

Background: Chronic Absenteeism + Student Health

Section One

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

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

Understanding Chronic Absenteeism

An Introduction

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

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

A snapshot of the current environment shows:

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

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

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

What Is Chronic Absenteeism?

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

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

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

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

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

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

What Causes Chronic Absenteeism?

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

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

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

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

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

What Is the Impact of Chronic Absenteeism?

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

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

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

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

Connecting Chronic Absenteeism and Student Health

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

What Health Conditions Contribute to Chronic Absenteeism?

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

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

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

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

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

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

Who Is Most Affected by Health-Related Chronic Absenteeism?

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

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

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

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

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

Who Is Most at Risk for Chronic Absenteeism?

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

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

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

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

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

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

What Is the Impact of the School Environment?

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

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

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

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

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

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

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

Green Clean Schools

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

Learn more and access resources at:

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

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

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

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

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

Learn More in the Full Report

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

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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