

Leveraging Chronic Absence Data to Inform Decision Making by the Healthcare and Public Health Sectors

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HEALTHY SCHOOLS
CAMPAIGN

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Understanding Health-Related 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—most commonly defined as missing 10 percent or more of school days for any reason, including excused absences, unexcused absences and suspensions—detracts from learning and is a proven early warning sign of academic risk and school dropout. There are many causes of chronic absence, but one stands out: health.

Students with chronic health conditions, such as asthma, diabetes or depression, often miss class because of the symptoms of their illness or because they are receiving medical treatment during the school day. Students can also be chronically absent because of acute health issues such as fever, flu or dental pain. All of these are compounded when students don't have access to appropriate physical, mental, behavioral, dental and vision health services. Many of the communities with the highest rates of chronic absence are economically and racially segregated.

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. For example, research shows that children who are chronically absent in both kindergarten and first grade are much less likely to be reading at grade level by the third grade; and students who are not reading at grade level by the third grade, in turn, are four times more likely to drop out of high school.

The connection between health and education runs both ways. Educational achievement is not only a predictor of adult success, it also a key social determinant of adult health outcomes. Students who do not graduate have greater health risks as adults than their higher-achieving peers, creating an unfortunate and unnecessary cycle of poverty and poor health outcomes. Thus, healthcare providers have both a short and long-term interest in addressing the health-related causes of chronic absence.

This brief will explore how healthcare and public health stakeholders can work, independently and in partnership with schools and school districts, to identify and address the health-related causes of chronic absenteeism.

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Executive Summary

Current trends in policy and practice have created important opportunities to bring the health and education sectors together. Chronic absenteeism data can be a powerful tool for healthcare and public health decision making, and leveraging the power of that data allows healthcare and public health stakeholders to play an important role in ensuring that students are in school, healthy and ready to learn.

Chronic absence has many causes. Common health-related causes include:

- Asthma
- Diabetes
- Influenza
- Mental health, anxiety, and trauma
- Obesity issues
- Oral health
- Seizure disorders
- Vision problems
- Family health issues

Strategic Recommendations

Support a culture of attendance through positive engagement, caring relationships and effective messaging on health and attendance. Ask about absences at well-child visits, praise good attendance and provide clear guides for when a sick child should stay home.

Build capacity of school districts, schools and parents to address health-related causes of chronic absence. Support families of children with chronic health issues through the action plan process at their school. Update state Medicaid policies and billing guides to expand what health services can be reimbursed by Medicaid.

Promote access to actionable data, and data collaboration between the healthcare, public health and education sectors. Integrate chronic absence data into local public health systems and overlay it with chronic disease data to better understand potential root causes of chronic absence.

Support shared accountability across healthcare, public health and education, and between state and local stakeholders. Incorporate chronic absence and other education-oriented social determinants of health as priorities in state Medicaid Managed Care contracts. Incorporate chronic absenteeism into Community Health Needs Assessments and public health assessment and improvement planning.

Catalyze strategic partnerships between key players, and build meaningful partnerships. Look at the available data, determine the leading health issues and bring together partners to address the identified needs.

Challenges

- Data limitations, for example, attendance data often doesn't include the reasons for absences
- Data sharing barriers, such as issues with FERPA and HIPAA and systems interoperability issues.
- Professional capacity barriers, including "metric fatigue" and "metric mismatch."
- Partnership barriers, such as navigating bureaucracies and lingo across sectors.

This page is available as a [standalone document](#).

Why Now?

The current moment provides several important opportunities for bringing the health and education sectors together to address health-related chronic absenteeism.

Opportunities in the health sector

In the health sector, new priorities increasingly honor prevention, population health, care coordination and chronic disease management. Healthcare and public health systems are expanding the way they understand the social determinants of health, and realizing that health isn't only an issue for the doctor's office. In fact, healthcare providers have found that school health services can be a key way for them to engage with otherwise hard-to-reach populations. School health services can also help them meet many of the metrics they are being held accountable for under the Affordable Care Act. For instance, school health services can reduce children's emergency room usage, facilitate enrollment in Medicaid and the Children's Health Insurance Program, increase immunization rates and lead to an overall healthier youth population.

Capitalizing on this understanding, American Academy of Pediatrics (AAP) recently released a policy statement highlighting the role pediatricians can play in addressing chronic absence—everything from asking parents about attendance at every visit to helping families navigate the process to put a school action plan in place for children with chronic health issues, such as asthma, allergies, and seizures. The statement also encourages pediatricians to advocate for common sense policies, such as funding for school nurses and school counselors, and for school-based medical, oral, and behavioral health services.

Opportunities in the education sector

In December 2015, the bipartisan Every Student Succeeds Act (ESSA), a major overhaul of federal education legislation, was signed into law. ESSA provides opportunities and incentives for states to prioritize student health and wellness and to address health disparities in order to provide a well-rounded and equitable education program.

Most notably, each state was required to create an accountability system for its state ESSA plan that includes at least one non-academic indicator. Ultimately, 36 states chose to include chronic absenteeism in their accountability systems, seven included measures related to physical education and/or fitness and six included school climate measures. In addition, under the law, all states are required to report chronic absenteeism data on school report cards each year.

Persistently low-performing schools are required by ESSA to go through a needs assessment process to guide their school improvement planning process. Needs assessment provides an excellent opportunity to understand and address health and wellness issues that impact student learning. ESSA also has a variety of funding opportunities for schools to support student health, including Title I funding for school nurses, grants that can be used to support mental health services, professional development funds that can support training on trauma-informed practices and more.



Strategic Recommendations

The following recommendations are practical ways that healthcare and public health stakeholders can leverage the power of chronic absenteeism data and play an important role in ensuring that students are in school, healthy and ready to learn. These recommendations were informed by a series of in-depth interviews conducted by Healthy Schools Campaign in 2017 and 2018, and are structured around the framework for systemic change to improve attendance created by [Attendance Works](#), a national nonprofit focused on finding solutions to chronic absence.

RECOMMENDATIONS

Support a culture of attendance through positive engagement

Research shows that caring relationships and effective messaging can strongly impact school attendance. The American Academy of Pediatrics, in a recent [policy statement](#), provides a number of key recommendations for healthcare providers seeking to positively engage with families around chronic absenteeism, including:

- Routinely ask at preventive care visits and sick visits about absences, and consider adding school and attendance information to well-child visit checklists and records.
- Praise patients and caregivers when patients are regularly attending school, and discuss the effects of school absences on school performance and future wellness.
- Provide firm guidance on when a child should stay home if sick and how to avoid absences from minor illness or anxiety.
- Promote school attendance by using handouts, posters, or videos, working with community partners, and communicating via practice website or social media.

In order to build these relationships, healthcare systems should also work to ensure 100% of school-age children are receiving well-child visits, and address barriers that could prevent families and students from accessing well-child visits. Healthcare providers could consider sharing aggregated data with schools on percentage of students in their zip code receiving well-child visits, or partner with schools to require well-child visits as a condition of school enrollment.

Effective Guidance for Parents

The Alameda County Public Health Department in California, along with health and education partners, has created a [health flyer](#) on when a child is too sick to go to school.

RECOMMENDATIONS

Build capacity to address health-related causes of chronic absenteeism

Healthcare providers can support parents in addressing health-related barriers to attendance in a variety of ways. In particular, the AAP suggests that providers can support families of children with chronic health issues, such as asthma, allergies or seizures, through the process to complete and/or update an action plan, individualized education program (IEP) or 504 plan to ensure children are getting the appropriate supports in school.

Information gathered from well-child visits can not only be used to plan care for individual children, but can also help identify schools or communities that may need extra resources, supports and services. In addition, information gathered from these visits can inform the creation of resources for pediatricians and family doctors to use with chronically absent patients, including appropriate referrals to community and other resources.

At the state level, state Medicaid agencies can ensure school districts are able to bill Medicaid for all Medicaid-eligible services delivered to Medicaid enrolled students, not just health services included in a student's Individualized Education Program (IEP). The Centers for Medicare and Medicaid Services (CMS) issued a [letter in 2014](#) clarifying that Medicaid can be used in this way, creating an important new funding stream for school-based health services, but since this is relatively new opportunity, states are just beginning to [implement this change](#). State Medicaid agencies can also work closely with state departments of public health and state education agencies to assess the leading health issues impacting students in the state and ensure the health services needed to address those issues are Medicaid reimbursable.

Expanding School Medicaid Programs

Louisiana amended its state Medicaid plan to allow school nurses to bill Medicaid for non-IEP services. Since implementing the change three years ago, their school-based Medicaid revenue has tripled and there has been a 15% statewide increase in school nurses. Research demonstrates a clear link between the presence of a school nurse and improvements in attendance.

RECOMMENDATIONS

Promote access to actionable data

Under the Every Student Succeeds Act (ESSA), the nation's education law, states are required to report school-level chronic absenteeism data on the school report cards they release each year. This requirement has raised awareness of chronic absenteeism, and made school-level data much easier to access. To find out more about chronic absenteeism data in your area, you can utilize this [data tool](#) created by the Hamilton Project, and learn more about how data can spur state and local action from [Attendance Works](#).

Healthcare and public health partners can ensure chronic absence data from schools is leveraged to inform decision making. For example, local public health agencies can integrate chronic absence data into their systems in way that allows for hot spotting for high levels of chronic absence. That data can then be overlaid with chronic disease data to better understand potential root causes of chronic absence. Healthcare and public health partners should also provide their data interpretations to education partners to help inform decision-making at the school level about needed programs and interventions. In addition, healthcare and public health partners can create multi-disciplinary committees at the local, state, and federal level to select data sources and share data to identify overlying gaps and outcomes.

Chronic absenteeism is an excellent common measure that is relevant across the healthcare, public health and education sectors. Nevertheless, issues around data sharing are often a major barrier to effective collaboration between these groups. One important consideration is what "level" of data is truly needed: often, personally identifiable information is not necessary, and clarifying this can ease fears about privacy. Some issues around data sharing may need to be resolved through state or district-level advocacy. For instance, a state-level student information system can be a key tool for ensuring that data is accessible and easily shared. Healthcare and public health partners can also play a key role in facilitating data sharing through supporting the development of consent forms that enable HIPAA/FERPA compliance while ensuring data availability.

Sharing Data Across Sectors

DC Public Schools established a pilot project to link their information system with the DC Health Information Exchange, a system by which providers have access to health data collected from hospitals, laboratories, and other entities. This pilot creates a matching process between patient and student records, and then the system pushes bi-weekly attendance reports to primary care doctors. Before launching, the DC school system elicited broad family and stakeholder feedback about topics such as data sharing, confidentiality, and privacy. After input was gathered, a one-page letter and FERPA-compliant consent form was included in the schools' enrollment packages and 75 percent of families consented to the data sharing between the systems.

RECOMMENDATIONS

Support shared accountability

Healthcare and public health stakeholders can be key advocates for policies and practices that promote school attendance, including voicing support for access to health insurance, and adequate funding for school support staff such as nurses and counselors and for school-based physical and behavioral health services. Healthcare providers can also advocate for appropriate school policies on when children should be excluded from school. At a state level, advocacy efforts could center around incorporating chronic absenteeism and other education-oriented social determinants of health as priorities in state Medicaid Managed Care contracts and guidelines, in order to incentivize and/or require activities to address them. [Several states are already doing this.](#)

Another key strategy for building internal system accountability is to incorporate chronic absenteeism data into Community Health Needs Assessments and public health assessment and improvement planning. If school or district-level data are not publicly available, healthcare and public health may need to ask education partners to bring chronic absenteeism data (among other sources) during the public engagement phase, and look for ways to partner with schools on solutions to overcome barriers to reliable, disaggregated and available data. It is important to bring in educators and school stakeholders to inform the process, such as by having an education representative sit on assessment committees to help represent the perspective of the education sector.

Including Chronic Absence in CHNAs

Beginning in 2019, Trinity Health will require all of their hospitals' community health needs assessments to include chronic absence as a required indicator. Trinity Health serves communities across the country with 94 hospitals and hundreds of primary, specialty and continuing care centers in 22 states.

RECOMMENDATIONS

Catalyze strategic partnerships between key players

Successfully bringing together health and education to address the health-related causes of chronic absenteeism requires carefully planned and facilitated strategic partnerships. In many cases public health agencies and departments are key conveners of these relationships. Public health can play a key role in looking at the available data, determining the leading health issues and bringing together partners to address the identified needs.

Public health can also use data from schools to provide case management and ensure that students that receive referrals via school-based programs receive follow-up care.

Partnerships to Expand Care

In 2000, Chicago Department of Public Health initiated the School-Based Oral Health Program within Chicago Public Schools (CPS). The program has grown over the years from one to 18 providers and is now the largest School-Based Oral Health Program in the nation reaching upwards of 120,000 students annually. As a result of the program, every CPS student has the opportunity to receive oral health services, including dental exams/ screenings, cleanings, fluoride treatment and dental sealants, in the school setting at no cost.

Challenges

Some of the most common challenges faced by healthcare and public health stakeholders seeking to impact health-related chronic absenteeism are explored below.

Data limitations

Chronic absence data can be a rich source of information, but it has many limitations. For instance, most schools and districts do not capture reasons for absence as part of their general attendance data collection, making health-related absences difficult to tease out from other absences. In addition, states and school districts may define chronic absence differently, can report it in different ways and may not be collecting or reporting the data in real time.

Data sharing barriers

Student and patient information is sensitive and statutorily protected by the Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA), respectively. Navigating the legal requirements and restrictions to establish data-sharing arrangements is challenging, and, understandably, those responsible for protecting these data are often reticent to engage in programs that could undermine regulations. Trainings on the restrictions and allowances of HIPAA and FERPA can be a key tool to overcome this barrier. It can also be helpful to frame data sharing not around maximizing data flow, but rather around minimizing it: determining with great care what type of information sharing is essential to improving health and academic outcomes. In many cases, aggregate data, which does not trigger the same level of concern, will suffice.

On a practical level, systems interoperability between the health and education sectors can be a major barrier. Frequently, Student Information Systems (SIS) and health information management software are simply not designed to be compatible. In addition to technical barriers, some SISs simply do not contain the kind of data that health systems might be interested in. For instance, as discussed above, while nearly all schools record student attendance, they do not regularly document the reason for absences.

Professional capacity barriers

Health and education occupations are demanding; professionals in both sectors feel chronically over-extended and are asked to track an ever-growing amount of information. This fatigue can be a barrier to introducing new attendance questions into well-child visit checklists, or adding a chronic absenteeism measure in the CHNA process, for example. Exacerbating this, schools and school employees are not typically evaluated or funded based on student health metrics; likewise, health systems are not evaluated based on their patients' academic outcomes. This "mismatch" lowers the priority of cross-cutting programs.

Partnership barriers

Navigating organization charts and opening lines of communication through bureaucratic requirements can be a time-consuming hurdle. The time and energy required to establish, let alone maintain, these partnership can be overwhelming. Some of the most pressing concerns include landing on common direction, metrics, and implementation steps; navigating the points of contact in different bureaucracies; and garnering buy-in at multiple levels (e.g. ensuring district leaders and school principals are on the same page). Greater alignment and whole-system awareness of initiatives within these institutions could create opportunities to share learnings and better leverage resources and relationships.

Conclusion

Current trends in healthcare, public health and education policy and practice have created several important opportunities for bringing the health and education sectors together. By leveraging the power of chronic absenteeism data, healthcare and public health stakeholders can help identify and address the health-related causes of chronic absenteeism, and play an important role in ensuring that students are in school, healthy and ready to learn.

Resources

[The Link Between School Attendance and Good Health](#)

American Academy of Pediatrics

[Addressing Chronic Absenteeism through ESSA Implementation](#)

Alliance for a Healthier Generation and Healthy Schools Campaign

[Education Data for Health Systems Challenges and Opportunities](#)

Healthy Schools Campaign

[Addressing the Health-Related Causes of Chronic Absenteeism](#)

Healthy Schools Campaign

[Who's In: Chronic Absenteeism Under ESSA](#)

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This report was prepared by Healthy Schools Campaign, which is solely responsible for the views expressed.

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Healthy Schools Campaign

Healthy Schools Campaign (HSC) engages stakeholders and advocates for policy changes at the local, state and national level to ensure that all students have access to healthy school environments, including nutritious food, physical activity and essential health services, so they can learn and thrive.

To get involved go to healthyschoolscampaign.org.

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