Organizing a School Strategy to Reduce Health-Related Absenteeism

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Today’s Objectives

- Understand the link between health and attendance
- Learn about the role of school nurses in addressing chronic absence
- Learn about the role of district health staff in addressing chronic absence
- Learn about the role of community health providers in addressing chronic absence
- Consider opportunities, challenges, and next steps
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Opening Exercise

✓ Name
✓ Role
✓ Organization
**Attendance Works** is a nonprofit initiative that advances student success and closes equity gaps by reducing chronic absence. Since our launch in 2010, we have become the nation’s “go-to” resource for student attendance with more than a quarter-million annual users of our website (www.attendanceworks.org).

**We work at the local, state, and national levels,** with each level of practice informing and influencing the other. Our cross-cutting objectives are to:

- a. Nurture proven and promising practice
- b. Promote meaningful and effective communications
- c. Advance better policy
- d. Catalyze needed research

Our work began with a focus on elementary schools. We now offer support to K–12 schools and are expanding to address chronic absence starting in preschool.
What is chronic absence?

Chronic absence is missing so much school for any reason that a student is academically at risk. California defines it as **missing 10 percent or more of school for any reason**.

Chronic absence is different from **truancy** (unexcused absences only) or **average daily attendance** (how many students show up to school each day).
## Factors that Contribute to Chronic Absence

### Barriers
- Illness, both chronic and acute
- Lack of health, mental health, vision, or dental care
- Trauma
- Unsafe path to/from school
- Poor transportation
- Frequent moves or school changes
- Involvement with child welfare or juvenile justice systems

### Negative School Experiences
- Struggling academically or socially
- Bullying
- Suspensions and expulsions
- Negative attitudes of parents due to their own school experience
- Undiagnosed disability
- Lack of appropriate accommodations for disability

### Lack of Engagement
- Lack of culturally relevant, engaging instruction
- No meaningful relationships with adults in school
- Stronger ties with peers out of school than in school
- Unwelcoming school climate
- Failure to earn credits/no future plans
- Many teacher absences or long-term substitutes

### Faulty Beliefs
- Absences are only a problem if they are unexcused
- Missing two days per month doesn’t affect learning
- Sporadic absences aren’t a problem
- Attendance only matters in the older grades
Health Is a Significant Driver of Absenteeism

In this Chicago Education Research Consortium study of causes of absenteeism among students missing early education classes, 61 percent of the families reported illness, chronic illness, or a child wellness visit as the cause of absenteeism.
Leading Health-Related Causes

- Asthma
- Bullying
- Oral Health
- Mental Health
- Nutrition
- Vision
Chronic Absence Is a Cross-Cutting Metric

✓ Chronic absence is a warning sign that a health-related condition may need to be addressed.

✓ Children with acute and chronic health conditions are more likely to be absent from school.
Reciprocal Relationship between Health and Education

Education  Health
Invest in Prevention and Early Intervention

**Tier 1**
- Engaging school climate
- Positive relationships with students and families
- Impact of absences on achievement widely understood
- Chronic absence data monitored
- Good and improved attendance recognized
- Common barriers identified and addressed

**Tier 2**
- Personalized early outreach
- Action plan addresses barriers and increases engagement
- Caring mentors

**Tier 3**
- Coordinated school and interagency response
- Legal intervention (last resort)

Students missing 20% or more of school (severe chronic absence)

Students missing 10-19% (moderate chronic absence)

Students missing 5-9% (at risk)

Students missing less than 5% (satisfactory)
Health Framework for Chronic Absence

**TIER 1**
- Provide access to school-wide health screenings
- Ensure a clean, healthy and safe school environment
- Educate families to prevent unnecessary health-related absences
- Monitor school health and attendance data

**TIER 2**
- Provide referrals to health care providers
- Include school nurse on student planning
- Develop school plans for students with chronic illness such as asthma

**TIER 3**
- Intensive case management with coordination of health providers and other school support

**Students who missed 20% or more of school (severe chronic absence)**

**Students with chronic absence (missing 10%) or 2-3 days per month**

**All Students**
What are the top health-related barriers to attendance at your school/district/county/state?
## Health Interventions

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Nutrition</th>
<th>Mental Health</th>
<th>Oral Health</th>
<th>Bullying</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asthma-friendly schools</td>
<td>• Community eligibility</td>
<td>• School-based mental health programs</td>
<td>• Community-based oral health programs</td>
<td>• Safe routes to schools</td>
<td>• School-based vision screening programs</td>
</tr>
<tr>
<td>• Environmental assessments</td>
<td>• Universal breakfast</td>
<td>• Universal interventions</td>
<td>• School-based sealant programs</td>
<td>• Bullying education programs</td>
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</tr>
<tr>
<td>• Asthma-friendly homes</td>
<td>• Food backpack programs</td>
<td>• Screening, brief intervention and referral to treatment</td>
<td>• Mobile clinics</td>
<td>• Support groups</td>
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<td></td>
<td>• Farm-to-school programs</td>
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</tbody>
</table>
Opportunities for Health and Attendance

✔ ESSA
  o Chronic absence as accountability metric
  o Needs assessment

✔ Building momentum
  o American Academy of Pediatrics
  o National Association of School Nurses
  o Campaign for Grade-Level Reading
  o School-Based Health Alliance

✔ Promising practices
Challenges for Health and Attendance

- Data Sharing
  - HIPAA/FERPA
  - Consent

- Siloed systems
  - Data availability and use
  - Accountability
  - Funding and resources
Coordinated Approach to Addressing Health-Related Barriers to Attendance
NSAESC 2018 National Convening

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Executive Director
National Association of School Nurses
21st-Century School Nursing Framework

Standards of Practice
- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidence-based Practice
- NASN Position Statements
- Nurse Practice Acts
- Scope and Standards of Practice

Care Coordination
- Case Management
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Motivational Interviewing/Counseling
- Nursing Delegation
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition Planning

Leadership
- Advocacy
- Change Agents
- Education Reform
- Funding and Reimbursement
- Healthcare Reform
- Lifelong Learner
- Models of Practice
- Technology
- Policy Development and Implementation
- Professionalism
- Systems-level Leadership

Quality Improvement
- Continuous Quality Improvement
- Documentation/Data Collection
- Evaluation
- Meaningful Health/Academic Outcomes
- Performance Appraisal
- Research
- Uniform Data Set

Community/Public Health
- Access to Care
- Cultural Competency
- Disease Prevention
- Environmental Health
- Health Education
- Health Equity
- Healthy People 2020
- Health Promotion
- Outreach
- Population-based Care
- Risk Reduction
- Screenings/Referral/Follow-up
- Social Determinants of Health
- Surveillance
School Nurses Influence Student Attendance

- Identify students missing required immunizations
- Assess students for health concerns that require care coordination
- Identify undetected health concerns
- Participate on teams that collaborate to support students at risk for chronic absenteeism
- Promote healthy habits
- Identify social factors that adversely impact student attendance and well-being
District and School Level

Strategies for school nurses

- Participate on Attendance Committee
- Ask students coming to the health room about their attendance
- Consult with the school team when students have health barriers or social determinants that impact attendance
- Connect students and families to community resources to address social factors
- Coordinate care with community care providers, students, families, and other agencies
- Collect, analyze, and monitor student health data that may affect attendance
Who in your school/district/county/state can support efforts to address health-related barriers to attendance?
NSAESC 2018 National Convening

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Disclosures

• No relevant financial relationships to disclose.
K-12 Public Education in Washington, DC

Office of the State Superintendent of Education

*SY17-18:*
- 92,245 students
- 68 local education agencies (LEAs)
- 264 schools

DC Public Schools
*SY17-18:*  
48,622 students

DC Public Charter Schools
*SY17-18:*  
43,623 students
Children’s National Health System

Serving children and families in DC for nearly 150 years

313 inpatient beds, 6 primary care centers in the DC community, Mobile Health Units

Through funding and partnership with DC Health, operates Children’s School Services, the school nurse program, and 3 school-based health centers
Chronic Absenteeism in Washington, DC

Source: District of Columbia Attendance Report, SY 2016-17
Chronic Absenteeism in Washington, DC

Source: District of Columbia Attendance Report, SY 2016-17
Chronic Absenteeism by Grade Band

Source: District of Columbia Attendance Report, SY 2016-17
Recurrence of Chronic Absenteeism

On average, 68.5% of students who were chronically absent in School Year 2015-2016 were chronically absent again the following year, in School Year 2016-2017.

Source: District of Columbia Attendance Report, SY 2016-17
Absenteeism by PARCC Score

Lower chronic absenteeism (higher attendance) is associated with a higher score on PARCC ELA and Math. However, all students demonstrate greater absenteeism in later years of high school.

Source: Analysis of Attendance and Graduation Outcomes in Public High Schools in the District of Columbia
https://osse.dc.gov/sites/default/files/dc/sites/osse/release_content/attachments/Analysis of Attendance and Graduation Outcomes at Public High Schools in DC - Jan 16 2018 - sm_0.pdf
“You cannot educate a child who is not healthy, and you cannot keep a child healthy who is not educated.”

- Dr. Joycelyn Elders
Role of Social Determinants

Health disparities

- Poverty
- Physical environment
- Institutional racism

Educational disparities

- Availability of and access to resources
- Family engagement
- Parental educational attainment

Educational disparities

- Poverty
- Physical environment
- Institutional racism

Health disparities
Poverty and Chronic Absenteeism in Washington, DC

Figure 3 provides a map of DC students color-coded according to their levels of absenteeism, with darker shades of red indicating more severe chronic absence. High levels of chronic absence are observed throughout Wards 1, 4, 5, 7, and 8 with Wards 7 and 8 home to both the greatest number of students who are chronically absent and students with the greatest severity in chronic absence level.

Source: District of Columbia Attendance Report, SY 2015-16
Clinical Care Accounts for 20 Percent of Outcomes

Education is a determinant of long-term health, financial and employment outcomes.
Health and Educational Outcomes are Intertwined

Higher educational achievement is associated with better health throughout the lifespan.

Healthier students, families & communities have higher educational achievement.
Education is a Social Determinant of Health

Why Do Children Miss School?

- Chronic Illness
  - Asthma accounts for 1/3 of all missed school days
  - Dental caries
- Mental Health
  - Student
  - Parent
- Political Climate
  - Fear of deportation
- Acute Illness and Misunderstood Medical Reasons
- School Climate
- Barriers
  - Transportation
  - Homelessness
  - Food Insecurity
Why Focus on Chronic Absenteeism?

• Chronic absenteeism is strongly predictive of ultimate academic achievement
• Citywide campaign and metrics
The 2016 DC Community Health Needs Assessment (CHNA), conducted by Children's National Health System (CNHS) as part of the DC Healthy Communities Collaborative, identified four top priority areas:

**Mental Health**
prevention and treatment of psychological, emotional and relational issues that lead to higher quality of life

**Place-based Care**
care options that are convenient and culturally sensitive

**Care Coordination**
deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care

**Health Literacy**
ability to obtain, process, and understand basic health information to make appropriate health decisions
Chronic Absenteeism Reduction Effort (CARE)

- Washington, DC and Baltimore City, MD are working to implement a pilot to share school attendance data with child health providers via an electronic health information exchange – CRISP
- Regular data feed to practices
- Physician and practice training
- Attendance Toolkit
- Development of response protocols in pediatric practices
CARE Pilot Sites - DC

Clinics
• Children’s National – Adams Morgan
• Mary’s Center
• UHC – Upper Cardozo

Schools
• Bancroft Elementary
• Cardozo Education Campus
• Columbia Heights Education Campus
• Marie Reed Elementary
• H.D. Cooke Elementary
• Powell Elementary
Consent & Process

• Intensive engagement with staff, parent teacher advisory groups

• Letter and consent form included in school enrollment package
  – Consent obtained from families of more than 2300 students (~80 percent enrollment at pilot schools)

• Memorandum of Understanding and data linkage between Student Information System and Health Information Exchange
Pilot Evaluation: Process Measures

- # families consented in school and practice settings
- # students who have data in Health Information Exchange on attendance
- # protocols developed to address attendance data
- Formation of collaborative working group representing health department, school system, clinical providers, community-based organizations that serve youth
CARE Vision

• Long-term vision:
  – Decrease chronic absenteeism
  – Align resources and supports for students
  – Improve long-term academic and health outcomes
  – Seamless data flow with clear protocols for communication
  – Data flow does not depend on individual leadership but is part of public health structure
Collaborative Benefits for Children

• Better integration of care, services and supports to improve child health outcomes, which are impacted by academic achievement

• Moving resources and programs out of silos
Collaborative Benefits for Education and Health Departments

- Providing value-based care that is cost-effective and does not duplicate services or resources
- Creating a business case to invest in health and education coordination
- Demonstrating innovative approach to improving child health
Collaborative Benefits for Health Systems

• **Clinical Care**
  – Engage children in clinical care
  – Address clinical issues that impact school attendance
  – Transition to value-based care and population-based payments

• **Research**
  – Collaborative metrics
  – Large-scale data sharing and evaluation with CRISP
  – Grant funding
  – Publications

• **Advocacy**
  – Develop joint legislative advocacy priorities, such as increased mental health services in schools, Medicaid funding for children

• **Education**
  – Develop joint curriculums in school health for trainees, faculty, staff
Leadership Matters (3/28) will show the crucial role leaders play in mobilizing their communities to action.

Working Together Matters (5/8) will focus on building and training teams in schools with robust participation from community partners.

Community Matters (8/15) will focus on the role that a variety of key community partners can play in helping to reduce chronic absence.

September Brief (9/12) will showcase our brief highlighting bright spots where successful strategies to address health barriers have reduced chronic absenteeism.
Next Steps

What is one action you’re going to take to address health-related barriers to attendance at your school/district/county/state?
Organizations that we work with:

Everyone Graduates Center: http://new.every1graduates.org

Attendance Works: http://www.attendanceworks.org

MENTOR: http://www.mentoring.org

My Brother’s Keeper Alliance: https://www.mbkalliance.org

Jobs for the Future: http://jff.org