

# National Collaborative on Education + Health

## Brief on Chronic Absenteeism and School Health

May 2015

Chronic absenteeism—or missing 10 percent or more of school days for any reason, excused or unexcused—is a proven early warning sign of academic risk and school dropout. The long-term consequences of chronic absenteeism can lead to a population that is less educated, less healthy, under-employed and less financially stable in the community. While the causes of chronic absenteeism are multi-fold, research shows that student health issues are a leading contributor. These health issues include physical, mental, behavioral, vision, dental, social and emotional health issues in addition to issues connected to a child's surrounding environment such as other family health issues, community violence, housing insecurity and food insecurity. As a result, identifying and implementing health interventions is a critical step to addressing chronic absenteeism and a key opportunity for collaboration among the health, public health and education sectors. These sectors must work together and with others to ensure students are present, engaged and prepared to lead healthy, productive lives.

While there are efforts across the country that are addressing chronic absenteeism, definitions are not consistent, the focus is often on unexcused absences at the middle and high school level and few interventions address the health-related causes of chronic absenteeism. The National Collaborative on Education and Health is uniquely well positioned to mobilize the health and public health community, in collaboration with the education community, around this issue. Specifically, the National Steering Committee of the collaborative determined that a working group should be established to:

- Make the case connecting chronic absenteeism to health, as well as academic success and long-term well-being;
- Promote the adoption of a consistent definition of chronic absenteeism;
- Identify levers within the health sector, that align with current efforts taking place in the education sector, to help address chronic absenteeism;
- Identify effective interventions to address the health or public health related causes of chronic absenteeism within schools and the health sector; and,
- Develop strategies to promote the adoption of best practices and evidence-based interventions to help address chronic absenteeism.

The Chronic Absenteeism Working Group was established in response to this charge and this brief was developed to provide members of the Chronic Absenteeism Working Group with background information as they work to fulfill this charge.

### What is Chronic Absenteeism?

For the purpose of this brief and the Collaborative, chronic absenteeism is defined as missing 10 percent or more of school days in a school year for any reason, including both excused and unexcused absences. While many states and school districts define chronic absenteeism differently, Attendance Works, a national and state initiative that promotes better policy and practice around school attendance, recommends using this definition of chronic absenteeism. The use of a percentage rather than number of days promotes earlier identification of students to trigger intervention. Using a percentage allows for the identification of students who are on track for chronic absence at any point during the school year even if a student only misses two or three days each month. A school's chronic absence rate is the percentage of students who are chronically absent.

Chronic absenteeism is a national problem that negatively affects education efforts. Nationwide an estimated 5 million to 7.5 million students are chronically absent each year. It is not just a high school problem; one in ten kindergarten and first grade students is chronically absent.<sup>i,ii</sup> Students from low-income families are four times more likely to be chronically absent than their middle class peers.<sup>iii</sup>

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

In addition, it is important to note that a school can have a chronic absenteeism problem despite high average daily attendance. Schools and districts that have high average daily attendance numbers often overlook the chronically absent students because they are hidden in the average daily attendance data. For example, in a school with 200 students and a 95% average daily attendance rate, 60 students (or 30%) could miss an entire month of school over the course of the school year. Aggregate data do not reveal whether more students are missing a few days or whether a small but significant minority of students experience excessive absences.

### **Chronic Absenteeism's Impact on Education and Health Outcomes**

Students' attendance affects their progress in school, and poor attendance can lead to a failure to graduate. The long-term consequences of chronic absenteeism can lead to a population that is less educated, underemployed, less financially stable in the community, and also less healthy, because a lifetime of good health is correlated with receiving more education.

Frequent absences can be devastating for a child's school success. For example, 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.<sup>iv</sup> Students who are not reading at grade level by the third grade are four times more likely to drop out of high school.<sup>v</sup> By sixth grade, chronic absenteeism becomes one of the leading indicators that a student will drop out of high school.<sup>vi</sup> By high school, attendance is a better dropout indicator than test scores. A student who is chronically absent for any year between eighth and twelfth grade is over seven times more likely to drop out.<sup>vii</sup>

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.<sup>viii</sup> The less education adults have, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions<sup>ix</sup>. Because students raised in poverty benefit the most from being in school, one of the most effective strategies for providing pathways out of poverty is to do whatever it takes to get these students to school every day.

### **What Causes Chronic Absenteeism?**

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

1. **Barriers:** Students cannot attend school because of various barriers such as a lack of transportation, homelessness, caring for family members, or a chronic health condition such as asthma.
2. **Aversions:** Children will not attend school because of feelings of aversion. These can be related to being bullied, a negative school climate, overly punitive discipline policies or even lack of engaging instruction.
3. **Myths:** Students do not attend because families are unaware of how absences, even excused, can add up to too much time lost in the classroom, or a lack of understanding of the importance of attending school, especially in the early years..<sup>x,xi,xii</sup>

Because there are so many different reasons a child may miss school, and every community is unique in the different physical, social and environmental circumstances for students, no one strategy can address all

attendance issues. In addition, school districts do not systematically collect information about why students are absent from school, making it challenging to determine which reasons are the most significant in which community. Even when schools do ask why a student is absent, the information given by students or parents may mask other underlying issues.

## **Chronic Absenteeism and School Health**

While it may be difficult to isolate the leading causes of chronic absenteeism in a given community, research clearly shows that health issues are a primary cause of chronic absenteeism. As a result, ensuring students are able to attend school in healthy school environments is a critical strategy for addressing chronic absenteeism. A healthy school environment includes regular access to school health services (including physical, mental, dental, vision and behavioral services), healthy school food, physical activity, good indoor air, access to water and a supportive school climate and culture.

Research indicates that some common health conditions resulting in missed school include asthma, diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), influenza, diabetes, obesity, violence, dental health, seizure disorders, mental health and anxiety, food insecurity, housing insecurity, violence and vision problems.<sup>xiii</sup> With so little attention historically focused on chronic absence, communities need support identifying which health issues are most commonly linked to children's attendance behavior and how to address these issues.

Strategies that support the conditions of health in schools are critical for addressing chronic absenteeism. There is also a need to support the collection of data to identify the underlying causes of chronic absenteeism.

Research has documented many effective school health interventions resulting in improvements to student attendance. Below is an overview of this research:

### *School Health Services*

School health services, including those delivered by school nurses and in school based health centers, are a key strategy for ensuring students have access to the care they need to manage the health conditions that result in missed school, including asthma, diabetes, ADHD, dental and vision problems and obesity. As a result, providing students with access to school health services is a proven strategy for increasing student attendance. For example, Dallas School District, where 90 percent of school campuses have their own full-time nurses, has successfully shown no difference in attendance between asthmatic and non-asthmatic students. The Dallas School District requires nurses to provide asthma management plans for every diagnosed child and also provide urgent care during school hours.<sup>xiv,xv</sup> In addition, a literature review by the American Public Health Association found that access to a school-based health center was associated with increased student attendance and that African American males who used a school-based health center were three times more likely to stay in school than those who did not use a school-based health center.<sup>xvi</sup>

### *Mental Health Services*

Researchers describe mental health conditions such as depression, anxiety and oppositional defiant disorder as being related to school avoidance behaviors for truancy and children refusing to attend school. In addition, other risk factors that can lead to anxiety and school absences include homelessness, poverty, school violence, school climate and connectedness, and parent involvement. Providing students with access to school-based mental health programs is a key strategy for improving student attendance. For example, Baltimore City Public Schools expanded the school mental health services available to students by collaborating with health providers from the school and community to implement a full array of prevention, mental 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 mental health programming.<sup>xvii</sup>

### *School Food*

Providing students with healthy school meals, including breakfast and lunch, is a key strategy for improving student attendance. Obese children and adolescents have been found to report many more missed school days than the general student population. In addition, 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.<sup>xviii</sup> Ensuring students have access to healthy schools meals is a proven strategy for addressing childhood obesity and food insecurity and, as a result, improving student attendance. For example, research shows that universal breakfast programs are directly associated with reduced absenteeism for students, specifically minority students.<sup>xix,xx</sup>

### *Physical Education and Physical Activity*

School-based physical activity programs have also been shown to improve attendance by reducing obesity—which has been associated with asthma—by increasing school connectedness and by favorably affecting the health status of children with asthma.<sup>xxi,xxii</sup> In addition, higher physical fitness achievement is associated with better school attendance rates and fewer disciplinary incidents involving drugs, alcohol, violence or truancy.<sup>xxiii</sup> HHS’s Healthy People 2020 national objectives call for schools to increase the proportion of students who meet the recommended 60 minutes of physical activity each day and who participate in daily physical education and other physical activity opportunities such as recess, after-school activities and active transport. Ensuring students have the opportunity to be physically active for 60 minutes a day is a key strategy for supporting student attendance.

### *Healthy School Buildings*

The condition of school facilities directly impacts absenteeism. Students are less likely to attend schools in need of structural repair, schools that use temporary structures and schools that have understaffed janitorial services.<sup>xxiv</sup> For example, researchers in California found that poor elementary school classroom ventilation rates are associated with increased student illness related absences. Student attendance can be improved by ensuring students are able to attend school in a healthy school building with clean air and quality facilities that are regularly and properly cleaned. Given that asthma is one of the leading predictors of student absences, improvements in classroom and school air quality are closely associated with improvements in student attendance.<sup>xxv</sup>

### *Social and Emotional School Climate*

The school environment plays a role in determining whether or not children feel accepted, welcome and safe at school and have a direct impact on student attendance. In a nationally representative sample, more Hispanic and African American students than Caucasian students reported missing school in the past month because of feeling unsafe either at, or traveling to or from school.<sup>xxvi</sup> In addition, bullying is associated with lower academic achievement and absences. Interventions that seek to create positive school climates and reduce bullying have been shown to result in better school attendance and academic outcomes.<sup>xxvii,xxviii</sup>

## **Conclusion**

Chronic absenteeism can be turned around if schools and community partners work together with families to monitor who is at risk for poor attendance, nurture a habit of regular attendance, and identify and address the challenges that prevent students from getting to school. The key is using data to identify and intervene early, before students have missed so much school they are unable to catch up. In addition, when possible, it is critical to use the data available to determine the underlying causes of chronic absenteeism.

While there is no one-size-fits-all approach to addressing chronic absenteeism, it is critical that stakeholders understand the connection between school health and chronic absenteeism and have the information necessary to implement interventions that address student health needs. Moving forward, there is an important need to educate school stakeholders about chronic absenteeism and its underlying causes and share best practices and evidence-based interventions to address the health related causes. The health, public health and education sectors must work together and with others to ensure students are present and engaged and prepared to lead healthy, productive lives.

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<sup>i</sup> Balfanz, R., and Byrnes, V., *The Importance of Being in School: A Report on Absenteeism in the Nation’s Public Schools*. Johns Hopkins University Center for Social Organization of Schools, Baltimore, Md., 2012

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- <sup>ii</sup> Balfanz, R., Byrnes, V., Chang, H. and Romero, M. Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades, National Center for Children in Poverty, New York, NY, September 2008.
- <sup>iii</sup> Romero, M. How Maternal, Family and Cumulative Risk Affect Absenteeism in Early Schooling, National Center for Children in Poverty, February 2008
- <sup>iv</sup> Ehrlich, S., Gwynne, J. A., Pareja, A. S., and Allensworth, E. M. Preschool attendance in Chicago public schools: relationships with learning outcomes and reasons for absences: Research summary. The University of Chicago Consortium on Chicago School Reform, 2013. <http://bit.ly/1nGtqg>
- <sup>v</sup> Hernandez, D. Double jeopardy: How third-grade reading skills and poverty influence high school graduation. Baltimore: The Annie E. Casey Foundation, 2011 April. p. 3.
- <sup>vi</sup> Balfanz, R., Herzog, L., and Mac Iver, D. J. Preventing student disengagement and keeping students on the graduation path in urban middle-grades schools: Early identification and effective interventions. *Educational Psychologist*, 2007; 42(4), 223–235.
- <sup>vii</sup> Utah Education Policy Center at the University of Utah. Chronic absence in Utah public schools, 2012.
- <sup>viii</sup> Ready D.D. Socioeconomic Disadvantage, School Attendance, and Early Cognitive Development: The Differential Effects of School Exposure. *Sociol Educ.* 2010 Oct 26;83(4):271–86.
- <sup>ix</sup> Telfair J., Shelton T.L., Reynolds H.R. Educational Attainment as a Social Determinant of Health Positive Behavior Intervention and Support: 2012;73(5):358–65
- <sup>x</sup> Henderson T., Hill C., and Norton K. The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon. *Upstream Public Health*. 2014.
- <sup>xi</sup> Balfanz R. and Byrnes V. The Importance of Being There: A Report on Absenteeism in the Nation ' s Public Schools. 2012 May: 1–46.
- <sup>xii</sup> Chang H. Why Attendance Works: The Importance of Monitoring Early Chronic Absence. *Communities for Change*; 2012; Houston, TX.
- <sup>xiii</sup> Balfanz R. and Byrnes V. The Importance of Being There: A Report on Absenteeism in the Nation ' s Public Schools. 2012;(May):1–46.
- <sup>xiv</sup> Allen G. The Impact of Elementary School Nurses on Student Attendance. *J Sch Nurs.* 2003 Aug 1;19(4):225–31.
- <sup>xv</sup> Millard M.W., Johnson P.T., Hilton A., Hart M. Children with asthma miss more school: fact or fiction? *Chest*. 2009 Feb;135(2):303–6.
- <sup>xvi</sup> Center for School Health and Education at the American Public Health Association. The Health , WellBeing and Educational Success of School-Age Youth and School-based Health Care. 2011. 2011.
- <sup>xvii</sup> Baltimore Mental Health Systems. Mental Health Plan Fiscal Year 2010-2011. Baltimore: Baltimore Mental Health Systems. 2011.
- <sup>xviii</sup> Alaimo, K., Olson, C. M., Frongillo, E. A., & Briefl, A. A. Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health*, 2001; 781-786.
- <sup>xix</sup> Basch C.E. Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *J Sch Health*. 2010;81(10):593–8.
- <sup>xx</sup> Leos-urbel J., Schwartz A.E., Weinstein M., Corcoran S. Not Just for Poor Kids: The Impact of Universal Free School Breakfast on Meal Participation and Student Outcomes. 2003 p. 1–39.
- <sup>xxi</sup> Geier A.B., Foster G.D., Womble L.G, McLaughlin J, Borradaile K., Nachmani J, Sherman S., Kumanyika S, and Shults J. "The relationship between relative weight and school attendance among elementary schoolchildren." *Obesity* 15(8):2157-61, 2007.
- <sup>xxii</sup> Hillman, Charles H. et al., *Effects of the FITKids Randomized Controlled Trial on Executive Control and Brain Function*. *Pediatrics*, September 29, 2014.
- <sup>xxiii</sup> Welk G. Cardiovascular Fitness and Body Mass Index are Associated with Academic Achievement in Schools. Dallas, Texas: Cooper Institute, March 2009.

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<sup>xxiv</sup> Branham, D. The wise man builds his house upon the rock: The effects of inadequate school building infrastructure on student attendance. *Social Science Quarterly*. 2004.

<sup>xxv</sup> Shendell, D. G. and R. Prill. "Associations between classroom CO2 concentrations and student attendance in Washington and Idaho." *Indoor Air* 14(5): 331-41. 2004.

<sup>xxvi</sup> Basch C.E. Healthier Students Are Better Learners : A Missing Link in School Reforms to Close the Achievement Gap. *J Sch Health*. 2010;81(10):593–8.

<sup>xxvii</sup> Phillips, M. What makes schools effective? A comparison of the relationships of communitarian climate and academic climate to mathematics achievement and attendance during middle school. *American Educational Research Journal*, 34 1997; (4), 633-662. doi:10.2307/1163352

<sup>xxviii</sup> Zins, J.E., Weissberg, R.P., Wang, M.C., & Walberg, H.J. (Eds.). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press. 2004.