Addressing Chronic Absenteeism Among Adolescents

SAHM 2017
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Question 1: School connection – Where do you practice?

1) School-based health center
2) School healthcare professional
3) Academic practice (includes teaching/training and/or research)
4) Community practice (neither school-based nor academic)
Question 2: Do you have time to address school issues during patient encounters?

1) Yes – I consistently ask and address any issues.
2) Yes/No – I ask but frequently do not have time to address issues.
3) No – I don’t have time to ask or address issues.
Goals

Engage adolescent providers in a national call to action to address chronic absenteeism

Content of Learning

• Major causes of chronic school absenteeism & the effects that missing school have on academic progress and high school graduation.

• National surveillance systems that include a focus on student attendance.

• Knowledge application: Promising clinical efforts & evidence-based school programs for developing strategies that local adolescent health clinicians & partnering schools, districts & communities can use to improve student attendance & engagement with learning.
Tool Kit

HTTPS://DRIVE.GOOGLE.COM/OPEN?ID=1D-IFTGAYDBL2I776WH_8BO0ZLHSRXICXWSLUT6CW4

Excellent Website: http://www.attendanceworks.org/
Question 3: What is school absenteeism?
Terminology of absenteeism

- Excused vs not excused
- Constructively present
- Truancy
- Average daily attendance
- Chronically absent
- Separation anxiety
- School refusal
- Tardiness
- Drop out
- Interrupted enrollment
- Suspension
- Expulsion
<table>
<thead>
<tr>
<th>Average Daily Attendance</th>
<th>How many students show up to school every day? The percent of enrolled students who attend school each day. It is used in some states for allocating funding.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truancy</td>
<td><strong>Who is missing school without permission?</strong> Typically refers only to unexcused absences. Each state has the authority to define truancy and when it triggers legal intervention.</td>
</tr>
<tr>
<td>Chronic Absence</td>
<td><strong>Who is missing so much school they are academically at risk?</strong> Broadly means missing too much school for any reason -- excused, unexcused, etc. Researchers commonly define it as missing 10% of school. OCR currently defines it as missing 15 days. Chronic absence is a required reporting metric in ESSA.</td>
</tr>
</tbody>
</table>
Attendance works
Chronic absenteeism is defined as missing 10% or more of enrolled school days. Students who are chronically absent have average daily attendance rates of 90% or less.

% of Students who are Chronically Absent

<table>
<thead>
<tr>
<th>Year</th>
<th>All Students</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY13-14</td>
<td>25.3%</td>
<td></td>
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<tr>
<td>SY14-15</td>
<td>24.4%</td>
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</tr>
<tr>
<td>SY15-16</td>
<td>27.7%</td>
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</table>
Why chronic absenteeism matters

Chronic absenteeism, especially when defined as a percentage of days missed, is an early warning indicator of a problematic education trajectory, & can reveal that a student needs help before test scores or grades do.

• Early warning indicators – ABCs
  • Low attendance (A)
  • Sustained poor behavior (B)
  • Course failure in math or English (C)
Why chronic absenteeism matters (cont)

• Absenteeism in primary grades
  • Children who are chronically absent in both kindergarten & first grade are much less likely to be reading at grade level by the third grade.
  • Students who are not reading at grade level by the third grade are four times more likely to drop out of high school.
Why chronic absenteeism matters (cont)

• Absenteeism among adolescents
  • By 6th grade, chronic absenteeism becomes one of the leading indicators that a student will drop out of high school.
  • High school attendance is a better dropout indicator than test scores.
  • Students chronically absent between 8-12th grade are 7 times more likely to drop out.
Why chronic absenteeism matters (cont)

• Long term effects of chronic absenteeism
  • Students who do not graduate have greater health & socio-economic risks as adults than their higher-achieving peers, creating an unfortunate and unnecessary cycle of poverty, engagement with the justice system, & poor health outcomes.
  • The less education adults have, the more likely they are to smoke, be overweight, have diabetes and die prematurely of chronic disease.
Question 4: Since its establishment in 1979, the U.S. Department of Education has required districts to report on chronic absenteeism annually.

1) True
2) False
National surveillance tools

• Department of Health & Human Services
  • National Health Interview Survey – CDC/NCHS
  • National Survey of Children's Health – HRSA/MCHB
  • National Survey of Drug Use and Health – SAMHSA

• Department of Education
  • National Assessment of Education Progress – NCES
  • National Teacher & Principal Survey – NCES
  • Civil Rights Data Collection
National Health Interview Survey

- Conducted by CDC’s National Center for Health Statistics
- Data gathered annually
- Representative national sample
- Parent provides responses about the index child
- Single question: During the past 12 months, about how many days did (child’s name) miss school because of illness or injury? (question asked of parents with children ages 5-17)
- Data reported for 5-11 & 12-17 year olds
- Data breakout used on reports: No missed school days, 1-2 days, 3-5 days, 6-10 days, 11+ days, Did not go to school
- 2015 data: 5.3% of 12-17 year olds missed 11+ days due to illness or injury. No significant change since 2008.
National Survey of Children’s Health

- Conducted by HRSA/MCHB
- Representative sample from each state
- National data reported annually & state data reported biennially, starting in 2017
  - Data last reported in 2011/12
  - Surveillance system has been redesigned & new data will be available in late 2017
- Parent provides responses for 12-17 year olds
- Single question: During the past 12 months, about how many days did this child miss school because of illness or injury?
- Data breakout used on reports: No missed school days, 1-3 days, 4-6 days, 7-10 days, 11+ days
- Q’re includes a few Qs that can help contextualize response
- 2011/12 data: 7.0% of 12-17 year olds missed 11+ days due to illness or injury.
National Survey of Drug Use & Health

• Conducted annually by SAMHSA (Substance Abuse and Mental Health Services Administration).

• Representative sample of individuals from each state, but most items are analyzed only at national level. Sample size about 70,000, including about 23,000 12-17 year olds, who are interviewed at home.

• Computer-assisted interview administered by trained interviewers, and conducted in English and Spanish.

• Two questions asked of all students:
  • During the past 30 days, how many whole days of school did you miss because you were sick or injured?
  • During the past 30 days, how many whole days of school did you miss because you skipped or “cut” or just didn’t want to be there?

• Q’re contains many items that provide context.

• Absenteeism considered problematic if missed 3 or more days in the past month.

• Data: No published analyses comparing students absent because of illness, because of truancy, and with combined causes of absenteeism. In 2009, about 11% of 12-17 year olds reported skipping school at least once in past month, including 2% skipping at least 4 days. And in 2013, truancy rates similar to absenteeism rates from illness or injury.
National Assessment of Education Progress

- Conducted by National Center of Education Statistics every 2 years among 4th and 8th graders, & every 4 years among 12th graders.
- Assesses progress in a variety of subjects, including reading, math, science, writing, the arts, geography, history, etc. – Different samples of students selected for each subject.
- Representative samples for each state.
- Conducted between January and March.
- Students also provide information about a wide range of variables, including days of school they missed in the past month.
- School administrators provide information about school & student body.
- Students who miss more school have lower proficiency scores, regardless of grade level or subject.
  - Proficiency scores progressively decrease as days absent increase.
- Rates of absenteeism vary among states.
- Rates of absenteeism higher among low-income students.
National Teacher & Principal Survey

• Conducted by National Center for Education Statistics

• System of q’res that provide descriptive data on the context of elementary & secondary education
  • Variety of statistics on the condition of education in the United States
  • Nationally representative sample of public schools, including charter schools

• Based on former Schools and Staffing Survey (SASS) – 1987-2011

• First administration SY2015-16 – data not yet released

• School q’re includes: What is the average daily attendance percentage at this school?

• Definition of average daily attendance (ADA): Aggregate number of days of attendance of all students during a school year divided by the number of days school is in session during that year.
  • Percent of a school’s student body that attends on a typical day
  • Does not provide student level data

• SY2007-8 ADA data as % of enrollment among US secondary schools: 91.1%
  • Range by state: 85.8% (Washington) to 95.3% (Montana)
Civil Rights Data Collection (CRDC)

• Mandatory data collection conducted by Department of Education’s Office of Civil Rights since 1968.

• Data collected on key educational and civil rights issues in US public schools.
  • Data represent a key strategy for administering and enforcing the civil rights statutes for which Department of Education is responsible – Public schools are obligated to provide equal educational opportunity.
  • Data collected on leading civil rights indicators related to access and barriers to educational opportunity from early childhood through grade 12 levels.
  • Topics included in 2013-14: Bullying & harassment, early learning, pathways to college and career readiness (access to math/science and AP courses), restraint & seclusion, school finance, prevalence of & student participation in interscholastic athletics, student discipline, teachers & other school personnel
  • New topics included in 2013-14: Chronic student absenteeism, educational access in justice facilities, civil rights coordinators in school districts, sworn law enforcement/school resource officers in schools, access to distance education courses

• Data collection biennial.

• Since 2013-14, every public school and school district required to respond to the CRDC.
Who's in the 2013-14 CRDC?

Number of school districts: 16,758 (99.2% of all school districts)
Number of schools: 95,507 (99.5% of all public schools)
Total number of students: 50,035,744

Nationwide Student Demographics:

Race/Ethnicity:
- White: 50.3%
- Hispanic or Latino of any race: 24.7%
- Black or African American: 15.5%
- Asian: 4.8%
- American Indian or Alaska Native: 1.1%
- Two or More Races: 3.1%
- Native Hawaiian or Other Pacific Islander: 0.4%

Boys: 51.4% Girls: 48.6%

English Learners: 9.9%

Students with Disabilities: 14.0%
(includes students receiving services under IDEA and/or Section 504 of the Rehabilitation Act)
Question 5: Which statement is false?

1) 19% of high school students are chronically absent.

2) White children have the lowest rates of absenteeism compared to other demographic groups.

3) The youngest and the oldest public school students tend to have the highest rates of chronic absenteeism.

4) Chronic absenteeism is concentrated in relatively few schools across the country.
OVER 6 MILLION

students missed 15 or more days of school in 2013-14.

That's 14 percent of the student population—or about 1 in 7 students.
% of students who were chronically absent in 2013-14

Missing data

OCR data
Magnitude of problem (CRDC)

- More than 3 million high school students – or 19% of all high school students – are chronically absent.
- High school students with disabilities served by IDEA are 1.4 times as likely to be chronically absent (18.9%) as high school students without disabilities (12.9%).
- 21% of all English learner high school students are chronically absent.
  - Prior to high school, English learners have a lower rate of chronic absenteeism (11.3%) than non-English learners.
Magnitude of problem (CRDC) (cont)

• Chronic absenteeism is most prevalent among low-income students.
• The youngest and the oldest students tend to have the highest rates of chronic absenteeism, with students attending most regularly in third through fifth grades.
• Chronic absenteeism, 11% during elementary school, begins to rise in middle school (12.5%) & continues to climb through high school (18.9%), with seniors often having the highest rate of all.
• Chronic absenteeism is problematic for many public schools, but very high rates of chronic absenteeism are concentrated in a low percent of school districts & schools.
  • About half of chronically absent students attend school in 4% of school districts (n=654), which contain about 12% of schools.
• Chronic absenteeism among teachers is associated with chronic absenteeism among a school’s students.
Question 6: Which is not an indicator of State accountability in ESSA?

1) Proficiency in reading/language arts & math
2) Graduation rates for high schools
3) Proficiency in science
4) At least one other indicator of school quality or success, such as measures of safety, student engagement or educator engagement
The Every Student Succeeds Act (ESSA), the 2015 reauthorization of the Elementary & Secondary Education Act, gives states the responsibility of developing accountability systems based on challenging academic standards.

Metrics need to include academic achievement, graduation rates for high schools & academic progress for elementary and middle schools, progress in attaining English language proficiency, and at least one indicator that measures school quality or student success.

- As a set, metrics need to provide a holistic view of student success.
- Measures need to be valid, reliable, & disaggregated by subgroup.

Chronic absenteeism is one of the few metrics available now to all states that meets or exceeds the rigorous ESSA selection criteria for indicators.

States are required to obtain stakeholder input as part of the development of their comprehensive plans, and most states are waiting for the October 2017 submission date.
How can student attendance & absenteeism be addressed in the medical home?
Routinely ask about school attendance at preventive care visits/well visits & sick visits

• Does it sound like chronic absenteeism?

• Ask how the teen is doing in school, especially those with chronic disease.

• If time is limited, prioritize chronic disease students, special education students, & 6th graders, when problems are not yet ingrained.
  • But because academic outcomes are so vital to a young person’s life trajectory, we encourage you to ask all patients & their families.

• Ensure you have the consented ability to talk with the school about your patients.

• Add a searchable EHR data field for chronic absenteeism.
Question 7: Does your EMR (or registration program) have a searchable field for a patient’s school?

1) Yes
2) No
3) Don’t know
Primary care

% of physicians who agreed strongly or somewhat strongly that when they created their health plans for a child with chronic disease, they:

- Communicated to school nurse: 46%
- Communicated to family: 85%
- Addressed the impact of chronic disease on academic performance: 33%
- Addressed absenteeism: 24%
- Addressed resource links: 15%
- Addressed progress made on obtaining educational goals: 15%

Survey of physicians at 2 Boston teaching hospitals, 2014
What rules govern confidentiality of adolescents in schools?

Health Insurance Portability and Accountability Act (HIPAA)

Family Educational Rights and Privacy Act (FERPA)

HIPAA excludes from its definition of “protected health information” the student medical records an educational institution obtains whether or not they qualify as education records.
To restate:

• HIPAA says FERPA prevails in the school setting.
  • SBHCs are different – the large majority are sponsored by other entities.

• FERPA says the student medical record is not covered by HIPAA in the school.

• HIPAA says that once a medical record is attached to an educational record, it becomes an educational record and must be handled under FERPA.
## HIPAA/FERPA Compliant Authorization for the Exchange of Educational And Health Information

<table>
<thead>
<tr>
<th>Patient/Student Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>School Nurse:</td>
<td>Health Care Provider:</td>
</tr>
</tbody>
</table>

The purpose of this form is to facilitate communication between a school nurse and the child’s Health care provider, for the purposes of optimizing the student’s learning experience. The school nurse may share information provided in this medical report with appropriate members of the educational team for use in meeting the student’s health and educational needs. This will be done on a “need to know” basis, in a confidential manner and may also include communication between health provider and school nurse to facilitate this process. Likewise, the medical provider may share information with the hospital or clinical team. Only those areas listed below will be shared.

<table>
<thead>
<tr>
<th>Health information from Health Care Provider to School</th>
<th>Educational Information from the School to the Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue:</td>
<td>Issue:</td>
</tr>
<tr>
<td>Information to be shared:</td>
<td>Information to be shared:</td>
</tr>
</tbody>
</table>

**Authorization**

This authorization is valid for one calendar year. It will expire on ______________ I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. By agreeing to allow communication between the Health care provider and designated school health I also understand that if I refuse to sign, such refusal will not interfere with my child’s ability to obtain health care.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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</tbody>
</table>

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Massachusetts, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

- Simple
- Easy to understand
- Covers HIPAA and FERPA intent
Educate and support students and families

・Support and energize families about education
・Ask about school climate
★★・Support family routines/schedules that promote school attendance
・Think carefully about absenteeism letters
・Home and Hospitals (tutoring) is a adjunct support, not a replacement for school attendance
Think Carefully About Absenteeism Letters
Understand why the student is absent

- Students who **cannot attend** school due to illness, family responsibilities, housing instability, the need to work, or involvement with the juvenile justice system.
  - Between 2010-2015, rate of missing school because of illness or injury ranged between 4.4% and 6.7% for 12-17 year olds (NHIS data).
  - Asthma is a leading cause of absenteeism – 57% of 12-17 year-olds with asthma missed school in past year (NHIS, 2013).
  - Dental pain & infection account for school absence in about 4% of students, and poor oral health is associated with lower academic performance.
  - Childhood cancer survivors & their siblings miss about twice as many days (about 10) as the population control group (about 5).
  - Overweight & obese adolescents have about 36% more sick days than normal weight peers (NHIS, 2009).
  - Anxiety and mood disorders account for about half of school refusal related to behavioral health problems.
Understand why the student is absent (cont)

- Students who **will not attend** school to avoid bullying, unsafe conditions, harassment, or embarrassment.
  - 5.6% of students in grades 9-12 did not attend school at least one day in the preceding 30 days because of safety concerns (YRBS, 2015).
    - Comparison of heterosexual & GLB students: 4.6% vs 12.5%.
  - 20.2% of students in grades 9-12 were bullied on school property during the preceding 12 months (YRBS, 2015).
    - Comparison of heterosexual & GLB students: 18.8% vs 34.2%
  - 38.0-52.4% of middle school students were bullied on school property during the preceding 12 months (Middle School YRBS, 2015).
Understand why the student is absent (cont)

- Students who do not attend school because they, or their parents, do not see the value in being there, they have something else they would rather do, or nothing stops them from skipping school.
  - 11% of 12-17 year olds report skipping school at least once in the past 30 days (NSDUH and MTF data).
  - About ½ of adolescents who are chronically absent have conduct disorders (Add Health data).
- Students who are truant
  - Likely to have a substance use problem. Overall, skipping school precedes use of marijuana.
  - Less likely to have parental involvement in their lives.
  - May have co-occurring mood & anxiety disorders.
Practice changes to improve attendance among students with chronic absenteeism

🌟 • Use a tool to determine the cause of school refusal.
  • Utilize the school nurse as a bridge to the school.
  • Post list of school nurse contacts (desktop, in drawer).
  • Integrative care supports (anxiety, depression).

🌟 • Get creative with billing.
  • When meeting new patients and families, discuss the importance of school.
  • Use motivational interviewing to elicit change.
  • Establish contracts with patients and their families.
  • Make asking about school attendance a quality improvement effort for your practice.
Elements of action at a community level

• Work with the public health department (attendance is a public health issue)
  • Schools & public health departments frequently have partnerships
  • Help establish a community task force – build public awareness

• Join a School Wellness Council or a School Health Council, and promote increasing attendance as an activity

• Know the school’s communication structure

• Know the school’s policies

• Start a SBHC
What strategies do you use?
Promising programs & practices for addressing chronic absence

• Community-based
  • Big Brothers and Big Sisters of America’s community-based mentoring program
    • Formally evaluated – effective for decreasing school absenteeism, substance use, hitting someone, scholastic competence, and relationships with parents
    • Especially effective for students in middle school
    • Health care clinicians can recommend program to patients & families

• School-based health centers, Comprehensive school mental health systems, Community schools, PBIS (positive behavioral interventions & supports)

• Schools & their communities
  • Leverage data – find out what groups of student are most affected
    • Need to invest in accurate & consistent data collection
    • Share data with stakeholders, help them to understand & take action, and create shared accountability
  • Adopt a multi-tiered system of support
Multi-tiered system of support for addressing chronic absence in schools

**TIER 1**
- Recognize good & improved attendance
- Educate & engage students and families
- Monitor attendance data & set goals
- Establish positive & engaging school climate
- Identify & address common barriers to getting to school

**TIER 2**
- Provide personalized early outreach
- Meet to develop tailored action plan
- Connect to a caring mentor

**TIER 3**
- Intensive case management with coordination of public agency and legal response as needed

- Students who missed 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)
Diplomas Now: Example of a promising program for addressing chronic absence within schools

• Evidence-based & data-driven with a 9-year track record – randomized control trial

• Comprehensive whole-school reform strategies for secondary schools
  • Improve teacher practice aimed at academic success
    • Students grouped into small learning communities & teachers coached
  • Improve school climate
  • Address student need via a caring adult at school & an asset-based approach

• Early warning system identifies students off-track (attendance, behavior, course performance)
  • Provides the human capital needed for responding to individual students needs for intervention

• Three partners
  • Talent Development Secondary (JHU) – whole school reform and data
  • AmeriCorps City Year – young adults provide socio-emotional supports to school, groups & individuals based on early warning data
  • Communities in Schools – site coordinators & case management of students with intensive & social needs
Diplomas Now: Some evaluation findings

• Schools involved in trial (conducted by MDRC)
  • 62 high-need secondary schools in 11 school districts (northeast, southeast, midwest, and California)
  • Random assignment of schools, about half into experimental and half into control arms
  • Outcomes of students in 6th and 9th grades, followed for 2 years

• Experimental schools more likely to use evidence-based instructional & school-based practices (e.g., healthier school climate)

• Increase in percent of students with no early warning indicators (better than 85% attendance, fewer than 3 missed school days, & passing grades in both English/language arts and math)
  • Reduction in number of students at the highest risk of dropping out across entire schools
  • Reduction in chronic absenteeism in middle schools

• Students in experimental schools more likely to:
  • Participate in academically-focused after-school activities
  • Report having a positive relationship with an adult at school who is not a teacher

• Better outcomes for students in 6th grade compared to 9th grade (middle schools versus high schools)
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