

National Association of State Boards of Education

➔ Examining Chronic Absence through a Student Health Lens

By Megan Blanco, Alex Mays, Hedy N. Chang, and Sue Fothergill

The Every Student Succeeds Act (ESSA) requires states to publicly display data on chronic absence statewide and on school report cards. In addition, 36 states and the District of Columbia opted to include chronic absence as a measure of school success in their ESSA accountability systems. This change positions state boards of education to delve into the causes of chronic absence—many of them health related—and support districts and schools as they seek solutions.

Commonly defined as 10 percent or more school days per year that a student misses, inclusive of excused and unexcused absences and suspensions, chronic absence has proved to be an early warning sign of academic risk and school dropout.¹ According to the latest federal data, about one in seven students was chronically absent during the 2015–16 year.²

Untreated health conditions such as asthma, dental pain, and vision and hearing deficits are leading causes of chronic absence, with asthma alone accounting for a third of all missed days and children with oral health problems being three times more likely than their peers to miss school.³ In a recent statement, the American Academy of Pediatrics noted that chronic absence was a better predictor of school failure than test scores and urged pediatricians to work with schools to reduce its incidence.⁴ Negative school climate factors such as bullying and punitive discipline policies are also linked to higher rates of chronic absence.⁵

lack transportation and healthcare options benefit most from regular school attendance. They are often also the least able to make up for missed instruction and lack of access to nutrition programs and support services.⁶

ROLE FOR STATE BOARDS OF EDUCATION

State boards of education can begin confronting chronic absence by asking key questions:

- What is the state education agency's operational definition of chronic absence? Does it include excused absences for health reasons?
- What is the state's chronic absence rate? Which districts exceed the average?⁷
- Which student subgroups disproportionately exhibit chronic absence?
- What are the leading causes of absenteeism? How do health issues contribute?
- What is the state strategy to reduce chronic absence? Does it unpack and address health-related causes? Are state health initiatives integrated into the strategy?
- What statewide school health policies, programs, or initiatives are in place, and how can they be leveraged to address chronic absence?

Attendance Works, a national nonprofit that works to address chronic absence, includes five elements in its framework for systemic change: positive engagement, actionable data, capacity building, shared accountability, and strategic partnerships.⁸ State boards of education can ensure these key ingredients are in place through the following activities:

Support a culture of attendance through positive engagement.

State board members should help fellow decision makers and the public understand that all school absences represent lost instructional time and that good health is critical for good

attendance. State boards can develop a vision for addressing chronic absence and commit to it. If there is a state children's cabinet, its staff will be key partners for sharing information and communicating with the public. In addition, districts or schools who have addressed chronic absence successfully can be invited to present at a state board meeting.

Promote access to actionable data. State boards should support development of state and local data systems that can more easily generate information about chronic absence by grade, school, district, and student subpopulation and that these data are represented on state and local report cards. NASBE's State Policy Database on School Health can also help to identify gaps in state-level policies and programs. By addressing gaps, boards can foster healthy school environments. Boards can also emphasize the use of chronic absence data to inform policy and programmatic decision making and to guide the development of districts' school improvement plans.⁹

Build state capacity to address health-related causes. State boards can advocate for new funding streams. For example, states can expand access to funding for school health services by allowing districts to receive Medicaid reimbursement for health services delivered to the general student population and by expanding the type of services eligible for reimbursement.¹⁰ The board can also promote the innovative use of Titles I and II of ESSA: School health programs and services are allowable uses of these funds. In addition, state boards can advise districts of opportunities for funding through the U.S. Department of Education's Flexibility for Equitable Per-Pupil Funding Pilot under ESSA. This flexibility could help approved districts provide more wraparound services to schools most in need. State boards should also contact one of ED's 10 regional education laboratories for research and technical assistance on proven or promising strategies to address absence.

At the state level, state boards can talk with legislators about securing sufficient funding for

Students who experience poverty and disproportionate rates of illness and who

evidence-based initiatives. For example, does the state budget support students' access to school nurses, social workers, psychologists, and counselors? A state board can push for an online resource hub, housed on the state education agency website or a nongovernmental partner's site, that districts and schools can leverage to help parents understand the importance of regular attendance, find strategies to address chronic absence, and draw on examples of success from across the state.

Support shared accountability.

Is chronic absence consistently measured and reported across the state? If not, consistent definitions and reporting requirements should be put in place. State boards can advocate for building evaluation and continuous improvement into state systems by ensuring they track data and implementation of interventions in real time. Furthermore, formal partnerships between the state education agency and health agency can address specific goals around chronic absence. For example, state agencies could commit to reducing chronic absence across the state by a set percentage and target date. State boards can help to bring noneducation state agencies—housing, health, community development, children and families, transportation—into the conversation and planning around addressing chronic absence so each gains an understanding of their role in improving student attendance.

Catalyze strategic partnerships between key players.

Other bridge-building initiatives include private-public partnerships like the recent New York City Mayoral Partnership with Vision to Learn or Central Texas's Missing School Matters Campaign.¹¹ Partnerships with state research institutions can contribute robust analyses into the root causes of chronic absence in a subset of diverse districts. As lessons are learned, state boards may consider supporting pilot interventions and continued evaluation with the research institutions. Engagement of state professional associations can usefully demonstrate cross-sector support—the state chapter of the American Academy of Pediatrics, for example. A state school health advisory committee, with cross-sector representation, can also advance statewide efforts to create healthier school environments.

STATE EXAMPLES

The state education agencies in Connecticut, New Jersey, and California provide statewide guidance on research and best practice.

Connecticut's guides highlight evidence-based practices to improve student outcomes, including attendance.¹² The guides include chapters on climate and culture; student, family, and community engagement; and school health interventions that can be implemented with ESSA funding.

New Jersey's guidance offers strategies for engaging educators, families, and the community to improve attendance. The resource aligns with the New Jersey Tiered System of Supports, which promotes organizing academic, behavioral, and health supports and interventions into three levels of need. It includes evidence-based interventions for creating a positive school climate, developing a mentoring program, and setting up school breakfast programs and programs to ensure a safe walk to school.¹³

California offers guidance to districts through its State School Attendance Review Board's handbook.¹⁴ There are also county- and school-level handbooks that describe community-based resources to assist families with attendance issues including reference to health care and community mental health personnel available at the school and county level.

In sum, state education agencies and state boards of education can play a key role in addressing the health-related drivers of chronic absence. By leveraging their convening and oversight authorities, state boards can address these drivers through policymaking, coalition building, and capacity building. By doing so, state boards will reduce rates of chronic absence and increase the number of students receiving consistent instruction in their states.

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NOTES

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4 Mandy A. Allison and Elliott Attisha, "The Link between School Attendance and Good Health," *Pediatrics* 143, no. 2 (Itasca, IL: American Academy of Pediatrics, 2019).

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7 See the Hamilton Project's interactive map: http://www.hamiltonproject.org/charts/chronic_absence_across_the_united_states.

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