

# Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action

Taking action to address health-related chronic absenteeism can have a powerful impact on students' academic success and well-being for a lifetime.

This document highlights key points from Healthy Schools Campaign's toolkit for addressing this critical issue. It focuses on preparing educators—particularly school district decision-makers—with knowledge and practical guidance for creating meaningful change to address health-related chronic absenteeism.

To access the full toolkit, please visit:  
[healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism)

# Chronic Absenteeism and Student Health

Chronic absenteeism—or missing 10 percent or more of school days for any reason, excused or unexcused—detracts from learning and is a proven early warning sign of academic risk and school dropout. Even the most thoughtful efforts to reduce dropout rates, address the achievement gap and ensure all students receive a quality education are threatened by the problem of chronic absenteeism. Nationwide, a staggering number of children are chronically absent, often at a very young age and often without attracting attention or intervention.

While the causes of chronic absenteeism are multi-fold, one stands out as especially significant: student health. The crisis of health-related chronic absenteeism is especially poignant as it primarily affects young children in ways that can shape academic outcomes for their entire school career.

The connection between student health and chronic absenteeism is clear and direct. Both chronic and acute health conditions can prevent students from attending school. Research indicates that common health conditions resulting in missed school include asthma, influenza, diabetes, obesity and related illness, seizure disorders, mental health and anxiety and vision problems. This pattern may be either exacerbated or ameliorated by a variety of factors in the school environment.

## What Is the Impact of Chronic Absenteeism?

Frequent absences can be devastating for a child's school success. Consider, for example:

- Children who are chronically absent in both kindergarten and first grade are much less likely to be reading at grade level by third grade.
- Students who are not reading at grade level by the third grade are four times more likely to drop out of high school.
- By sixth grade, chronic absenteeism becomes one of the leading indicators that a student will drop out of high school.
- By high school, attendance is a better dropout indicator than test scores.
- A student who is chronically absent for any year between eighth and twelfth grade is over seven times more likely to drop out.

Chronic absenteeism at a young age is a powerful factor in educational attainment, which affects not only adult success but also adult health outcomes.

Intervention to prevent and address health-related chronic absenteeism can have a tremendous impact on students' achievement at school and on their lifelong wellness. Addressing this issue in a successful and holistic way involves a multi-faceted approach that includes effective policy, programs and partnerships.



### Who Is Most Affected by Health-Related Chronic Absenteeism?

While health-related chronic absenteeism can affect students of any background, its most devastating impact is felt by students who face health disparities, poverty and other challenges in attaining school success.

Compounding the problem, health-related chronic absenteeism rates are disproportionately high among students who benefit most from being in school: students who are raised in poverty, face significant health disparities and in many cases do not have access to resources that would allow them to catch up. In this context, addressing health-related chronic absenteeism is a key factor in closing the achievement gap and supporting learning for all students.

### Learn More in the Full Report

Visit [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism) to download the *Understanding Chronic Absenteeism* chapter and *Connecting Chronic Absenteeism and Student Health* section for more detail, case studies and content addressing:

- *What Causes Chronic Absenteeism?*
- *What Health Conditions Contribute to Chronic Absenteeism?*
- *What Is the Impact of Health Factors in the School Environment?*

### The Health-Learning Connection

*Educators intuitively recognize that healthy students are better prepared to learn, and the past decade has brought an abundance of research documenting the impact of health on academic achievement.*

*In particular, Dr. Charles Basch of Columbia University Teachers College has pioneered research documenting the ways educationally-relevant health disparities contribute to the minority achievement gap. Chronic absence is one of the most visible and profound ways this connection manifests itself.*

*Dr. Basch points out that if health problems compromise students' motivation and ability to learn—as seen in part through whether they are well enough to attend school—educational efforts such as teacher preparation, financing and curriculum are jeopardized.*

*In this context, addressing health-related chronic absenteeism is a key factor in closing the achievement gap and supporting learning for all students.*

# Understanding Student Health Needs

Students are absent for many different reasons, and no two communities are alike. Even more so than with other issues, it is important to identify what is happening in your community and tailor your strategy to address the factors that are having the biggest impact on student attendance.

This understanding can play an important role in informing the types of services and programs you and your partners implement in schools and in the community to support better attendance. This review of health needs can focus on the prevalence of health conditions such as childhood asthma and tooth decay. It is also critical to consider social, economic and environmental factors in the community and school—such as levels of air pollution, rates of violent crime, housing trends and more—to understand the full scope of children’s health needs within your community and intervene accordingly.

## **Learn More in the Full Report**

Visit [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism) to download the *Understanding Student Health Needs* section for more detail about each of these key data sources.

## **Key Data Sources**

Key sources of public data can shed light on the issues affecting students and their health. These sources of data include:

- School health information cards
- Public health data systems
- Hospital community health needs assessments
- County health rankings
- Youth Risk Behavior Survey
- State-level surveys

Once you have developed a better understanding of student health needs, this information can be used to inform the services and programs that are implemented to address chronic absenteeism.



# Addressing the Health-Related Reasons Students Are Absent

While many issues contribute to health-related chronic absenteeism, several conditions have an especially significant impact and therefore represent practical opportunities for positive change: asthma, oral health, behavioral health, food insecurity and acute illness. These conditions have high prevalence among children, disproportionately affect children of color and have a direct impact on student attendance. Research identifies proven or promising school-based programs to address each of these health conditions.

## Asthma

Asthma is one of the leading causes of school absenteeism, accounting for one-third of all days of missed instruction. Best practices and proven interventions include:

- Comprehensive [asthma management programs](#)
- Programs teaching children [how to manage their own asthma](#)
- [Healthy indoor air quality](#) in your school
- [Green cleaning](#) at school

## Oral Health

Children age 5-17 miss nearly two million school days in a single year due to dental health problems. Best practices and proven interventions include community-based oral health programs, including:

- Dental screening
- [Dental sealants](#)
- Dental preventive services
- Basic preventive and restorative dental services

## Behavioral Health

When students' behavioral health needs are met, they are less likely to be absent and more likely to be engaged in and have a sense of connectedness to school. A total of 13-20 percent of children experience a behavioral health disorder in a given year. Best practices and proven interventions include:

- School-based behavioral health services
- [Positive behavioral interventions and supports](#)
- Wraparound services
- Trauma sensitive schools
- Social and emotional learning
- Staff self-care

## Food Insecurity and Related Conditions

Food insecurity and related conditions such as obesity are closely linked to absenteeism in multiple ways. Best practices and proven interventions include:

- [Universal school breakfast](#) programs
- Backpack programs
- School pantry programs
- High quality physical activity programs

## Acute Illness

Acute illnesses, such as influenza, strep throat or ear infections, have a direct and significant impact on attendance. Roughly 40 percent of school-aged children missed three or more days of school in the past year due to acute illness. Best practices and proven interventions include:

- [Green cleaning at school](#)
- Handwashing education and support
- [Influenza vaccine awareness campaign](#)

## Learn More in the Full Report

Visit [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism) to download the *Strategies for Addressing Common Health Causes of Absenteeism* section for more detail about each of these causes, including:

- *Data on prevalence, disparities and connection to learning*
- *Best practices and proven interventions*
- *Key partners to help address the issue*
- *Case studies spotlighting a successful approach*



## Building Effective Partnerships to Support Student Health

While many school leaders recognize the importance of healthy school environments for addressing chronic absenteeism, the scale of the work ahead can seem daunting—especially in the context of widespread budget cuts and a lack of resources for supporting health and wellness. However, schools do not need to take on this great challenge alone. Health and public health sectors can play a key role in supporting efforts to address chronic absenteeism.

Partners in the health and public health sectors are well-positioned to support schools in addressing the health-related causes of chronic absenteeism. This may range from technical assistance to funding for health services and many areas in between. Such partnerships represent a rapidly evolving area where communities nationwide are finding innovative ways to collaborate around shared goals for children's health.

### Who Are Key Partners in the Health and Public Health Sectors?

Possible partners include:

- Local hospitals, particularly children's hospitals
- Accountable Care Organizations, Managed Care Organizations and health plans responsible for providing coverage to students in your community

- Local community benefits experts—this could be the individual responsible for overseeing community benefits or community outreach at one of the local, non-profit children's hospitals
- Community organizations dedicated to supporting children's health
- State or local advocacy organizations
- Public health agencies or public health departments
- Pediatricians, and the local chapter of the American Academy of Pediatrics

These partners will vary greatly by community; the most practical partnerships will emerge from the primary causes of chronic absenteeism and opportunities for change identified in your school community.

### Learn More in the Full Report

Visit [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism) to download the Key Partnerships section for more detail, plus case studies and content addressing:

- Why is the health sector motivated to address chronic absenteeism?
- What are key opportunities for collaboration?



## Building Your Capacity

Once you decide to implement an effort to reduce chronic absenteeism, it is critical to generate support and build your long-term capacity to engage in this work.

This summary briefly highlights several key supports; please see the full report for detail about each.

### Key Partners and Resources

Many partners and resources are available to support this effort, including specialized instructional support personnel; school-based health centers and community clinics; public health agencies; local hospitals and health providers; community organizations; state education agencies; Attendance Works; the U.S. Department of Education; and regional offices of the EPA and USDA.

### Ensuring Sustainability

Ensuring the sustainability of efforts to address chronic absenteeism is key to their success. Key strategies for supporting sustainability include cross-sector collaboration; multi-sector data and accountability systems; multiple funding sources; and increased access to resources through Medicaid.

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Visit [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism) to download the *Building Your Capacity* section for more detail about each of these resources.

### About Healthy Schools Campaign

*Healthy Schools Campaign (HSC) is dedicated to making schools healthier places where all children can learn and thrive. HSC advocates for children to have access to nutritious school food, physical activity, school health resources, green schoolyards and clean air. HSC has a special focus on the wellness and environmental health issues affecting low-income students of color. We start with a social justice perspective and believe this focus is especially critical in light of the vast health disparities our nation faces. HSC facilitates collaboration among parents, educators, students and policymakers to help prepare this diverse group of stakeholders to lead change for healthier schools at the school, district, state and national levels. In partnership with Trust*

*for America's Health, HSC co-convenes the National Collaborative on Education and Health, which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*

### Acknowledgements

*Special thanks to members of the National Collaborative on Education and Health Working Group on Chronic Absenteeism for their work that created the foundation for this toolkit, to Trust for America's Health for their partnership in convening the National Collaborative on Education and Health and to Attendance Works for their thoughtful review and for their leadership and vision on the issue of chronic absenteeism.*

# Background: Chronic Absenteeism + Student Health

## Section One

This section provides a foundation for understanding and acting to address health-related chronic absenteeism.



# Understanding Chronic Absenteeism

## An Introduction

Chronic absenteeism—or missing 10 percent or more of school days for any reason, excused or unexcused—detracts from learning and is a proven early warning sign of academic risk and school dropout. Even the most thoughtful efforts to reduce dropout rates, address the achievement gap and ensure all students receive a quality education are threatened by the problem of chronic absenteeism. Nationwide, a staggering number of children are chronically absent, often at a very young age and often without attracting attention or intervention.

Chronic absenteeism isn't just a matter of truancy or skipping school. In fact, many of these absences are excused and tied directly to health factors.

A snapshot of the current environment shows:

- 5 million to 7.5 million students across the U.S. miss nearly a month of school each year.
- Children who are chronically absent in both kindergarten and first grade are much less likely to be reading at grade level by third grade; students who are not reading at grade level by third grade are four times more likely to drop out of high school.
- Rates of chronic absenteeism are highest among students from low-income families, communities of color and those with disabilities. These groups are disproportionately affected by high rates of illness.

Compounding the problem, health-related chronic absenteeism rates are disproportionately high among students who benefit most from being in school: students who are raised in poverty, face significant health disparities and in many cases do not have access to resources that would allow them to catch up. In this context, addressing health-related chronic absenteeism is a key factor in closing the achievement gap and supporting learning for all students.

This section provides an overview of the scope and impact of the challenge we face and the myriad ways chronic absenteeism intersects with health.

## What Is Chronic Absenteeism?

In many ways, absenteeism is a simple issue: when students miss school, they miss opportunities to learn. At the same time, the issue reveals a complex set of social, physical and environmental factors at a variety of levels. Many of these factors relate to health. This section outlines a foundation for connecting the many factors that shape chronic absenteeism and efforts to address it.

For the purpose of this toolkit, chronic absenteeism is defined as missing 10 percent or more of school days in a school year for any reason, including both excused and unexcused absences. A school's chronic absence rate is the percentage of students who are chronically absent.

The use of a percentage rather than number of days promotes earlier identification of students at risk for chronic absence to trigger intervention. Using a percentage allows for the identification of students who are on track for chronic absence at any point during the school year even if a student only misses two or three days each month. Attendance Works, a leading authority on policy and practice supporting school attendance, recommends using this definition of chronic absenteeism.

Truancy and school absenteeism have been issues in the U.S. since the introduction of compulsory education and mandatory attendance. Every state requires that children attend school or participate in an equivalent such as home schooling. However, truancy and chronic absence are not the same. Truancy focuses only on unexcused absences; looking at only these absences will underestimate the total potential school time lost to absenteeism. A focus only on truancy by definition overlooks the impact of chronic absence on students who miss school as a result of health problems.

In addition, it is important to note that a school can have a chronic absenteeism problem despite high average daily attendance. Schools and districts that have high average daily attendance numbers often overlook the chronically absent students because they are hidden in the average daily attendance data. For example, in a school with 200 students and a 95 percent average daily attendance rate, 60 students (or

30 percent) could miss an entire month of school over the course of the school year. Aggregate data do not reveal whether more students are missing a few days or whether a small but significant minority of students experience excessive absences.

### What Causes Chronic Absenteeism?

Attendance is connected to multiple physical, social and environmental factors at the individual, family, community, school and district levels. Students miss school for a variety of reasons that researchers group into three categories:

- **Barriers:** Students cannot attend school because of barriers. Examples include unmanaged chronic health conditions (for example, asthma), homelessness or a lack of transportation.
- **Aversions:** Students will not attend school because of feelings of aversion. These feelings can be related to mental health conditions, bullying, a negative school climate, overly punitive discipline policies or even lack of engaging instruction.
- **Myths:** Students do not attend school because families are unaware of how absences, even excused, can add up to too much time lost in the classroom, especially in the early years. This can also relate to misunderstandings or fear surrounding health-related issues such as lice.

Children miss school for many different reasons, and every community is unique in the physical, social and environmental circumstances that students face. No one strategy can address all attendance issues.

School districts generally do not systematically collect information about why students are absent from school, making it challenging to determine which reasons are the most significant in which community. Even when schools do ask why a student is absent, the information given by students or parents may mask other underlying issues. The U.S. Department of Education's Office for Civil Rights requires school districts to report rates of chronic absence in the biennial Civil Rights Data Collection but does not require information about the reasons.

While it may be difficult to isolate the leading causes of chronic absenteeism in a given community, research clearly shows that health issues are a primary cause of chronic absenteeism across communities and across the nation. Understanding and addressing the health-related factors surrounding chronic absenteeism is a proven strategy for supporting attendance and learning.

### What Is the Impact of Chronic Absenteeism?

Frequent absences can be devastating for a child's school success. Consider, for example:

- Children who are chronically absent in both kindergarten and first grade are much less likely to be reading at grade level by third grade.
- Students who are not reading at grade level by third grade are four times more likely to drop out of high school.
- By sixth grade, chronic absenteeism becomes one of the leading indicators that a student will drop out of high school.
- By high school, attendance is a better dropout indicator than test scores.
- A student who is chronically absent for any year between eighth and twelfth grade is over seven times more likely to drop out.

Educational achievement is not only a predictor of adult success; it also strongly predicts adult health outcomes. Students who do not graduate from high school have greater health risks as adults than those who complete high school. The less education adults have, the more likely they are to smoke, be overweight, have diabetes and die prematurely of certain chronic conditions. For educators seeking to improve attendance and academic achievement, this connection to long-term health outcomes is particularly relevant in that it highlights a clear incentive for the health sector and public health sectors to support efforts to address the health-related causes of chronic absenteeism.

Educational achievement is also strongly related to pathways out of poverty. One of the most effective strategies for providing pathways out of poverty is to support strong attendance and address causes of absenteeism.

# Connecting Chronic Absenteeism and Student Health

While the causes of chronic absenteeism are multi-fold, one stands out as especially significant: student health. The crisis of health-related chronic absenteeism is especially poignant as it primarily affects young children in ways that can shape academic outcomes for their entire school careers.

## What Health Conditions Contribute to Chronic Absenteeism?

The connection between student health and chronic absenteeism is clear. Both chronic and acute health conditions can prevent students from attending school. Research indicates that common health conditions resulting in missed school include asthma, influenza, diabetes, obesity and related illness, seizure disorders, mental health and anxiety and vision problems. This pattern may be either exacerbated or ameliorated by a variety of factors in the school environment.

The examples below highlight the scale of this problem. These examples were chosen because they have high prevalence among children, have a direct link to student attendance and have proven school-based strategies for addressing them.

- **Asthma.** Nearly one in 10 children (9.9 percent) age 4-14 are diagnosed with asthma. Asthma is a leading cause of school absenteeism, accounting for one-third of all days of missed instruction. Children with persistent asthma are more than three times as likely to have 10 or more absences than their peers. Asthma can be exacerbated by factors in the school environment, particularly issues such as mold or harsh cleaning chemicals that affect indoor air quality. Yet it doesn't have to be this way: research has shown that creating healthy indoor environments and providing adequate levels of school nursing can all but eliminate the disparity in attendance between students with asthma and their peers.
- **Oral health.** A full twenty percent of children age 5-11 have at least one untreated decayed tooth. Children

between 5 and 17 years old miss nearly two million school days in a single year nationwide due to dental health problems. Tooth decay and dental pain are easily treatable if students have access to dental care; the consequences of leaving such pain untreated are significant not only for children's lifetime health, but also for their education. Schools can take on this issue by partnering with public health and health providers to increase access to dental services. Innovative models such as teledentistry show great promise in this area.

- **Behavioral health.** Thirteen to 20 percent of children experience a behavioral health disorder in a given year. Despite the prevalence of behavioral health disorders among children, only 25 percent of children in need of behavioral health care get the help they need. When students' behavioral health needs are not met, they are more likely to be absent and less likely to be engaged in and have a sense of connectedness to school. For example, children affected by ADHD are more likely to exhibit tardiness and absenteeism. In addition, reduction of alcohol and substance misuse among youth is associated with better attendance rates.
- **Violence and trauma.** Twenty percent of children witnessed violence in their family or in the neighborhood during the previous year. In addition, 16.6 percent of children experience physical abuse, 9.3 percent experience sexual abuse and 7.1 percent experience emotional/psychological abuse. Violence and trauma can affect children's ability and willingness to attend school. As is described above, only 25 percent of children in need of behavioral health services get the help they need which has significant implications for children impacted by violence and trauma.
- **Acute illness.** Acute illnesses, such as influenza or strep throat, also impact attendance. Roughly 40 percent of school-aged children missed three or more days of school in the past year due to acute illness. A study in Central Texas led by E3 Alliance found that 48 percent of the absences in nine schools across two school districts were due to acute illness.

Of course, causes of health-related chronic absence extend far beyond these few issues. Students may also be chronically absent because of a wide range of other health issues ranging from flu to vision problems to pregnancy. Other health-related factors such as hunger, housing insecurity, substance abuse and violence in the community also play a significant role. For more detail, see [Healthy Schools Campaign's overview of leading health conditions affecting student attendance](#).

### **Who Is Most Affected by Health-Related Chronic Absenteeism?**

While health-related chronic absenteeism can affect students of any background, its most devastating impact is felt by students who face health disparities, poverty and other challenges in attaining school success. Research shows that these are the same students who benefit most from being in school.

This impact is driven by two related factors: higher rates of health-related chronic absence, and a more profound impact of that absence. Students who face disproportionate rates of illness or other factors known to cause chronic absence (such as a lack of transportation) often also lack resources to make up

for missed instruction and the other missed benefits of being in school, such as access to nutrition programs and services.

In many cases, these same students attend schools that lack resources to provide the health-promoting conditions shown to support attendance and lifelong wellness. Students in low-income schools, for example, are less likely to have recess and high-quality physical education than students in higher-income schools. In addition, schools serving low-income communities are more likely to have no school nurse or to have higher ratios of students to nurses than schools serving higher-income communities.

Educators intuitively recognize that healthy students are better prepared to learn, and the past decade has brought an abundance of research documenting the impact of health on academic achievement. In particular, Dr. Charles Basch of Columbia University Teachers College has pioneered research documenting the ways educationally-relevant health disparities contribute to the minority achievement gap. Chronic absence is one of the most visible and profound ways this connection manifests itself.

### **Who Is Most at Risk for Chronic Absenteeism?**

*In 2015, Healthy Schools Campaign and Attendance Works published Mapping the Early Attendance Gap, a report that explores the attendance gap using data from national sources and the National Assessment of Educational Progress (NAEP). The data identify several groups of students most at risk for chronic absence:*

*Low-income children: 23 percent of low-income 4th graders missed three or more days in the month prior to the data collection, compared to 17 percent of their peers. In 8th grade, the gap was 8 points with significantly higher rates in some states. Weak attendance often reflects the challenges that accompany poverty, such as unreliable transportation, unstable housing and little access to health care. In addition, students in neighborhoods of concentrated poverty are less likely to attend a school with a nurse or health clinic, and are more likely to face safety concerns at school or on the way to school.*

*Children of color: The highest absenteeism rates nationwide were among American Indian/Alaskan Native students in both 4th and 8th grade. Black and Hispanic students typically have higher levels of absenteeism than white students, with wide gaps in some states. Children of color face higher rates of health disparities, are more likely to suffer from asthma and are more likely to go to the emergency room to deal with illness.*

*Children with disabilities: 25 percent of 4th graders and 27 percent of 8th graders who identified as needing support for disabilities reported high absenteeism compared to 19 percent of others in both grades. Some of these absences result from the health concerns of students with physical disabilities. Others reflect bullying, lack of appropriate educational placements and school aversion, which often affect students with learning disabilities.*

Dr. Basch points out that if health problems compromise students' motivation and ability to learn—as seen in part through whether they are well enough to attend school—educational efforts such as teacher preparation, financing and curriculum are jeopardized.

In this context, addressing health-related chronic absenteeism is a key factor in closing the achievement gap and supporting learning for all students.

### **What Is the Impact of the School Environment?**

One critical strategy for addressing health-related chronic absenteeism is ensuring that children are able to attend school in healthy school environments.

Many students, including groups most at risk for health-related chronic absenteeism, do not have access to healthy school environments. For example, less than 50 percent of the nation's students have access to a full-time school nurse or school counselor, and less than 5 percent of the nation's students have access to health services through a school-based health center. In addition, one in five U.S. schools reports unsatisfactory indoor air quality, a known trigger of asthma attacks.

A healthy school environment includes regular access to school health services (including physical, mental, dental, vision and behavioral services), healthy school food, physical activity, good indoor air in a clean and well-maintained building, access to water and a supportive school climate and culture. A closer look at several of these key factors includes:

**School health services.** School health services, including those delivered by school nurses and in school-based health centers, are key for ensuring students have access to the care they need to manage the health conditions that result in missed school, including asthma, diabetes, ADHD, dental and vision problems and obesity. Providing students with access to school health services is a proven strategy for increasing student attendance. For example, Dallas School District, where 90 percent of school campuses have their own full-time nurses, has successfully shown no difference in attendance between asthmatic and non-asthmatic students. The Dallas School District requires nurses to provide asthma management plans for every diagnosed child and also provide urgent care

during school hours. In addition, a literature review by the American Public Health Association found that access to a school-based health center was associated with increased student attendance and that African American males who used a school-based health center were three times more likely to stay in school than those who did not use a school-based health center. Dental health, which sometimes falls outside the public dialogue on "health" issues, is especially worth noting as a key area for focus in school health efforts aimed at reducing chronic absenteeism. Successful school-based programs treating dental health include school-based sealant programs and mobile dental clinics.

**Behavioral health services.** Research shows that behavioral health conditions such as depression, anxiety and oppositional defiant disorder are directly related to school avoidance behaviors and absenteeism. Providing students with access to school-based behavioral health programs is a key strategy for improving student attendance. For example, Baltimore City Public Schools expanded the school behavioral health services available to students by collaborating with health providers from the school and community to implement a full array of prevention, behavioral health promotion, early intervention and treatment programs for students. Preliminary results of the initiative showed an increase in math and reading assessment scores and in attendance from the previous school year for students with access to the expanded behavioral health programming.

**Healthy breakfast and lunch.** Providing students with healthy school meals, including breakfast and lunch, is a key strategy for improving student attendance. Children who come from food-insecure families are more likely to be suspended from school, have higher

### **Green Clean Schools**

*Healthy Schools Campaign's multi-faceted Green Clean Schools program provides resources to help schools clean better, smarter and safer.*

*Learn more and access resources at:*

[GreencleanSchools.org](https://www.GreencleanSchools.org).

absenteeism rates and have poor health compared to children who come from food-secure homes. In addition, obese children and adolescents have been found to report many more missed school days than the general student population. Ensuring students have access to healthy school meals is a proven strategy for addressing food insecurity and childhood obesity and, as a result, improving student attendance. For example, research shows that universal breakfast programs are directly associated with reduced absenteeism for students, specifically minority students.

**Physical education and physical activity.** School-based physical activity programs have also been shown to improve attendance by increasing school connectedness and by favorably affecting the health status of children with asthma. In addition, higher physical fitness achievement is associated with better school attendance rates and fewer disciplinary incidents involving drugs, alcohol, violence or truancy. The U.S. Department of Health and Human Services' Healthy People 2020 national objectives call for schools to increase the proportion of students who meet the recommended 60 minutes of physical activity each day and who participate in daily physical education and other physical activity opportunities such as recess, after-school activities and active transport. Ensuring students have the opportunity to be physically active for 60 minutes a day is a key strategy for supporting student attendance.

**Healthy school buildings.** The condition of school facilities directly affects absenteeism. Students are less likely to attend schools in need of structural repair, schools that use temporary structures and schools that have understaffed janitorial services. For example, researchers in California found that poor elementary school classroom ventilation rates are associated with increased illness-related absences. Student attendance can be improved by ensuring students are able to attend school in a healthy school building with clean air and quality facilities that are regularly and properly cleaned. Green cleaning, or cleaning for health while protecting the environment, is a particularly practical, cost-effective and high-impact approach to supporting healthy indoor environments. Given that asthma is one of the leading predictors of student absences, improvements in classroom and school air quality are closely associated with improvements in student attendance.

Providing access to healthy school environments is a critical step in addressing chronic absenteeism and supporting students' lifelong wellness.

### **Learn More in the Full Report**

*This is section one of five in Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action. To access the other sections, visit: [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism)*

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*among parents, educators, students and policymakers to help prepare this diverse group of stakeholders to lead change for healthier schools at the school, district, state and national levels.*

*In partnership with Trust for America's Health, HSC co-convenes the National Collaborative on Education and Health, which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*

# Taking Action: Understanding Student Health Needs

## Section Two

This section focuses on identifying key issues and tailoring your strategy to address the factors that are having the biggest impact on attendance.

# Identifying Health Issues in Your Community

Students are absent for many different reasons, and no two communities are alike. Even more so than with other issues, it is important to identify what is happening in your community and tailor your strategy to address the factors that are having the biggest impact on student attendance.

A key step toward addressing the health-related causes of chronic absenteeism is understanding children's health needs in your community. This understanding can play an important role in informing the types of services and programs you and your partners implement in schools and in the community to support better attendance. This review of health needs can focus on the prevalence of health conditions such as childhood asthma and tooth decay.

It is also critical to consider social, economic and environmental factors in the community and school to understand the full scope of children's health needs within your community and intervene accordingly. These factors could include:

- Rates of access to clinical care, and where children access that care
- Unemployment rates
- Rates of violent crime
- Air pollution levels
- Housing trends
- Rates of food insecurity

Factors you identify in any of these areas may lead you to additional relevant data points.

## Key Data Sources

Key sources of public data can shed light on the issues affecting students and their health. These sources of data include:

**School health information cards.** Students across the country are required to submit health cards to

the school they are enrolled in at the start of each school year. These cards include key information regarding student health conditions, immunizations and medications. Compiling and examining this data can provide valuable information regarding the health of students in a given school and can be used to inform the delivery of school health services and programming.

**Public health data systems.** City and county departments of public health track and share data regarding the health of their residents. This data can typically be broken down by age group, race, gender and ZIP code and can serve as an important tool in identifying the primary health conditions among children in a given area. Contact your local public health department to see what children's health data they collect and are able to share.

**Hospital community health needs assessments.** Non-profit hospitals are required to conduct community health needs assessments once every three years in order to maintain their non-profit status. These assessments are used to guide their investment in the communities they serve. As a result, non-profit hospitals serving a given school district have data that can help schools better understand the health needs of their students. Reach out to the community benefit director of your local non-profit hospital to see if they are able to share the most recent results of their community health needs assessments.

**County Health Rankings & Roadmaps.** County Health Rankings & Roadmaps is a tool developed by the Robert Wood Johnson Foundation that measures the health of nearly all counties in the nation and ranks each county within its state. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Key measures included in the County Health Rankings & Roadmaps are health outcomes, health behaviors, access to clinical care, social and economic factors and measures of the physical environment. You can access this tool at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



**Youth Risk Behavior Survey.** The CDC's [Youth Risk Behavior Survey](#), while focused primarily on risky behavior rather than underlying health issues, includes valuable data such as rates of asthma and obesity. Depending on your location, the survey data may be available at a county or district level.

**State-level surveys.** Surveys such as the [California Healthy Kids Survey](#), are a valuable resource in states where they are available.

In addition to understanding the student health needs in your community, this data can be used to make the case to both the health and education sectors about the need to work together to support student health and success. Once you have developed a better understanding of student health needs, this information can be shared with key decision makers and used to inform the services and programs that are implemented to address chronic absenteeism.

### **Learn More in the Full Report**

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*In partnership with Trust for America's Health, HSC co-convenes the National Collaborative on Education and Health, which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*

# Case Study: Unique Partnership Ensures Austin Students Have Access to School Health Services

*When a budget crisis in the late 1990s forced the Austin Independent School District (AISD) to look at cutting all school nurse and health positions in the district, local health care providers came together with district leadership to find a solution.*

*That solution was for AISD to partner with Dell Children's, the pediatric center for Seton Family of Hospitals, to provide school nurses and health staff in AISD schools.*

*"They understood that if you didn't have school nurses, kids would be showing up in the emergency room," says Sally Freeman, the director of the Children's/Austin ISD Student Health Services program.*

*Initially, the entire program, including staff, was funded by the hospital, but the burden shifted back to the district within just a few years as the district got back on its feet financially. Today, the district pays for the full cost of the nurses' and health staff's salaries, while the hospital contributes about \$650,000 worth of in-kind support, including human resources and legal services, management and oversight and continuing education for the health staff.*

*The program includes both school nurses and health assistants. More than 75 school nurses, covering about four schools each, provide care to the district's more than 80,000 students.*

*"School nurses serve as a triage person," Freeman says. "They help families to determine what level of care their child would need, whether that's going to the hospital or waiting to see their pediatrician."*

*From the start, Freeman says, the hospital kept detailed data on cost and outcomes, which allows the program to track its success. One of the focuses has been to prevent hospitalization, especially when it comes to students dealing with complex medical conditions.*

*"One of the things we've been able to do is help coordinate the specialist kinds of care that helps that child be healthy in the school setting," Freeman says.*

*Another factor that allows this program to tailor itself is the model it uses to determine the needs of each school, called an acuity model. Every year, the program does an acuity analysis which looks at school enrollment; rates of free and reduced price lunch, which helps estimate insurance coverage and access; the number of illness or injury contacts for the previous year; and the number of students who received case management due to chronic conditions such as asthma and diabetes. All of those factors are weighted, and an analysis determines how many hours of a school nurse's and a health assistant's time a school might need.*

*This type of analysis is gaining traction in the school nursing world, Freeman says.*

*"This allows us to address the needs of each school in a fair and equitable manner," she says.*

*In addition to constantly evaluating the needs of each school, the program also responds to changing needs within the district as a whole. One issue that has come to the forefront in recent years is behavioral health. To respond to that concern, the program developed a pilot program that contracted licensed social workers to see students during the day. The school nurses act as a referral coordinator. The students with behavioral health issues who receive counseling have fewer discipline referrals and are more likely to pass their classes and move on to the next grade.*

*This amazing partnership is just one example of how a forward-thinking health system and a school district can partner together to ensure that students are getting the health care they need.*

# Taking Action: Addressing the Health-Related Reasons Students Are Absent

## Section Three

This section focuses on school-based interventions to address the health conditions that have an especially significant impact on chronic absenteeism.

# Addressing Health Concerns

While many issues contribute to health-related chronic absenteeism, several conditions have an especially significant impact and therefore can represent practical opportunities for bringing about positive change.

This section identifies five health conditions shown to have an especially significant impact on chronic absenteeism: asthma, oral health, behavioral health, food insecurity and acute illness. These conditions have high prevalence among children, disproportionately affect children of color and have a direct impact on student attendance. Research identifies proven or promising school-based programs to address each of these health conditions.

## Asthma

Asthma is one of the leading causes of school absenteeism, accounting for one-third of all days of missed instruction. Children with persistent asthma are 3.2 times as likely to have 10 or more absences as their peers. Eight point three percent of children under age 18 are currently diagnosed with asthma. Compared to Caucasian children, asthma prevalence is higher in children who are Puerto Rican (2.4 times), African American (1.6 times), and American Indian/Alaska Native (1.3 times).

### Best Practices and Proven Interventions

Best practices and proven interventions include:

- [American Lung Association's Asthma Friendly Schools](#): The Asthma Friendly Schools Initiative provides a framework and tools that communities and schools can use to work together on a comprehensive approach to asthma management, including planning tools, policy recommendations and education programs.
- [American Lung Association's Open Airways for Schools](#): Open Airways for Schools is a program that educates and empowers children through an interactive approach to asthma self-management.

The program teaches children with asthma ages 8 to 11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health.

- [U.S. EPA's Tools for Schools](#): U.S. EPA's Tools for Schools program is a comprehensive resource to help schools maintain a healthy environment in school buildings by identifying, correcting and preventing indoor air quality problems. This can reduce asthma triggers and create a healthier environment for everyone in the building.
- [Green Clean Schools](#): Healthy Schools Campaign's multi-faceted Green Clean Schools program provides resources to help schools clean better, smarter and safer. A key element of this approach is cleaning in a way that supports healthy indoor air quality and reduces asthma triggers.

### Key Partners

Partners well-positioned to help address this issue include:

- School staff, including school health team and maintenance team
- School-based health centers
- Community health providers
- EPA office
- American Lung Association local chapter
- Housing advocates
- Before- and after-school programs

### Spotlight: Dallas Addresses Asthma-Related Attendance Gap through School Nursing

Research clearly shows that children with asthma miss more school than their non-asthmatic peers. According to the Centers for Disease Control and Prevention, children with persistent asthma are more than three times as likely to have ten or more absences than their peers. However, this is not the case in Dallas Independent School District, a district where 90 percent of school campuses have their own full time school nurses. The school district, which serves over 160,000 students, of which 89 percent come from low-income families, has successfully shown no difference between asthmatic and non-asthmatic student attendance. In addition to providing the

majority of students with access to a full-time school nurse, the school district requires school nurses to have an asthma management plan for every child identified with asthma and to provide bronchodilator treatment to symptomatic children during school hours. Providing students with regular access to a full-time school nurse has served as a highly effective strategy for supporting the connection between health and learning in Dallas.

## Oral Health

Children age 5-17 miss nearly two million school days in a single year due to dental health problems. Twenty percent of children age 5-11 have at least one untreated decayed tooth. Untreated cavities are nearly twice as prevalent in Hispanic children (26 percent) compared to non-Hispanic white children (14 percent) aged 6-9, and are more than twice as prevalent for non-Hispanic black adolescents (25 percent) compared with non-Hispanic white adolescents (9 percent) age 13-15. The percentage of children age 5-19 with untreated tooth decay is twice as high for those from low-income families (25 percent) compared with children from higher-income families.

### Best Practices and Proven Interventions

Best practices and proven interventions include community-based oral health programs, including school-based sealant programs, free clinics and mobile programs. Community-based oral health programs focus on bringing prevention and dental care to a local community. With a community-based approach, students have a better chance of finding a dental home to receive ongoing comprehensive dental care. The following types of community-based oral health programs can be located in schools and have a significant impact on student oral health issues:

- **Dental screening:** These programs provide screening for students in any grade level. No treatment is provided at the school; students with dental needs are referred to a local dental clinic.
- **Dental sealants:** These programs provide screenings and sealants for students in selected grades (typically second and sixth grade) to reach children at a time

when the first or second molars typically erupt.

- **Dental preventive services:** These programs provide services including screening, cleaning, fluoride treatment and sealants. This type of program will generally serve students in all grades.
- **Basic preventive and restorative dental services:** This type of program includes the full range of preventive services along with restorative services, such as basic fillings and simple extractions. Students in all grades are offered services.

School-based oral health programs may provide services at a school clinic, in a room in the school building using portable equipment or in mobile vans parked at the school. These services can also be delivered through teledentistry. Using teledentistry, specially trained dental health professionals—most often dental hygienists—are deployed to community sites, such as schools, to provide preventive care and basic treatments that essentially constitute a portable pop-up clinic.

### Key Partners

Partners well-positioned to help address this issue include:

- City or county health departments
- Hospitals and health centers
- School-based clinics
- Dental schools and programs
- Local dental health providers
- WIC or Head Start programs
- Well child clinics
- Community centers
- School staff, including school health team

### Spotlight: Addressing Chronic Absenteeism with Teledentistry in California

By leveraging familiar technology and a practical, cost-effective model called teledentistry, innovative care providers are bringing high-quality dental services to children in the school setting. The result: Students get the care they need to stay in class and learn

The [Pacific Center for Special Care](#) and [The Children's Partnership](#) collaborated on a successful [teledentistry demonstration program in California](#). They explain: "Typically, a dental hygienist will bring a portable dental chair, a laptop computer, a digital camera, and a handheld X-ray machine—which, together, can all fit into the trunk of a car—to a site such as a preschool, elementary school or community center. Within minutes, children and others who need care are getting state-of-the-art diagnostic, preventive and early intervention dental care."

Meanwhile, dentists are able to stay in their clinics and focus primarily on addressing the most advanced and complex needs of patients. From their clinics, dentists also play a role in the care delivered in the community: They review X-rays, assess care needs and develop treatment plans while supervising the dental professionals who provide front-line care in the community. When more complex care is needed, the community dental professionals arrange for such care to be provided in the community setting or can organize a follow-up appointment in the dentist clinic. (Importantly, they can also work with the school to help address barriers that students may face in making it to the appointment.) The demonstration program found that about two-thirds of children can achieve and maintain good dental health with care provided in the community setting. [Learn more about teledentistry](#) and specifically about the results of the Pacific Center for Special Care and The Children's Partnership demonstration project.

## Behavioral Health

When students' behavioral health needs are met, they are less likely to be absent and more likely to be engaged in and have a sense of connectedness to school. A total of 13-20 percent of children experience a behavioral health disorder in a given year. Yet only 25 percent of children in need of behavioral health care get the help they need. Minorities have less access to behavioral health services and are less likely to receive needed care. ADHD, one of the most prevalent behavioral health issues among students age

3-17, disproportionately affects urban minority youth from poor families, who may not only be more likely to be affected, but also less likely to receive accurate diagnosis and treatment.

### Best Practices and Proven Interventions

Best practices and proven interventions include:

- **School-based behavioral health services:** School-based behavioral health services can play a critical role in preventing and addressing student behavioral health issues. School-based behavioral health services can be delivered by a school-based provider such as a school psychologist or school social worker or by a community partner.
- [Positive behavioral interventions and supports:](#) Positive Behavior Interventions and Supports (PBIS) is a proactive approach to establishing the behavioral supports and social culture needed for all students in a school to achieve social, emotional and academic success.
- **Wraparound services:** Wraparound services are individualized, community-based services that bring multiple systems together with the student and their family to provide a highly individualized plan to meet the unique needs of the student, including intervention, culturally and linguistically relevant services and progress monitoring.
- **Trauma sensitive schools:** A trauma sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being.
- **Social and emotional learning:** Social and emotional learning is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions. Research shows that social and emotional learning can have a positive impact on students' academic performance and behavioral health.

- **Staff self-care:** A key strategy for supporting student behavioral health is supporting the mental health and well-being of school staff. Schools can ensure systems are in place to support school staff in caring for themselves and providing them with training around how to manage their stress.

### Key Partners

Partners well-positioned to help address this issue include:

- Community mental health providers and agencies
- Local departments of health and public health
- Local courts and legal system
- Local child trauma programs
- School staff, including the school health team, school nurses, guidance counselors and behavioral health team members
- School-based mental health centers
- Community Anti-Drug Coalitions of America

### Spotlight: Increasing Collaboration for Behavioral Health in Mesa County, Colorado

The Building Bridges for Children’s Mental Health project in Colorado is designed to build a statewide system for connecting public schools and local behavioral health systems, thereby increasing access to behavioral health services and improving outcomes for school-aged children. It integrates a System of Care within a Positive Behavioral Interventions and Supports (PBIS) model.

In 2009, Mesa County began a pilot of the Building Bridges program. Building Bridges helped the school district make a stronger connection to its community partners, particularly the mental health provider, Colorado West (now Mind Springs Health), by emphasizing school-community collaboration to improve behavioral health supports. As a result of Building Bridges, teachers and school staff—including bus drivers—were trained on how to identify and refer students while supporting those students in the classroom through a PBIS model. This allowed students to receive the services they needed as well as the school community—teachers, administrators, counselors and social workers—the collaboration

necessary to provide wraparound services to Mesa County students.

Along with the Colorado Department of Education, Mesa County student services professionals created tip sheets for teachers about how to call families whose students were exhibiting behavioral health problems; this helped teachers feel more comfortable with calling families to express their concerns about students’ behavioral health. A common referral form and informational one-pagers about various mental health issues were developed, and school staff members were trained on how to refer students to services.

The largest project that resulted from the work of Building Bridges is a Social/Emotional Standards rubric outlining the expected measurable behaviors a child might exhibit at certain stages of development. These rubrics help school and community agency staff as well as families and teachers “talk the same language” and understand social/emotional stages in a student’s development.

While challenges remain, the program has had a meaningful impact and serves as a useful model for other districts. Learn more about [Building Bridges](#).

## Food Insecurity and Related Conditions

Food insecurity and related conditions such as obesity are closely linked to absenteeism. Children who come from food-insecure families are more likely to be suspended from school, have higher absenteeism rates and have poor health compared to children who come from food-secure homes. Children who are obese are 1.7 times more likely to have 10 or more absences in a given year than their non-obese peers. 21 percent of children under age 18 live in households that have been food insecure at some point during the year and 31.8 percent of children and adolescents are overweight or obese. Food insecurity is more than twice as prevalent among children in households headed by African Americans (36 percent) or Hispanics (30 percent), than in those headed by Caucasians (15 percent). The

proportion of households where children had “very low food security,” is between three and four times as high in African American or Hispanic households as it was in Caucasian households.

### Best Practices and Proven Interventions

Best practices and proven interventions include:

- [Universal school breakfast programs](#): Universal school breakfast refers to any program that offers breakfast at no charge to all students, regardless of income status. On average nationally, only 47 children eat free or reduced-price school breakfast for every 100 who receive free or reduced-price school lunch. Studies show that universal school breakfast programs significantly increase student participation in the National School Breakfast Program. Research also shows that children who participate in programs that offer a breakfast free to all students have lower rates of absence and tardiness.
- Backpack programs: More than 21 million children qualify for free or reduced-price meals through the National School Lunch Program and the National School Breakfast Program. For many of these children, school meals may be the only meals they eat. School backpack programs help children get the nutritious and easy-to-prepare food they need to get enough to eat on the weekends. [Feeding America](#) offers information on how to find out if your local food pantry offers a backpack program.
- School pantry programs: School-based pantries are located on the grounds of a school to provide an easily accessible source of food assistance to low-income students and their families. They have set distribution schedules and offer ongoing food assistance services. [Feeding America](#) offers additional information on these programs.

- High quality physical activity programs: High quality physical activity programs have been proven to increase student connectedness with their school and support current and future healthy habits among children that reduce their risk of being overweight or obese. The Centers for Disease Control and Prevention [offers guidance](#) on how to establish high quality physical activity programs

### Key Partners

Partners well-positioned to help address this issue include:

- Local departments of health and public health
- Teachers unions
- Food service directors
- Local food banks
- Local anti-hunger groups, including Feeding America
- School staff, including food services team and facility and maintenance team
- Community food and fitness organizations
- Local health care providers
- Farmers markets

### Spotlight: Universal Breakfast in the Classroom in Chicago Public Schools

In 2011, Chicago Public Schools (CPS) instituted a universal breakfast in the classroom program to help ensure all students are well-fed and ready for the school day. Universal breakfast, or offering breakfast free to all students, helps remove the stigma of participating in school breakfast and is proven to increase participation. When CPS schools offer breakfast in the classroom, a total of 60 to 70 percent of students participate, said Leslie Fowler, director of

### Value of Healthy School Environments

*A central strategy for addressing health-related chronic absenteeism—for these issues and many others—is ensuring that children are able to attend school in healthy school environments. A healthy school environment includes regular access to school health*

*services, healthy school food, physical activity, good indoor air in a clean and well-maintained building, access to water and a supportive school climate and culture. For more, see “What is the Impact of the School Environment?” in Section One.*



nutrition support services at CPS. When breakfast is offered outside the classroom—before school in the cafeteria—only 8 to 18 percent of total students participate, she said. “That says to me that those students are not ready for the school day,” Fowler said. “Breakfast in the Classroom ensures all our students are active thinkers when the school day starts.”

Breakfast is even more important for students who qualify for free or reduced-price lunch and might not have access to breakfast at home. During the 2005-2006 school year, only 28.7 percent of CPS students receiving free and reduced-priced lunches through the school meal program participated in the breakfast program. During the 2013-2014 school year, thanks in large part to breakfast in the classroom, that percentage rose to 58.1 percent.

The approach has been successful because of hard work within the district as well as the support of parents and the community. Parents involved in Parents United for Healthy Schools, Healthy Schools Campaign’s parent-led advocacy coalition, were instrumental in the effort to make breakfast in the classroom a reality in CPS. With the help of Parents United, CPS began piloting breakfast in the classroom in the fall of 2007. The pilot saw immediate results. Participation in the program increased 250 percent, and student test scores improved more than nine percent. Madero Middle School on Chicago’s southwest side began serving breakfast in the classroom during the 2009-2010 school year. “It helps students to focus and to be more alert,” said Madero principal Jose Luis Illanes. “Children are more prepared to start the instructional day when they have breakfast.”

## Acute Illness

Acute illnesses, such as influenza, strep throat or ear infections, have a direct and significant impact on attendance. Roughly 40 percent of school-aged children missed three or more days of school in the past year due to acute illness. Low-income children of color are disproportionately impacted by acute illness. For example, there are significant racial and socioeconomic disparities among children with frequent ear infections.

In addition, children of color are less likely to be able to afford prescription medications to treat acute illness, such as ear infections, and less likely to have medical insurance that enables them to see a specialist when needed.

### Best Practices and Proven Interventions

Best practices and proven interventions include:

[Green Clean Schools](#): Green cleaning programs are a proven strategy for protecting the environment and supporting student health. Ensuring that schools are properly cleaned is a key strategy for reducing the prevalence of acute illness among children, in addition to addressing chronic conditions such as asthma. Healthy Schools Campaign’s multi-faceted Green Clean Schools program provides resources to help schools clean better, smarter and safer. A key element of this approach is cleaning in a way that supports healthy indoor air quality and reduces asthma triggers.

Handwashing education and support: Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick and prevent the spread of germs to others. The Centers for Disease Control and Prevention offer [many resources](#) on how to support handwashing in schools and educate students about good handwashing practices.

[Influenza vaccine awareness campaign](#): The Centers for Disease Control and Prevention recommend that everyone six months of age and older get seasonal influenza vaccines each year. Schools can play a key role in educating parents, students and staff about the importance of getting an annual influenza vaccine. School nurses can play an especially important role in these campaigns.

### Key Partners

Partners well-positioned to help address this issue include:

- Local departments of health and public health
- Teachers unions
- Local environmental health agencies and organizations

- Regional chapter of the U.S. Environmental Protection Agency
- Local hospitals, particularly children’s hospitals
- Local health care providers, including pediatricians

### Spotlight: Fighting Chronic Absence with a Flu Shot

Schools in Central Texas had a problem. Students in that region were missing more days than the state average at every single grade level. This absence problem hits Texas schools on two fronts: student achievement and funding. Data shows high school students who miss 10 or more days of school are three times more likely to drop out than students who miss five days or fewer. In some states, Texas included, school funding is based on a figure called “average daily attendance” rather than total enrollment. That means that schools receive funding only for students that are in school. That also means that the more students are absent—for whatever reason—the less funding the school gets.

Enter [E3 Alliance](#), a regional, data-driven education collaborative based in Austin, Tex., working to strengthen education to drive economic prosperity in the region. E3 Alliance completed an analysis of school year 2010-2011 and found that there were 2.4 million student absences in Central Texas in the year. Half of Central Texas students missed more than six class days per year, and accounted for 85 percent of all absences.

Chronic absence also disproportionately affected low-income students. Low-income students in Central Texas had the highest absence rates of any urban area in the state while non-low-income students missed a similar amount of days as their peers across the state.

E3 Alliance figured out that if they could increase average attendance by just three days, Central Texas districts would gain \$34 million in annual revenue from the state that could then be used to improve educational outcomes for all students.

In the spring of 2011, E3 Alliance, in partnership with the Austin Area Research Organization (AARO),

Central Texas Education Funders and school districts, launched a regional approach to increase student attendance called [Missing School Matters](#). E3 Alliance determined that a major cause of absences was student health. E3 Alliance’s 2013 Absence Reasons Study found that the single largest reported cause of Central Texas student absences—at 48 percent—was acute illness. The flu emerged as the cause of more absences than all other immunizable diseases combined.

With that data in hand, the partnership launched the largest in-school flu immunization campaign in Texas history, giving more than 6,500 vaccines at 56 primarily Title 1 schools in five districts. E3 Alliance partnered with local and public health partners to obtain and administer the vaccines.

Just like Central Texas, schools across the country are struggling with chronic absenteeism. Any community can make a positive impact on the lives of students by starting with the data and a commitment to unpacking the reasons why students are missing school. With this as a starting point, any community has the ability to ensure that students have a better opportunity to succeed in school.

### Learn More in the Full Report

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*In partnership with Trust for America's Health, HSC co-convenes the National Collaborative on Education and Health, which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*

# Taking Action: Building Effective Partnerships to Support Student Health

## Section Four

This section focuses connecting with partners in the health and public health sectors that are well-positioned to support schools in addressing the health-related causes of chronic absenteeism.

# Building Partnerships

While many school leaders recognize the importance of healthy school environments for addressing chronic absenteeism, the scale of the work ahead can seem daunting—especially in the context of widespread budget cuts and a lack of resources for supporting health and wellness. However, schools do not need to take on this great challenge alone. Health and public health sectors can play a key role in supporting efforts to address chronic absenteeism.

## Who Are Key Partners in the Health and Public Health Sectors?

Partners in the health and public health sectors are well-positioned to support schools in addressing the health-related causes of chronic absenteeism. This may range from technical assistance to funding for health services and many areas in between. Such partnerships represent a rapidly evolving area where communities nationwide are finding innovative ways to collaborate around shared goals for children's health.

Possible partners include:

- Local hospitals, particularly children's hospitals
- Accountable Care Organizations, Managed Care Organizations and health plans responsible for providing coverage to students in your community
- Local community benefits experts—this could be the individual responsible for overseeing community benefits or community outreach at one of the local, non-profit children's hospitals
- Community organizations dedicated to supporting children's health
- State or local advocacy organizations
- Public health agencies or public health department
- Pediatricians, local chapter of the American Academy of Pediatrics

These partners will vary greatly by community; the most practical partnerships will emerge from the primary causes of chronic absenteeism and opportunities for change identified in your school community.

## Why Is the Health Sector Motivated to Address Chronic Absenteeism?

The time is right for the health and education sectors to work together to address chronic absenteeism and promote student health. In addition to fundamental mission-based motives, leaders in the health sector and public health sector are motivated to be part of this work by several powerful factors: provisions of the Affordable Care Act; recognition of the cost savings inherent to community-based preventive care; and an understanding that educational attainment directly supports lifetime health. With over 49 million children attending public schools across the country, partnering with schools presents an important opportunity for the health sector to reach vulnerable and underserved children.

**Provisions of the Affordable Care Act:** With the passage of the Affordable Care Act, the country's health care system is transforming. It increasingly prioritizes prevention, community-based care, population health, care coordination and chronic disease management. New opportunities—and motivations—exist for the health sector to engage with and support schools. Medical providers such as hospital systems can meet key requirements of the Affordable Care Act by partnering with schools and providing resources to support schools in addressing many of the factors that contribute to health-related chronic absenteeism. One example of this is known as the Community Benefit requirement. To maintain their tax-exempt status, non-profit hospitals are required to provide measurable benefits to the communities they serve. The Affordable Care Act pushes this requirement beyond providing free care to uninsured patients and creates an expectation that hospitals invest in the health of their surrounding communities. If a hospital has identified obesity and asthma as health needs in its community, for example, that hospital may invest community benefit resources in school physical activity programs, nutrition education and school nursing focused on asthma management.

### **Cost savings of community-based preventive care:**

Our nation's health care system transformation provides incentives for the health sector to identify ways to reduce costs over time while improving health

outcomes. Focusing on community-based preventive care is a natural way to do this. For example, a hospital may cover the cost of employing a school nurse who provides asthma management in the school setting, recognizing that this is far more cost-effective than providing an ambulance response and emergency room treatment for asthma attacks. Of course, this strategy brings great benefits beyond cost savings: it helps keep students in school (rather than the hospital), school nurses can provide management plans to reduce the frequency and severity of asthma attacks and school nurses can even bring a public health approach to evaluating the school environment to identify and address asthma triggers such as mold or certain cleaning products. With applications ranging from dental care to flu shots and much more, this approach can be a key element of addressing health-related chronic absenteeism.

**Positive impact of educational attainment on long-term health outcomes:** Health and education are critically linked. Much of the research cited in this report focuses on the ways that health has an impact on opportunities to learn; in fact, the connection works both ways. Research shows that adults with higher educational attainment report a better health status than those with lower education levels. Obtaining a college education correlates with lower rates of health conditions and longer life expectancy. Healthy People 2020, a comprehensive set of key disease prevention and health promotion objectives, recognizes the percentage of students who receive a high school diploma four years after starting ninth grade as a

Leading Health Indicator. Leaders in the health and public health sectors who recognize this connection are motivated to support education in part as a strategy to improve the long-term health of our population as a whole.

### **What Are Key Opportunities for Collaboration?**

Health-related chronic absenteeism is a natural area of collaboration for the health, public health and education sectors. The issue provides a clear lever for leaders in each sector to rally resources and take action. In each community, leaders from these sectors can identify areas of opportunity to work together with significant benefits for children's academic success and long-term health. Key areas of opportunity for collaboration to address this issue include:

**Using data to identify the health-related reasons for absenteeism:** To effectively address health-related chronic absenteeism, it is important for leaders to have information about what health issues have the greatest impact on attendance and what interventions have proven effective in addressing those issues. The key is using data to identify and intervene early, before students have missed so much school they are unable to catch up. When possible, it is critical to use the data available to determine the underlying causes of chronic absenteeism. The health and public health sectors have access to data that can help leaders in the education sector understand the health-related causes of chronic absenteeism. Many local public health departments have data organized by zip code on prevalent health issues, including asthma, obesity, community violence

### **Engaging Health Providers in Promoting Good Attendance**

*Health providers can be powerful advocates for good attendance, particularly when it comes to health-related absenteeism.*

*In addition to the many serious health issues at the root of health-related chronic absenteeism, students may miss school unnecessarily for perceived health issues such as rashes or minor headaches. Health providers can communicate with students and families about the importance of attendance and clarify that students*

*may—and should—still attend school when they experience these health conditions.*

*Attendance Works has developed a robust set of resources and materials for health providers, as well as resources for school district leaders to use in engaging health providers in discussing the importance of attendance. To access these resources, visit [attendanceworks.org](http://attendanceworks.org).*

and behavioral health. In addition, non-profit hospitals are now required to conduct community health needs assessments (CHNA) every three years to identify and address the health needs of their communities. Schools can reach out to local non-profit hospitals to participate in the CHNA process or request data that is collected.

**Providing health services in school or the community:**

The health and public health sectors can play an important role in making sure schools have the resources to meet the health needs of their students. For example, local health providers can partner with schools to establish school-based health clinics or mobile care vans and deliver vision, hearing and dental screenings. Local hospitals can ensure that schools have adequate levels of staffing in school nursing, mental health and other specialized support areas by working with schools to identify staffing goals and providing support staff when needed. Many cities, including Toledo and Austin, are successfully implementing this approach. In addition to direct service delivery, the health and public health sectors can deliver health education in classrooms and support parent and staff wellness programs.

**Creating healthier schools and home environments:**

Well-maintained school buildings, healthy school food, opportunities for physical activity and clean indoor air all play a huge role in students' health and therefore in their attendance at school. These areas are rich with opportunities for collaboration, particularly with public health departments and community partners that can provide support for physical activity and nutrition education programs. Public health and other government agencies such as local EPA representatives are also well-positioned to provide resources related to indoor air quality and health-promoting building maintenance strategies. Public health and government agencies can also collaborate with schools to engage parents around the importance of creating healthy home environments and connect parents with resources available in the community.

**Engaging health providers to deliver the message on attendance at check ups and appointments:**

The medical community can play a key role in communicating the importance of attendance and flagging any health factors that are preventing children from attending school. For example, pediatricians

**Case Study: Cross-Sector Collaboration to Address Chronic Absenteeism in New York City**

*In the summer of 2010, following a report about the pervasiveness of chronic absenteeism in New York City schools, Mayor Michael Bloomberg's administration undertook one of the nation's most ambitious cross-sector efforts to tackle this issue in New York City public schools. Acknowledging that chronic absenteeism is a complex, under-recognized problem affecting academic achievement, dropout rates and juvenile crime, the mayor created an interagency task force to develop a comprehensive set of strategies to combat this problem. Key partners included the Department of Education, Administration for Children's Services, the Department of Homeless Services, the Department of Health, the Department for the Aging, NYC Service, the Department of Youth and Community Development, the NYC Police Department, as well as private sector and community partners.*

*The strategies developed by the interagency task force*

*were piloted in 25 schools in year one, 50 schools in year two, and 100 schools in year three, with over 60,000 students. Key strategies included using data to identify at-risk students and develop early warning flags to identify for early intervention students at risk of chronic absenteeism; creating a Success Mentor Corps, reaching nearly 10,000 at-risk students; sharing strategies to link schools to existing community resources (including city preventive service providers); and including chronic absenteeism as a metric in school progress report cards and evaluations at the Department of Education.*

*As a result of this initiative, task force schools significantly and consistently outperformed comparison schools in reducing chronic absenteeism. Students in the task force schools were less likely to be chronically absent than students in comparison schools. [Read the full report](#) on this initiative.*

can ask children and their families about their school attendance during their annual check-up and discuss the importance of good attendance, especially in early grades, with families.

**Supporting students in responding to trauma and mental health issues:** The health and public health sectors can play a powerful role in increasing access to mental health services in schools. These partners can also support schools in building their own capacity in this area, such as by providing professional development to educators on recognizing early warning signs of mental health problems and understanding how violence and trauma have an impact on student learning. Health and public health partners can share data to help school leaders identify the mental health and trauma-related risk factors, such as violence, in the surrounding community and ensure students have adequate support to navigate those factors.

Addressing chronic absenteeism is a natural area for collaboration among the education, health and public health sectors: it brings great benefits not only for students' learning but for their lifetime health as well.

### *Learn More in the Full Report*

*This is section four of five in Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action. To access the other sections, visit: [healthyschoolscampaign.org/chronic-absenteeism](https://healthyschoolscampaign.org/chronic-absenteeism)*

### **About Healthy Schools Campaign**

*Healthy Schools Campaign (HSC) is dedicated to making schools healthier places where all children can learn and thrive. HSC advocates for children to have access to nutritious school food, physical activity, school health resources, green schoolyards and clean air. HSC has a special focus on the wellness and environmental health issues affecting low-income students of color. We start with a social justice perspective and believe this focus is especially critical in light of the vast health disparities our nation faces. HSC facilitates collaboration*

*among parents, educators, students and policymakers to help prepare this diverse group of stakeholders to lead change for healthier schools at the school, district, state and national levels.*

*In partnership with Trust for America's Health, HSC co-convenes the National Collaborative on Education and Health, which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*



# Taking Action: Building Capacity

## Section Five

This section focuses on building the capacity of the school and key partners to effectively address chronic absenteeism

# Building Capacity

Once the decision has been made to implement an effort to reduce chronic absenteeism, it is critical to generate school-wide support for the effort and build the capacity of the school and key partners to engage in this work. Accessing existing resources, ensuring adequate training and supporting the sustainability of your work are key steps toward building the capacity of your school district to implement effective interventions.

## Key Partners and Resources

There are many partners and resources available to support school staff in understanding the health-related causes of chronic absenteeism and in implementing interventions to address the root causes in a given community. These include the following:

### Specialized instructional support personnel:

Specialized instructional support personnel include school nurses, school counselors, school social workers, school psychologists and other qualified professional personnel such as speech language pathologists involved in providing services to meet student needs. These individuals can play a key role in helping school staff and school administrators understand the health issues impacting students in a district and/or school and can also play a key role in delivering evidence-based programs and services to meet those needs. Given that not every school has access to these individuals, increasing access to these individuals is a key strategy for addressing the health-related causes of chronic absenteeism.

### School-based health centers and community clinics:

School-based health centers can also play a critical role in meeting student health needs and in helping schools understand the leading health issues impacting students in a community. In addition to school-based health centers, community clinics can also play this role and help schools both understand student health needs and address those needs.

**Public health agencies:** Local public health agencies can both share data with school districts to help them understand their student health needs and

implement effective interventions to address those needs. Contacting your local public health agency to discuss chronic absenteeism and explore strategies for improving student health can serve as a key strategy for bringing additional resources and support to schoolwide efforts to address chronic absenteeism.

**Local hospitals and health providers:** Local hospitals and health providers can also provide training and support to school districts as they work to understand student health issues. This can include sharing community health needs assessments and working with school staff to understand their implications for their student body and supporting the delivery of programming to meet the needs identified. Local health providers can also play an important role in asking parents and students about attendance and emphasizing the importance of attending school every day.

**Community organizations:** Community organizations, including local chapters of United Way, children's advocacy organizations and social justice organizations, can offer additional resources and support for efforts to address chronic absenteeism. These organizations can assist with program implementation and providing targeted support to high need populations.

**State education agencies:** Under the new federal education law, the Every Student Succeeds Act (ESSA), states are required to include chronic absenteeism in their state report cards which are submitted to the U.S. Department of Education. As this new law is implemented (states will be required to comply with the new law at the start of the 2017-2018 school year), it can be expected that states will have guidance and resources to support school districts in addressing chronic absenteeism and reducing chronic absenteeism across their state. In addition, a number of states, including California, Utah and Illinois, have existing statewide initiatives to address chronic absenteeism. Contact your state education agency to learn more about what is taking place around chronic absenteeism in your state and what resources are available. Additional information regarding state level efforts to address chronic absenteeism is available on the [Attendance Works website](http://AttendanceWorks.org).

**Attendance Works:** Attendance Works is a national and state initiative that promotes awareness of the important role school attendance plays in achieving academic success, starting with school entry. Their goal is to ensure that every district in the country not only tracks chronic absence data beginning in kindergarten or earlier, but also partners with families and community agencies to intervene when attendance is a problem for children or particular schools. Attendance Works has published a number of tools to support states and school districts in building the capacity to track chronic absence data and develop effective interventions. These tools and technical assistance resources are [available online](#).

**U.S. Department of Education:** In October 2015, the U.S. Department of Education launched the Every Student, Every Day initiative to support coordinated community action that addresses the underlying causes of local chronic absenteeism, including student health issues. As a part of this launch, the U.S. Department of Education released its [Community Toolkit to Address and Eliminate Chronic Absenteeism](#). More information about the Every Student, Every Day initiative can be found [here](#).

**Regional offices of the USEPA and USDA:** Regional offices of both the USEPA and USDA can offer extensive resources to school districts on supporting student health and wellness. For example, your regional EPA office can connect you with information regarding how to improve indoor air quality (a key contributor to asthma) and key local partners. In addition, the USDA can connect you with resources regarding meal programs for low-income families, including the school meal program, to address food insecurity which is another health-related cause of chronic absenteeism.

### Ensuring Sustainability

Ensuring the sustainability of efforts to address chronic absenteeism is key to their success. Key strategies for supporting sustainability include:

**Cross-sector collaboration:** The health sector can play an important role in implementing effective interventions and helping school districts meet student health needs and in turn supporting academic achievement. In addition, the health sector stands to benefit from working with schools to support student health and wellness given that research shows delivering health services and programming in schools

### Supportive Policy

*The conditions that support student health and good attendance do not appear by accident or luck; they develop in the context of policy decisions made at the federal, state and district levels.*

*The consequences of these policy decisions are not always intentional. In the past decade, for example, a combination of policies prioritizing time spent on academic subjects led schools across the country to eliminate time for recess, with adverse outcomes for students' health and school connectedness.*

*When policies are being debated and developed, leaders in the education and health sectors can play a powerful role in ensuring that policymakers understand the potential impact of their decisions on student health and learning. Policy is most meaningful when it is informed*

*by on-the-ground knowledge, and education leaders are well-positioned to share this valuable insight with policymakers.*

*Healthy Schools Campaign advocates for policy that supports health and education at the national, state and local levels. In partnership with Trust for America's Health, HSC also co-convenes the [National Collaborative on Education and Health](#), which is working to transform the conditions of health in schools across the country and has a key focus on chronic absenteeism.*

*We invite you to stay informed and lend your voice to the policy dialogue that shapes the conditions for health in our schools. To learn more and sign up to receive updates, visit [healthyschoolscampaign.org/subscribe](https://healthyschoolscampaign.org/subscribe).*

is a proven strategy for improving quality of and access to care in addition to reducing health care expenditures. School districts can also partner with additional local sectors including housing, transportation, environment and justice to support this work. Reaching out to local agencies and partners can help ensure cross-sector support for this work and leverage additional resources.

**Multi-sector data and accountability systems:** An additional strategy for ensuring the sustainability of this work is to support the inclusion of chronic absenteeism data in other sectors' data systems and accountability systems. For example, working with local hospitals to include chronic absenteeism rates in community health needs assessments can play a key role in ensuring hospitals remain committed to this issue and think strategically about how to implement efforts to address this problem. In addition, including rates of chronic absenteeism in public health data sets can increase awareness about the issue and its connection to children's health and build broader support for school district efforts.

**Multiple funding sources:** School districts and partners can consider how to effectively braid and blend funding to support this work. Braiding diverse streams of funding, including public and private grant programs, can help ensure these efforts are not dependent on a single source of funding, while engaging multiple partners.

**Increased access to resources through Medicaid:** A series of recent regulatory changes has created new opportunities for accessing Medicaid resources for

school health services, including both physical and mental health services. In the first of these changes, the Centers for Medicare and Medicaid Services (CMS) changed its regulation to allow Medicaid reimbursement of services recommended by a physician and implemented by providers such as community health workers. In states that choose to implement this new flexibility, Medicaid programs will be able to cover numerous interventions in school settings carried out by non-clinical school personnel including health care aides, asthma educators and other community health workers. Second, CMS removed a barrier known as the free care policy and clarified that health providers can bill Medicaid for services delivered to the general student population in schools. In states that choose to implement this change, Medicaid reimbursement will be available for health services delivered by Medicaid-eligible providers in schools, such as asthma management, immunizations, screenings and acute care. By increasing resources for health care in schools, these changes can increase access to school health services for all students. To learn more about these changes, see [Healthy Schools Campaign's school health services policy guide](#).

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## Stay connected!

We invite you to learn more, access resources and lend your voice to the dialogue about healthy schools.

For questions or to discuss this issue, please contact Alex Mays, National Program Director, at [alex@healthyschoolscampaign.org](mailto:alex@healthyschoolscampaign.org).

Learn more and sign up for updates from HSC at [healthyschoolscampaign.org](http://healthyschoolscampaign.org).

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