Parent Engagement

Spotlight on: Parent Advocacy
Interview with Tiburcio Vasquez Health Center

QUIZ: Are you Family Friendly?
How does your school health center rank?

Back to School!

25 Strategies for Parent Engagement
Based on interviews with school health centers

Starting the year off with good parent engagement
Cultural Competence: What do we mean by “Parent” Engagement?

A “parent” can be loosely defined as a person who helps to nurture and raise a child. For your students, several different people may fill this role, such as siblings, grandparents, aunts, uncles, cousins, guardians, or other community mentors.

While this publication will use the term parent or family engagement, it is important to remember that we are also talking about all of the individuals who profoundly affect the well-being of your students. Using inclusive language and including all types of “parents” in your outreach will help to make everyone feel comfortable and supportive of the health center!
I was fortunate enough to be able to find the time and resources to attend the 2008 National Assembly on School-Based Health Care (NASBHC) Convention this summer in Los Angeles, where I attended a session on parent and family involvement. The room was crowded with an eclectic mix of school health center directors, practitioners, and the occasional member of a state youth board. Those latecomers who were too polite to climb their way over the masses to reach the session’s few vacant seats were forced to perch awkwardly on the fold-out tables near the hand-outs in the back. Chairs squeaked awkwardly; knees crossed and uncrossed; papers rustled and pens leaked in our complementary nylon bags. Such is the inherent discomfort of a crowded summer convention workshop, and yet no one left to try their luck at a different session. To me, the message was clear – school health centers desperately want to learn more about parent engagement.

I won’t go much into the session itself (although so much the better if you were there to experience it), suffice to say that it became clear very quickly that we all knew that we could be doing a better job with parent engagement. We smiled our way through a humorous skit involving an oblivious school health center director who made a parent wait for 20 minutes while she finished sending emails, and yet our smirks contained an uncomfortable taint of self-recognition.

As a former high school teacher and a current graduate student in public health, I understand the importance of including families when addressing issues that affect children and adolescent health. Simultaneously, however, I understand the frustration and uncertainty that can be experienced while approaching parents about sensitive issues. Nevertheless, parents have a profound effect on the health behaviors and attitudes of the students that school health centers are bound to serve. Just as school health centers recognize the role of youth engagement, they must also consider parent engagement a priority.

Taking the first step to reach out to parents may seem intimidating, but it is the path of the future. Many health centers who have already taken the first step have seen it translate into a giant leap forward, as parents can be some of the most vocal and effective advocates for school health centers in their times of need.

This four-part mini-magazine is intended as forum to share the best practices, common challenges, brilliant strategies, and thoughtful opinions that will help school health centers create successful collaborations with the families they serve. Let us not forget that we are all a part of “the village” that it takes to raise a child.

Cheers.

Teresa Chin
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What’s Your Parent Engagement IQ?

Check your knowledge and attitudes about parent engagement with this fun quiz developed by the National Assembly on School-Based Health Care (NASBHC). Whether you’re an old pro or a newcomer, you may be surprised by the results!

1. When you hear the term parent engagement (PE), you first think it is
   a. a new type of physical education
   b. your parents just got engaged to be married
   c. getting the parents to sign all the forms and consents
   d. none of the above.

2. If you were asked to lead an effort to increase parent engagement in your SBHC, you would:
   a. rather have a root canal
   b. think about if for a minute or two, have another cup of coffee, and remember that your real job is enough to keep you busy 24/7
   c. wonder how you might do something like that
   d. jump for joy that someone wants you to tackle this as part of your job.

3. Developing a systematic approach to parent engagement will mean working closely with other partners, especially your education partners. If you were asked to identify your educational partners for this effort, you would:
   a. have to ask the janitor who cleans your SBHC who to call (besides Ghost Busters)
   b. know a name of the person you could call, but haven’t a clue where they are in the school and you don’t have a current phone number for them
   c. call one of your educational friends and invite them down to the SBHC for a cup of coffee and explore this with them
   d. put it on the agenda for your next joint meeting with your education partners.

4. You are asked to provide your advisory board with copies of any policies and procedures relating to parental contact and engagement. You are:
   a. wondering who is still on your advisory board
   b. stumped because you don’t know where your policies and procedure manual is or if there are specific policies for parents
   c. able to get right to your policies and procedures manual, but there are only a couple of policies and procedures that pertain to parents
   d. happy to copy recently updated policies and procedures relating to parents.
5. When asked to provide data about parental contact and types of engagement activities that the SBHC has done over the last complete school year, you are:
   a. not able to run the report because you still cant figure out how to turn on the computer
   b. trying not to have a seizure about this request, because your center has not been entering this data
   c. happy to try to run a report, but you will need some help to get this done
   d. able to run the report at the end of the day on a variety of indicators relating to parental contact and engagement.

6. The data you have from your SBHC is…
   a. data? What data?
   b. entered into the computer, but what is all means is Greek to you
   c. a lot of numbers, and they probably mean something, but what we really need is an evaluator to help us out with the analysis
   d. what we use to plan for the next year, and a way we look at how well we are doing.

7. We want to do more with parents in our SBHC…
   a. but we haven’t a clue where to start
   b. and know that we could probably find something on the internet to get started
   c. and have started to have conversations with the staff and other partners to see what is out there
   d. and are waiting to get to the end of this quiz to find out more.

8. Working with parents brings up the concern of confidentiality for our students in the SBHC. Legal issues such as consent and confidentiality…
   a. make me want to bury my head in the sand, throw up, or hire an attorney
   b. are a concern for us and we are going to put it on the staff development agenda for next year
   c. are ongoing issues and we try to stay current with state and federal laws
   d. are dealt with every year through a review of new laws and regulations and changes to policies and procedures are made in a timely fashion.

9. When I think about starting a something new, I…
   a. become catatonic thinking about whether or not I have enough funding to stay open next year, let alone start something new
   b. go out and buy another lottery ticket so we might have some funding to expand our parental engagement piece
   c. start thinking of all the possible partners who might be able to provide some in-kind hours, other resources on this, or know where to show me the money
   d. all of the above
10. The term best practice is:
   a. of little use to me
   b. how well one uses birth control
   c. based on research and is the recommended program for specific topics
   d. a process, not a program

11. You tell one of your SBHC partners about your newfound enthusiasm for parent engagement, and they respond by telling you there is already something in place at the local YWCA and there is no need to do anything. In addition, after all, it is just another fad. After your initial spell of disbelief, you decide you need to:
   a. go shopping. When the going gets tough, the tough go shopping.
   b. consult the local yellow pages to see what there is under parental engagement
   c. ask an administrative type person to help you find out what is out there and do we really need this parental engagement stuff because there might be that program at the YWCA, and that might be enough.
   d. try to determine if any recent needs assessment have been done concerning what is needed and what is out there already and go from there.

12. You have presented information about parent engagement to your advisory board, and they say go forth and do good things, and by the way, here is $100,000. You pick your jaw up off the table and you:
   a. call NASA and check to see if there has been any recent activity concerning alien space ships, because this cannot be your advisory board.
   b. decide that fortune is smiling on you today and get on the Internet to look up the right program to buy and have it shipped overnight express.
   c. realize that you were daydreaming during the advisory board meeting, and they really did give you permission to get started, but there is no money or staff attached, as usual.
   d. know what a kidder your chair of the board is and that she is kidding about the money, because you have a copy of the budget. You decide that you cannot do this alone, and that you need to get help searching for some resources with your partners.

13. School-based health centers are the neatest thing since sliced bread. However, you are well aware of all the challenges that your center faces and wonder how you can tackle such a big job of getting people to rally around one more thing. Then you remember the wise words:
   a. Do you know how to eat an elephant? One bite at a time.
   b. K.I.S.S. (not the rock band, but keep it simple, silly)
   c. Children are the message we send to a time we won’t see. Neil Postman
   d. Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. Margaret Mead.
Scoring Key:
a = 1 point  # of a answers ___ x 1 = _____
b = 2 points  # of b answers ___ x 2 = _____
c = 3 points  # of c answers ___ x 3 = _____
d = 4 points  # of d answers ___ x 4 = _____
Total Points = _____

If Your Score Was 13 to 22:
You have to start somewhere! Parent engagement is new to you. You are possibly overwhelmed and need to start with the basics.

If Your Score Was 23 to 32:
A little bit of knowledge is not dangerous! You have a basic understanding of the need for positive parent engagement and need some support to get going in the right direction.

If Your Score Was 33 to 42:
You are on the right track! You have a handle on the bigger picture of positive parent engagement and have many of the pieces needed to begin to tackle the issue.

If Your Score Was 43 to 52:
Keep on going, you are doing fine! You have basic processes, attitude, and policy framework to move this issue forward.

For more information on The National Assembly on School-Based Health Care and Parent Engagement, go to http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2564543/apps/s/content.asp?ct=3875723
Is your school health center family friendly?

What is it like to be a parent visiting your health center for a meeting? Find out with the “family friendly health center” game below.

This game makes a great health center staff icebreaker, or you can use it as an activity to jumpstart a conversation about parent engagement.

HOW TO PLAY
(Duration: about 5-7 minutes for game play, 10 minutes for discussion)

You will need:
A game piece for each person (pennies or other coins work well)
A six-sided die for each group*
A printed game board for each group*

1. Get into *groups of 3-4 people. Print out a game board for each group, and assign every player his or her own game piece.
2. Start at the “welcome to the health center” square marked in pink
3. On each player’s turn, roll the die and move the appropriate number of spaces. Please note the direction of the blue dotted arrows when moving to a new row.
4. Some of the boxes are marked with positive experiences (green arrows) or negative experiences (red arrows) that will cause you to move forward or ahead in the game. If you land on one of these boxes, follow the green or red arrow and move your game piece to the new box indicated. You may land on the same box more than once.
5. The first player to leave the health center with a positive experience (purple box) wins!

Questions for discussion

- How did you feel as a “parent” in this health center? Did you find yourself encountering a lot of positive or negative experiences?
- In what ways do you think your experience was similar to that of parents who visit your health center?
- In what ways does your health center create a welcoming environment for parents when they visit?
- How can your health center improve the quality of parent visits?
- If your health center does not have parent visitors, what do you feel is your role as a health center with parent interaction?
- What do you see as the difference between “parent interaction,” “parent involvement,” and “parent engagement?” How can your health center improve working with parents on each of these levels? (See page 10 for more details on levels of parent engagement)
You are a parent with an appointment to see the school health center director. What will your experience be like?

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<td>Welcome to the Health Center!</td>
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<td>Health center staff training includes greeting parents and asking what they wish to be called</td>
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<td>The director is busy answering emails and keeps parents waiting for 15 minutes</td>
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<td>The director offers the parents refreshments, a seat, and a private place to talk</td>
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<td>Not an English speaker? Not a problem. The health center has materials available in a variety of languages</td>
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<td>Success! Both the health center and the parents have benefited from the visit</td>
<td>The staff forgot to give parents a parking pass, and they get a $40 parking ticket</td>
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"Is your school health center family friendly?"

Developed by the California School Health Centers Association (2008)
Levels of Parent Engagement: Moving from Awareness to Advocacy

“What is parent engagement?” The question seemed so simple to me just a few short months ago. That was before I began my current undertaking – interviewing school health centers about their interaction (or lack thereof) with parents and families. Now, twelve weeks, a dozen interviews, and one national conference later, I realize that parent engagement is like a particularly abstract piece of modern art – its definition is completely dependent on who you’re asking.

To some school health center directors that I interviewed, questions about parent engagement immediately led them to discussing their latest parent workshop or cooking class. Other directors jumped to details relating to parent surveys and focus groups. Many talked about strategies they had used to make parents aware of their health center’s existence, period. I found all the answers to be informative, but I noticed a distinct trend that when school health centers were talking about improving “parent engagement,” they weren’t always speaking the same language.

What emerged from these interviews was that the definition of parent engagement really fell on a spectrum from rudimentary to comprehensive. In an attempt to organize the progression, I have separated parent engagement efforts into five levels which are detailed below. Similar to Maslow’s Hierarchy, each new level builds on the prior level’s foundation. For example, a school health center at the highest level (parent advocacy) must also employ strategies from the previous levels to make its efforts sustainable.

**Level One: Parental Awareness.** At the most basic level, parent engagement is a matter of school health center survival – do parents know that there is a health center? Do they know the hours and policies? Engagement efforts for health centers at this level are almost exclusively focused on promoting parental awareness, and for good reason. Without the clientele, school health centers are vulnerable to losing their funding sources, a particularly relevant fear in the current economic climate.

**Level Two: Parental Assessment.** A deeper level of parent engagement creates two-way conversation, rather than the unidirectional approach in level one. Parent opinion is sought in a variety of ways to improve health center practice, policies, and hours. Parents often feel more connected to the health center after they have been involved in a survey or focus group at this level.

**Level Three: Parental Empowerment.** “Empowerment” is a term thrown around quite a bit in education and health, and it carries a multitude of different connotations. Used here, empowerment still implies that there is an unequal power balance – the health center is the one doing the empowering, although mutual learning may be taking place. School health centers at this level want to capacity-build with parents, offering parent education or involving parents in their programs. I particularly saw a lot of this level of engagement with nutrition and fitness programs, where parents were recruited for healthy cooking classes or exercise classes. Compared to level two, parent skills are being developed in addition to parent feedback being taken into account.
**Levels of Parent Engagement**

**Level One:** Parental Awareness

**Level Two:** Parental Assessment

**Level Three:** Parental Empowerment

**Level Four:** Parental Partnership

**Level Five:** Parental Advocacy

**Examples of Strategies**

- **Level One:** SBHC is visible at health fairs, sports games, yearbook ads, etc.
  - SBHC includes basic clinic information in orientation packet and/or at school registration

- **Level Two:** SBHC conducts parent focus groups and/or surveys to make decisions about policies, hours, and services

- **Level Three:** SBHC offers parent workshops, such as healthy cooking lessons
  - SBHC is connected to Family Resource Center materials, referrals

- **Level Four:** Parents act as facilitators of parent programs (e.g., *promotora* model)
  - SBHC hires parent liaisons to help coordinate community outreach, parent health education

- **Level Five:** Parents formulate positions on school health policy through peer discussions
  - Parents are trained in public speaking, appropriate ways to ask questions
  - Parents voice and input is included when SBHC meets with policymakers

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**Level Four: Parental Partnership.** This level of parent engagement does not mean that your school health center is always filled with parents. Rather, parents begin to facilitate parent outreach and engagement and are involved in appropriate ways. For example, parents may serve on an advisory group (ad hoc or permanent), enabling involvement of those who cannot/do not want to be on an advisory board. Another example is the *promotora* model, where parents are trained and hired as peer advocates. Parents may the capacity-building workshops or focus groups mentioned in prior levels.

**Level Five: Parental Advocacy.** While advocacy efforts may begin much before this level, the highest level of parent engagement is characterized by parents’ viewing the health center as an essential community resource and independently acting to promote its mission. School health centers support these efforts by preparing parents for their advocacy work – giving parents tips on how to speak to policy makers, or helping them organize a presentation to the school board. There is a trust balance between parent activities and school health center independence facilitated by belief in a common mission.
So at this point, you may be thinking, “Nice pyramid, but what does it mean for my school health center?” The levels of parent engagement aren’t designed to give you a guilt trip about what you’re not doing, but rather to get you thinking about what you can do from where you are. There is a natural progression to parent engagement, and no one will reach the advocacy level overnight. Hopefully, however, the pyramid model can get school health centers motivated about taking the next step – organizing a parent survey for the first time, for example, or asking teachers if they know of involved parents who would want to be a part of a school health advisory board or reaching out to parents who are potential leaders, but may fly under the radar of traditional outreach efforts.

Additionally, the pyramid model sends a message to all school health centers about building (and maintaining) a solid foundation. Just because you’ve “moved on” to a new level of parent engagement doesn’t mean you can forget strategies from the previous levels. For example, even veteran school health centers, like Balboa High School Teen Health Center in San Francisco, California, know the importance of parental awareness. “We are one of the oldest school health centers,” says Marcia Zorilla, a health educator at Balboa, “but we constantly have to promote our services. Even some of the most informed parents here don’t know that we offer primary care.” Case in point, Balboa offers parent workshops and has conducted parent focus groups, and yet it also sends out a parent newsletter with hours, services, and articles for parents on adolescent health.

It is also important to note that the age or location of the school health center is independent from its level of parent engagement. Some of the most comprehensive parent engagement strategies come from relatively young health centers, such as the one at Riverbank High School in Stanislaus County, California. Parents at Riverbank were involved from the planning stages of the school health center, and have been vocal advocates for school health center expansion.

There are plenty of these case studies to learn from; I have had the privilege of visiting various school health centers as research for this publication, and I was always impressed with their creativity, doing parent engagement even when they were hurting for time, money, and staff. To these school health centers, parent engagement is a state of mind that permeates their services, programs and policies. To learn from their example is to challenge your own school health center to strengthen its foundation and take the parent engagement efforts to the next level – whatever that level may be.
Spotlight on Advocacy
Interview with Tiburcio Vasquez Health Center

In terms of Parent Engagement, Tiburcio Vasquez Health Center (TVHC) is the Julia Child of school health centers – they’re cooking up something good and everyone else is clamoring for the recipe. The health center, serving residents in south Alameda County in California, has clinics in two high schools in addition to several community locations. While they are known for their comprehensive services and emphasis on cultural competency, TVHC’s Promotoras de Salud, a Spanish language recruitment and training peer education program, is one of the most successful parent engagement efforts of any school health center.

For those unfamiliar with the model, promotoras are lay educators – usually women – who are recruited from the community. They are often leaders in their own social circles, including in other parent networks, making them experts about community health issues and powerful advocates for school health centers.

At TVHC, promotoras are paid by the health center as parent coordinators, serving as advocates for families and recruiting other parents. They are available for one-on-one sessions with families, and may perform such duties as accompanying parents to meetings with the principal, helping parents navigate through IEP meetings, or explaining school health center policies and procedures. TVHC’s promotoras have also done work on education bills, gone to school board meetings, and rallied at the Capitol to support school health.

To many school-based health centers, this sounds like some sort of dream – a parent engagement lotto ticket jackpot. So how did Tiburcio Vasquez Health Center manage to make it a reality? In an attempt to shine light on the mystery, I tracked down health center director Maricela Gutierrez for an interview about the program:

TC: “So how do you define parent engagement at TVHC?”
MG: “We see it more as a community vision than parent engagement. We based our program philosophy on Paulo Freire’s popular education model so the bigger picture is to bring information to and empower the community. The program helps to connect the community to the schools, which links the community to our school health centers.”

TC: “Did you always know that you wanted to involve parents at TVHC?”
MG: “We started working with parents through our work with youth, which then led us to create some family sessions. Eventually, it just made sense to bring in parents.”

TC: “How are parents involved at the school-based clinics?”
MG: “We have groups that meet weekly for parents, aunties, grandparents, caregivers – anyone who has children in the school district or want to be involved. The parents decide what day to meet, and there are two group times – one in the morning and one later at night – that people can go to depending on their schedule. The meetings are focused on parent topics rather than the health center, and they’re run by other parents.”
TC: “Can you give some examples of the kinds of topics they cover?”
MG: “Navigating the school system, Advanced Placement testing, diabetes – there are a lot of topics that they cover. The health center is a safe place for parents to talk about their issues. It increases parent connection to the school system, which increases outreach to other programs. That’s a critical missing piece with some Latinas and African American parents who don’t feel connected with teachers or administrators.”

TC: “How has TVHC was able to build such a strong connection with parents?”
MG: “We’ve been doing parent programs for 5 to 10 years now, depending on the site. We had parents on the planning committee for start-ups, which helped them feel connected. We also made sure to be culturally competent from the beginning, recognizing culturally specific groups and different languages; it’s all about communal respect. Now, parents know that the school health center funds the [Promotoras de Salud] program, and they know it would not exist without the support of the agency. It’s name recognition, and they trust us.”

TC: “What are some key elements to your parent engagement strategy?”
MG: “Every year we do pre and post testing of health center programs, so we know what worked and what didn’t. We also have parent coordinators on our staff who act as advocates and do one-on-one work with other parents. Our parent coordinators attend our staff retreats, meetings, and help us make changes based on parent feedback. They communicate great ideas that come directly from parents, like organizing a welcome barbeque for new teachers that would be held in the school health center. The teachers had to walk through the health center first, so they became more familiar us and our services.”

TC: “How did you recruit parents to be a part of these programs?”
MG: “The school knows the parents who are very active. We talked to teachers and school district officials and identified the parents who already advocated for children. From there, we approached the parents and they became instant advocates for us. There was a lot of interest, and they already had an interest in getting involved. We also looked at parents who had kids in after school programs. Now, we have a strong presence in the community and parents will approach us asking how to get involved.”

TC: “Can you think of any examples of parent-led initiatives or marketing?”
MG: “Parents recruit other parents. We’ve also seen a lot of examples of parents accompanying other parents to meetings with the principal and even parent-teacher meetings. Our parent coordinators also helped us organize a school health center booth and back to school night. In the past, they have made calls home in Spanish and English and posted flyers at Laundromats, grocery stores where parents shop, churches and restaurants. They’ve been huge advocates for the school health center.”
TC: “What have been your biggest challenges as a program?”
MG: “Parent engagement is harder at high schools because parents are already engaged in so many ways. We also needed to provide a change of venue for some parents who associated schools with their kids being in trouble, and were not comfortable meeting on campus. Now we have some meetings in a community setting, which was very culturally specific. Funding is always difficult, but we try to offer parent coordinators a small stipend [$25 gas card] at the completion of training.

TC: “Do you have any take-home messages for other school health centers?”
MG: “Parents are going through a lot of disenfranchisement day to day – you have to know what’s going on in their communities. School health centers need to continually edit their programs along the way to take into account parent comments. Parent slang changes like youth slang, so it’s important to keep up with parent pop culture. Also, curriculum has to be culturally specific! The people who create it have to be significant to that population; if you want to target African American parents, have an African American parent facilitator.

TC: “Do you have any final thoughts on parent engagement?”
MG: “We forget sometimes that working with parents is natural. Look at programs in Latin America where some of these parents come from – they keep parents in mind. Parent engagement is a simple concept in many countries.”

Interview transcribed by Teresa Chin from California School Health Centers Association 6/12/2008
Back to School!

25 parent engagement strategies for the fall

It’s that time of year again! The start of the school year is a hectic time for school health centers, but a crucial time for parent outreach and engagement. The fall brings new students and their parents may not be aware of the health center (and a few old students may need some reminding). It is the season of sports physicals, student registration, and orientation. In fact, for many parents, fall is the season they will be most active in their child’s academic life.

In short, fall is the perfect time to get your parent engagement strategies off to a strong start that will last the whole year long. Check out the following list of parent engagement strategies from the field, and start brainstorming for your own school health center!

1. Organize a school health center booth at Back to School Night

2. Include a flyer about school health center hours, services, and policies in new student registration packets

3. Arrange to be able to speak to parents during orientation

4. Give out health center information during student registration

5. Conduct a parent survey to assess their health concerns and school health center satisfaction

6. Recruit parents for a school health advisory board by talking to teachers and administrators about active parents

7. Contact your school’s Parent Teacher Association (PTA), English Learner Advisory Committee (ELAC), or School Site Council (SSC) to coordinate a time for you to talk to participants about the school health center

8. Create a school health center parent newsletter with “hot” health topics (e.g., immunizations, sports physicals, and student resources)
9. Host a “back to school” party of BBQ for parents where they can learn about the health center

10. Create a place in your school health center where parents can feel comfortable, such as a parent lounge or computer access point.

11. Have morning coffee hours where parents can chat with the school health center staff after dropping kids off from school.

12. Start planning out the parent programs and workshops that you would like to offer during the year – ask parents about which topics they would be interested.

13. Have a school health center staff meeting to talk about parent engagement strategies – train your staff on parent engagement protocols, critique your previous efforts.

14. Instead of giving materials to students, try mailing packets to parents or calling parents at home to talk about the school health center.

15. Ask teachers to offer extra credit to students whose parents attend health center events, such as parent workshops or back to school night.

16. Update parents on current health issues and policies through a list-serve or by posting updates on the school website.

17. Include parents in student health interventions, such as nutrition and fitness programs.

18. Coordinate with sports teams and clubs that meet with parents to give a 5-minute presentation on school health center activities (especially if you offer sports physicals).

19. Create relationships with other people who interact with parents, such as teachers, school nurses, and principals. Have these partners dispense important information about the school health center.
20. Capacity-build with parents by brainstorming about their skills during meetings (e.g., parents who can cook for large groups, parents who can speak multiple languages)

21. Set aside part of your budget for parent engagement, such as small incentives for parents who participate in programs (grocery store gift cards, gas cards)

22. Rewrite your strategic plan or mission statement to include parent engagement

23. Invite parents to sit in on staff meetings, site visits, or policy discussions

24. Create a “how to navigate the health center” document to give to parents who have questions or concerns about the school health center. Include frequently asked questions (FAQ) and pictures of health centers staff who parents might interface with in the future

25. Encourage staff to attend sports games, fundraisers, school plays, and other events where parents can see that the school health center is a part of school and community life

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The California School Health Centers Association (CSHC) is the statewide organization leading the movement to put health care where kids are - in schools. Our mission is to promote the health and academic success of children and youth by increasing access to high quality health care and support services provided by school health centers.

We see Parent Engagement as a critical part of this vision, and are happy to provide technical assistance, such as the Parent Engagement modules, to school health centers. For more information about our organization, please contact us using the information below.

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Parent Engagement
A Guide for School Health Centers

Practical Tools:
How to conduct a Parent Focus Group
Frequently Asked Questions and Real Examples

QUIZ: How Well Do You Know your Parent Population?
Do you understand the needs of your health center parents?

The High School Issue
How to balance parent engagement with a youth-centered model

25 Tips to engage busy parents from interviews with school health centers
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Letter from the Editor

This issue of Parent Engagement is especially close to my heart, as it prominently features the role of parent engagement in high school health centers. My first “real” job after completing my undergraduate degree was a teaching position in a San Diego charter school. I was 22 years old at the time, barely older than my 10th grade math and chemistry students, and essentially clueless about how to effectively deal with my class, let alone their families. I was determined, however, not to let my lack of experience show when it came time to hold parent-teacher conferences. On the day of the conferences, I dutifully pulled together some desks into a conference-table arrangement, double checked the schedule of parent appointments, and put on my best professional-looking teacher clothes (I decided to forgo my usual jeans and converse shoes for the occasion). Clearly I was ready for anything, or at least so I thought.

I had been informed ahead of time that about a quarter of my students’ families would be Spanish-only speakers. I had the students at the conferences to help me translate for their families, but with seven years of Spanish under my belt, I felt like I could make a decent attempt at conversation. It seemed to work out pretty well – to be sure, my Spanish was rusty, but my stumbling phrases were greeted by warm smiles from parents, who spoke rapidly and articulately in their native language. I was feeling pretty good about myself… that was until after my last conference, when one of my students shyly pulled me aside. I had been suggesting to each parent that their student come to after school tutoring “with me,” which, as those who are familiar with Spanish know, should be translated as “conmigo.” In my nervousness, however, I had been saying “con yo,” which, my student pointed out, sounds just like a not-so-nice slang way of referring to a certain female body part.

I was mortified. I prepared myself for the barrage of offended parent emails, or possibly an angry visit from our director. However, when I came to class the next day, several of my students told me how much their parents had appreciated my efforts to communicate with them despite my non-Spanish fluency. When I mumbled something back about my Spanish needed some work, the kids smiled and said, “Oh that. My parents thought it was funny, and they knew what you were trying to say.”

That incident marked the first of many instances wherein parents have surprised me with their warmth and understanding. To be sure, I’ve had negative experiences with parents as well, but those seem to be the exception rather than the rule. I have learned so much about adolescents from meeting their parents, being invited into their homes for visits, and taking the time to try to understand the parent perspective. In return, parents became my allies and supporters when I needed them to come together to help with a project or volunteer opportunity.

I realize that this story is not specifically unique to high school parents, but I feel somehow that we forget that parents are still important when students get to the older grades. It’s easy to think that parents will be involved and supportive when their children are younger and less independent. In my experience, I found that parents of older students, despite their busy schedules, are also grateful for the opportunity to become more involved in their kids’ lives. I certainly learned my lesson when it came to my preconceived expectations about parents. You too might find yourself surprised when it comes to the response of parents to opportunities for engagement.

Cheers.

Teresa Chin
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Are You In-Touch With Your Parent Population?

How parent-savvy is your school health center? Take our short quiz to get a sense of where you stand. As you read each question, choose the response that best matches your level of understanding of your parent population. Don’t forget to keep track of your answers!

1. An intern from the California School Health Centers calls you for an interview, and asks about the demographics of your parent population. You say:
   a. “Um… I think I have that information around here somewhere” and frantically rustle some papers around to make it sound like you’re looking for something.
   b. “Well, our school statistics say that we’re about 70% Title 1 families, and we have grant funding to do programs with our school’s Latino population.”
   c. “Our last parent survey actually shows that, while the school is 70% Title 1 families, the parents of students utilizing the health center are about 90% Title 1 families. While we have programming for our large Latino population, our focus groups show that we also have a growing Hmong population.”

2. The school principal emails you asking you about your knowledge of parent transportation issues, as he’s thinking about holding an after-school family fundraiser that he hopes parents will attend. You say:
   a. “Why exactly are you asking me? I think you have the wrong email address.”
   b. “I’ve noticed that some of the kids have mentioned that they’re part of a carpool, so you might want to check with parents about their schedules before you decide on fundraiser times.”
   c. “We’ve talked to parents about transportation, and some of the parents have a 30-40 minute drive from home to school, even though they carpool with other families. The local families usually walk to school, but the sidewalks are cracked, which is difficult for strollers.”
3. You decide that your school health center should start posting flyers in community spaces where parents will see them. You decide to post them:
   a. On the front door of the school. Everybody comes to school eventually, right?
   b. At school sports events, performances, and other school events that will draw parent attendance.
   c. At school events and at popular local grocery stores, Laundromats, and places of worship that parents have identified to you as locations they use and visit.

4. You scheduled a parent meeting for 3:15pm. It is now 3:45pm and there is no sign of the parent. Your next move is to:
   a. Grumble a little, and then write her an email before you head home asking her to reschedule.
   b. Call the parent’s work phone number, and find out that she is on her way. You decide to wait, and the parent arrives at 4:00pm. When you gently mention her tardiness, she apologizes.
   c. Realize that the parent is driving from work, which you know is an hour away, and is probably stuck in traffic. You call the parent’s cell phone to check in and verify that she can still meet. When the parent arrives at 4:00pm, you gently apologize for scheduling a meeting during work hours and thank her for making the long drive.

5. You want try to be sensitive to every family’s situation and dynamic. In order to avoid making assumptions, you:
   a. Try not to assume students live with their “mother and father.” After all, something like one in two marriages ends in divorce.
   b. Try not to assume students live with their “mother and father.” After all, grandparents, aunts and uncles, or guardians may also look after children at your school.
   c. Try not to assume students live with their “mother and father.” After all, some of the students may have two moms or two dads, and you want to be understanding of all types of family structures.
6. Your are similar to the parents and families at the school where your health center is located because:
   a. You are also a human being who lives on the planet earth.
   b. You live in the same community and understand some of the larger health issues associated with the neighborhood.
   c. You are also a parent, and understand the concerns that parents have about their children’s health and wellness.

7. You offer a parent a cup of water at a meeting, and he responds with, “No, it’s cool.” You respond by:
   a. Obligingly rushing to turn the thermostat up to 80 degrees, even though it seems to you like it’s already pretty warm in the room.
   b. Smiling, but secretly thinking to yourself that parents should talk like adults, not teenagers.
   c. Smiling, and thinking to yourself that you should incorporate more current parent slang into your programming. You start planning a parent workshop on how to be a “cool but healthy parent.”

8. You get a call from another school health center’s director asking for advice. She has been putting on health workshops for high school parents on the school’s campus for the past two weeks, but the turn-out has been very low. She wants your insight into the problem. You say:
   a. “It sounds like parents just aren’t interested in being involved with health issues. You should just focus on the students.”
   b. “Parents of high school students can be especially busy, and you’ll probably have trouble getting a good turn-out no matter what. Try to advertise the workshops better and see what happens.”
   c. “While high school parents can be busy, they will come to events if you make it easier. You could make timing easier by scheduling the workshops to be around the same time as events like dance performances and sports games. Also, some parents don’t feel comfortable at schools, and might be more comfortable with a community venue.”
Scoring Key:

a = 1 point  \# of \ a answers ___ \times 1 = _____
b = 2 points  \# of \ b answers ___ \times 2 = _____
c = 3 points  \# of \ c answers ___ \times 3 = _____
Total Points = ______

If Your Score Was 8 to 13:
You have to start somewhere! Parent engagement is new to you. You may be out of touch with parent issues, and should start finding out more about your parent population. Consider holding a parent coffee hour, parent focus group or doing a parent survey to get to know your parent population.

If Your Score Was 14 to 19:
You have a basic understanding of the needs and concerns, although your interaction with parents may be based more on convenient interactions than comprehensive outreach. Consider expanding your understanding by talking directly to parents about their issues, and brainstorming with staff about your parent engagement strategies.

If Your Score Was 20 to 24:
You are on the right track! You have a handle on the bigger picture of positive parent engagement and have many of the pieces needed to begin to tackle the issue. Continue the good work by maintaining efforts to keep in touch with your parent population.

(For tips on how to conduct a parent focus group, see page 7)

This quiz was developed by Teresa Chin at the California School Health Centers Association. For more information on its contents, contact Teresa at TChin@schoolhealthcenters.org
How to Conduct a Parent Focus Group

Do you want to know more about the needs of your student population? Are you curious about the “hot health topics” in your community? Do you want parents to get to know more about your school health center? Do you want to include parent advocacy to support your policy work? If you answered “Yes” to any of these questions, you should consider conducting a parent focus group at your school health center.

Frequently Asked Questions (FAQ)

Q: Why do school health centers conduct parent focus groups?
A: School Health Centers hold focus groups to get qualitative feedback on a variety of topics. Many school health centers like the personal interaction of focus groups, as opposed to surveys, even though they typically reach fewer people. Reasons school health centers might conduct a focus group include:

- They are considering expanding their services
- They are writing a strategic plan
- They want to start a new school health center
- They want to assess student need and/or parent support
- They want to get parent testimonials for use in advocacy work
- They want to learn about “hot health topics” in the community
- They want to understand barriers to health access
- They want to evaluate their service as a school health center
- They want parents and families to feel a greater sense of connection to the school health center

Q: How can I recruit parents for my school health center’s focus group?
A: There is no “one way” to recruit parents, but strategies might include advertising at committees or groups with high parent participation, such as a Parent-Teacher Association (PTA), School-Site Council (SSC), or English Learner Advisory Committee (ELAC); asking teachers or school administrators if they know of involved parents; advertising through website announcements, flyers, and newsletters; or calling parents to ask if they would be willing to participate.

Q: Should I compensate parents for being a part of my focus group?
A: Yes. Remember that parents’ time is valuable, and you should compensate them if you possibly can. Compensation could be in the form of a gift card for groceries, gas, etc., or it could be a monetary amount. If you’re on a tight budget, you should at the very least provide food and child care during the meeting, and send participants a thank you card.
Q: How many parents should I include in each focus group?
A: Focus groups should be small enough so that group discussion can easily be facilitated. Many school health centers choose to keep focus groups to about 10-15 parents, although you can hold several focus groups in order to get additional parent feedback.

Q: What will I need to bring to the focus group?
A: A facilitator, a pre-developed set of questions for discussion, a tape recorder and spare batteries or a very efficient note-taker, a sign-in sheet, a watch or timer, enough chairs for everyone, and healthy snacks are a nice start. You can also provide flip chart paper for brainstorming, pens or pencils, note paper, or other items that you might want to use in your discussion. You may also want to consider choosing an “ice breaker” or group bonding activity to help people feel comfortable.

Q: Who should facilitate the focus group?
A: Usually, one or more health center staff person(s) facilitate the focus group by greeting parents, prompting the discussion, and taking notes during the meeting. For school health centers with parent coordinators or board members, it can also be a nice touch to have other parents facilitate the focus group.

Q: What should I ask during the focus group?
A: It depends on what you want to know! Have a brainstorming session with the school health center staff about the kinds of information you would like to get out of the focus group. To keep the focus group session from going too long, narrow the list to ten or fewer questions (you can have spare questions just in case). Include prompts for each question, just in case parents are reluctant to get the conversation going, or do not fully understand the question. Don’t include too many questions, or you will run the risk of having a marathon focus group! (For a list of a sample focus group question, see page 9)

Q: My school health center has a large non-English speaking parent population. What should I do for the focus group?
A: It’s a good idea to hold your focus group using a language in which parents will feel comfortable discussing their ideas and experiences. Many school health centers will hold multiple focus groups, some in English and some in other commonly-spoken languages. If you do not have staff that is fluent in language spoken by parents, consider hiring a translator or having a bilingual parent facilitate the meeting. Remember to provide materials (e.g. sign-in sheets, questions for discussion) in the appropriate language.

Q: Once I conduct the focus group, what should I do with the information?
A: It is a good idea to have someone prepare an executive summary of your focus group data. Direct quotes should be preserved whenever possible. This summary can be used by school health center staff to incorporate ideas and feedback into practice, or as an advocacy tool to show to policy makers. If the focus group data reveals that there is an area that needs to be improved, make an effort to address the issue in a timely fashion. Parents will note the response and feel a greater sense of connection to the school health center.
Want a better sense of how to form questions for your discussion group? Here are some sample questions from a California focus group on school health center expansion.

Focus group Questions for Parent Input into School Health Center Expansion

These questions are intended to provide a structured manner in which parents can share their thoughts, feelings, and concerns for school health center expansion.

Please note: These questions are written with a group discussion in mind but they could also be done one-on-one. I would expect the group discussion to last 30-45 minutes and as a one-on-one about 15 minutes. If you want to add additional questions specific to your health center, feel free to do so!

1. We want to tell Governor Schwarzenegger why school clinics are important, what are some of the things we should tell him?

2. If Governor Schwarzenegger decides to give more money to [name] school to improve the services at the clinic, what do you think the clinic should do with the money?
   - Probe: Open longer hours?
   - Add new services – which?
   - Build more rooms/space – for what?

3. Some of you have other doctors that your children see in addition to coming to [name] clinic. (Identify those people who are in this category). When do you bring your children to [name] school clinic and when do you take them to their other doctor?
   - Probe to determine whether their decision is based on the type of illness, the timing, availability of transportation.
   - For example we would be very interested to know if parents see the school clinic as the place for urgent problems or for less serious problems or if they use it only as a last resort when they can’t get to their regular doctor.

4. If a nearby school was going to open a clinic, what services do you have at [name] school health center that you think would be very important for them to include?
   - Probe: This questions is focused on “services” so probe things such as immunizations, physicals, counseling, but don’t worry if the answers start to get into other clinic qualities (question 6).
   - If this questions starts expanding into question 6, that’s ok, just be sure to remember to get to 5.

5. Since this clinic is brand new, they are not going to have a lot of money. Of the things you mentioned, what do you think are the MOST important?
   - Probe: Go over the things they mentioned and try to get them to identify a few as most important. A huge wishlist is not going to be as helpful to us as a few specific priorities.

6. So far we had talked about the services the clinic provides, but now I want to ask about other things that make the clinic useful for you, like who works in the clinic, where it is located, when it is open. If you were going to advise this other school on how to set up their clinic so it would be most useful to the families, what would you tell them?
   - Probes: Is the location important? Where should the clinic be?
   - Do they need to hire any specific kinds of people to work in the clinic? (here you are looking for things like “people who speak our language” “people who like kids” “people who have experience with medical care” but don’t actually suggest any of these because everyone will agree with all of them and the important thing is to see what they bring up.)
   - What about the actual clinic space – is there anything you would advise them about what kind of space the clinic needs?
   - What about the hours – are there times when it is really important that the clinic be open?

7. Is there anything else we haven’t discussed that you would like the Governor to know about this health center or this community?

For a sample parent sign-in sheet or a Spanish translation of these focus group resources, please email the California School Health Centers Association at info@schoolhealthcenters.org
The Parent Trap

Trying to Balance Youth and Parent Engagement in a High School Health Center

I’ve been on Manual Arts High School campus for about five minutes, and I’m already lost. Anxiously, I check my cell phone – I am supposed to meet school health center project coordinator Katy Atkiss in two minutes. I have already received directions from three passing students, and yet I find myself circling the same stone-gray building three times and wondering if, like in so many Bugs Bunny cartoons, I should have taken that “left turn at Albuquerque.”

Ten minutes and two frantic phone calls later, I am sitting in a comfortable office chair across from Katy, who in contrast to me gives the appearance of a Zen-like state of calm. Ironically, we are in the same fortress-like building around which I had unwittingly been doing laps, and which, despite its drab outer appearance, houses one of the most comprehensive youth-centered school health centers in Los Angeles.

My visit here is something of a novelty. While I, like so many others, am interested in the accomplishments of Manual Art’s well-known Youth Action Board, I am also visiting to talk about the school health center’s thoughts about parent engagement in a high school setting. Katy is open to discussing the topic with me, but is quick to add the caveat that she does not consider her school health center to have a model program for parent engagement.

“We want to have parent engagement,” she explains, “but we don’t know the best way to go about it. On the one hand, we don’t want to compromise our youth focus, and yet we can’t deny that so much of student health is tied up with what happens at home.”

Katy’s sentiments are typical of many high school health centers. While confidentiality is a concern for students of all ages, a youth-centered model becomes especially important to facilitate student trust in a high school setting. Adolescent development is characterized by a desire for independence, and a perception that parents are “too involved” in the school health center could be a major deterrent for students who need to utilize sensitive services.
With one of the primary purposes of school health centers being to increase child and adolescent access to high quality health care, this point is of a major concern. On the other hand, school health centers recognize that parents remain important stakeholders in their children’s health even throughout those difficult teenage years. In an age where parents have to cope with their son’s or daughter’s parental communication going from an endless childhood stream of conversation to the occasional adolescent grunt of “yes,” and “no,” parents are naturally desperate to know what’s going on in their teen’s life. Moreover, parents can be important allies for high school health centers, with whom they share a goal of promoting their child’s health and wellbeing.

So what is a high school health center to do? It’s the high school parent trap, and school health centers are caught in the middle. Is there a way for high school health centers to maintain their youth-centered models while simultaneously implementing parent engagement strategies?

It’s a big question, and, unfortunately for Katy Atkiss, it is one of the first questions I ask her during our site visit interview. She takes a few moments to ponder before she speaks. Still struck by her composure, I imagine momentarily that she is meditating.

“I think school health centers need a parent engagement strategy,” she begins. “They need to think about the reality of how parents can be involved, want to be involved, and should be involved. School health centers should think about what their desired relationship is with parents.” She pauses to take a sip of water while take notes furiously. “For example, we have two branches here – medical services and prevention. We don’t do much now, but I could see a definite place for parent engagement with our prevention programs.”

Currently, Manual Art’s prevention programs center around the school health center’s Youth Action Board (YAB), which has a teen pregnancy prevention branch and a nutrition and fitness branch. The YAB meets in the school health center during lunch times, where the students are clearly feel at-ease. The YAB members have been extremely active in environmental-level interventions, such as their efforts to improve school lunches, but they also try to educate their families and friends about prevention.

“It would be amazing to reinforce preventative health education at home,” Katy says. “The youth board is a useful link to parent engagement. I really think it would mean so much more to parents if it came from their kids rather than if [school health center staff] tried to give them those messages.”
The idea is certainly intriguing. By highlighting the activities of the YAB, Manual Arts would be gaining parent support in addition to more formally bringing parents into its health prevention efforts.

There is already encouraging precedence for the idea – One such discussion at Manual Arts (on the touchy subject of teen pregnancy prevention no less) has already been navigated with great success. Staff, parents and teens were able to have an open discussion about the realities of teen health and parental concerns while the school health center kept itself in a supporting role. The YAB students drove the discussion, as the meeting had been framed as a presentation of the work of the youth board. “I don’t know if parents would have come if they knew that it would be a controversial discussion,” admits Katy, “but it really seemed to work out. Parent turnout was also good because they were proud of all that their kids had accomplished.”

I suddenly realize that my fortress-like impression of the school health center is no coincidence. This is not the type of building someone would accidentally wander into while looking for the front office. Heck, I had enough trouble getting in when I knew I was looking for the school health center.

While I am pondering this thought, the smiling faces of three teenage girls pop into Katy’s office. They wave enthusiastically to Katy, who excuses herself momentarily and chats with them for a few minutes. Given a moment to myself, I realize that Manual Arts is just one of many high school health centers, and that Katy will not have all the answers for me today. However, as she seems confident that high school health centers can balance parent engagement and a youth-focus, I’m inclined to share her optimism. I glance back at Katy and the three girls – all four clearly at ease with each other and their surroundings — and I smile.

Clearly, Manual Arts is doing something right.

Teresa Chin is a graduate student at UC Berkeley and research assistant at the California School Health Centers Association. For more questions or comments on this article, please contact her at TChin@schoolhealthcenters.org
It’s that time of year again! The start of the school year is a hectic time for school health centers, but a crucial time for parent outreach and engagement. The fall brings new students and their parents may not be aware of the health center (and a few old students may need some reminding). It is the season of sports physicals, student registration, and orientation. In fact, for many parents, fall is the season they will be most active in their child’s academic life.

In short, fall is the perfect time to get your parent engagement strategies off to a strong start that will last the whole year long. Check out the following list of parent engagement strategies from the field, and start brainstorming for your own school health center!

1. Organize a school health center booth at Back to School Night

2. Include a flyer about school health center hours, services, and policies in new student registration packets

3. Arrange to be able to speak to parents during orientation

4. Give out health center information during student registration

5. Conduct a parent survey to assess their health concerns and school health center satisfaction

6. Recruit parents for a school health advisory board by talking to teachers and administrators about active parents

7. Contact your school’s Parent Teacher Association (PTA), English Learner Advisory Committee (ELAC), or School Site Council (SSC) to coordinate a time for you to talk to participants about the school health center
8. Create a school health center parent newsletter with “hot” health topics (e.g., immunizations, sports physicals, and student resources)

9. Host a “back to school” party of BBQ for parents where they can learn about the health center

10. Create a place in your school health center where parents can feel comfortable, such as a parent lounge or computer access point

11. Have morning coffee hours where parents can chat with the school health center staff after dropping kids off from school

12. Start planning out the parent programs and workshops that you would like to offer during the year – ask parents about which topics they would be interested

13. Have a school health center staff meeting to talk about parent engagement strategies – train your staff on parent engagement protocols, critique your previous efforts

14. Instead of giving materials to students, try mailing packets to parents or calling parents at home to talk

15. Ask teachers to offer extra credit to students whose parents attend health center events, such as parent workshops or back to school night

16. Update parents on current health issues and policies through a list-serve or by posting updates on the school website

17. Include parents in student health interventions, such as nutrition and fitness programs

18. Coordinate with sports teams and clubs that meet with parents to give a 5-minute presentation on school health center activities (especially if you offer sports physicals)

19. Create relationships with other people who interact with parents, such as teachers, school nurses, and principals. Have these
partners dispense important information about the school health center

20. Capacity-build with parents by brainstorming about their skills during meetings (e.g., parents who can cook for large groups, parents who can speak multiple languages)

21. Set aside part of your budget for parent engagement, such as small incentives for parents who participate in programs (grocery store gift cards, gas cards)

22. Rewrite your strategic plan or mission statement to include parent engagement

23. Invite parents to sit in on staff meetings, site visits, or policy discussions

24. Create a “how to navigate the health center” document to give to parents who have questions or concerns about the school health center. Include frequently asked questions (FAQ) and pictures of health centers staff who parents might interface with in the future

25. Encourage staff to attend sports games, fundraisers, school plays, and other events where parents can see that the school health center is a part of school and community life

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We see Parent Engagement as a critical part of this vision, and are happy to provide technical assistance, such as the Parent Engagement modules, to school health centers. For more information about our organization, please contact us using the information below.

Thank you.