

# **Selected Findings From the 2021 Lynnfield Parent/Caregiver Survey**

An Assessment of Perceived Norms, Attitudes, and Preventive Behaviors Among Parents/Caregivers of Youth in Grades 5-12

**PRESENTED TO:**

THE A HEALTHY LYNNFIELD (AHL) COALITION

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# Background and Methods

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## **BACKGROUND**

The A Healthy Lynnfield Coalition (AHL), in collaboration with Lynnfield Public Schools (LPS) and Social Science Research and Evaluation (SSRE), conducted a survey in spring 2021 with parents/caregivers of youth in grades 5-12 attending LPS.

## **OBJECTIVE**

To learn more about parent/caregiver beliefs and perceptions about health and wellness among youth in the community in order to develop and implement targeted prevention initiatives to enhance the health and safety of Lynnfield youth.

## **METHODS**

An anonymous online survey, consisting of 82 discrete questions, was administered during the four-week period between April 28 and May 25, 2021. The survey was widely promoted by AHL, LPS, and coalition partners.

To be eligible, parents/caregivers had to have at least one child in grades 5-12 in public school in Lynnfield.

For most of the 2020-2021 academic year, LPS was operating in *hybrid* mode due to the COVID-19 pandemic, during which most students attended school two days a week on-site and remotely on other days. This survey was conducted shortly following return to *full in-person* instruction for all students in the district.

# Validity, Data Quality, and Generalizability

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## **VALIDITY – Are we measuring what we think we are measuring?**

The parent/caregiver survey was based on discrete questions and collections of questions that have been used successfully in other projects and in other settings both in Massachusetts and in other regions of the country.

## **DATA QUALITY – How do we know the results are accurate?**

Several steps were taken to enhance confidence in the results including:

- Using clear and unambiguous language in the questions and instructions
- Data screening (visual and statistical)
- Identical case analysis

## **GENERALIZABILITY – Do the results represent everyone or just some people?**

There were 1,300 students enrolled in LPS in grades 5-12 during the 2020-2021 academic year. Parents/caregivers who took part in the survey reported having 536 children in this grade range.

The results likely represents 41% of all households in Lynnfield with at least one 5-12th grader.

# Demographics

## RESPONSE RATE

The final analytical sample consisted of 349 parents/caregivers who currently have at least one child in grades 5-12 in LPS.

## PARENT/CAREGIVER DEMOGRAPHICS

Most parent/caregiver respondents identified as *White* (82%) *females* (81%). The race/ethnicity of parent/caregiver respondents matched closely with the demographics of students enrolled in LPS during the 2020-2021 academic year.

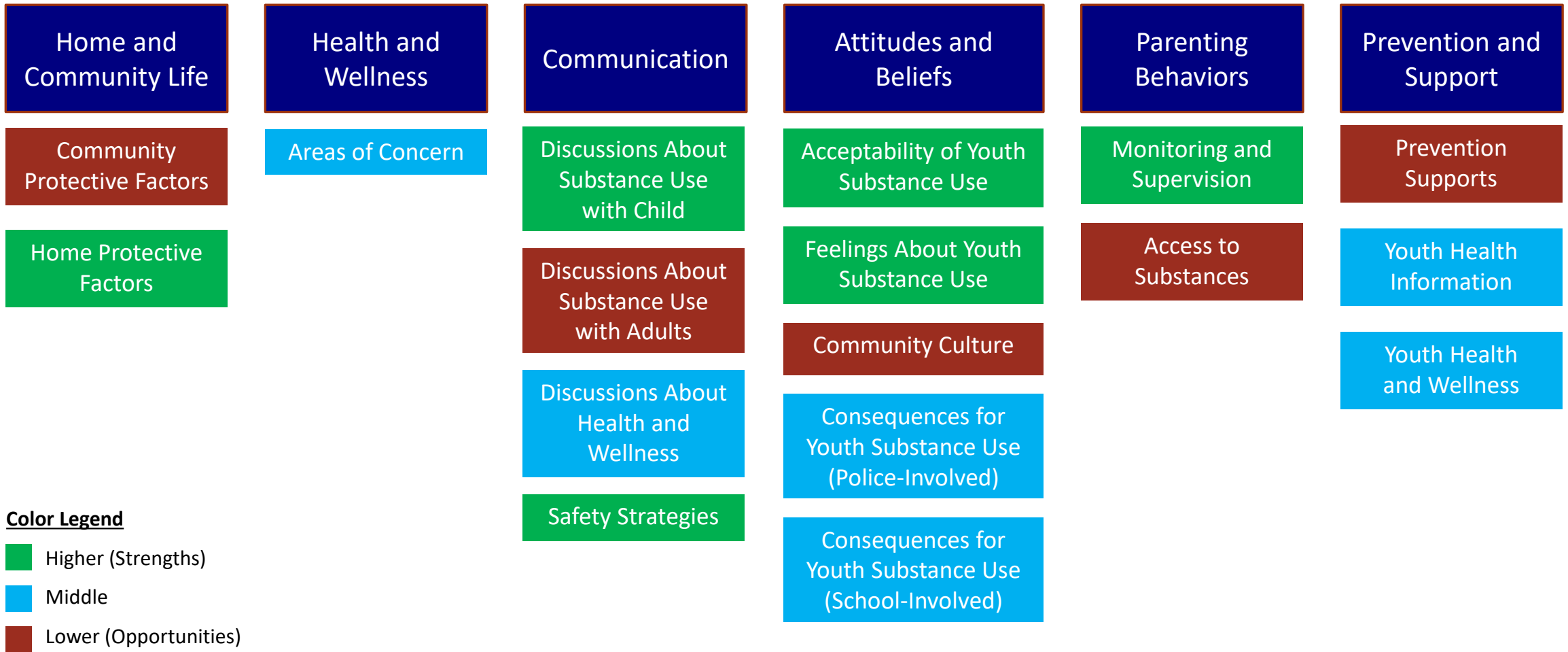
## OLDEST CHILD GRADE LEVEL AND GENDER

Respondents were asked to use their oldest child in grades 5-12 as the *reference child*. The survey came close to the ideal of having roughly 13% of respondents indicate that their oldest child was in each of the eight grade levels.

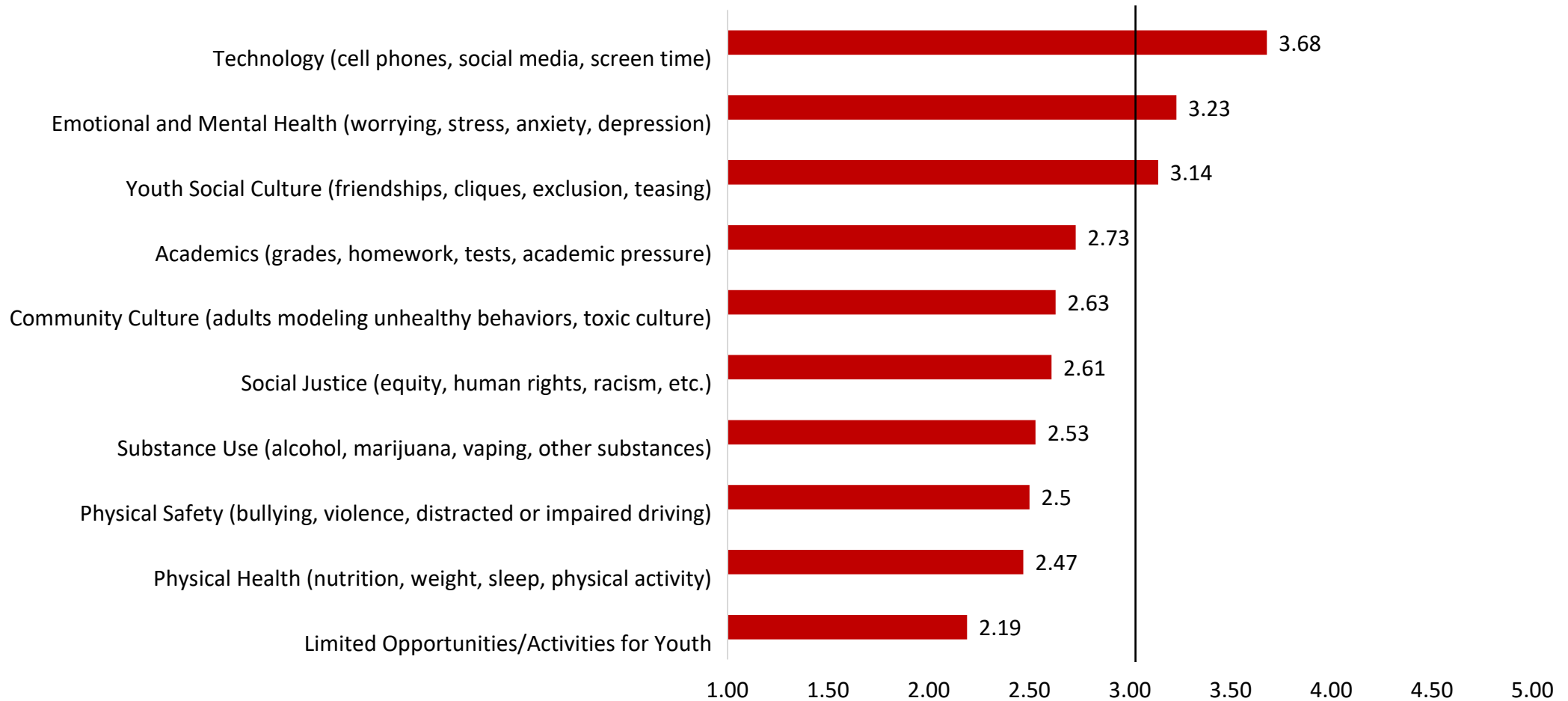
5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
57	47	50	40	33	37	39	46
16%	14%	14%	12%	10%	11%	11%	13%

Parents/caregivers whose oldest child identifies as either *female* or *male* were equally represented.

# Survey Domains and Sub-Domains



# Areas of Concern Among Parents/Caregivers



Each line represents an individual question from the survey using a 5-point scale that ranges between a mean score of 1.00 (Not an Issue) to 5.00 (Severe Issue).

# Strengths

Individual questions in the survey measuring **PARENTING BEHAVIORS, HOME PROTECTIVE FACTORS, AND LOW ACCEPTABILITY OF YOUTH SUBSTANCE USE** clustered at the higher end of the rating scale.

Parents/Caregivers.....	Domain	Rating (1-5)
Frequently require their child to tell them with whom and where they will be if they go out with friends	Parenting Behaviors	4.80
Frequently encourage their child to be the best that they can be	Home Protective Factors	4.72
Do <b>not</b> believe it is OK to allow youth marijuana use at home, even if it is responsible and not excessive	Low Acceptability of Youth Substance Use	4.71
Do <b>not</b> believe occasional youth marijuana use without adult supervision is OK, even if there is no driving involved	Low Acceptability of Youth Substance Use	4.71
Frequently engage their child in a conversation to learn about their activities when they return from being out with friends	Parenting Behaviors	4.67
Do <b>not</b> knowingly allow their child to attend parties or gatherings where underage drinking or other substance use likely occurs	Parenting Behaviors	4.65
Frequently talk to their child about what they are doing in school	Home Protective Factors	4.64
Frequently ask their child about their homework	Home Protective Factors	4.59
Do <b>not</b> believe it is OK to allow adult-supervised youth alcohol use at another parent/caregiver's home, even if it is responsible and not excessive	Low Acceptability of Youth Substance Use	4.52
Do <b>not</b> believe occasional youth alcohol use without adult supervision is OK, even if there is no driving involved	Low Acceptability of Youth Substance Use	4.50

# Strengths

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## Other Areas of Strength

In addition to the rating scale items, parents/caregivers also reported the presence of protective factors related to:

1. **Discussions About Substance Use**

94% had communicated their family's guidelines and expectations around youth alcohol use with their child.

2. **Safety Strategies**

96% had discussed at least one safety strategy with their child related to situations when they might be faced with alcohol or other drug use.

3. **Feelings About Youth Substance Use**

Parents/caregivers consistently rated youth use of substances as *very wrong*.



# Opportunity Targets

Individual questions in the survey measuring **COMMUNITY PROTECTIVE FACTORS, COMMUNITY CULTURE, AND PREVENTION SUPPORTS** clustered at the lower end of the rating scale and may provide opportunities for enhancement.

Parents/Caregivers.....	Domain	Rating (1-5)
Are less likely to believe adults in Lynnfield listen to what youth have to say	Community Protective Factors	3.43
Think adults in Lynnfield feel pressure to consume alcohol for social reasons at gatherings in Lynnfield	Community Culture	3.37
Are less aware of school-based supports available to students if they need help with a mental health or substance use issue	Prevention Supports	3.36
Are less likely to believe Lynnfield residents respect the values and beliefs of people from different races and cultures	Community Protective Factors	3.30
Are less likely to visually assess their child for signs of substance use when they come home from being out with friends	Parenting Behaviors	3.20
Are less aware of community supports available to students if they need help with a mental health or substance use issue	Prevention Supports	3.18
Believe adult alcohol consumption at school-sponsored sporting events (e.g., tailgating, alcohol in thermoses) is an issue in Lynnfield	Community Culture	2.98
Believe too many parents/caregivers in Lynnfield set a bad example for their children by their own excessive use of substances	Community Culture	2.57
Believe too many parents/caregivers turn a blind eye to youth marijuana use	Community Culture	2.51
Believe too many parents/caregivers turn a blind eye to underage alcohol use	Community Culture	2.41

# Opportunity Targets

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## Other Opportunity Targets

In addition to the rating scale items, parents/caregivers were less likely to report:

1. **Discussions with other Parents/Caregivers**

53% reported having ever talked with parents/caregivers of their child's closest friends to share and compare parental philosophies and standards regarding alcohol and drugs.

2. **Access to Substances**

Most parents/caregivers who have alcohol or prescription medication in their home reported monitoring these substances (58% alcohol; 62% prescriptions), but few reported that they secure these substances (7% alcohol; 15% prescriptions).

# Differences by Grade Level

## PARENTS WHOSE OLDEST CHILD IS IN MIDDLE SCHOOL ARE MORE LIKELY TO...

- Feel it is wrong for youth to drink alcohol occasionally
- Feel comfortable calling other parents
- Want other parents to call them
- Spend free time together as a family
- Feel concerned about limited opportunities and activities for youth
- Think adults feel pressure to consume alcohol for social reasons at gatherings

## PARENTS WHOSE OLDEST CHILD IS IN HIGH SCHOOL ARE MORE LIKELY TO...

- Visually assess their child when they return home
- Feel concerned about youth substance use
- Knowingly allow their child to attend parties
- Feel too many parents turn a blind eye to alcohol use
- Feel too many parents turn a blind eye to marijuana use
- Be aware of school supports for mental health/substances
- Have discussed safety strategies with their child
- Have talked with their child about the potential negative consequences of alcohol since the start of the school year

# Differences by Gender Identity

## PARENTS WHOSE OLDEST CHILD IDENTIFIES AS **FEMALE** ARE MORE LIKELY TO...

- Feel concerned about limited opportunities and activities for youth
- Feel concerned about academics (grades, homework, tests, academic pressure)
- Spend free time together as a family
- Talk to their child about what they are doing in school
- Talk with their child about youth substance use
- Have discussed safety strategies with their child

## PARENTS WHOSE OLDEST CHILD IDENTIFIES AS **MALE** ARE MORE LIKELY TO...

- Think it is OK to allow youth alcohol use at home if it is responsible and not excessive
- Think adults feel pressure to consume alcohol for social reasons at gatherings
- Think it is OK to allow adult-supervised youth alcohol use at another parent's home if it is responsible and not excessive

# Promoting Youth Health and Wellness

Parents/caregivers were asked to provide any other comments they had about things they would like to see in Lynnfield to promote youth health and wellness

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## Number of responses included in parenthesis

### SCHOOL-BASED SUPPORTS AND SERVICES

- Additional opportunities for quiet, shy, non-athletic kids (3)
- Alcohol and drug content in middle school health class (3)
- Education for students on mental health awareness and available emotional supports (3)

### COMMUNITY CULTURE AND MODELING

- Hosting parties for kids, and culture of excess (2)
- Too much of a culture of parental drinking, adult parties, and celebrating alcohol (2)

### COMMUNITY EVENTS, ACTIVITIES, AND SERVICES

- AHL should focus more broadly on nutrition, fitness, gun safety, and overall health/wellness (2)
- 5K walk/run through town center, more walking trails and outdoor activities (2)

### INFORMATION, EDUCATION, AND AWARENESS

- Enhance knowledge and awareness of these issues in the community (3)
- Information about nutrition, healthy eating habits, and physical activity (3)
- Information on what is being taught in the schools to help promote youth health and wellness (2)

### DIVERSITY AND INCLUSION

- Collaboration with LPS Diversity and Equity Committee to increase awareness of needs of youth/families (1)
- Consider how students of color may be differentially impacted by these issues (1)
- Opportunities to talk about social movements, issues, and other things going on in society (1)



# *Healthy Conversations, Healthy Kids Series*



After hearing this presentation, as stakeholders, what concerns has the data raised for you?

What struck you as positive or moving in the right direction?

Does anything here make you think there is something we should be doing that we are not currently doing, or something we should modify?