy Network (SPAN) offers Parents as Champions for Healthy Schools, a hands-on, three-day workshop for parent teams that includes the opportunity to apply for a school health action grant and a small personal stipend.

Contact Joanne Aidala at jaidala@spannj.org
or Karen Straim at kstraim@spannj.org for more information.

CDC SCHOOL HEALTH INDEX (SELF-ASSESSMENT AND PLANNING TOOL) FOR PARENT ENGAGEMENT

The CDC's School Health Index (SHI): Self-Assessment & Planning Guide 2014 (www.cdc.gov/healthyschools/shi/pdf/middle-high-total-2014.pdf) is an online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. (A downloadable copy of the SHI is also available.) The SHI has not been updated yet to conform to the new WSCC model, but Module 8 (Parent and Community Involvement) is a valuable tool to assess and strengthen parent engagement in your school.

This module is based directly on Joyce Epstein's School-Family-Community Partnership Model (Epstein 2002), an early influen-

tial model in parent involvement research. The model defines the relationship between schools, families, and communities as one of overlapping spheres of influence that share a concern about the success of the child. As a framework for increasing parental participation in education, the model recognizes six types of educational involvement and encourages schools to develop activities that engage schools, families and communities within the six types.

What follow are each of the six types of parent involvement identified by Joyce Epstein, paired with the applicable SHI self-assessment item for family involvement in school health:

1. Joyce Epstein: Parenting Assist families with parenting skills and setting home conditions to support children as students and assist schools to better understand families.

SHI: Effective Parenting Strategies. Does your school's family education program address all of the following effective parenting strategies?

- Praising and rewarding desirable behavior
- Staying actively involved with children in fun activities
- Making time to listen and talk with their children
- Setting expectations for appropriate behavior and academic performance
- Sharing parental values
- Communicating with children about health-related risks and behaviors
- Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- Monitoring children's daily activities (knowing child's whereabouts and friends)
- Modeling nonviolent responses to conflict
- Modeling healthy behaviors

- Emphasizing the importance of children getting enough sleep
- Providing a supportive learning environment in the home

2. Joyce Epstein: Communicating Communicate with families about school programs and student progress. Create two-way communication channels between school and home.

SHI: Communicate with families. Does your school communicate with all families in a culturally and linguistically appropriate way, using a variety of communication methods about school-sponsored activities and opportunities to participate in school health programs and other community-based health and safety programs?

3. Joyce Epstein: Volunteering Organize volunteers and audiences to support the school and students. Provide volunteer opportunities in various locations and at various times.

SHI: Family and community volunteers. Does your school or district have a formal process to recruit, train, and involve family members as volunteers to enrich school health and safety programs?

4. Joyce Epstein: Learning at Home. Involve families with their children in academic learning at home, including homework, goal setting, and other curriculum-related activities.

SHI: Family involvement in learning at home.

Does your school provide opportunities for family members to reinforce learning at home?

5. Joyce Epstein: Decision-Making

Include families as participants in school decisions, and develop parent leaders and representatives.

SHI: Family involvement in school decision-making. Do family members help with school decision making?

SHI: Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus. Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served and offered on school campus and feedback on the meal programs and other foods and beverages sold, served and offered on school campus?

6. Joyce Epstein: Collaborating with the Community Coordinate resources and services for families, students, and the school with community groups, and provide services to the community.

SHI: Family and community access to school facilities. Do family and community members have access to indoor and outdoor school facilities outside school hours to participate in or conduct health promotion and education programs?