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

Section Three

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 focuses on preparing educators— particularly school district decision-makers—with knowledge and practical guidance for creating such meaningful change.

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

To access the full toolkit, please visit: healthyschoolscampaign.org/chronic-absenteeism

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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 yearand 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

This is section three 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*

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.

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.

Learn more and sign up for updates from HSC at healthyschoolscampaign.org.

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