HEALTHY SCHOOLS
CAMPAIGN

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 build the foundation for healthy, successful lives.

This document focuses on providing educators, particularly school district decision-makers, with knowledge and practical guidance for creating meaningful change to address health-related chronic absenteeism.

Students who aren't in school—no matter the reason—can't learn. Addressing chronic absenteeism in a successful and holistic way will require a multi-faceted approach that includes effective policy, programs and partnerships. Find out what you can do to make a difference.

TO ACCESSS THE TOOLKIT ONLINE, PLEASE VISIT.

healthyschoolscampaign.org/chronic-absenteeism

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Section 1

Understanding Chronic Absenteeism + Student Health

WHAT IS CHRONIC ABSENTEEISM

Chronic absenteeism is most often defined as missing 10 percent or more of the school year for any reason. Missing 10 percent of the school year is an average of two days per month or one month per year.

Chronic absenteeism detracts from learning and is a proven early warning sign of academic risk and school dropout. Chronic absenteeism isn't just a matter of truancy or skipping school; chronically absent students are at risk no matter what the reason for their absence. 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. **When students miss school, they miss opportunities to learn.**

Nationwide, a staggering number of children are chronically absent, often at a very young age and often without attracting attention or intervention.

A snapshot of chronic absenteeism shows **5 million to 8 million students** across the U.S. miss nearly **a month of school** each year.[1]

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:

CATEGORY	OVERVIEW
Barriers	Students cannot attend school because of barriers such as unmanaged chronic health conditions (for example, asthma), homelessness or a lack of transportation.
Aversions	Students will not attend school due to feelings of aversion that may be related to anxiety, depression, bullying, a negative school climate, overly punitive discipline policies or lack of engaging instruction.
Myths	Students do not attend school because families are unaware of how absences, even excused, can significantly impact learning, especially in the early years. Student may also miss school due to misunderstandings or fear surrounding health-related issues such as lice.

While the causes of chronic absenteeism are multifold, one stands out as especially significant: **student health**. Both chronic and acute health conditions can prevent students from attending school. These include:

- Asthma
- Oral health
- Mental health and substance misuse
- Violence and trauma
- Acute illness such as flu
- Food insecurity
- Unplanned pregnancy
- Vision issues
- Seizure disorders
- Parental health issues

WHO IS MOST AFFECTED BY HEALTH-RELATED CHRONIC ABSENTEEISM?

While chronic absenteeism can affect students of any background, its most devastating impact is felt by students who already 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. **In this context, addressing health-related chronic absenteeism is a key factor in closing the achievement gap and supporting learning for all students.**

STUDENTS MOST DISPROPORTIONATELY IMPACTED	STATISTICS[2]

Children with lower income families	• 23 percent of 4th graders from lower income homes missed three or more days in a given month, compared to 17 percent of their peers[3,4]
	• In 8th grade, the gap was 8 points with significantly higher rates in some states[3,4]
	• Students in neighborhoods of concentrated poverty are:
	  • Less likely to attend a school with a nurse or health clinic[5]
	  • More likely to face safety concerns at school or on the way to school[6]
	  • Less likely to have recess and high-quality physical education[7]

Children of color	• The highest absenteeism rates nationwide were among American Indian/ Alaskan Native students in both 4th and 8th grade[3]
	• Black and Hispanic students typically have higher levels of absenteeism than white students, with wide gaps in some states[3]
	• Children of color:
	  • Face higher rates of health disparities
	  • Are more likely to suffer from asthma[8] and poor oral health[9]
	  • Are more likely to go to the emergency room to address illness[10]

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[3]

WHY FOCUS ON CHRONIC ABSENTEEISM?

Chronic absenteeism has a direct impact on a student's academic success. Frequent absences can be devastating for a child's school success. Consider, for example:

Students who are chronically absent in both kindergarten and first grade are much less likely to be reading at grade level by third grade. [i]

4X

Students who are not reading at grade level by third grade are four times more likely to drop out of high school. [ii]

7X

Students who are chronically absent for any year between eighth and twelfth grade are over seven times more likely to drop out. [iii]

If health problems compromise students' attendance, motivation and ability to learn, the overall benefits of key educational efforts such as teacher preparation, financing, and curriculum are jeopardized.[5]

The impact of chronic absenteeism can reverberate through a student's lifetime. Educational achievement is not only a predictor of adult success, it also strongly predicts 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. The less education adults have, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions.

One of the most effective strategies for providing pathways out of poverty is to support strong attendance and address the causes of absenteeism.[15]

WHY NOW?

The bipartisan federal Every Student Succeeds Act (ESSA), the national education law which replaced No Child Left Behind (NCLB), includes provisions directly aimed at improving equity, physical health, mental health, and safety in our nation's schools. The implementation of this law by states and school districts provides an important opportunity to more fully integrate student health and wellness into education policy and practice, and specifically provides opportunities to use an understanding of chronic absence to do this:

- States release **school report cards** annually. These report cards hold schools accountable to the public by providing families and the community with important information about each public school. ESSA requires that chronic absence rates will now be included on all report cards.
- Chronic absenteeism has also been selected as an indicator for **school quality and student success** in many states, adding chronic absenteeism to state accountability systems across the nation. See your state here.
- For the first time, ESSA provides **funding provisions** to utilize federal title dollars, specifically Title I, Title II and Title IV - Part A, to deliver school-wide, evidence-based health efforts, such as hiring a school nurse, health-related professional development, nutrition programs, school-wide positive behavior and social-emotional support strategies, bullying prevention programs and physical education programs. See additional detail here.

The heightened attention to chronic absence in ESSA can be a powerful lever to spur new action and fund innovative programs and partnerships.

Section 2

Take Action

Despite many challenges, health-related chronic absenteeism is not an inevitable fact of the education system. School districts and schools can use a variety of interrelated strategies to make a difference.

USING DATA TO UNCOVER STUDENT HEALTH NEEDS

Students are absent for many different reasons, and no two communities are alike. Historically, school districts have not systematically collected 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.

Since ESSA has added accountability to focusing on chronic absenteeism, state education departments and school districts are working to create and/or enhance processes and tools to gather, share and utilize absence data.

One key step that can help uncover the root causes of chronic absences is to use a percentage rather than number of days to talk about absence rates. This promotes earlier identification of students at risk for chronic absence, because it 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.

Schools and districts may also have a hidden chronic absenteeism problem despite high 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. Digging into the attendance data will help to determine if some students are experiencing chronic absenteeism.

TIP! Student information systems (SIS) can be expanded and utilized to house and track chronic absenteeism data alongside early warning system data and other attendance data. Reports can easily be pulled to share with leadership and identify specific students in need of support and ensure families are connected to appropriate health-related services.

WHAT ARE THE KEY DATA SOURCES?

PUBLICLY AVAILABLE DATA. Key sources of public data, especially at the community-level, can shed light on the issues affecting students and their health. These sources of data include:

SOURCE	INFORMATION
Public Health Data Systems	City and county departments of public health track and share data related to social, economic and environmental factors in the community and can serve as an important tool in identifying the primary health conditions among children and youth, such as: • Rates of access to clinical care in different settings • Unemployment rates • Rates of violent crime • Air pollution levels • Housing trends • Rates of food insecurity • Availability of alternative modes of transportation Factors identified in any of these areas may lead to additional relevant data points.
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.
County Health Rankings & Roadmaps	This tool measures the health of nearly all counties in the nation and ranks each county within its state 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. Visit www.countyhealthrankings.org to access local data.
Youth Risk Behavior Survey	The CDC's Youth Risk Behavior Survey is administered every other year and collects information from secondary students on health behaviors. Depending on location, the survey data may be available at a regional, county or district level.
School-Level Data	Compiling and examining data at the school level can provide valuable information regarding the health of students and can be used to inform the delivery of school health services and programming. Schools and districts should consider collecting and utilizing health-related data for internal purposes including: • School health policies and practices (e.g. number of school nurses, access to healthy meals, etc.) • Suicide and threat assessments • School and home support plans • Referrals to school and community-based counseling services • School health information cards, including key information on student health conditions, immunizations and medications

CREATING AWARENESS

Once schools and districts have 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 and how resources are allocated to address chronic absenteeism. In addition to understanding the student health needs in the community, 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. **Schools should set common messaging that attendance matters for student success, accountability, and the bottom line.**

EFFECTIVE PARTNERSHIPS FOR MAXIMUM IMPACT

Quality healthcare and health-related resources may not be accessible to all students, and 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.

Schools do not need to take on this great challenge alone. Healthcare and public health sectors are uniquely positioned to play a key role in addressing chronic absenteeism. Offering school-based health services or partnering with local community health organizations can be key for students to receive the wrap-around care they need, including speciality interventions and important prevention services such as screenings.[16]

COLLABORATE WITH COMMUNITY PARTNERS

Educational achievement is not only a predictor of adult success; it also strongly predicts adult health outcomes. Lower levels of educational attainment are associated with health-related issues, such as tobacco use, unhealthy weight, diabetes and even premature death related to certain chronic conditions17. This connection to long-term health outcomes highlights a clear incentive for the health and public health sectors to support efforts to address the health-related causes of chronic absenteeism.

Healthcare, public health and behavioral health sectors can play an important role in:

- Communicating the importance of attendance
- Creating data sharing protocols that increase access to chronic absenteeism data while maintaining student/child privacy and confidentiality
- Utilizing chronic absenteeism data in decision making
- Flagging health factors that are preventing children from attending school
- Bolstering the resources schools have to meet the health needs of their students

CASE STUDY: CROSS-SECTOR COLLABORATION AND DATA SHARING

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.

POTENTIAL PARTNER	POTENTIAL OFFERINGS
School-based health centers and community clinics	**Services** • Provide on-site physical, mental and oral health screening and treatment **Data** • Provide aggregate data based on services given to highlight the leading health issues impacting students • Provide data on the return to class rate
Public health agencies	**Services** • Provide assessments and programs in school buildings around indoor air and water quality and other environmental factors • Provide immunization and vaccine clinics and information • Provide access to community nutrition resources and other assistance programs • Connect to community efforts to promote physical and mental health **Data** • Provide data regarding the health of residents broken down by age group, race, gender and zip code **Funding** • Provide or connect to grants on many school-health related programs such as suicide prevention, substance misuse prevention, school-based health centers, etc. **Staffing** • May provide qualified nurses or behavioral health support on school grounds, through local agreements
Local hospitals and health providers	**Services** • Provide comprehensive well-child exams that screen for attendance issues, behavioral health concerns, etc. • Discuss the importance of good attendance, especially in early grades, with families during office visits • Support health education in classrooms and support parent and staff wellness **Data** • Share community health needs assessment (CHNA) results and invite school leadership to participate on CHNA committees • Share aggregated data on health conditions by zip code and age • Promote data collection and exchange while protecting students' privacy and confidentiality through the use of consent forms and referral processes

POTENTIAL PARTNER (CONT.)	POTENTIAL OFFERINGS (CONT.)
Local hospitals and health providers	**Funding** • Provide or connect to grants on many school-health related programs such as suicide prevention, substance misuse prevention, school-based health centers, etc. **Staffing** • May provide qualified medical providers on school grounds, based on local agreements **Technical Assistance** • Provide training and support to school districts to understand health data and support the delivery of programming to meet the needs identified
Community behavioral and mental health providers	**Services** • Accept referrals for students to receive more intensive interventions such as group and individual interventions • Delivery of programs and educational services such as parenting and wellness classes, mental health first aid, etc. **Data** • Referral and data systems can be created to ensure two-way communication, along with detailed agreements to outline the roles of each entity **Staffing** • May provide licensed behavioral and mental health professionals on school grounds or as school employees, based on local agreements **Technical Assistance** • Provide training and support to school staff on trauma-informed practices, impacts of trauma/violence, recognizing early warning signs of mental health needs, signs of suicide, etc. • Provide resources (such as evidence-based programs or curricula) in the school-building

Other partners may include:

- Community organizations dedicated to supporting children's health, including those that address clothing, transportation, food and housing assistance
- Accountable Care Organizations, Managed Care Organizations and health plans responsible for providing coverage to students in the community
- State or local advocacy organizations
- State school safety resource centers
- State victim's assistance organizations
- And many more!

4 STEPS TO PARTNER WITH HEALTHCARE OR PUBLIC HEALTH PARTNERS

1 Identify the first point of contact:

a. Healthcare: Community benefit director of the local non-profit hospital

b. Public Health: Epidemiologist, health promotion coordinator, public health nurse or community health worker

c. Community-Based Mental Health Center: Head director, outreach coordinator or education services coordinator

2 Provide information on why chronic absenteeism matters to healthcare and public health:

a. Attendance Works has a Why Attendance Matters Guide for Health Providers

b. Healthy Schools Campaign has a resource on Leveraging Chronic Absence Data to Inform Decision Making by the Healthcare and Public Health Sectors

3 Ask the following questions:

a. Can you share data that provides detail about the health conditions and/or barriers that exist for our community (i.e., health statistics on chronic illness, immunization, well-child visits)?

b. What partnership opportunities and/or resources are available for school districts/schools within your service region?

c. Are you willing to partner and lend your expertise to take a community-wide approach to reducing chronic absence and improving students' outcomes?

4 Provide the following as part of the partnership:

a. Aggregated data on chronic absenteeism

b. Aggregated data on suicide and threat assessments

c. Participation on committees aimed at improving health outcomes in the community

d. Information on staffing available and staffing needs/goals

Increasing Access to School Health Services: New opportunities exist to leverage funding from the health sector to address the health-related causes of chronic absenteeism. For example, in 2014, the federal government clarified that school districts can receive Medicaid reimbursement for health services delivered to all Medicaid-enrolled students. States must decide if they want to make this opportunity available to school districts in their state. Many states are taking the steps necessary to leverage this opportunity to expand access to and funding for school health services. More information is available at bit.ly/freecareupdate.

Section 3

EVIDENCE-BASED SOLUTIONS THAT MAKE A DIFFERENCE

There are evidence-based, school-wide interventions to address many health conditions that cause chronic absenteeism. Evidence-based interventions are practices or programs that have research or evidence to show that they are effective at producing results and improving outcomes when implemented. As part of ESSA, districts are called upon to use evidence-based interventions, specifically if federal Title dollars are used to fund these efforts.

Below are evidence-based practices and guidance for taking action **to address some of the most common specific health needs** linked to chronic absenteeism.

- Asthma
- Oral Health
- Behavioral and Mental Health
- School Climate and Culture
- Acute Illness
- Food Insecurity and Related Conditions

ASTHMA	
Impact	Asthma is one of the most common chronic diseases among school-aged children and a leading cause of absenteeism. Asthma can be exacerbated by factors in the school environment, particularly issues such as mold or harsh cleaning chemicals that affect indoor air quality. **In fact, one in five U.S. schools reports unsatisfactory indoor air quality, a known trigger of asthma attacks.**[18] Yet it doesn't have to be this way: research has shown that **creating healthy indoor environments**[i] and providing **adequate levels of school nursing** have a positive impact on the attendance of students with asthma. In addition, implementing best practices aimed at asthma interventions can **reduce the annual rates of emergency room visits and hospitalizations.**
Data	• Nearly one in 10 children ages 5-19 are diagnosed with asthma.[8] • Asthma is a leading cause of school absenteeism, accounting for one-third of all days of missed instruction.[19] • Children with persistent asthma are more than three times as likely to have 10 or more absences than their peers.[19] • 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).[8] • Nearly 80 percent of teachers responding to a survey in Chicago and the District of Columbia reported that school facility conditions were an important factor in teaching quality. Almost half who graded their facilities "C" or below would consider leaving. The most frequently cited problem was bad indoor air quality.[20]
Evidence-based practices	1. Provide daily access to a school nurse or qualified health professional 2. Offer school-based asthma care management 3. Offer asthma control resources and education 4. Ensure school buildings are assessed for indoor air quality and regularly and properly cleaned
Ways to implement	• 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, adaptations for physical education teachers, 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 triggers and make decisions about their health.

ASTHMA (CONT.)	
Ways to implement	• U.S. EPA's Tools for Schools: U.S. Environmental Protection Agency (EPA) has the Tools for Schools program, a comprehensive resource to help schools maintain a healthy environment in school buildings by identifying, correcting and preventing indoor air quality problems. • Green Clean Schools: Healthy Schools Campaign's multi-faceted Green Clean Schools program provides resources to help schools clean better, smarter and safer.
Potential partners	Partners well-positioned to help address this issue include: • Local public health agencies may be able to offer qualified nursing staff and environmental (indoor air and water quality) assessments and programs • School-based health centers • Community health providers • Local EPA office • Local American Lung Association chapter • Housing advocates • Before- and after-school programs
Case study	**Dallas Successfully Addresses Asthma-Related Attendance Gap through School Nursing** Dallas Independent School District serves over 160,000 students, of which 89 percent come from low-income families. In addition to providing 90% of school campuses with full time school nurses, 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. This has successfully led to no difference in attendance between asthmatic and non-asthmatic students.

*Please note, all references for the evidence-based practices listed in each of the health-related factors above can be found in the Chronic Absenteeism + Health: ESSA Guidance Document with further explanation and descriptions based on the strength of the research.

ORAL HEALTH	
Impact	Poor oral health, including tooth decay and cavities, is arguably the most common chronic disease among school-aged children, causing millions of hours of lost instructional time. 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. Research shows that dental problems can result in loss of sleep, inability to pay attention in class and lower academic performance.[23] Schools can partner with public health and dental providers to increase access to dental services. Innovative models such as teledentistry show great promise in this area.
Data	• About 1 in 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.[21] • 1 in 7 (13%) adolescents aged 12 to 19 years have at least one untreated decayed tooth.[21] • Children aged 5 to 19 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%).[21] • Among younger children aged 2 to 8, tooth decay prevalence in primary teeth for Hispanic (46%) and black (44%) children is more than 1.4 times that of white children (31%).[22] • Children between 5 and 17 years old miss nearly two million school days in a single year nationwide due to dental health problems.[9]
Evidence-based practices	1. Partner with community-based oral health programs to provide school-based sealant programs, free clinics and mobile programs to increase access to treatment and ongoing comprehensive dental care 2. Implement classroom-based health promotion programs, such as including oral health practices and skills in health education standards that cover personal hygiene and healthy eating
Ways to implement	• Dental screening programs: These programs provide screening on school grounds 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 sealant programs: 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 programs: 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 programs: 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.

ORAL HEALTH (CONT.)	
Ways to implement	• Teledentistry: 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. • 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. • School-based oral health promotion: The American Dental Association provides programs and resources for promoting oral health and good oral health practices and skills during health education and/or during the school day.
Potential partners	Partners well-positioned to help address this issue include: • City or county health departments • School-based health centers • Dental universities • Local dental health providers • State dental and dental hygienists associations • WIC or Head Start programs • Well child clinics • Community centers • School nurse or counselor may serve as an outreach coordinator
Case study	Addressing Oral Health in Rural Communities A rural oral health program in a South Dakota school district utilizes pre-dentistry hygienists to perform screenings, fluoride varnish, dental sealants, oral health education to students, and if needed, refer patients to local dentists that have agreed to treat more complex cases. Dental hygiene students and their professors travel to rural school sites to deliver services to increase access to treatment and prevention of oral health issues.

BEHAVIOR AND MENTAL HEALTH	
Impact	Providing students with access to school-based behavioral health programs is a key strategy for improving student attendance; however, less than 50 percent of the nation's students have access to a full-time school nurse or school counselor[24], and less than 5 percent of the nation's students have access to health services through a school-based health center.[25] **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.**[5] Prevention approaches, including encouragement, relationship-based connections to school, can significantly reduce suicide risk as well as students dropping out before graduation. In addition, interventions for moderate to severe needs are effective in decreasing student dropout, suspension rates, truancy (some by 50% margins), and chronic absenteeism while increasing prosocial behavior, graduation rates, and school engagement.[31]
Data	• Thirteen to 20 percent of children experience a behavioral health need in a given year, such as depression and anxiety.[26] • 7.4% of high school students nationally reported attempting suicide one or more times over the past 12 months.[6] • Despite the prevalence of behavioral health concerns among children, only 20 percent of children in need of behavioral health care get the help they need.[32] • Minorities have less access to behavioral health services and are less likely to receive needed care.[27] • Violence and trauma can affect children's ability and willingness to attend school, and experiencing these is common. Twenty percent of children report witnessing violence in their family or in the neighborhood during the previous year[28], 16.6 percent of children experience physical abuse, 9.3 percent experience sexual abuse, and 7.1 percent experience emotional/psychological abuse.[29] • Students with diagnosed behavioral health issues miss three times as many school days as those without behavioral health challenges.[30]
Evidence-based practices	1. Offer universal school-based behavioral and mental health prevention approaches for all 2. Offer targeted behavioral and mental health interventions for those with moderate needs including: a. Employ school health professionals such as counselors, social workers and psychologists b. Integrate evidence-based group and/or individual interventions and progress monitoring into the school day 3. Offer intensive behavioral and mental health interventions for those with high needs including: a. Offer evidence-based approaches for individual and group counseling and therapy during the school day and on school grounds such as Cognitive Behavioral Therapy (CBT) b. Have a re-entry program for students transitioning from hospitalization or treatment c. Develop and execute a crisis response plan

BEHAVIOR AND MENTAL HEALTH (CONT.)	
Evidence-based practices	4. Provide professional development to all school staff on trauma and its impact on a child's learning, behavior, and relationships at school 5. Implement policies and procedures that ensure school and classroom environments are physically, socially, emotionally, and academically safe
Ways to implement	• 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. • Check and Connect: Check & Connect is an intervention used with K-12 students who show warning signs of disengagement with school and who are at risk of dropping out. At the core of Check & Connect is a trusting relationship between the student and a caring, trained mentor who both advocates for and challenges the student to keep education salient. • Multi-Tiered System of Supports (MTSS): A prevention-based framework of team-driven data-based problem solving for improving the outcomes of every student through family, school, and community partnering and a layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level. MTSS is a systemic approach designed to identify and coordinate evidence-based interventions. • Physical Education and Physical Activity: Higher physical fitness achievement is associated with better school attendance rates and fewer disciplinary incidents involving drugs, alcohol, violence or truancy.[33] • 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. • Crisis Response Plan: An outline of strategies to prevent, prepare for, respond to and heal in a time of crisis at the individual, school and/or community level. • Suicide Prevention Programs: Identify and implement suicide prevention programs and practices that address the relevant risk and protective factors. • 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.
Potential 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 recovery programs

BEHAVIOR AND MENTAL HEALTH (CONT.)	
Potential partners	▪ Local hospitals and healthcare providers ▪ School staff, including the school health team, school nurses, guidance counselors and behavioral health team members ▪ School-based health centers ▪ State-level school safety resource centers
Case study	**Increasing Collaboration for Behavioral Health** 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.

SCHOOL CLIMATE AND CULTURE	
Impact	Providing **social, emotional skill building, attending to school culture, and ensuring culturally responsivity** can drastically improve student's feelings of school belonging and academic self-efficacy. 80% of educators believe positive emotions are critical for academic success, and emotional well-being is crucial for developing foundational literacies and communication skills[36] More than two decades of research bears this out: • Academic achievement scores an **average of 11 percentage points higher** than students who did not participate in SEL programs[34] • **Improved behavior**[34] • Strong return on investment **(for every dollar invested, there was an economic return of $11)**[35]

Data	• 19 percent of high school students report being bullied on school property in the last year.[6]
	• Students who perceive school to be physically or emotionally unsafe often choose to avoid school altogether.[31]
	• Youths who are bullies or are victims of bullies are more likely to miss school.[31]
	• The best predictors of class attendance were:
	  • Whether the student trusted their teacher
	  • Perceived the teacher to care about them[37]

Evidence-based practices	1. Promote teachers, other school staff, and even staff from a school-based health center to serve as trusted adults to students through structured relationship-based approaches, such as mentorships, in all grade levels, to share resources, redefine stress demands, reinforce adaptive coping skills, and provide encouragement 2. Elevate student voice through student perception and climate surveys 3. Adopt an evidence-based, school-wide SEL program that ensures consistent and high-quality SEL opportunities for all students 4. Foster a supportive school climate including norms, routines and procedures 5. Implement policies and practices responsive and appealing to specific cultural needs 6. Ensure discipline policies that promote equitable outcomes and restorative justice
Ways to implement	• 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.

SCHOOL CLIMATE AND CULTURE (CONT.)	
Ways to implement	• Physical education and physical activity: School-based physical activity programs and team sports have also been shown to improve attendance by increasing school connectedness.[38] • 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. • Climate surveys: Measuring school climate is critical for improving school climate as data provide the perceptions of the students, staff, and parents, and the ability to monitor progress; make data-driven decisions; involve stakeholders; and adapt to shifting needs related to school climate.
Potential 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 recovery programs • School staff, including the school health team, school nurses, guidance counselors and behavioral health team members • School-based mental health centers
Case study	Oakland Unified School District's Pathway to Excellence • In 2009 Oakland Unified School District (OUSD) identified SEL as a priority for its five-year strategic plan. The district based this plan on three pillars: a high-quality instructional core, social and emotional health and well-being, and equitable opportunities for learning. OUSD's current five-year plan, "Pathway to Excellence"(2015-2020), continues to prioritize SEL as a key lever for shifting its organizational culture. This commitment to SEL is evident across the system—including the district's strategic plan, SEL Department, SEL board policy, SEL standards, classroom curricula, restorative justice, professional learning and performance frameworks for adults, students and schools. OUSD has seen suspensions decline significantly from 7.4% in 2011-12 to 3.9% in 2014-15 and graduation rates increase from 59.3% in 2011-2012 to 65.7% in 2015-16.

ACUTE ILLNESS	
Impact	Acute illnesses, such as influenza, strep throat or ear infections, have a direct and significant impact on attendance. Access to a **trained and qualified school nurse** and/or a **school-based health center** (in high need areas) can help students with acute conditions as well as increase the **return to class rate** (versus students leaving school due to medical illness or condition). [39] Also, the use of **daily disinfectants** reduced absenteeism caused by gastrointestinal illness in elementary school students, as Norovirus was found less often on classroom surfaces.[40]
Data	• Roughly 40 percent of school-aged children missed three or more days of school in the past year due to acute illness. • School absenteeism increases sharply during influenza outbreaks.
Evidence-based practices	1. Employ a trained, qualified school nurse or secure a school-based health center to provide timely services to students including preventive care (immunizations, vision and hearing screening), acute care (such as an illness or injury), and chronic disease management (asthma, diabetes, severe allergies) a. Offer vaccination and immunization information and resources from a nurse, physician or school-based health clinic to families b. Track immunizations and offer onsite, school-based flu vaccination programs through partnerships with local clinics or local public health agencies c. Utilize hand sanitizer and surface disinfectant and improve hand washing protocols
Ways to implement	• 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.
Potential partners	Partners well-positioned to help address this issue include: • Local departments of health and public health • 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

ACCUTE ILLNESS (CONT.)	
Case study	**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. 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. Enter E3 Alliance, a regional, data-driven education collaborative based in Austin, TX, working to strengthen education to drive economic prosperity in the region. 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. E3 Alliance determined that a major cause of absences —at 48 percent—was acute illness. And the flu emerged as the cause of more absences than all other immunizable diseases combined. With that data in hand, E3 Alliance partnered with local and public health partners to obtain and administer influenza vaccines.

FOOD INSECURITY AND RELATED CONDITIONS	
Impact	Providing students with healthy school meals, including breakfast and lunch, is a key strategy for improving student attendance. Students with low nutrient intake are more likely to be absent, experience behavioral trouble in school, and get poorer grades compared to their nutritionally adequate peers.[41] Research shows that universal breakfast programs are directly associated with reduced absenteeism for students, specifically minority students.[42]
Data	• 21% of children (<age18) live in households that have been food insecure at some point during the year.[43] • 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 foodsecure homes.[44] • 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.[43] • At the same time, 31.8% of children and adolescents are overweight or obese (which can also lead to other chronic health conditions such as diabetes).[45] • 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.[46]
Evidence-based practices	1. Provide healthy breakfast and lunch daily to students. 2. Increase access to physical activity and physical education class.
Ways to implement	• Universal school breakfast programs: Universal school breakfast refers to any program that offers breakfast at no charge to all students, regardless of income status. Research also shows that children who participate in programs that offer a breakfast free to all students have lower rates of absence and tardiness.[47] • Backpack programs: 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.

FOOD INSECURITY AND RELATED CONDITIONS (CONT.)	
Potential 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
Case study	**Universal Breakfast in the Classroom in Chicago Public Schools** In 2011, Chicago Public Schools (CPS), with over 360,000 PreK-12 grade students and 76% of students economically disadvantaged, instituted a universal breakfast in the classroom program to help ensure all students are well-fed and ready for the school day. Offering breakfast free to all students increased participation from 8 to 18% to 60 to 70% of students. CPS has seen the benefits including students that are focused, alert, and prepared to start the instructional day, as shown by improved test scores.

Conclusion

STUDENTS WHO ARE PHYSICALLY AND EMOTIONALLY WELL, PRESENT AND ENGAGED ARE BETTER LEARNERS.

Taking action to address health-related chronic absenteeism can have a powerful impact on students' academic success and is vital for lifelong health. By better understanding chronic absenteeism and how it relates to health, utilizing data to select and implement evidence-based strategies, and forging key partnerships, schools and districts will effectively meet the diverse health needs of all students to ensure they are in school and able to learn.

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