

Mapping the Early Attendance Gap: Charting a Course for Student Success



Executive Summary

As we work to close achievement gaps and reduce dropout rates, educators and policymakers often overlook another pernicious problem that is undermining success for our most vulnerable young students: the attendance gap. Across the country, an estimated 5 million to 7.5 million students are missing nearly a month of school and suffering academically for it.

The problem starts early: At least 10 percent of kindergartners and first graders miss that much school, absences that can stall their progress in reading and deny them an equal opportunity to learn. These youngsters miss nearly as much school as teenagers. Chronic absence flares again in middle and high school, when it becomes an early warning sign that students will drop out. Children from low-income families and communities of color and those with disabilities are disproportionately affected.

This isn't simply a matter of truancy or skipping school. In fact, many of these absences, especially among our youngest students, are excused and tied directly to health factors: asthma and dental problems, learning disabilities and mental health issues related to trauma and community violence.

In many cases, these attendance trends go unnoticed because schools are counting how many students show up every day rather than looking at how many miss so much school, for any reason, that they are falling behind. We focus on punishing truancy, rather than addressing health and school climate issues that are keeping children from getting to school.

Essentially, these early attendance gaps turn into achievement gaps that create graduation gaps. Poor attendance is among our first and best warning signs that a student has missed the on-ramp to success and is headed off track for graduation. We must address attendance and its connection to public health early in a child's life.

To do that effectively, we need to map our attendance gaps, starting with our youngest students. States are uniquely positioned to analyze the data they collect and determine who is missing too much school, when and where students are most likely to be absent and why absences are adding up. State leaders can shift the focus—and the accountability metrics—from truancy to chronic absence, a measure of how many students miss 10% or more of the school year for any reason.



Mapping the Early Attendance Gap:

Charting a Course for Student Success is a joint publication of Attendance Works and Healthy Schools Campaign. The full report can be downloaded at: www.attendanceworks.org/research/mapping-the-gap/



Attendance Works is a national organization dedicated to advancing policies and practices that help schools and communities work together to track poor attendance and partner with families to ensure students are in school so they can learn.

www.attendanceworks.org



Healthy Schools Campaign is a nonprofit organization that advocates for policies and practices that allow all students, teachers and staff to learn and work in a healthy school environment.

healthyschoolscampaign.org



WHY: Health Plays a Key Role in Absenteeism

Research and practice suggest three chief causes for chronic absenteeism: misconceptions about the importance of regular attendance, aversion to showing up for class, and barriers to reaching school every day. Health challenges – whether physical or mental – play a part in all three and health providers are essential to finding solutions..

Asthma: Asthma is a leading cause of school absenteeism, accounting for about 14 million absences each school year. 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 mold and harsh cleaning chemicals that impact indoor air quality. Schools and communities have had success bringing asthma under control by providing health services at school and helping families eliminate asthma triggers at home. But not all students have access to these resources. Less than half of the nation's students have access to a full-time school nurse or school counselor, and fewer than 5 percent have access to a school-based health center.

Oral Health: A full 20% of children ages 5 to 11 have at least one untreated decayed tooth. Dental problems account for nearly 2 million lost school days each year nationwide. 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 the children's lifetime health but also for their education. In California, a cost-effective model called tele-dentistry is delivering X-rays, check ups and fluoride treatments to children at school.

Mental Health and Trauma: Though harder to quantify, many absences occur when children suffer anxiety and depression. Other students, dealing with the consequences of trauma from community violence or homelessness, will act out in class and be suspended. Still others will miss school because they are afraid of the violence they might face at school or on the way there. While these concerns affect all students, low-income families have fewer resources to treat the problems. Mental health counseling at schools, as well as new approaches to dealing with trauma, can help students deal with these issues.

Baltimore Tackling Asthma Through a School Clinic

Asthma kept Stephanie Godbolt's grandson home from school again and again. He missed nearly a week of school every month for six months. And he was losing ground academically. Then his school, Tench Tilghman Elementary/Middle School, opened a full-service health clinic. The nurse there worked with Godbolt on an asthma plan and helped ensure that her grandson John had the support he needed at school. His attendance improved.

With 425 students in K-8, the health clinic deals with asthma, lead exposure and other urban health challenges. Using the Community School and Elev8 models, Tench Tilghman brings health services to the campus and connects families to resources in the community. Equipped with a list of students missing required immunizations, the school clinic was able to deliver the shots on campus. Family advocate Stephanie Mack connected families with asthmatic children to the Green and Healthy Homes Initiative, which offers free home inspections to eliminate asthma triggers. Children also receive free dental services on campus.

Since the clinic opened in 2012, the chronic absence rate at Tench Tilghman has dropped from 17% to 11%.





WHO: Student Populations Most Affected

Mapping the Early Attendance Gap explores the national attendance gap using data from national sources and the National Assessment of Educational Progress (NAEP). An analysis of attendance data provided by 4th and 8th graders taking the NAEP in 2011 and 2013 reveals that students who reported missing three or more days in the month before the test scored significantly lower than students who missed no days. The proportion of students missing that much school was higher among the same populations of students who are most at risk for not graduating.

Low-Income Children: 23% of low-income 4th graders missed three or days in the month prior to the test, compared to 17% 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. They are more likely to miss school because they fear for their safety in school or on the way there.

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. A deeper analysis can help schools and communities determine to what extent poverty, health considerations, school climate or ineffective school discipline practice affect attendance rates. National studies show disproportionately high dropout rates for all children of color. In addition, these students are more likely to suffer from asthma and more likely to go to the emergency room to deal with illness.

Students with Disabilities: 25% of 4th graders and 27% of 8th graders identified as needing support for disabilities miss too much school, compared to 19% of others in both grades. Some of these absences result from the health concerns of physically disabled students, but others reflect bullying, the lack of appropriate educational placements and school aversion that often affect learning disabled students. In addition, students with disabilities are more than twice as likely as other students to receive an out-of-school suspension.

Defining Terms

Average Daily Attendance: The percentage of a school's student body that attends on a typical day. The definition is the same nationwide, but does not provide student-level data.

Truancy: A measure of how many students miss school without an excuse. The definition varies from state to state.

Chronic absence: A measure of how many students miss a certain percentage or number of days, including excused and unexcused absences and suspensions. Researchers often track 10% of the school year, but there is no common definition among states.

Poor Attendance in NAEP: Missing 3 or more days in the month before the assessment.



HOW: A Five-Step Approach for Closing Attendance Gaps

Reducing chronic absence starts with using data to unpack when and why it becomes a problem in the early grades so that schools and communities can put in place effective solutions. The work breaks down into five steps:



1 Make the case that chronic early absence matters: Inspiring action starts with being able to make the case to key stakeholders that chronic early absence is a concern. That requires obtaining the data to show impact and scale, and engaging champions to spread the word.



2 Map chronic early absence: States can break down their data to show chronic absence rates by grade, district school, student population, even classroom. Equipped with this information, states can help direct resources to places with the highest rates of absenteeism.



3 Engage partners in unpacking why early absences occur: Interventions are most effective when they respond directly to the issues that are preventing students from getting to class. A variety of partners can help unearth the reasons for absenteeism. This brief pays particular attention to health-related causes of absence and the power of health partners to understand why students miss school.



4 Learn from positive outliers: There are always schools and districts that are beating the odds, improving or maintaining high levels of attendance despite challenging conditions. States can use data to identify these places and figure out what strategies are working for them.



5 Embed action into existing initiatives: Too often, something that requires new organization or infrastructure simply does not get done. States are finding ways to integrate chronic absence into tiered systems of support, school climate indices, third grade reading initiatives, school improvement planning and community partnerships.



What Helps States Take Action?

These key ingredients are essential to helping states to help districts, schools and community work together to map and address the early attendance gap:

- » **Actionable Data:** Developing early warning systems
- » **Positive Messages:** Changing the narrative
- » **Capacity Building:** Developing and implementing early interventions
- » **Shared Accountability:** Setting performance standards

