

Parenting and Educating in the Era of COVID

The importance of family-school partnerships in supporting children's health and education



Introduction

In early 2020, Action for Healthy Kids (AFHK) set out to explore parents' and caregivers'* perceptions and realities on issues facing their kids' health and well-being and what drives, or creates barriers to, parent involvement in these issues at their own children's schools. Our national survey of parents of children in pre-school through 8th grade found that three out of four parents said their children are currently facing challenges to their health and well-being, and parents don't think it's getting any easier. At the start of a new decade, more than 9 in 10 respondents said children face more challenges to their health and well-being today than they did 10 years ago.

Due to the number and magnitude of health issues facing our nation's children—from obesity and poor nutrition to physical inactivity, from depression and anxiety to substance misuse—traditional school health programs are only one piece of the puzzle. Such programs often do not address the underlying issues that must be resolved in order to unlock real prevention. To this end, AFHK mobilizes family-school partnerships to develop the three foundations for lifelong health for children: optimal nutrition and physical activity; safe and supportive environments; and nurturing relationships with adults.

Through our work over the past two decades to create healthier school environments, we understand that parents are essential but often overlooked partners in efforts to make education more holistic and equitable. When parents are engaged in their children's school activities, their children get better grades, choose healthier behaviors, and have better social skills.¹ Furthermore, school health activities are more successful when parents are involved.²

Two months after the January 2020 survey, COVID-19 disrupted our already fragile educational system and, combined with civil protests over deep-seated racial injustice, put a necessary spotlight on the systemic health and educational inequities that hinder the well-being, growth and academic success of millions of children in underserved communities nationwide. Parents became classroom teacher, recess monitor, PE teacher, school nurse, and more, virtually overnight. If they were fortunate enough to work from home, they faced balancing

their own needs with those of their children and other family members. Others were forced to scramble without viable options for childcare, or worse, lost jobs or had to rely on their schools, local food bank, and the generosity of their communities to put food on the table. Some kids could play in their backyards while others were confined to small apartment spaces or left without safe places to play in their neighborhoods. Ability to successfully participate in distance and online learning continues to depend on a child's ZIP code, internet accessibility, and home support, among other factors.

The list of challenges since the onset of COVID-19 for families, children and educators is an endless one, and things did not become any easier or clearer as kids began an uncertain 2020–2021 school year in different ways across the country. In August, we sought to understand if parents, as they headed into an unprecedented school year, were concerned about the same health and well-being issues that were on their minds in January 2020 and what role they see themselves playing in addressing these concerns while they try to balance parenting and educating in the age of COVID.

Through this report we explore aspects of family-school relationships and offer guidance for how to use this information to create a more just and equitable system that invites all voices to the table and leverages the power that educators and families can have when they work together. Particularly now, during the pandemic, it is critical that school staff and families are coordinated, aligned and able to communicate clearly and work together with mutual trust.

We may not know exactly what this new school year will look like, but we know that school is a place where many kids feel most safe, where social emotional growth takes place, where they interact with other children and trusted adults, and where parents entrust their kids' health, safety and learning to a community. While we all need to adjust to the "now normal" and help kids not simply adapt but also thrive as best as possible, we believe schools will remain a critical foundation of our society long beyond COVID, and that families and schools working together form the building blocks upon which that foundation must be built.

*Parents and caregivers are referred to in this report collectively as "parents", which Action for Healthy Kids defines as the primary adult(s) responsible for raising and caring for a child.

Methodology

The AFHK Checkup: Whole Child Health Survey by the nonprofit organization Action for Healthy Kids surveyed 1,000 nationally representative US parents and caregivers of children in pre-school through 8th grade. The study was conducted by Wakefield Research January 2–10, 2020 via email invitation and an online survey.

The AFHK Parent Pulse Poll, also conducted by Wakefield Research, surveyed 1,000 nationally representative US parents/caregivers of kids in pre-school through 8th grade, between July 31st and August 7th, 2020, using an email invitation and an online survey.

In both surveys, quotas were set to ensure reliable and accurate representation of US parents/caregivers of kids in pre-school through 8th grade. Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. For the interviews conducted in this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 3.1 percentage points from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the sample.

Analysis for this report has been conducted using data from both waves of polling. Sub-audience analysis has been focused primarily on attributes most relevant to the subject matter, such as household income (HHI), race/ethnicity and language spoken at home (Spanish vs. no-Spanish). Where relevant, statistically significant differences between sub-audience groups have been included.

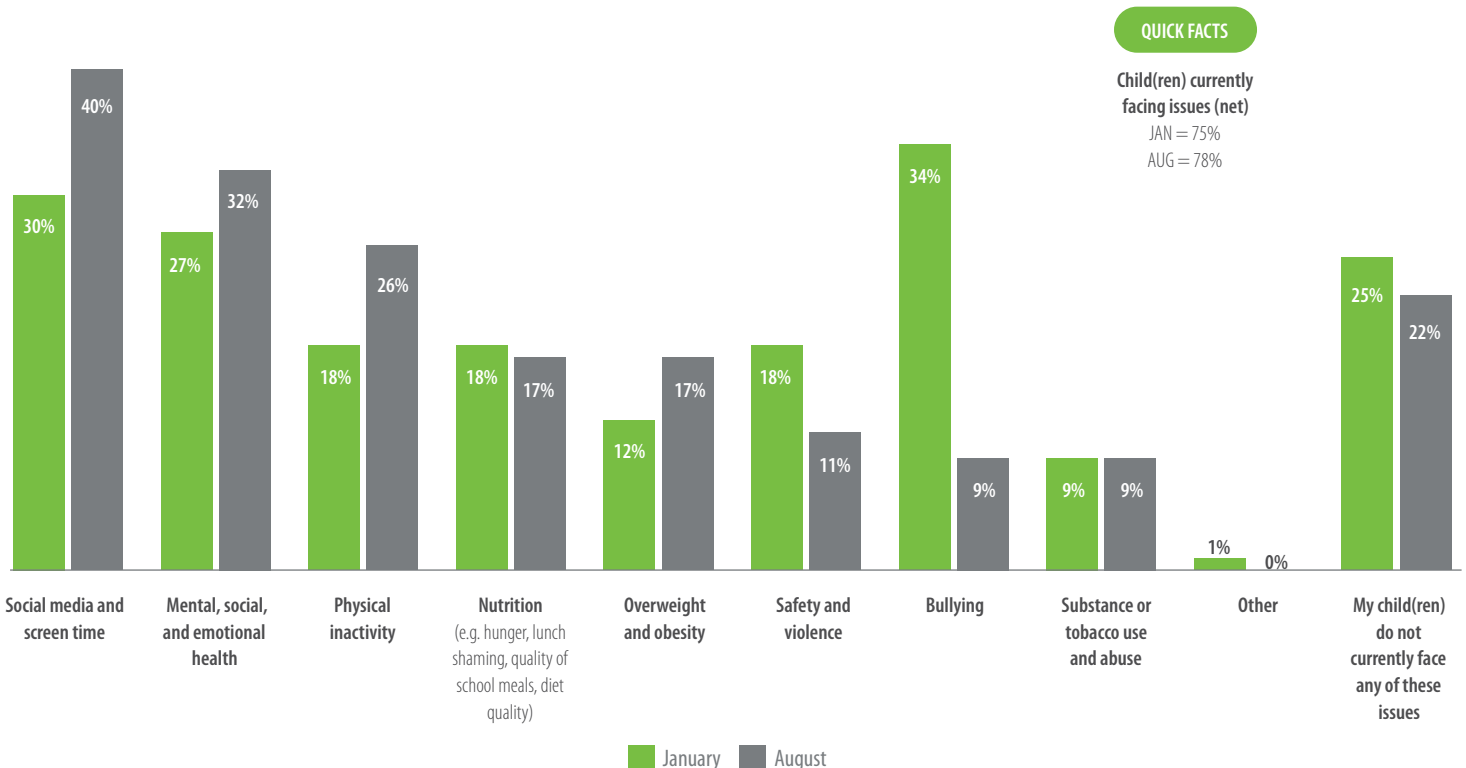
Key Findings

Top Health Concerns: A Shift from Bullying to Mental Health and Physical Activity

Since the onset of COVID-19, parents and caregivers have been trying to “do it all” at home. Regardless of the challenges and blurred lines of parenting and educating, in August 86% of parents said they have concerns about their children potentially not returning to in-person school full time in the fall. Furthermore, two issues parents cited as affecting their kids’ health back in January remained top concerns in August (see **Figure 1**)—social media/screen time (increased by 1/3 from 30% to 40%) and mental, social and emotional health (increased by around 1/5 from 27% to 32%). However, with kids out of school, bullying, the number one issue in January, dropped to 8th place (from 34% to 9%—a 74% decrease in parents citing this as a top issue), while physical inactivity rose to the third spot (from 18% to 26%—a 44% increase). Though less worry about bullying in the absence of social interactions may not be surprising, the added concern about lost social interactions, plus concerns around physical inactivity and nutrition, are real for parents and their implications for children significant.

Figure 1: Concerns Beyond COVID

Which of the following, if any, are current challenges regarding your child(ren)’s health and well-being?



Despite cuts to physical activity and physical education in schools over the years in favor of more academic time, schools remain a place where students have opportunities for regular physical activity and learn to establish healthy routines, and develop social-emotional competencies, whether through brain breaks in the classroom, before and after-school activities, physical education classes, recess or school sports. In fact, it is well established that physical inactivity and sedentary behaviors are linked to negative impacts on physical and mental health³ and even poor academic achievement.⁴ Weight gain among many populations during quarantine has been observed⁵ and consistent with recent studies that have shown an increase in overweight and obesity among children when out of school during summer months.⁶ The rise in concern among parents around physical inactivity can also explain why in August parents said they'd be most interested in receiving support from their children's schools in the form of virtual classes for physical education and at-home physical activities (40%) and physical activity equipment for use at home (29%), followed by support or resources related to mental, social and emotional health (28%).

Figure 2: Household Income and Bullying

	Parents with household income under \$35,000		Parents with household income over \$75,000	
	Jan. 2020	Aug. 2020	Jan. 2020	Aug. 2020
My child is dealing with bullying	45%	10%	29%	11%
My child's school has not adequately addressed bullying	39%	n/a	26%	n/a

Parents on the Sidelines

Parents entrust school staff with their children's health and well-being in the place where kids, in normal times, spend the most time outside of the home—1,200 hours annually. As schools may not be able to play that role in the same way for the foreseeable future, and as COVID-19 has taken center stage as the primary health concern, the majority of parents (more than 80% when asked in January and August) are still interested in giving input on other important health-related issues. With 43% of parents now saying they would like to give input on re-opening policies due to COVID-19 given the chance (e.g. staggering of students, remote vs. onsite learning, hygiene practices), the other top issues in which parents said in January that they would like to give input remained the same in August: mental, social and emotional health, physical activity and school meal programs.

Despite this interest and the sentiment that schools were not addressing various issues adequately enough for many parents pre-COVID (see **Appendix Figure 1**), in January we learned that over half (51%) of parents do not feel included in decisions about children's health and well-being at their schools (see **Figure 3**), and only 27% said they had ever personally raised concerns (see **Figure 4**). Even with the turmoil created by school closures since COVID-19 began, the many concerns parents have, and their need for more support (see **Figures 9 and 10**), roughly the same percentage of parents in August said they have personally raised concerns about health and well-being issues.

Figure 3: How strongly do you agree or disagree with the following statement—I do not feel included in decisions about my child(ren)'s health and well-being at their school(s).

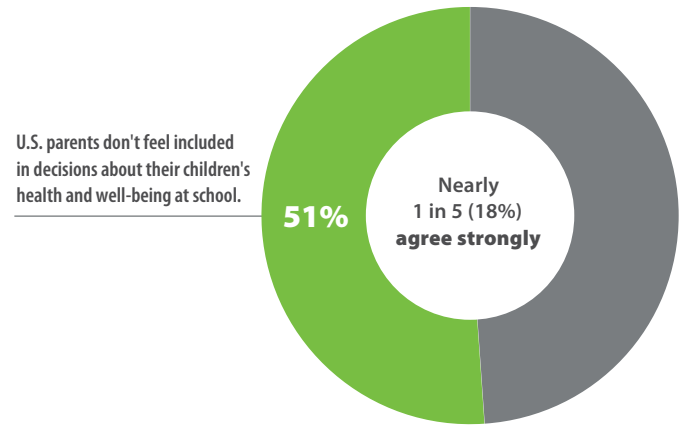


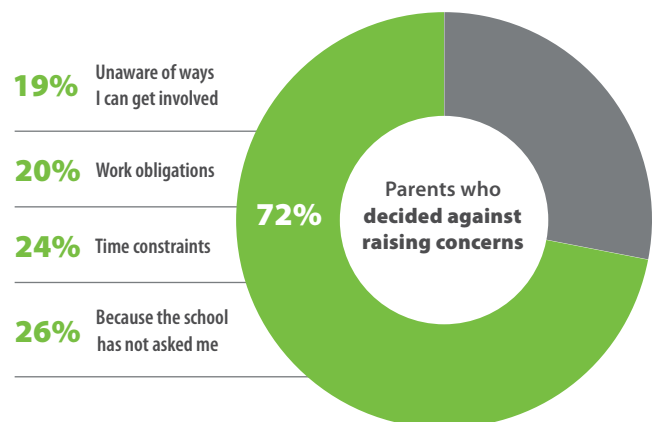
Figure 4: Have you or someone you know ever raised concerns about student health and well-being at your child(ren)'s school?

Response	January	August
Yes, I have	27%	26%
Yes, someone I know has	31%	26%
No	48%	52%

Barriers to Engagement

Family engagement in children's lives is one of the most powerful predictors of their development, educational attainment, and success in school and life, but in too many communities there are historical barriers to family engagement in schools.⁷ Understanding that parental concerns and a desire to participate are present, it is imperative to examine why families are staying silent or not participating, especially among families in underserved communities who have typically been less likely to engage with schools and labeled as "hard to reach."

Figure 5: Staying Silent (January 2020)



In January, the majority of parents (89%) said they have been invited to participate in at least one activity at their children’s school, such as a parent-teacher conference (59%) or a fundraiser (44%), but far fewer had been asked to participate in school health-related activities, such as school meals, physical activity or recess (see **Appendix Figure 3**). Our survey also uncovered some challenges encountered by parents based on income and educational attainment. While other studies have shown a correlation between higher parental educational attainment and greater parent engagement in school⁸, our January survey showed that more parents who are college graduates *have been asked to participate* in certain school-related activities, from parent committees to before and after-school programming (see **Figure 6**). Conversely, almost twice as many parents with a household income under \$35,000 say they have decided not to participate in a particular event or activity at school because they *have not been asked for input* by their school (30%) compared with those with income \$75,000 or more (17%).

Figure 6: In which of the following activities, if any, have you ever been invited to participate at your children’s school?

Invited to:	College Graduates	Non-college Graduates
Participate in PTA, PTO	46%	38%
Volunteer before/after school	34%	26%
Participate in physical activities	20%	12%
Participate in school meal programs	18%	9%

Seeking Ayuda

According to a Pew Research Center analysis of Census Bureau data, the number of states where at least one-in-five public school kindergartners are Latino has more than doubled since 2000. Hispanics as a percentage of public-school students (K through 12) has grown from 14% to 28% between 1995 and 2019.⁹ Addressing the health concerns of these parents poses a unique set of challenges, opportunities and priorities for schools.

In our January survey, Hispanic parents were more likely to say they have a child at home facing health and well-being challenges and reported higher rates of dealing with bullying. More parents who primarily speak Spanish at home said they have a child dealing with “bullying” than those who speak primarily English or another language other than Spanish at home (50% vs. 32%).

While nearly two-thirds (65%) of all respondents saw some impediment to their children getting sleep, nutrition or exercise—with screen time (31%) and homework (29%) being the biggest obstacles followed by extracurriculars (18%), school schedule (17%) and home responsibilities (14%)—Hispanic parents were more likely to see impediments to these needs, with responsibilities at home more likely to be reported as a reason (22% vs. 12%).

Hispanic parents were also more likely to agree with not feeling included in decisions about child health and well-being in school compared to non-Hispanic parents (60% vs. 49%), and they more frequently decided against raising concerns (81% vs. 70%) and against participating in school activities (77% vs. 66%).

Although Hispanic parents report more challenges and feel less included in decisions at school related to kids’ health and well-being, they were significantly more likely in our January survey to say they have improved their own habits based on something their child told them about health and well-being (83% vs. 74%), underscoring the importance of school-based activities that instill and reinforce healthy habits.

Figure 7: Challenges for Hispanic Parents

	Hispanic		Non-Hispanic	
	Jan. 2020	Aug. 2020	Jan. 2020	Aug. 2020
Have a child at home facing health and well-being challenges	84%	84%	72%	76%
Reported higher rates of dealing with bullying	47%	14%	31%	7%
See impediments to children getting proper sleep, nutrition or exercise	74%	n/a	62%	n/a
Agree with not feeling included in decisions about child health and well-being in school	60%	n/a	49%	n/a

Looking ahead to this school year, for those who speak Spanish at home, a lack of in-person schooling for their kids—often a lifeline and safe place for overcoming the language gap—is particularly worrisome. Hispanic parents (91%) and parents who speak Spanish at home (94%) are more likely than non-Hispanic (85%) or non-Spanish-speaking parents (85%) to have concerns about schools not reopening in-person and full-time this fall.

New Year, New Habits?

The impact of kids’ knowledge on their parents underscores the importance of helping them shape healthy habits in school.

- » **76% of parents** say they’ve improved their own habits based on something their child told them about health and well-being.
- » **More than half (56%)** have done so more than once.
- » **Hispanic parents are more likely** than all other parents to do so (83% vs. 74%).

An Uncharted Path Forward: Helping Parents Navigate a New Landscape

Even prior to COVID-19, schools and parents were feeling the enormous weight of supporting kids' health, well-being, learning and growth. Now as the lines between educator and caregiver, home and school, are more blurred than ever before, parents and schools must work closely together without being close together—and parents are trying to manage without a roadmap and with little guidance on how to navigate their own and their kids' health and well-being amid a global pandemic.

The most common areas parents have found themselves struggling since the beginning of the COVID-19 outbreak have been their own mental, social and emotional health needs; balancing their children's needs with their own; and maintaining healthy routines around nutrition and physical activity for their families (see **Figure 8**). Three-fifths of parents with household incomes below \$35K (60%) say they are struggling with their own mental, social and emotional health—50% more likely than the 40% of parents in higher income brackets who say the same. While low-income parents are struggling more, in August we found they are less likely to speak up about their concerns around children's health and well-being at school. Additionally, while no difference was seen in January, parents in homes with incomes of \$75K and above (86%) were more likely in August to say they want to give input on health issues than those who make less than \$75,000 (74%).

In expressing their concerns about their kids potentially not going back to school full-time this fall, half of parents said they are concerned about lost social connections with other students, followed by 44% who said lost academic progress, and 39% worried about fewer opportunities for their kids to have extra-curricular activities. (see **Figure 9**). Beyond academics and socialization, more than one-third are concerned about fewer opportunities for exercise, and 15% of parents are concerned about missed meals from school nutrition programs, with parents in cities almost twice as likely to say so as parents in rural and suburban areas (23% vs. 12%). Parents in cities (31%) are also much more likely to be concerned about their children's decreased opportunities to engage in nutrition education curriculum, such as school gardens and cooking classes, than those who live in the suburbs or rural areas (19%).

Figure 8: In which of the following areas have you found yourself struggling as a parenting/caregiver since the beginning of the COVID-19 outbreak?

Response	%
My own mental, social, and emotional health	43%
Balancing my child(ren)'s needs with my own needs	43%
Maintaining healthy routines around nutrition and physical activity for my family	42%
Balancing my child(ren)'s needs with my work	35%
My own physical activity and nutrition	32%
The needs of those I am caregiver to, other than my children	14%
Other	1%
I have not been struggling as a parent/caregiver	15%

QUICK FACTS Have been struggling as a parent/caregiver (net) 85%

Figure 9: What are your concerns regarding your child(ren) potentially not going back to in-person school full-time this fall?

Response	%
Lost social element with other students	50%
Lost academic progress	44%
Fewer opportunities for extra-curricular activities	39%
Lost connectedness with teachers	36%
Fewer opportunities to move around or exercise	34%
Fewer opportunities to engage in nutrition education (e.g. cooking classes)	22%
Missed meals from school nutrition programs	15%
Other	1%
I have no concerns about my child(ren) not going back to school in-person full-time	14%

QUICK FACTS Have concerns about my child(ren) not going back to school in-person full-time (net) 86%

A majority of parents (84%) would find additional health and well-being support from their children's schools useful at this time (see **Figure 10**). At 90%, urban parents are even more likely than those in the suburbs or rural areas (83%) to consider health and well-being support from their children's schools useful. In addition to physical activity support, they cited virtual classes related to nutrition education (37%, compared to 25% of suburban and rural parents) and school telehealth services (28%, double the 14% of suburban and rural parents who'd want that type of support).

Regardless of how schools communicate with parents (see **Appendix Figure 4** for tips) it's important that schools seek out and listen to input from parents in their community, because they best understand their children's particular needs—which are as diverse as the families schools serve. Equipping parents with the knowledge and skills to support a healthy learning environment—whether at school or at home—and making sure they know and believe their voices are needed is a key strategy for improving their children's overall health, well-being and academic success.

Figure 10: Which of the following would be most useful to receive from your children's school to support their health and well-being?

Response	%
Virtual classes for physical education and at-home physical activities	40%
Physical activity equipment for use at home	29%
Support or resources related to mental, social, and emotional health	28%
Channels for parents to interact with each other and school staff	28%
Virtual classes or at-home activities related to nutrition education	28%
Grab-and-go, mobile or home delivered meals for students	25%
School telehealth services	18%
Home visits and wellness checks for students	16%
Other	1%
I would not find any additional support for well-being from my child's school useful	16%

QUICK FACTS Would find additional support for well-being from my child's school useful (net) 84%

How Schools and Parents Can Use this Information

Action for Healthy Kids' approach to working with families, schools and school districts is based on a dual capacity-building family-school partnerships model. Through this approach we build the capacity of all three groups to address the root causes of the child health crisis by ensuring that all children are supported with three foundations of lifelong health:

- » Optimal nutrition and physical activity
- » Safe, supportive environments
- » Stable and nurturing adult-child relationships.

The findings of our surveys conducted in January and August 2020 underscore the importance of bridging communications gaps between schools and parents, supporting parents'

greater involvement in health and well-being issues at their children's schools, and recognizing and rectifying barriers to parent engagement in these issues, especially in underserved communities. This engagement contributes not only to better physical, social and emotional health outcomes but also to improved academic performance and educational success. The challenges of parenting and educating in the era of COVID have shone a brighter light on the importance of building the capacity of families, schools and school districts to work together to lead and implement changes that create healthy learning environments where kids are prepared to become healthy in body and mind.

Tips for Schools

- » **Set aside preconceived notions** about how parents think, what they know, and how they want to be involved. Instead, ask and listen. Learn about the values and specific challenges parents in your community face.
- » **Create a warm and welcoming environment** that shows parents their voice matters and their input is desired, respected, and valued. Ask parents about their lives and concerns and validate their role as the expert on their child.
- » **Offer options for two-way communication channels** so parents can ask questions and share opinions (e.g., texts, emails, phone calls, video conferences, in-person meetings).
- » **Conduct meetings** primarily in the language of the majority of participants and/or provide quality interpretation for parents or staff who do not speak the same language.
- » **Communicate the school/district vision and priorities** clearly and transparently and provide parents with clear information about how school and district departments function, set policy, and make decisions. Also share school and district policies, goals and plans related to student health.

Tips for Parents

- » **Set aside preconceived notions** about how school and school district staff think and why they work in a certain way. Instead, ask and listen.
- » **Introduce yourself to school leaders** and ask questions. What are your school's and district's priorities and practices related to student health, and how would they like families to provide support?
- » **Talk to other parents.** Gather perspectives and ideas from other families.
- » **Your voice matters.** You're the expert on your child, so don't be afraid to speak up and offer to help however you can.
- » **Don't make assumptions**—learn how things work. Take advantage of learning opportunities and ask questions, then communicate your concerns with a spirit of collaboration. School staff want to hear from you and need you involved to make decisions together.

Tips for Schools and Parents on Working Together

- » **Identify meeting times and locations** (if able to meet in person) that are accessible and agreed upon by staff and parents. Consider providing childcare for the meetings or think about other ways this barrier can be addressed (e.g., children attend meetings with their parents, schedule meetings at different times, hold virtual meetings, provide stipends for babysitters).
- » **Recruit committed parents and school staff to co-lead the partnership.** They should care deeply about the work, have connections and credibility in the community, believe in the partnership's value, and commit to addressing concerns with solutions as a group.
- » **Offer opportunities for parents to get involved at various commitment levels.** While a few parents will take on a leadership role or regularly attend meetings, more will be able to attend and volunteer at events, reinforce messages at home, and answer questions or complete surveys to provide input.
- » **Work with established school parent groups** (e.g., PTO, PTA, Parent Advisory Council) to get their perspective and buy-in for the collaboration and to recruit more families to participate.
- » **Bring a solution-focused mindset to the work.** Every person brings a different set of values and experiences to the table. Identify the core values you share and bring them to the forefront of how you collaborate.

About Action for Healthy Kids®

Action for Healthy Kids is a national nonprofit organization committed to the belief that healthy kids create a better world. As kids today face more challenges than ever to their physical and emotional health and well-being, we mobilize family-school partnerships that prepare them to be healthy in body and mind. Through a holistic approach that offers funding opportunities, technical assistance, content, trainings, and a network of parent leaders, we collaborate with families, schools and school districts in underserved communities to support three key areas of child health: food access and nutrition education; physical activity and active play; and social emotional learning and risk behavior prevention. Action for Healthy Kids is also the organizational home of Active Schools, formerly known as Let's Move! Active Schools, a collective impact movement of public and private sector partner organizations working to prioritize physical education and physical activity in schools. To learn more, donate, and get involved, visit us at actionforhealthykids.org.

References

1. Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association* 1997;278(10):823–832.
2. Ornelas IJ, Perreira KM, Ayala GX. Parental influences on adolescent physical activity: a longitudinal study. *International Journal of Behavioral Nutrition and Physical Activity* 2007;4(3):1–10.
3. Jiménez-Pavón D., Carbonell-Baeza A., Lavie C.J. Physical exercise as therapy to fight against the mental and physical consequences of COVID-19 quarantine: special focus in older people. *Prog Cardiovasc Dis*. 2020 doi: 10.1016/j.pcad.2020.03.009.
4. Haapala E.A., Vaisto J., Lintu N. Physical activity and sedentary time in relation to academic achievement in children. *J Sci Med Sport*. 2017;20(6):583–589. doi: 10.1016/j.jsams.2016.11.003.
5. Rundle, A.G., Park, Y., Herbstman, J.B., Kinsey, E.W. and Wang, Y.C. (2020), COVID-19—Related School Closings and Risk of Weight Gain Among Children. *Obesity*, 28: 1008–1009. doi:10.1002/oby.22813
6. Franckle R, Adler R, Davison K. Accelerated weight gain among children during summer versus school year and related racial/ethnic disparities: a systematic review. *Prev Chronic Dis*. 2014;11:E101. Published 2014 Jun 12. doi:10.5888/pcd11.130355
- 7–8. Ornelas IJ, Perreira KM, Ayala GX. Parental influences on adolescent physical activity: a longitudinal study. *International Journal of Behavioral Nutrition and Physical Activity* 2007;4(3):1–10.
9. Krogstad, Jens Manuel. A view of the nation's future through kindergarten demographic. Pew Research Center. July 31, 2019. Retrieved from web: <https://www.pewresearch.org/fact-tank/2019/07/31/kindergarten-demographics-in-us/>
10. Center on the Developing Child at Harvard University (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from web: <http://www.developingchild.harvard.edu>

Contact info@actionforhealthykids.org with questions about the survey data reviewed in this report.

Action for Healthy Kids. (2020). Parenting and Educating in the Era of COVID: The importance of family-school partnerships in supporting children's health and education. www.actionforhealthykids.org/reports/parents

Healthy Kids. Better World.

600 W. Van Buren St., Suite 720, Chicago, IL 60607 • 1.800.416.5136
actionforhealthykids.org

ACTION FOR
HEALTHY
KIDS 

Appendix

Figure 1: Health and well-being challenges facing kids and how well they are addressed in schools (January 2020)

Nearly 9 in 10 parents and caregivers (86%) have seen some things (at least one issue) not being adequately addressed at school via campaigns or initiatives—and on average, they cite three issues they've not seen properly addressed. The places where schools were seen as falling short aligned closely with the health challenges parents were most concerned with: mental, social and emotional health (33%), nutrition (31%), bullying (29%), social media and screen time (29%), and lack of physical activity (28%).

Current challenges affecting your child's health and well-being	
Bullying	34%
Social media and screen time	30%
Mental, social, emotional health	27%
Nutrition (e.g. hunger, lunch shaming, quality of school meals)	18%
Safety and violence	18%
Physical inactivity	18%

Issues not seen as adequately addressed at school via campaigns or initiatives	
Mental, social, emotional health	33%
Nutrition (e.g. hunger, lunch shaming, quality of school meals)	31%
Bullying	29%
Social media/screen time	29%
Physical inactivity	28%

Figure 2: Which of the following types of issues, if any, would you be interested in giving input on at your child(ren)'s schools?

Response	January	August
Re-opening policies due to COVID-19 (e.g. staggering of students, remote-vs.-onsite, hygiene practices)	NA	43%
Mental, social, and emotional health	51%	34%
Physical activity (e.g. physical education, recess, or other non-sport physical activity)	40%	32%
School menu programs	42%	27%
School building improvements, (e.g. cafeteria, school garden, playground)	39%	24%
Environmental sustainability (e.g. recycling, energy efficiency)	31%	21%
Other school food (non-meal e.g. snacks, fundraisers, or class parties)	32%	17%
I would not be interested in giving input on any issue at my child(ren)'s school	14%	19%

QUICK FACTS Would be interested in giving input (net) 86% 81%

Figure 3: In which of the following events, if any, have you ever been invited to participate at your child(ren)'s schools? (January 2020)

Response	%
A parent-teacher conference	59%
A fundraiser	44%
PTA, PTO or other committee	41%
Volunteering in the classroom	40%
Volunteering before or after school	29%
Other school food (non-meal e.g. snacks, fundraisers or class parties)	23%
Physical activity (e.g. physical education, recess, and physical activity in school outside team sports)	15%
School meal programs	12%
Recess	8%
Other	1%
I have never been invited to participate in anything at my child(ren)'s school	11%

QUICK FACTS

Have been invited to participate in something at my child(ren)'s school (net) 89%

Figure 4: Regardless of how your child(ren)'s school currently communicates with you, in which of the following ways would you prefer they do so?

Response	%
Email	60%
In person	54%
Telephone calls	47%
Text or chat app	44%
Take-home folder(s)	40%
School app	30%
Website or online portal	29%
Social network	16%
Video chats	10%
Other	0%