

School-based Health Communication: Are Parents the Weakest Link?

**Jacinta Hawkins, Sandy Bulmer, Lawrence C. Rose, Massey University (Auckland)
Lynne Eagle, Middlesex Business School (UK)**

Abstract

Although there are calls from many quarters to increase the quality and quantity of healthy eating and exercise education delivered through schools, research findings from New Zealand suggest that children are regularly exposed to positive health messages in the school environment. However, there is often a gap between school learning and what is understood and practised at home - positive practices need to be reinforced by parents. Interviews with teachers in high and low decile schools indicate that future health initiatives should be tailored to meet distinctly different needs in these school / home communities and to improve parent knowledge. An Integrated Marketing Communication approach is recommended so that parents are enabled to reinforce school-based learning.

Introduction

The principles of social marketing have been applied to communication strategies designed to promote socially beneficial behaviour changes, such as improving poor eating and physical exercise practices that can lead to health problems. In acknowledging the evidence that more than half of New Zealand adults and one third of children are either overweight or obese, the New Zealand Ministry of Health (2003; 2004a) launched 'Healthy Eating - Healthy Action: Oranga Kai – Oranga Pumau' (HEHA), a "strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders"(2004b, p.1). School based interventions are a key component of HEHA, and the involvement of schools is critical to the success of the strategy. The importance of addressing the so-called obesity epidemic in New Zealand has been further underscored by the Labour coalition Government's 2006 budget which allocated a further \$76.1 million to "address what has become our most serious public health challenge" (Hodgson, 2006, p.1). To date, few evaluations of these recent school-based health communications have been reported. Whilst there is evidence to suggest that tailored communication programmes can impact on educational outcomes in schools, there is little research that considers the wider issues of exposure to health promotions within a school community. Hence, the purpose of this research is to gain in-depth understanding of the programmes developed and used by schools to promote healthy eating and exercise to children aged 5 – 12 years and to assess the partnerships between families and schools that impact on health intervention outcomes.

Parent – School Partnerships for Learning and Behaviour Change

There is evidence in the education literature to suggest that relationships and communication between schools and families is vital to success in education. Studies have examined the parent-school relationship in a number of contexts. Marcon's (1999) study of low income families and their four year olds showed that increased and active parental involvement was positively associated with academic performance. In another study of the same types of families, Parker et al. (1999) found that an enhanced parent-child relationship and home

learning environment had an important role in promoting school readiness. They also recommend that teachers and school staff should help parents become more active in their child's education by facilitating their child's learning, linking school curriculum to home activities they can engage in as a family. Application of these findings to health promotion objectives would suggest that active parental involvement and fostering home-school relationships could have a positive impact on health intervention outcomes. However, there are few studies that are specifically concerned with families and school-based health interventions.

Effective home-school communication is considered vital for learning. Christenson and Sheridan (2001) assert that open two-way communication is important to inform parents and teachers of what is expected with respect to students' behaviour and achievement. With good communication parents and teachers are able to establish shared goals and mutual decision making, and minimise misunderstandings. Teachers can also help parents understand how to reinforce learning at home. Martin and Hagan-Burke (2002) indicate that effective communication is vital for linking schools and families. Brandes (2005) provides practical recommendations and guidelines for teachers to foster effective communication with parents. These guidelines include communicating often, using regular avenues such as newsletters and letters sharing students' goals and behavioural expectations, and information evenings. While these publications primarily focus on effective communication for discussing student behaviour and academic achievement, it is likely that the same methods and guidelines for open communication would be beneficial in health promotion. Two-way communication might allow parents and teachers to share their views and expectations of school-based health interventions. Teachers might also guide parents towards activities that would reinforce learning at home.

Communication, particularly between parents and teachers, builds a home-school partnership which can be beneficial for the children involved. School staff can play a vital role in encouraging parents to participate in their child's education. Regular home-school communication could provide opportunities for schools and families to share information, enhancing health promotion experiences. In the study reported below, we examine the implementation of communication programmes that meet the objectives of the HEHA strategy in schools. Particular attention is paid to teacher, parent and family involvement.

Methodology

Four schools within the greater Auckland region participated in this research. Schools were selected to represent a contrasting range of theoretically interesting criteria including decile rating, school roll numbers, physical location, environmental differences and whether or not the school operates within the ambit of the "Health Promoting Schools" initiative. (The New Zealand Ministry of Education classifies primary schools by socio-economic status, so that the lowest decile rating (one) represents a school community with the lowest socio economic status). Depth interviews were conducted with school principals and focus groups were conducted with groups of teachers at each school. These semi-structured sessions covered health promotion in the school, analysis of current health programmes and relationships between schools and parents in delivering the health curriculum, with a focus on obesity issues. Audio tapes of the eight sessions were transcribed and analysed using QSR N6 data management software. Comparisons were made between and within cases and themes identified. In the discussion that follows we report a small section of the study that identified

concerns that schools are already actively involved in addressing the obesity epidemic with targeted healthy eating and activity programmes but the task is beyond the scope of the school alone.

Findings and Discussion

The schools in this study incorporate a variety of nutrition and physical activity programmes into their curriculum to suit their school and community. These range from large national initiatives (eg. 5+ A Day; Push Play) to localised activities (e.g. school gardening projects) which are more or less integrated into the school culture. Similarly, there are short term (e.g. Jump Rope for Heart) and continuous programmes (e.g. Walking School Bus) that are used to promote health and activity. School staff are provided with externally produced programmes and resources as diverse as the Life Education Trust *Mobile Classrooms*, Brett Fairweather's *Jump Jam Kidz Aerobix*, the MILO *GO Sport* Program (including cricket, rugby, soccer and kilikiti) and other materials from Regional Sports Trusts, the National Heart Foundation and Education Training units (e.g. Team Solutions).

Teacher Louise: We get faxes or email.

Interviewer: Are there any [external organisation programmes] that you initiate or contact?

Teacher Louise: No. We usually get inundated with far more than we would ever use.

Principals and senior teachers review the resources that are available with a view to deciding how best to deliver the health and physical education curriculum in their particular school community, given local needs, priorities and resources. Schools can provide powerful models of behaviour by integrating exercise and healthy eating in children's daily lives, for example banning certain types of foods in lunchboxes and starting the school day with brisk exercise.

Principal Charles: We can actually take a curriculum delivery of health and nutrition units but we can do better than just teaching them for those three weeks on health and nutrition. We can make it a whole overview for school practice so it's bigger than the curriculum.

More importantly, Principal Charles illustrates how a seemingly small topic of sports and games can be integrated across all curriculum areas.

Principal Charles: ...[we teach the children] how sporting games, or games, parlour games etc create a social interaction, increase our physical health and well-being, meet the competitive side of our nature, our skill base of dexterity...we are going to look at how rules are made and why do we need rules, equipment – so that's the technology part... so in one whole theme we have pulled down – it might be in social studies, the historical side, and in health, it's going to be in health and well-being of ourselves.

It should be noted that in New Zealand each school has the flexibility to deliver the national curriculum in whichever way they see fit and are not bound to highly prescribed programmes of study. Once a school's curriculum team have made recommendations there is community consultation and the final programme must be ratified by the school's Board of Trustees. However, in practice, there is often not much community interest in the consultation process.

Schools attempt to communicate with parents and caregivers about the broad curriculum issues as well as the specific aspects of health and activity education. Discussions with principals and teachers indicate that schools regularly communicate with parents through vehicles such as newsletters, letters, websites and homework activities. In many cases this is a

matter of informing parents of things like what foods are being sold through the school canteen, what topics are currently being studied in the classroom and any upcoming events (such as sports days).

Principal Charles: Our lunch provision got totally overhauled... and we trialled the *Healthy Tick* menus. We sent out information for parents... it was an information delivery and they had a return slip if they [the parents] wanted to comment on it.

Teacher Louise: At the beginning of each term most syndicates send a letter home outlining what they are going to be studying for that term...as part of the portfolio task [work samples that go home at the end of term] they might have a food pyramid and they've got to slot the foods in... the parents will then see from that what the children are learning.

However, in low decile schools, teachers often provide parents with more specialised one-on-one counselling about healthy eating in the hope of improving a child's immediate nutrition and performance in class. Experienced teachers believe that many low-decile parents have very little knowledge of nutrition.

Teacher Fatima: We talk to them and we explain "No good food: No brain". Sometimes we notice that what they buy for their children is quite expensive. [The parents think] it is much cheaper, for instance, to buy a packet of chips or a chocolate bar and one hot dog or sausage roll or something like this. You know, they can provide food – this is what I explain to them – they can provide cheaper food and healthier food. And I explain to them what I mean.

Making the connection with parents and communicating effectively is a challenge in itself.

Teacher Fatima: When I notice poor nutrition in some of the children I will write to the parents and get them here. I do all sort of tricks to get them here to talk to them!

Despite the rhetoric of partnerships between schools and communities in providing children with health knowledge and ideal models of eating and physical exercise behaviour, schools perceive that they carry the majority of the burden and that many parents have relinquished their responsibilities to reinforce and be involved in teaching children healthy eating and exercise behaviours.

Principal Alan: Teaching and learning happens in a more efficient way if there is a partnership between home and school. But sometimes it is actually a struggle to make that happen. And that would be the case with health issues as well. Many parents are simply not holding up their end of the bargain.

Teacher Christine: It does feel like a struggle. I mean what's the point if you are not being supported?

Principal Brian: We can educate the kids in the school but the minute they walk out the gate many of them just forget [healthy behaviours] and they are into a different world.

If parents are to play a significant role in educating their children about eating and exercise then they must be adequately prepared to take on this job. However, there is no consensus about how this should happen or the extent of the school's responsibility in educating parents who are not well equipped to teach their children about healthy eating and exercise issues.

Interviewer: Whose job is it to educate parents?

Teacher Helen: Another good question....Not us!

Teacher Mary: It's their [parents] job to educate themselves.

Interviewer: How do you think parents find out about healthy eating and the benefits of exercise?

Teacher Gemma: Hopefully from their Doctor when their kids are sick all the time, 'cos often they are.

Teacher Helen: There are some really good ads on TV actually....Those *Push Play* ones are fantastic.

Principal Brian: We've got enough things to worry about, try and teach people, without having to try and work with parents to change their children's eating habits.

Nevertheless, some educators feel that their job does include working with parents and they take a holistic approach to education in the broader school community.

Principal Alan: We deal with parents all the time and we regard part of our job at school is to educate parents as well as kids.

Although the HEHA strategy specifically includes developing and implementing both communication plans and social marketing strategies targeted towards a variety of audiences and settings, schools perceive that not enough has yet been done in the wider community. Comments from many of the teachers and principals indicate strong support for nation-wide communication campaigns targeted at both adults and children. Principal Alan's remarks indicate that a multi-faceted approach is required to achieve change at a national level and he suggests that the education strand of the HEHA strategy must be complemented by other community based interventions.

Principal Alan: I think if you want to do something with a nation's health you need to do it in a much more coordinated way than we do it [now]. I think *Slip, Slop, Slap* is a perfect example of a magnificent education programme through advertising 'cos everybody knows it....And there would be very few New Zealanders who would not know about sun sense.... I don't think there's anywhere near the number of New Zealanders who appreciate the need for nutrition to improve. I think you need a national education strategy and that involves media campaigns ... That's the only way I think you will get national change, if you have a national programme.

Conclusions

The research shows that although schools are heavily involved in healthy eating and exercise communication education, the ongoing success of these programmes depends on reinforcement and cooperation between schools and families. However, the research suggests that parents themselves, particularly in lower decile communities, need to be further educated so that school-based programmes can be more effective. Integrated Marketing Communications (IMC), where a strategic approach is used to ensure that audiences are targeted with key messages using all relevant approaches (Duncan, 2002), is essential to the successful implementation of the HEHA strategy. School-based messages about healthy eating and exercise must be complemented with national advertising campaigns (such as the *5+a day* programme) that reach a wide range of parents and generate the necessary synergistic effect that enables parents to reinforce the lessons children learn at school. The schools in this study reinforce lessons with positive practices – for instance, classes are taught what to eat and they see what the teacher has in her own healthy lunch most days. Likewise, teachers participate in fitness sessions rather than standing and watching the group. A nationally resourced IMC approach to communicating with parents could enhance health intervention outcomes by enabling parents to support school-based programmes through role modelling and home-based learning.

References

- Brandes, J.A., 2005. Partner with Parents. *Intervention in School and Clinic* 41 (1), 52-54.
- Christenson, S.L., Sheridan, S.M., 2001. *Schools and families: creating essential connections for learning*, New York, The Guilford Press.
- Duncan, T.R. (2002). *IMC: Using advertising & promotion to build brands*, New York, McGraw-Hill.
- Hodgson, P., 2006. Budget 06: \$76 million campaign to fight the obesity epidemic. Available from <http://www.beehive.govt.nz/ViewDocument.aspx?DocumentID=25801>, accessed 23 June 2006.
- Marcon, R., 1999. Positive relationships between parent school involvement and public school inner-city preschoolers' development and academic performance. *School Psychology Review* 28 (3), 395-412.
- Martin, E.J., Hagan-Burke, S., 2002. Establishing a home-school connection: Strengthening the partnership between families and schools. *Preventing School Failure* 46 (2), 62-65.
- New Zealand Ministry of Health, 2003. *Healthy Eating - Healthy Action. Oranga Kai - Oranga Pumau: A strategic framework*. Available from <http://www.moh.govt.nz/healthyeatinghealthyaction>, accessed 11 May, 2004.
- New Zealand Ministry of Health, 2004a. *Healthy Eating - Healthy Action. Oranga Kai - Oranga Pumau: Implementation Plan: 2004–2010*. Available from <http://www.moh.govt.nz/moh.nsf/49ba80c00757b8804c256673001d47d0/cd182e2c03925c09cc256ebd0016cf4b?OpenDocument>, accessed 23 June, 2006.
- New Zealand Ministry of Health, 2004b. *Healthy Eating - Healthy Action. Oranga Kai - Oranga Pumau. What is Healthy Eating – Healthy Action?* Available from <http://www.moh.govt.nz/healthyeatinghealthyaction>, accessed 21 June, 2004
- Parker, F.L., Boak, A.Y., Griffin, K.W., Ripple, C., Peay, L., 1999. Parent-child relationship, home learning environment, and school readiness. *School Psychology Review* 28 (3), 413-425.