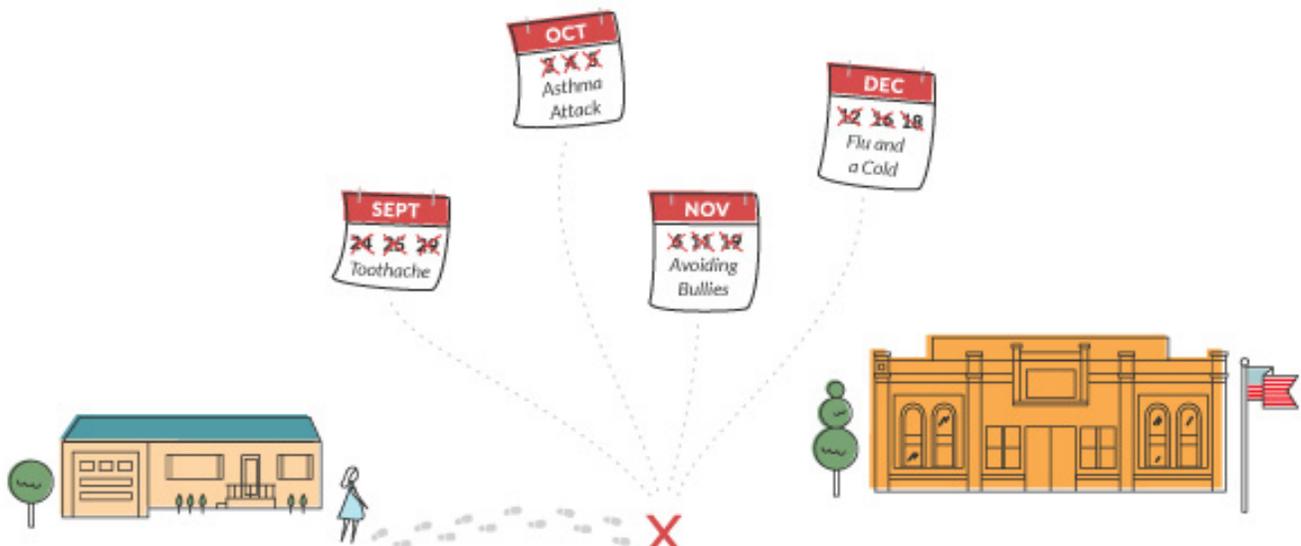


# The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon

October 2014  
Tia Henderson, Caitlin Hill, Kerry Norton  
Upstream Public Health



Oregon's future relies on today's healthy children. Oregon's K-12 students are missing too much school from health conditions and other reasons. Every day that a student misses class is a lost learning opportunity that holds our youth back. This puts their future, and ours, at risk. We need to work together to keep all of our kids in school, every day, from kindergarten through graduation.



## About this report

This report was prepared by Upstream Public Health (Upstream). We hope that this report contributes to our collective understanding about preventing chronic absenteeism. In order to explore Oregon’s chronic absenteeism landscape, we conducted a comprehensive review of the literature on common health problems and health factors that have an association with student attendance and overall achievement. For details on the search terms and databases we used, see Appendix 1. For details regarding a theoretical framework on chronic absenteeism as a health promoting behavior, see Appendix 2. This report is structured to provide readers with a broad background on the topic.

## About Upstream Public Health

Upstream Public Health was founded to advance policies and programs that improve the health of all Oregonians. We work “upstream” to create healthy places where people live, work, learn, and play. By preventing people from getting sick in the first place, we save lives and resources. We take on innovative projects on issues we think deserve more attention and conduct applied research to identify solutions and build momentum. Upstream has been a leader in building broad coalitions and facilitating dialogue on public health issues to create lasting community benefit. Upstream is focused on mitigating chronic absenteeism because it is closely linked to children’s health and because educational attainment affects lifetime opportunities for good health.

## Acknowledgements

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# Executive Summary

## Chronic Absenteeism Is Undermining Oregon’s Education Investments

**More than one in five K-12 Oregon students misses about a month or more of school each school year<sup>1-3</sup>.** Chronic absenteeism, defined as missing 10% or more of school days in a school year for any reason, includes all absences – excused and unexcused. The number of students missing a month or more of school days increases to nearly one in three for children experiencing economic hardship, children of color, and children in special education<sup>1</sup>. In the 2009-10 school year, low-income students were nearly twice as likely to be absent from school in the primary grades, and 50% more likely to be absent in high school<sup>4</sup>. Oregon cannot meet its ambitious graduation goals, or eliminate the achievement gap, without addressing chronic absenteeism.

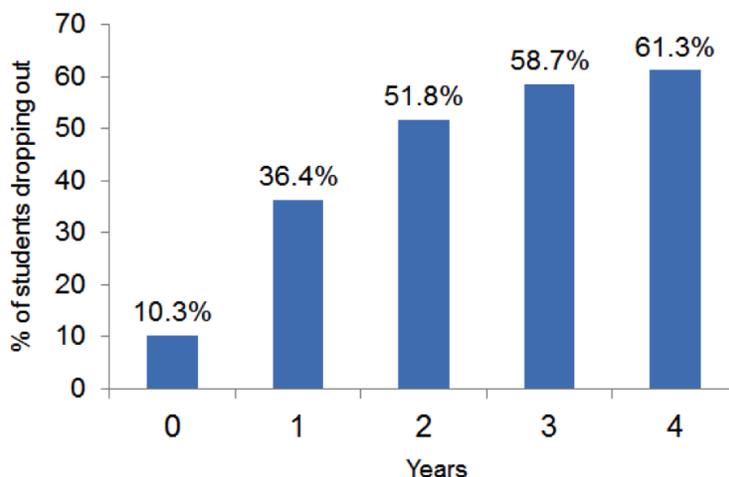
## Chronic Absenteeism Predicts Low Achievement and Eventual Dropout

Missed days means missed learning, leading to lower test scores and a reduced likelihood of graduating from high school. In a recent study, Oregon kindergarteners or first graders with high absenteeism rates were not likely to catch up to their peers’ test scores by 5th grade<sup>4</sup>. Similarly, chronically absent 6th graders were more likely to be behind their peers by 10th grade in general achievement, math, and reading<sup>4</sup>. Early childhood is crucial for learning; when 24% of Oregon Kindergarteners are chronically absent and early absenteeism is a predictor of future absenteeism in later grades, we have a problem<sup>4</sup>. The less school attended, the more likely a student is to be among the 33% of Oregon students who drop out<sup>5,6</sup>. Figure A shows how the effects of chronic absence are cumulative – where each year a student is chronically absent leads to a higher percentage of children dropping out between 8th and 12th grades in a Utah study<sup>7</sup>.

## Chronic Absenteeism is a Public Health Issue

Chronic absenteeism is often caused by community, family, and child health factors and chronic absenteeism can contribute to a lifetime of health problems (See Figure 1). Many health conditions such as hunger, respiratory illness, depression, fear of bullying, and dental pain are barriers to children attending school. Additionally, the less education an adult has, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions<sup>8</sup>. Therefore, chronic absenteeism, which leads to lower educational success, is a predictor of worse lifetime health.

**Figure A:** Proportion of students dropping out by number of years the student was chronically absent from 8th-12th grades<sup>7</sup>



## Chronic Absenteeism Can Be Addressed Through Integrated Actions

Chronic absenteeism is a complex issue that requires coordinated solutions, but it can be addressed. Oregon's children need everyone's efforts – collectively – to support their health and success. Parents and schools cannot do this alone. All organizations need to work together to ensure students are regularly attending school.

Happily, many Oregon institutions have begun taking recommended steps to address chronic absenteeism. Oregon is one of the few states in the country that reports chronic absenteeism in school and district report cards<sup>5</sup>. This is a critical starting point for intervention efforts.

We applaud the many existing efforts to address chronic absenteeism, and we hope to learn from them as they continue. We recommend the following strategies to advance the effort to eliminate or minimize chronic absenteeism:

- 1. Ensure chronic absence data is publicly reported and regularly available to build awareness and support among parents, students, school administrators, educators, and community leaders** - Upstream recommends everyone use a standard definition for collecting chronic absence data and that it be easily available so that community stakeholders can identify when there are challenges and can partner with local schools, districts, and families to think creatively to address them.
- 2. Use chronic absence numbers as one factor in allocating and coordinating health and social service resource delivery** - Because health conditions figure prominently in student absenteeism, and the education system cannot address all reasons children miss school with only one strategy, we recommend that chronic absenteeism data factor into decisions about coordinating public health and social service delivery with schools.
- 3. Develop community-wide, cross-sector, and interagency collaboration related to schools to prevent and address chronic absence** - A holistic approach must be emphasized in increasing attendance among Oregon students; emphasizing that families, school districts, schools, community organizations, public agencies, social service organizations, and public health professionals can all play a role in supporting our children to be engaged and present in school.
- 4. Revisit policies to support student attendance** - Institutional policies, supports, and systems can help develop a culture around regular student attendance. Upstream recommends examining these to support students attending school and avoid unintended disincentives or barriers.
- 5. Identify challenges facing children of color and develop community-driven strategies to provide social supports** - In many cases, racial and culturally specific programs and strategies will be necessary to understand and address inter-cultural barriers that prevent children from succeeding.
- 6. Implement pilot strategies and evaluate what works best for different communities** - Successful strategies to address absenteeism involve preventing student absence behavior, creating more supportive community and school environments, and connecting children to needed services.

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# 1: Overview

A child’s regular attendance at school sets the stage for academic success and graduation. A child is considered “chronically absent” when she misses 10% or more of school days in a school year for any reason<sup>1</sup>. That is equal to missing approximately one month of school during a school year. Frequent absences can be devastating for a child’s school success; for example children who are chronically absent in kindergarten are about a year behind in reading by the third grade and unlikely to ever catch up to their peers<sup>2</sup>. Chronic student absenteeism is a measure of all absences – excused and unexcused, consecutive or not - as they relate to students’ overall attendance.

A recent national study found that Oregon has one of the nation’s worst chronic absenteeism problems where 24% of Oregon 4th and 8th graders reported missing three or more days of school in a month<sup>3</sup>. Two separate analyses of student absence data from the 2009-2010 and 2012-2013 school years show that chronic student absences are a major problem for **all** age groups in Oregon<sup>2,4,5</sup>. On average, more than one in five K-12 Oregon students missed about a month or more of school . One in ten kindergarten students miss that much nationally<sup>1,5-7</sup>. Addressing chronic absenteeism is a key component to realizing Oregon’s goal to become one of the best-educated states in the world. In 2011, the Oregon Legislature passed Senate Bill 253, which set the ambitious goals that by 2025:

- 40 percent of adult Oregonians have earned a bachelor’s degree or higher;
- 40 percent of adult Oregonians have earned an associate’s degree or post-secondary credential; and
- The remaining 20 percent of all adult Oregonians have earned at least a high school diploma or equivalent<sup>8</sup>.

This bill sets high expectations for Oregonians, whose current high school graduation rates hover below 70%. Oregon is in the midst of extensive education reforms in order to meet those goals, including changes to teacher evaluation systems, implementation of Response to Intervention (RTI) protocol, incorporating proficiency education, and the unfolding of multiple other initiatives to support student learning. However, all those efforts will fall short in realizing their intended impact if communities do not identify, and address, the various reasons students miss school.

Child attendance behavior is complicated. Attendance is connected to multiple physical, social, and environmental factors at the community, home, school district, school, and individual level<sup>9</sup>. Students miss school for a variety of reasons that researchers group into three categories: First, students *cannot attend* school because of various barriers such as a lack of transportation, homelessness, caring for

## States with the Highest Absentee Rates

### Worst

|               |     |
|---------------|-----|
| 1. Montana    | 28% |
| 2. New Mexico | 26% |
| 3. Oklahoma   | 24% |
| 4. Oregon     | 24% |

(Combined percentage of 4th and 8th graders who reported missing three or more days of school in a month)<sup>3</sup>

family members, or a chronic health condition such as asthma. Second, children *will not attend* school out of aversion to being bullied, harassed, feeling excluded or embarrassed, or because they feel unsafe. Third, students *do not attend* because their family and peers may not value school, school is not engaging, the school may not encourage them to be there, or families do not think absences are a problem<sup>1,6,10</sup>. Because there are so many different reasons a child may miss school, and every community is unique in the different physical, social and environmental circumstances for students, no one strategy can address all attendance issues. This literature review indicates that a combination of efforts to both prevent student absences and interventions that support children in attending school will be most effective<sup>1,11-13</sup>.

This paper takes a deep dive into the chronic absenteeism challenge, why it matters, different factors that affect it, its connection to health, and starting points for working collectively to address it. In thinking about this issue, Upstream uses the World Health Organization's definition of "health" as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity<sup>14</sup>. Upstream considered factors such as housing, transportation, and chronic illness to determine what health factors may affect children's attendance behavior. This paper is for anyone interested in the intersection of health and education, particularly those who share an interest in improving graduation rates by addressing some of the underlying health issues. Knowing that addressing chronic absenteeism will be a complicated endeavor, we feature small vignettes of collaborative initiatives to address chronic absenteeism in Oregon and across the country, to inspire our readers.

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## Communities in Action: Southern Oregon Education Service District Attendance Audit Process & Attendance Support System Design

The audit identifies system readiness, attempts to remove barriers and looks at attendance as part of a larger issue. It is based on best practices research and has been used by more than 100 secondary schools across the state in the past decade (Scott Perry, personal communication, January 1, 2014). An attendance team observes the school day, reviews attendance tracking, and surveys students and staff as part of the audit. The team also surveys students, parents, and teachers and analyzes data to develop an action plan for policy level changes and to create a protocol for attendance. Ongoing review of strategies and progress allows recommendations for improvement. Common attendance barriers identified by the attendance team include communication breakdowns, inaccurate data collection, interventions being only consequence based, as well as policies not in line with practice<sup>13</sup>. The systematic universal attendance support system includes: an inviting school environment, consistent school-wide attendance messages, positive family outreach, school and classroom incentives, parent communication, outreach to at risk students addressing barriers, and collaboration with community based programs including law enforcement. There has not been a cross-school evaluation examining the impact of implementing practices related to the attendance audit on chronic absenteeism over time. Individual school or district level evaluation may exist, but is not published. Contact the Southern Oregon Education Service District's School Improvement Team at [Scott\\_Perry@soesd.k12.or.us](mailto:Scott_Perry@soesd.k12.or.us)

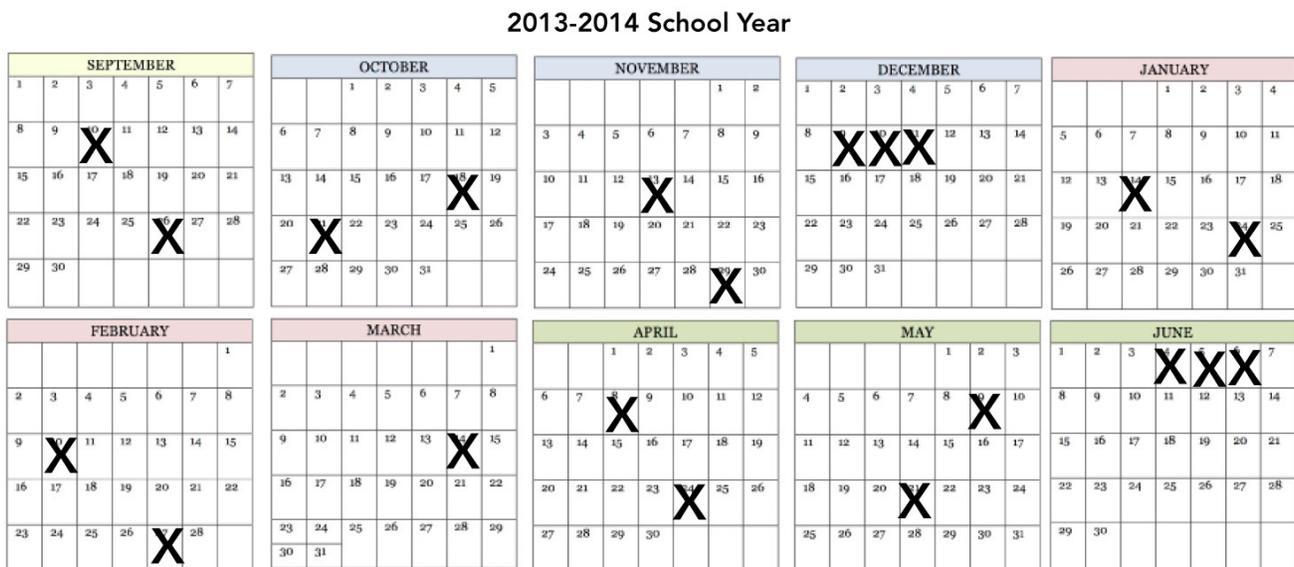
## 2: What is Chronic Student Absenteeism?

Chronic absenteeism includes all absences, consecutive or not, excused or not, as they relate to a student’s overall attendance. A recent study estimates as many as 7.5 million students nationally are chronically absent each year<sup>1</sup>. In Oregon we are doing worse, with nearly one in five K-12 students chronically absent, compared to one in ten students who were chronically absent nationally<sup>1,5,7</sup>.

Chronic absence means missing 10% or more school days in a year for any reason (excused or unexcused) – that’s nearly a month of school!

Absenteeism and tardiness is not a “new” issue in Oregon. For example, in Multnomah County in the late 1990s schools, community service agencies, and juvenile justice authorities worked together to address truancy in a School Attendance Initiative<sup>15</sup>. Educators, parents, and communities are becoming aware of the potential harm overly punitive discipline codes can have on students, resulting in suspensions and interruptions of a child’s education<sup>16</sup>. Schools and school districts have responded to these concerns with a variety of approaches to encourage student achievement, address disruptive student behaviors that involve positive supports, and reduce truancy.

**Figure 1:** Example calendar showing how 2-3 days a month leads to chronic absenteeism



## Communities in Action: Michigan Kent County School Services Network (SSN)

Fifteen schools participate in the SSN. Social service workers, community school coordinators, school nurses and district family support specialists form attendance teams that meet weekly to identify frequent absences and brainstorm solutions for students and families. Solutions have included attendance policies at district and school level, attendance incentives, parent outreach and case management. For more information, contact [info@kentssn.org](mailto:info@kentssn.org)

Paying attention to chronic absences, and counting the additive impact that repeated excused and unexcused absences – including suspensions, truancy, and illness – have on children’s academic progress is a new approach. Upstream sees important connections across these different approaches. Upstream, with guidance from the national leader Attendance Works, sought to review the state of chronic absenteeism in Oregon in relation to health. Children’s health conditions like asthma or dental disease can cause absences. Health conditions can be one in a suite of barriers to school attendance. Together these barriers can have a cumulative impact that results in chronic absenteeism. Since this is a multi-faceted problem we see the need for a multi-sectorial approach: school districts need support from community partners to interrupt this cycle. This review explores national literature on student health and chronic absenteeism, existing research and chronic attendance efforts in Oregon, and evidence-based effective strategies and programs.

### **Defining “Absence”**

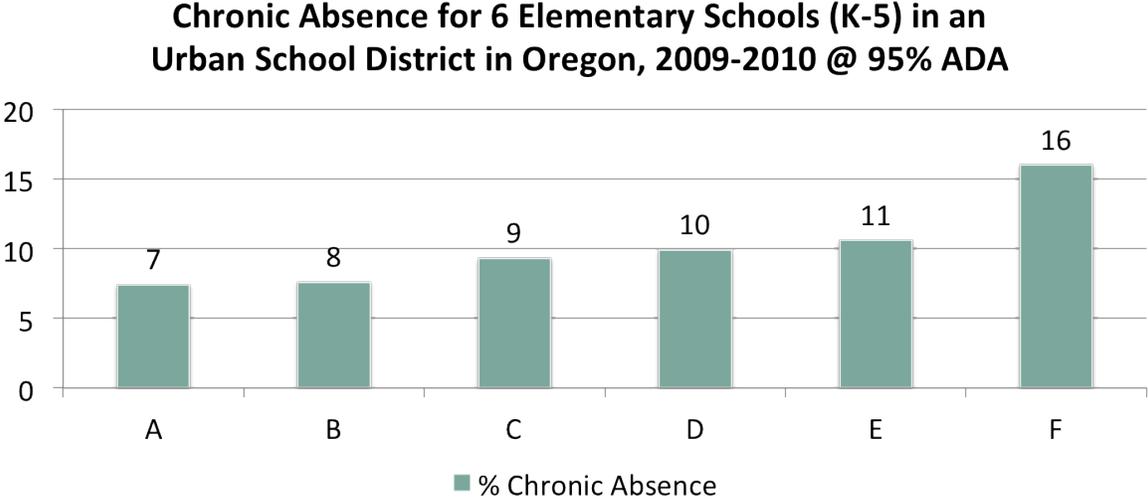
Defining different measures of absenteeism is important in order to clarify what each reveals. This paper uses the National Center for Children in Poverty’s definition of chronic absenteeism as a particular student missing 10% or more of school days, which equals about a month, within a 180 day academic year<sup>17</sup>. Many states and school districts define chronic absenteeism differently. This definition is used in this paper because that level of school absences in the first years of school has been clearly associated with lower academic performance in subsequent years<sup>17</sup>. Many school districts in Oregon have fewer than 180 school days, making attendance that much more important. Figure 1 is an example school calendar that shows how missing only two to three days a month over the course of a school year results in student chronic absenteeism.

Truancy and school absenteeism have been issues in the U.S. since the introduction of compulsory education and mandatory attendance<sup>18</sup>. Every state requires that children attend school or participate in an equivalent such as home schooling. Truancy focuses only on unexcused absences and looking at only these absences will underestimate the total potential school time lost to absenteeism<sup>19</sup>.

Many schools in the nation are required to report their average daily attendance (ADA) in order to allocate funding<sup>20</sup>. Oregon uses enrollment numbers to

allocate funding which is one reason Oregon schools have not historically focused more on reducing absenteeism. Oregon schools still pay close attention to ADA; therefore it's helpful to understand how ADA hides chronically missing students. It is possible for a school to have 90 or 95 percent daily average attendance and still have as many as 40 percent of its students chronically absent because on different days different students are in school that make up this average. For example, Figure 2 shows actual percentages of chronic absence ranging from 7 to 16 percent in different elementary schools with 95 percent ADA in an urban Oregon school district from the 2009-2010 school years (internal analysis from ECONorthwest, 2013).

**Figure 2:** Percent of students chronically absent for Six Elementary Schools (K-5) in an urban school district in Oregon, 2009-2010 SY at 95% Average Daily Attendance (ADA) (from internal ECONorthwest analysis, 2013)



### 3: Why Student Chronic Absenteeism Matters

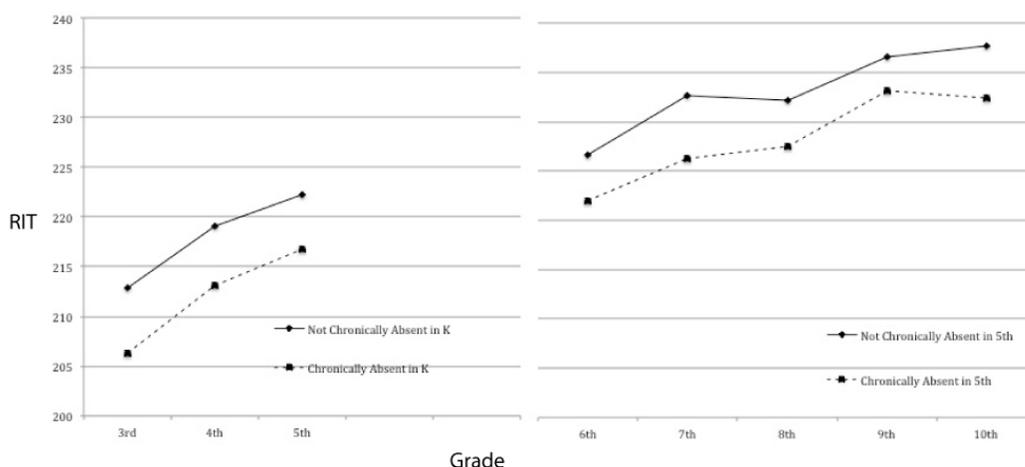
A child’s attendance affects their progress in school and can lead to a failure to graduate. The long-term consequences of chronic absenteeism can lead to a population that is less educated, underemployed, less financially stable in the community, and also less healthy, because a lifetime of good health is correlated with receiving more education. This section summarizes why addressing chronic absenteeism matters and why Oregon’s future is at risk.

One in three Oregon children do not graduate from high school on time.

When kids miss school, their learning suffers. A recent study found that Oregon kindergarteners or first graders with the highest absenteeism rates were not likely to catch up to their peers’ test scores by 5th grade (see Figure 1)<sup>2</sup>. Similarly, chronically absent 6th graders were more likely to be behind their peers by 10th grade in general achievement, math, and reading<sup>2</sup>. Chronic absenteeism in earlier grades affects academic achievement throughout elementary school. Figure 3 shows how chronic absenteeism in kindergarten or 5th grade affects academic achievement by showing average Rasch Unit (RIT) reading scores in later grades.

Early childhood is crucial for learning, but 24% of Oregon Kindergarteners are chronically absent, and this is a predictor of future absenteeism in later grades<sup>2</sup>. Chronic absenteeism increases achievement disparities between those attending and those missing school at the elementary, middle, and high school levels<sup>2,21,22</sup>. A state-by-state analysis of national testing data shows that children who miss more school score lower than their peers on the National Assessment for Educational Progress (NAEP)<sup>3</sup>. This is true at every age, in every racial and ethnic group and in every state and city in the study<sup>3</sup>. Students reporting missing 3 or more days of school in the prior month had lower average NAEP scores than students with fewer absences<sup>3</sup>. For example, children in 4th grade with higher absences scored on average 12 points lower on the reading assessment than those with no absences – the equivalent of more than one full grade level on the NAEP achievement scale<sup>3</sup>.

**Figure 3:** Chronic absenteeism in kindergarten leads to reduce reading scores (RIT) in later grades<sup>2</sup>



One in five K-12 children being chronically absent is a troubling number because national research shows that chronic absenteeism is a stronger predictor of children subsequently dropping out than commonly used measures of suspensions and test scores<sup>21,23,24</sup>. The less school attended, the less likely a student is to graduate from high school<sup>1</sup>. Further, a Utah study found that chronic absenteeism is cumulative; with every year of chronic absenteeism a child experiences, a higher percentage of students dropped out of school<sup>22</sup>. This is especially relevant because nearly one out of three Oregon high school students does not graduate with a regular diploma on time<sup>25</sup>.

Oregon's children of color are disproportionately affected by the consequences of chronic absenteeism. Children who are missing school and later dropping out are most often low-income and/or students of color<sup>2,21,26</sup>. Lower-income students and students of color are at a greater risk for health problems that contribute to absenteeism<sup>27</sup>. Studies show that these students also face more detrimental achievement outcomes with more school missed<sup>26</sup>. Chronic absenteeism, suspensions, and a pattern of disengagement can throw academic progress off course.

Educational achievement is not only a predictor of adult success; it also strongly predicts adult health outcomes. Children that do not graduate have much greater health risks as adults than their higher-achieving peers, creating an unfortunate and unnecessary cycle of poverty and poor health outcomes<sup>26</sup>. The less education an adult has, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions<sup>28</sup>. Because students raised in poverty benefit the most from being in school, one of the most effective strategies for providing pathways out of poverty is to do whatever it takes to get these students to school every day<sup>1</sup>.

In most states in the US, adults between the ages of 25-34 achieve a higher level of education than their parents, but in Oregon they achieve less<sup>25</sup>. Income and education level are both established indicators of health outcomes, with clear gradients showing worse health outcomes the lower the educational achievement and income<sup>29</sup>.

Oregon's future prosperity is dependent on all of our youth's educational success. School completion is a major factor in a student's readiness for college, future employment, and life-long health<sup>31</sup>. For example, Oregon high school graduates earn an average of \$7,149 more

### Communities in Action: Oakland, CA Oakland Unified School District (OUSD): Every Day Counts

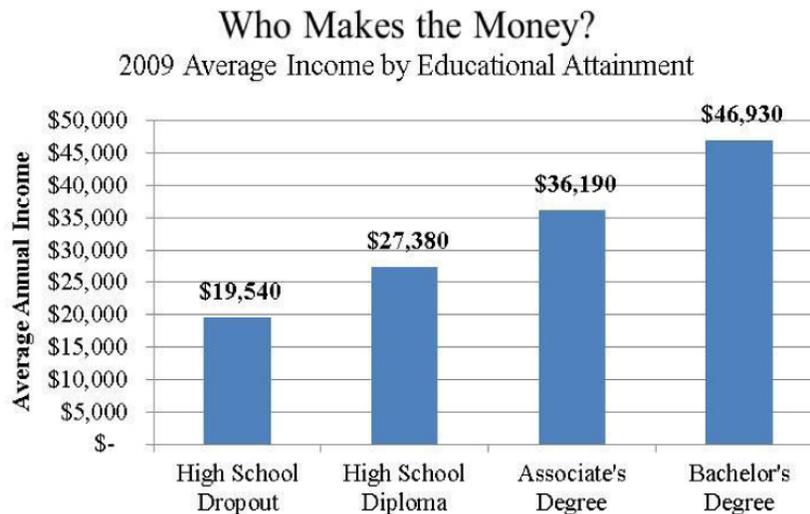
The OUSD, partnered with Attendance works, utilizes a community schools model working with school staff, families and community resources to support health and family issues to address chronic absence. OUSD attendance policies and procedures provide toolkits for schools including instructions on developing attendance teams, engaging families, incentivizing students and addressing barriers to attendance. Schools in the OUSD utilizing the Community Schools model have increased attendance rates and decreased rates of chronic absenteeism. More information at [www.ousd.k12.ca.us/attendancetoolkit](http://www.ousd.k12.ca.us/attendancetoolkit)

each year, than those who drop out of school<sup>32,33</sup>. High school dropouts are also 50 percent more likely to be unemployed than those who earn a diploma, even without college<sup>30</sup>.

“Because students raised in poverty benefit the most from being in school, one of the most effective strategies for providing pathways out of poverty is to do what it takes to get these students to school every day”<sup>1</sup>.

Oregon needs to address children of color’s chronic absenteeism trends to support Oregon’s future labor needs and economic prosperity. As baby boomers retire between 2020 and 2030, the available labor supply is projected to shrink<sup>34</sup>. The racial and ethnic composition of Oregon’s public school children is changing rapidly<sup>35</sup>. There are already fewer 4 year olds than 18 year olds in the population, signaling lower numbers of children headed for college and job training<sup>36</sup>. Further, the numbers of White and African American students are declining while the number of Asian and Latino students increasing – our future is a one of ethnic and linguistic diversity. Population forecasts indicate that Oregon, like the rest of the country, by 2040 will have a population where the majority are residents of color<sup>37</sup>. For example, the number of persons of color grew 52% between 1990 and 2000<sup>35</sup>.

**Figure 4:** Examples of earnings based on education<sup>30</sup>

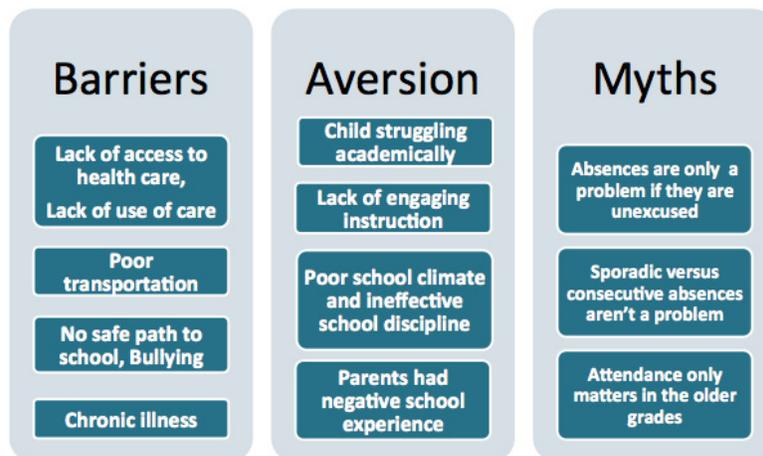


Our whole community prospers when every member of it has opportunities to succeed. Unfortunately, our current situation is putting us on a path of eroding livelihoods. As a population, people of color earn less than their White counterparts, a disparity that widens for those with less education<sup>38,39</sup>. In 2012, the poverty rate was 15% for non-Hispanic whites in Oregon. By contrast, it was 30% for Latinos, 34% for Native Americans and Alaskan Natives, 36% for Native Hawaiians and Pacific Islanders, and 41% for African Americans. If current trends continue, and more residents of color earn lower incomes over time, this will reduce city, county, and state tax bases affecting every community’s ability to invest in necessary infrastructure and widening income gaps. This has implications for Oregon’s economic vitality because employers need a trained, educated workforce. Further, income inequities are related to health disparities, or differences in health outcomes across different races and cultures<sup>40</sup>. Health disparities lead to health inequities when some groups receive disproportionate access to health protective factors and others receive disproportionate burdens<sup>40</sup>. It is our collective responsibility to identify ways to help child and adolescent school attendance because it is fundamental to our community’s success.

## 4: The Reasons Children are Chronically Absent

Child attendance behavior results from multiple influences in the community (e.g. violence), home (e.g. hunger), school (e.g. student-teacher relationships), and at the individual level (e.g. school phobia)<sup>17,19</sup>. This section summarizes physical, social, economic, environmental, and health factors that contribute to chronic absenteeism and explores the health reasons students are absent. Health goes beyond what happens in your doctor’s office – health is affected by everyday life where we live, work, play, and learn<sup>41</sup>. The reasons for chronic absenteeism can be grouped into three summary categories listed below<sup>3,6</sup>.

**Figure 5:** Categories of reasons children are absent



- **Barrier** – “cannot” go reasons include a lack of access to transportation, chronic health problems such as asthma, and lack of health care access.
- **Aversion** – “will not” go reasons include children avoiding school from a lack of interest in the curriculum, fear of being bullied, experiencing unpleasant treatment based on their race, culture, physical appearance, or disabilities.
- **Myths** – “do not” go reasons impressions of family, school, and community culture that only missing school repeatedly and unexcused absences – or truancy - should be prioritized over requiring, supporting, and promoting regular attendance<sup>1</sup>.

Oregon schools do not yet systematically collect information about why students are absent from school, making it challenging to determine which reasons are the most significant in which communities. Even when schools do ask, the information given by students or parents may mask other underlying issues. For example, during the Multnomah County based School Attendance Initiative that

focused on family-centered early interventions between 1998 and 2001 for middle school children, evaluators documented reasons for student absence and ranked them by frequency across the three years (see Figure 6). Evaluators determined that while chronic health issues, family mobility and child-care were the top three reasons affecting attendance each year, multiple other factors affected a student’s ability to attend school<sup>15</sup>.

**Figure 6:** Most Common Issues Affecting Student Absence in Middle School, 1998-2001<sup>15</sup>

| Issue                 | Average 3 Year Ranking |
|-----------------------|------------------------|
| Chronic Health        | 1 Most Common          |
| Mobility              | 2                      |
| Child Care            | 3                      |
| Food/Shelter/Clothing | 4                      |
| Mental Health         | 5                      |
| Lice                  | 6                      |
| Parenting Skills      | 7                      |
| Cultural Issues       | 8 Least Common         |

## Social, Economic and Environmental Factors

Social and economic factors such as poverty, the lack of stable affordable housing, and limited access to health care contribute to barriers to student attendance<sup>17</sup>. Environmental conditions such as school and family norms about attendance and school climate can contribute to student aversion behaviors and community perceptions about attendance<sup>1</sup>. Each day a student misses is educational time they cannot get back so it is important to understand and mitigate each contributing factor. This section describes these factors in brief.

### Economic Hardship

A child's socioeconomic status has major implications for their health and educational outcomes. Socioeconomic status is measured in many ways and can include family income, race or ethnicity, parental education, and occupational status<sup>42</sup>. Nationally as of 2011, over 15 million of all children lived in families experiencing poverty - defined as a family's income being at or below 100% of the Federal Poverty level, or having an income of \$22,050 for a family of four<sup>43</sup>. In Oregon, 23% of all children live in families experiencing poverty<sup>44</sup>. Ten counties in Oregon have even higher rates, with 33% or more children living at or below the Federal Poverty Line<sup>45</sup>. National data shows that the rates of child poverty are highest for communities of color<sup>46</sup>.

Children living in poverty are 25% more likely to miss three or more days of school per month compared to more students from higher economic backgrounds<sup>47</sup>. Lower-income and students of color are at a greater risk for health problems and subsequent absenteeism. One cohort study found that 25% of Kindergarteners were chronically absent or at-risk in general, and children from poor families were four times more likely to be chronically absent as their more well-off peers<sup>48</sup>. This correlation continued throughout elementary school: the lower the family income, the higher the absenteeism in all elementary grades<sup>48</sup>. Studies indicate that lower-income and students of color are also more likely to face detrimental achievement outcomes with more missed school<sup>26</sup>.

### Food Insecurity and Hunger

Hunger and food insecurity contribute to child absences<sup>49</sup>. Oregon has had one of the highest rates of hunger and food insecurity in the nation for the last decade<sup>50-52</sup>. A household is considered food insecure when members do not have access, at all times, to food for active, healthy lives<sup>53</sup>. Hunger, or very low food security, is defined as households in which the food intake was reduced and normal eating pattern of at least one member was disrupted because of household food insecurity<sup>53</sup>. Hunger can also affect families who are not experiencing poverty. Researchers have found that Oregon has a uniquely high rate of hunger among all income groups<sup>50,51,54</sup>. In a study examining food insecurity and hunger rates, Oregon's male blue collar workers, single mothers, two-parent households with children and households above the poverty line were more likely to experience food insecurity and hunger than in other states<sup>50,55</sup>.

Children living in poverty are 25% more likely to miss three or more days of school a month.

In 6-12 year olds, a lack of food has been associated with absenteeism, as well as poorer math scores, grade repetition, and tardiness<sup>49</sup>. In Oregon, 16% (1 in 26) of households with children are food insecure or hungry<sup>56</sup>. This means that potentially on average across all schools at least one child in every Oregon classroom does not know where they will get their next meal. In 2013, 16.1% of 8th grade and nearly

one in five (19.3%) of 11th grade Oregon teens ate less in the previous year than they felt they should, because there wasn't enough money to buy food<sup>57</sup>. These responses mirror the fact that nearly one in five Oregonians participate in the Supplemental Nutrition Assistance Program to put food on the table<sup>58</sup>. In the 2012-2013 school year, 53.7% of children were eligible for free or reduced meals in Oregon<sup>59</sup>.

### **Housing Instability, Homelessness and Student Mobility**

A family's housing stability is related to children's absences. Families experiencing economic hardship face a challenge in stretching limited dollars to cover food, shelter, and utility costs<sup>60,61</sup>. Low-income families eat less food during seasonal increases in home energy costs, and are at greater risk of going hungry when home energy bills are highest<sup>60,61</sup>. When families make these trade-offs, this can contribute to children missing meals and going hungry<sup>61</sup>. Further, when children experience unstable housing with food insecurity, the combined problem is linked to delaying medical care, postponing taking medications and not receiving well-child care visits – all of which can lead to untreated health issues that increase absenteeism<sup>62,63</sup>. Homeless youth and those who are forced to move or relocate (i.e. from foreclosure, eviction or other challenges) are at risk for higher absences<sup>64-66</sup>. An estimated 8% of children from low-income families experience homelessness in the course of a year<sup>63</sup>. In the 2011-12 school year, more than 22,000 homeless children attended Oregon schools; an estimated 14% of children living in poverty are homeless<sup>56,67</sup>. Studies indicate that homeless children are more likely to have poor attendance records<sup>64,65</sup>. Homeless children are also more likely than their housed peers to have instability in their school environment because of unanticipated school moves<sup>63,68</sup>.

Student mobility, or when students move from one school to another due to housing or other reasons, can have “deep and pervasive consequences” on learning, achievement, and educational well-being according to researchers<sup>69-72</sup>. Between the 2006-07 school year and the 2007-08 school year, between 23% (high school) and 32% (elementary) of Hispanic children switched schools at least once<sup>73</sup>. American Indian and Alaskan Native children formally enrolled in tribal nation registries were more than twice as likely (10.8%) to attend more than two schools in the 2011-12 year than non-tribe enrolled American Indian/Alaskan Native students (7.5%) and all other students (6.4%)<sup>74</sup>.

### **Health Care Access**

Health care access is a major contributor to chronic absenteeism according to a scan of national literature<sup>1,6,17</sup>. In 2013, an estimated 6.4% of Oregon children did not have health insurance<sup>44</sup>. Since healthcare transformation took effect, that rate has dropped, but some children do not have access to basic health services. Without proper health care access, students suffer the consequences. The literature shows that low socioeconomic status children are at a greater risk for experiencing health problems<sup>26</sup>. They may suffer from multiple health conditions and are three times more likely to be chronically absent from school due to illness or injury<sup>26</sup>. If basic health needs are not met, a student cannot achieve<sup>75</sup>.

### **Failing Home and School Infrastructure**

When families have housing, it may not always be in the best repair, given limited funds. Substandard living conditions of aging housing units create a variety of health risks that may affect school attendance. Substandard housing can lack necessary plumbing, heating, electricity, and can have cracks and poor indoor air quality<sup>76-79</sup>. Residents of substandard housing have an increased risk of chronic illness due to water leakages, inadequate ventilation, and overcrowding<sup>77,80</sup>. These factors create an environment for mites, roaches, viruses, and molds, which can result in allergic, respiratory, neurological, and hematologic illnesses and subsequent risk of absenteeism<sup>77,81,82</sup>. In Oregon, the American Community Survey estimates that in 2005, 9.6% of all homes were mobile homes, a number that includes both pull-trailers and manufactured units. Many of these homes in at least three rural Oregon counties have outlived their lifespan and may be considered sub-standard living conditions<sup>83</sup>.

The condition of school facilities affects absenteeism<sup>84–87</sup>. The National Center for Education Statistics estimates that 41% of U.S. public schools with portable buildings had ventilation in fair or poor condition in 2012-13<sup>88</sup>. Oregon families and communities currently face a challenge in repairing or replacing outdated manufactured homes and portable classrooms<sup>89–92</sup>. Recent reports explore how schools with limited finances for construction projects have relied on portable classrooms that, while intended to be temporary, become permanent fixtures. Some of the largest school districts in Oregon have thousands of these structures that have outlived their lifespans, based on an informal survey<sup>92</sup>. These classrooms are expensive to heat, require regular maintenance and may encourage mold and mildew growth due to poor ventilation that can create and exacerbate existing respiratory and allergic conditions<sup>81</sup>. Researchers in California found that poor elementary school classroom ventilation rates are associated with increased student illness related absences<sup>93</sup>. Other researchers reported that higher classroom ventilation rates were associated with substantial reductions in student absences<sup>87,94</sup>. Since children spend more time in school and in homes than other indoor environments, it is important to examine this as a factor in school absence<sup>95</sup>.

### **Transportation**

In the past fifty years as urban areas have expanded, people began to live further from schools, and district policies now give parents flexibility in enrolling children in schools beyond their own neighborhoods, communities have become increasingly dependent on public transportation and the family vehicle to transport children to school<sup>96</sup>. In 1969 40.7% of children in the United States walked or bicycled to school; by 2001 only 12.9% of children used an active travel method to get to school<sup>97</sup>. In 2012, 8.3% of all Oregon households did not have access to a vehicle and 12% of households with two workers only had access to one vehicle<sup>98</sup>. Some communities, such as Portland, have government agencies that have shared costs to subsidize programs to ensure high school students can make it to school through a Youth Pass bus ticket program. However, the program has been in jeopardy of ending for multiple years based on funding challenges<sup>99</sup>. While research is limited on how frequently transportation is connected to student absences in Oregon, the issue appears in multiple attendance efforts as requiring intervention based on community experiences in California, New York, Utah, Indiana, and Maryland to name a few<sup>1,22,100–103</sup>.

### **Under-resourced Schools**

Schools and communities serving low-income students with unique needs, English language learners, and other populations may not have the resources needed to address reasons why children are chronically absent. For example, schools with less financial resources may not have the ability to create systems to help children who fall behind. An inability to meet education needs from insufficient funding for counselors, special education, and teachers to reduce the classroom size can increase student disengagement, a component of children's absence behaviors<sup>104</sup>.

School size, and the resources needed to maintain larger schools, may also play a role in affecting child attendance. In an internal analysis of 2009-2010 school data, ECONorthwest found that a significant number of schools in Oregon with very low chronic absence rates had very small enrollments – which may indicate that some small schools struggle less than large schools do with chronic absenteeism<sup>105</sup>. Beyond Oregon, research shows that large schools in low-income and urban environments tend to have more chronically absent students<sup>106–108</sup>.

### **School Climate and Culture**

The school setting and environment play a role in determining whether or not children feel accepted, welcome, and safe at school. This includes the quality of school life based on school climate and school culture such its norms, values, and expectations that school administrations, staff, and educators accept and promote<sup>109</sup>. Children who may be different than the dominant culture in ability, learning style, primary language spoken, gender, sexuality, race, or ethnicity may feel excluded in school climates<sup>110–116</sup>.

One Oregon school district administrator described the concept of “unintentionally disinviting” practices that can impact school attendance, such as policies that suspend students from school for being chronically absent, not welcoming students to class, inconsistent expectations and consequences, not having systems in place that provide extra support for students who fall behind, and a lack of communication with parents (Scott Perry, personal communication, January 1, 2014).

Punitive discipline codes can lead to suspensions and expulsions that encourage student disengagement and isolation<sup>10,16,116,117</sup>. One researcher describes dropping out of school as a process of students becoming increasingly disengaged and alienated – which can include chronic absenteeism and poor achievement<sup>118</sup>. Other researchers concur that absenteeism involves complex issues of disengagement and student motivation, and that school culture and structure can contribute to both<sup>119–121</sup>. The term “School Pushout” is a way to describe high school students of color who drop out as a result of feeling unwelcome and targeted in school over time<sup>122–124</sup>. A series of in-school discipline measures that can begin as early as preschool including suspensions, expulsions, and school arrests can lead to a “School-to-Prison” pipeline where children of color disproportionately enter the legal system relative to their white counterparts<sup>16,125</sup>. “Zero tolerance” policies, emerging from the national Gun Free School Act of 1994 intended to keep children safe, are discipline codes that automatically impose severe punishment for behaviors (i.e. pointing a toy gun, carrying scissors, finding weapons in a child’s belongings) regardless of circumstances<sup>104,124,126</sup>. Researchers found that school officials in one case study applied a zero tolerance policy arbitrarily and capriciously with no oversight<sup>126</sup>. Oregon community leaders have been concerned with racial disparities related to school discipline. In the 1990s, a report found that in Oregon’s juvenile justice system in comparable cases children of color were more likely to be 1) arrested than their white peers, 2) charged with delinquent acts, 3) removed from their family’s care and custody, 4) remanded for trial as adults, and 5) found guilty of delinquent acts, and 6) incarcerated<sup>127</sup>. In Multnomah County, a 2012 report found that students of color in middle and high schools in the six largest participating districts were still excluded from school at much higher rates than white students<sup>128</sup>. African American students were excluded 3.3 times more than white students, Hispanic/Latino students 1.88 times more than white students, and Native American students 2.13 times more than their white peers, despite a lack of evidence that they misbehave more. The report found that the reasons children of color were referred to the office for offenses that are more subjective such as excessive noise, disrespect or loitering versus white students were more likely referred for objective reasons such as smoking, vandalism, leaving without permission or obscene language<sup>128</sup>.

Beyond overly punitive discipline policies, recent education reform emphasis on standardized test performance has contributed to increased stress in classrooms for all involved<sup>129,130</sup>. Research indicates that national policies to emphasize test performance may also incentivize schools to discourage low-performing students, in relation to a test-based accountability mechanisms<sup>131</sup>.

The school climate also affects children’s willingness to ask for help in bullying situations. One study found that in a school where African American students were referred to the office for discipline three times as often and suspended five times as often as Caucasian students, African American students were less likely to seek help from teachers for bullying or threats of violence<sup>10,116</sup>. Another study found that African American students who believed that their teachers were caring, listened, and could be trusted were less likely to receive in-school suspensions<sup>113</sup>.

Student perceptions of school climate also relate to attendance behavior. Student perceptions of the classroom or teacher being chaotic, uncaring or boring discourages attendance<sup>111,115,132,133</sup>. The rigor and relevance of the school’s instructional program affect a child’s desire to attend<sup>107</sup>. Research indicates that students are less likely to attend school if the content is boring or irrelevant to their lives, if they feel unsupported or disrespected by teachers, feel targeted for different reasons, fall behind on their work and can’t catch up, or are being bullied<sup>115,134–139</sup>. Other research indicates that positive school climate relates to student engagement and improved academic achievement<sup>114–116,136,137</sup>. Additional school

climate elements such as bullying are discussed in the health section of this report.

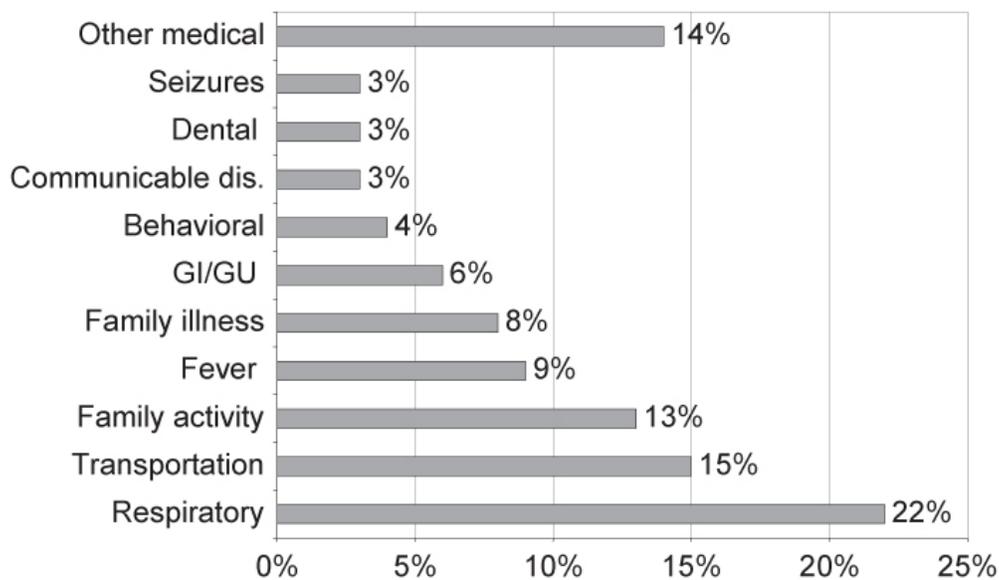
### **Attendance Culture**

Family, student, and school factors affect children’s ability to attend school ready to learn. A lack of awareness of the importance of attending as many school days as possible can lead to a culture of “it’s okay to miss school today.” Since 1965, Oregon has required children between the ages of 7 and 18 years old to attend a public full-time school or other option (e.g. home school, parochial, alternative school) ORS 339.010 and 339.030 rules. In Oregon, kindergarten and first grade students (ages 5 or 6) were not required to consistently attend until the rule was updated in 2012 through ORS 339.010. This same policy only requires children who have already been enrolled in public school to regularly attend school – it does not require all families to enroll their children. The legacy of this policy, and immediacy of its amended version, may be contributing to an expectation among Oregon communities, school districts, schools, and families that younger children do not need to be in school regularly.

## Health Conditions and Chronic Absenteeism

Many barrier and aversion reasons children miss school are connected to health conditions. With so little attention historically focused on chronic absence, communities will need support identifying which health issues are most commonly linked to children’s attendance behavior and how to prevent them. Limited research indicates that some common health conditions resulting in missed school include asthma, diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), influenza, diabetes, obesity, violence, dental health, seizure disorders, mental health and anxiety, food insecurity, housing insecurity, violence, and vision problems<sup>140</sup>. This section reviews health conditions shown to have a relation to attendance, or academic achievement, as described in public health and education research.

**Figure 7:** Health issues identified for pre-school and elementary age children<sup>141</sup>



Chronic health conditions are often a barrier to a child attending school and contribute to chronic absenteeism. According to the Center for Disease Control and Prevention, chronic conditions are those that can be controlled but not cured and persist for more than three months. Chronic conditions increase a student’s risk of not attending school and achieving less academically. These conditions generally can be managed with medical coaching, medication, and treatment, (if the student has access to health care.) We do not know the extent of all health reasons conditions that result in students missing school. In a recent North Carolina study, a family nurse practitioner called families in one pre-school and two elementary schools to determine the actual reasons recorded by the school as “excused illness or injury”<sup>141</sup>. Figure 7 shows that many health issues contributed to chronic absences, as well as other physical or economic conditions such as transportation. This section is organized alphabetically as each community will have a different ranking of most significant health issues affecting attendance.

### Behavioral and Mental Health Conditions, Learning Disabilities

Researchers describe mental health conditions such as depression, anxiety, and oppositional defiant disorder as being related to school avoidance behaviors for truancy and children refusing to attend school<sup>142–144</sup>. A 2014 study found that in inner city Los Angeles, students with mild and severe depression were more likely to have more unexcused absences<sup>145</sup>. In several studies, researchers

have found that a child's unwillingness to go to school was associated with depression, separation anxiety disorder, generalized anxiety disorder, disruptive behavior disorder, and oppositional defiant disorder<sup>138,142,146,147</sup>. Researchers think that other risk factors that can lead to anxiety and school absences include homelessness, poverty, school violence and victimization, school climate and connectedness, and parent involvement<sup>146</sup>. Research indicates that children with learning disabilities and emotional disturbances who receive special education services have higher rates of absenteeism<sup>148</sup>. Other mental health disorders and seizure disorders such as epilepsy have been associated with increased student absenteeism<sup>149,150</sup>. Those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) may have trouble paying attention, controlling impulsive behaviors, and sitting still<sup>151</sup>. In the U.S., 4.6 million children (8.4%) have been diagnosed with ADHD and 8.8% Oregon children have been diagnosed with ADHD. At the population level, school-aged students of color in urban areas are more likely to be diagnosed<sup>152,153</sup>. ADHD is also a risk factor for missing school. Studies have shown that ADHD increases the likelihood of absenteeism in students<sup>154-157</sup>. In one study, adolescents with ADHD were significantly more likely to be absent or tardy, and over eight times more likely to drop out of high school<sup>158</sup>.

### **Family and Community Setting Related Trauma**

Chronic absenteeism can be an indicator of health challenges for the family, as well as the student. Parent health such as adult mental illness, substance, or tobacco use in the home can affect a family's ability to keep children in school. Children with parents who report depressive symptoms are more likely to be absent from school than other children<sup>159</sup>. Researchers are also concerned about childhood trauma events on children's life long health<sup>160,161</sup>. Recent research is examining how one or more adverse childhood experience such as residential instability, parental divorce or separation, witnessing domestic violence, involvement with child protective services, jailed family members, substance abuse among family members, community violence, having unmet basic needs, mental and physical disorders among family members, and caregiver death put children at a risk of severe attendance problems, academic failure, severe school behavior concerns, and frequent reported poor health<sup>160,162</sup>. Children in these circumstances experience regular emotional pain, may become aggressive, and are closed to new learning – all behaviors that can result in misunderstandings among educators and other caregivers<sup>160</sup>.

### **Oral Health**

Among students with access to oral care, 36% of students missed two or more days due to dental problems. Among those with access who cannot afford dental care, 73% of children missed two or more days<sup>163</sup>. Indeed, poor children suffer 12 times more restricted-activity days due to dental problems than higher-income families<sup>164</sup>. The U.S. Dept. of Health and Human Services estimates that 51 million school hours are missed each year because of dental problems<sup>164</sup>. Sixty percent of children are affected by tooth decay, making it one of the most common chronic childhood diseases. In another study, children with poor oral health were nearly 3 times more likely to miss school because of dental pain<sup>165</sup>. A study examining oral health and attendance in South Carolina found that in a sample of 2,120 children, an average of 4.32 days were missed in the school year from general illness or injury while 21.6% of the students missed a day or more of school from routine dental care, and a little over 4% missed a day or more of school from dental pain, although the study did not look at access to health care<sup>165</sup>. One study found that children with poor oral health and general health were 2.3 times more likely to have poor academic performance<sup>166</sup>. In Oregon, one in five children (20%) between 6-9 years of age have untreated dental decay<sup>167</sup>.

### **Other Chronic Conditions**

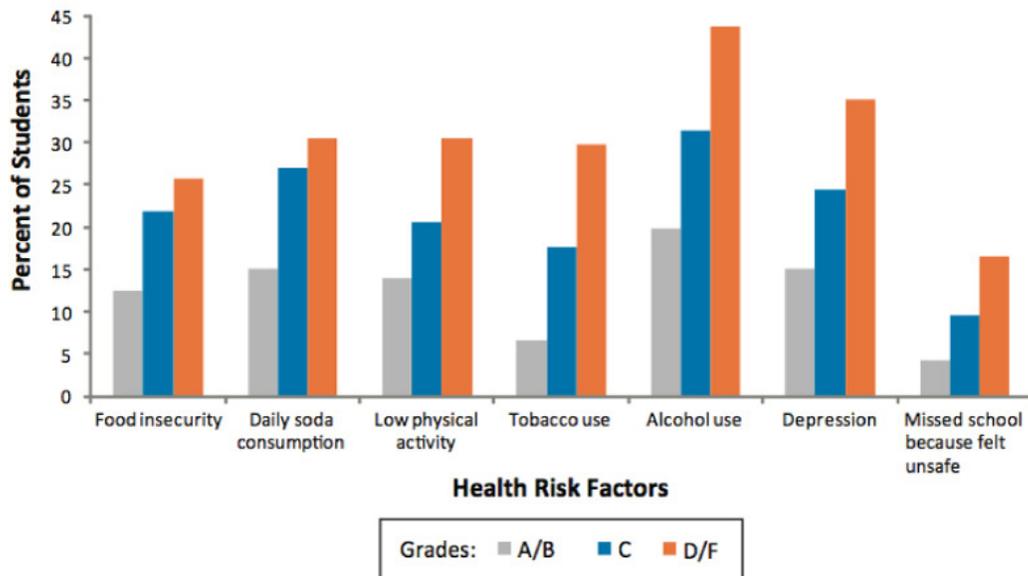
Other chronic conditions mentioned in the literature related to student absences include sickle cell anemia, chronic pain, abdominal pain, musculoskeletal pain, and juvenile rheumatoid arthritis<sup>168-170</sup>.

## Personal Safety, Bullying and Violence

Student's perception of safety in schools, whether in relation to student teacher or peer relationships, is related to attendance behavior. Research indicates that bullying is prevalent across elementary and secondary school years and affects both bullies and victims<sup>171-175</sup>. Bullying is associated with lower academic achievement and absences<sup>176</sup>. Students who experience bullying and victimization by peers or teachers tend to miss more school than students who do not have these experiences<sup>176</sup>.

Some students report not attending school because of feeling unsafe. In a nationally representative sample, more Hispanic and African American students than White students reported missing school in the past month because of feeling unsafe either at, or traveling to or from, school<sup>152</sup>. In a different national survey of Lesbian, Gay, Bisexual and Transgender (LGBT) middle and high school students, 9 in 10 LGBT middle school students were verbally harassed because of their sexual orientation, 6 in 10 LGBT middle school students experienced physical harassment, and LGBT middle school students were nearly twice as likely to be physically assaulted than LGBT high school students<sup>112</sup>. Additionally, a national analysis found that with more violence exposure, such as in the home or to neighborhood gang violence, there is a higher risk for not graduating from high school<sup>177</sup>. In the 2013 Oregon Healthy Teens Survey, 34.6% of 8th graders and 23 % of 11th graders reported being harassed or bullied in the previous 30 days. In the same survey 7.4% of 8th graders and 4.5% of 11th graders missed a day or more of school in the last month because they felt unsafe at, or on the way to or from school<sup>57</sup>. A report that examined 2006-2009 Oregon Healthy Teens Survey data found that 15% of Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) youth in Oregon missed school in the last 30 days because they felt unsafe and that 20% of LGBTQ youth in Oregon attempted suicide in the last year compared to 5% for straight youth<sup>178</sup>. Figure 8 indicates how lower academic grades are related to higher numbers of selected health risk factors for 8th grade students, including missing school because of feeling unsafe, in the 2009 Oregon Healthy Teen survey<sup>179</sup>.

**Figure 8:** Health Risk Factors from the Oregon Healthy Teens Survey 2009



## Physical Activity and Diet-Related Conditions

Other associations between health-promoting factors and absences need to be explored based on relationships between health and academic performance as shown in Figure 8. For example, the connection between absenteeism and physical activity is not well documented. However, higher academic achievement is associated with higher physical activity. In one literature review, researchers found that being physically active is positively associated with academic performance in children<sup>180</sup>. Additionally, watching more television, a sedentary activity, is associated with poor academic performance<sup>181</sup>.

Diet and physical-activity-related health conditions can lead to student absences<sup>170</sup>. Diabetes is a condition where there is a shortage of insulin or a decreased ability to use insulin in order to convert glucose into energy. Type 1 diabetes, called juvenile diabetes because it often appears in childhood or adolescence, is when a person's pancreas does not produce enough insulin to process sugar in the blood. Type 2 diabetes – when your body does not make or use insulin well - is related to diet and physical inactivity and has been increasing in children and youth in the last two decades<sup>182</sup>. One review of fifteen studies describes associations between type 1 diabetes, lower academic outcomes, and student absenteeism<sup>170</sup>. In 2009, 2,100 children in Oregon had diabetes, primarily type 1<sup>183</sup>.

There is evidence of a possible relationship between absenteeism and obesity, especially among students who may be bullied or harassed more than their peers. Obesity is commonly determined by Body Mass Index, an index of weight to height where a person's weight in kilograms is divided by their height squared in meters<sup>184</sup>. One study found that overweight and obese adolescents had 36% and 37% more sick days, respectively, than adolescents of a lower BMI<sup>185</sup>. Another study found that third-grade boys who have been overweight since kindergarten have more absences from school<sup>186</sup>. One study found that severely obese students with a BMI above the 99th percentile had 11% more missed school days than normal weight students. However, this study concluded that race and poverty affect absences to a greater extent than overweight or obesity<sup>187</sup>. A study that examined obese students with a medical referral to treat obesity found that these students missed an average of 4.2 days a month, as opposed to the 1.0 day missed a month by non-obese youth<sup>188</sup>. In 2009, 26.6% of Oregon's 8th graders were overweight or obese<sup>189</sup>.

### Communities in Action: East Multnomah County High Schools, Oregon School Attendance Matters

Gresham-Barlow, Reynolds, and Centennial High Schools utilize this early detection program, which engages youth and parents to address the root causes of chronic absenteeism. Students who miss eight half-days in a four-week period are identified. A series of letters are sent home by the school or community organizations, citing the Oregon Statute regarding school attendance policies and offering support. Parents and youth are given access to credit recovery, evening academies, remedial classes, one-on-one support and assessment, tutors, parent meetings, SUN and restorative justice programs. A similar program was instituted at Milwaukie High School. In its first year of operation, 92% of truant students returned to school without parent citations or fines. As a last resort, if attendance remains an issue after the second letter and follow-up efforts, the School Resource Officer cites the parents to visit the Multnomah County Circuit Court. Parents may be required to pay a fine; they can work with the court, or request a hearing. Contact Lisa Kulkarni: [lisa.kulkarni@multco.us](mailto:lisa.kulkarni@multco.us)

## Respiratory Illness

1 in 10 Oregon children  
have asthma

For children with illness related absences, researchers estimate that more than half are related to respiratory problems among elementary aged children<sup>190</sup>. This contrasts with the North Carolina study described in Table 7 earlier in this paper. Respiratory illness can be caused by exposure to second-hand tobacco smoke in the home, seasonal and chronic allergies, asthma, viruses and bacterial illnesses such as pneumonia<sup>190-192</sup>. For example, one study found that children who live with one or two adult smokers had 1.06 and 1.54 more days absent, respectively, than children with no smokers in the home<sup>192</sup>.

Child asthma in particular has implications for student attendance. Asthma is one of the most prevalent health conditions in children<sup>193</sup>. Nationally, 6.8 million children (9%) have asthma<sup>194</sup>. Oregon has one of the nation's five highest asthma rates. In 2011, approximately 12.2% of Oregon 8th graders and 11.8% of 11th graders had asthma<sup>195</sup>. The national prevalence in White children is 8.9% whereas in African American children it is 12.8%. In Oregon, approximately 10% of children have asthma<sup>195</sup>. Most of the Portland tri-county region's higher-poverty schools are located in census tracts with relatively high asthma rates (13.10% and higher). Asthmatic children have been found to miss more school, an association that increases with asthma severity level<sup>193,194</sup>. Asthmatic children may suffer acute asthma attacks that require immediate medical attention or hospitalizations<sup>170,196-199</sup>. Affected children may experience sleep deprivation<sup>170</sup>. Families and children also face the burden of managing a child's environmental triggers such as dust mites at school or home as described in the previous section<sup>89,92,152</sup>.

Lower-income children are more likely to have asthma and also more likely to miss school because of asthma. A literature review found that children from lower-income families had a 40% higher prevalence rate for asthma<sup>193</sup>. Nationally, in low income, urban, communities of color the asthma rate has been as high as 20%<sup>200</sup>. Additionally, schools with the highest concentrations of lower-income students had the most absences due to asthma<sup>201</sup>. In a study of inner-city Los Angeles youth, known asthmatic students missed 5.2 days a year<sup>198</sup>. Young age significantly impacted school attendance in children with known asthma: 5 year-olds with known asthma missed 7.9 total days/year compared with children who had a lower or higher probability of having asthma missing only 3.1 to 3.7 days/year compared to older children<sup>198</sup>. Males, non-Hispanic Black and Mexican race/ethnicity, poorer health status, lower parental education, and exposure to a household smoker are associated with a higher risk of asthma absences. Indicators of greater asthma-related healthcare resource use are also a predictor of asthma-related absenteeism.

## Substance Use

Use and abuse of alcohol, tobacco, and other drugs are linked to absenteeism<sup>152,202-204</sup>. The earlier a student begins using marijuana and alcohol, the higher likelihood that they will not attend school. Overall, 5.6% of Oregon eight-graders and 17.8% of 11th graders reported an episode of binge drinking, defined as five or more drinks in a row, in the past month (Oregon Healthy Teens Survey, 2013). There is a 10% increase in attendance for every year that the student delays beginning marijuana or alcohol use<sup>205</sup>. In Oregon, 9.7% of 8th graders and 20.9% of 11th graders reported smoking marijuana in the last 30 days<sup>57</sup>. For tobacco, 4.1% of 8th graders and 9.4% of 11th graders reporting smoking cigarettes in the last 30 days<sup>57</sup>. Compared to adults, teens who smoke experience more episodes of depression and cardiac irregularities and are more likely to become dependent<sup>206</sup>.

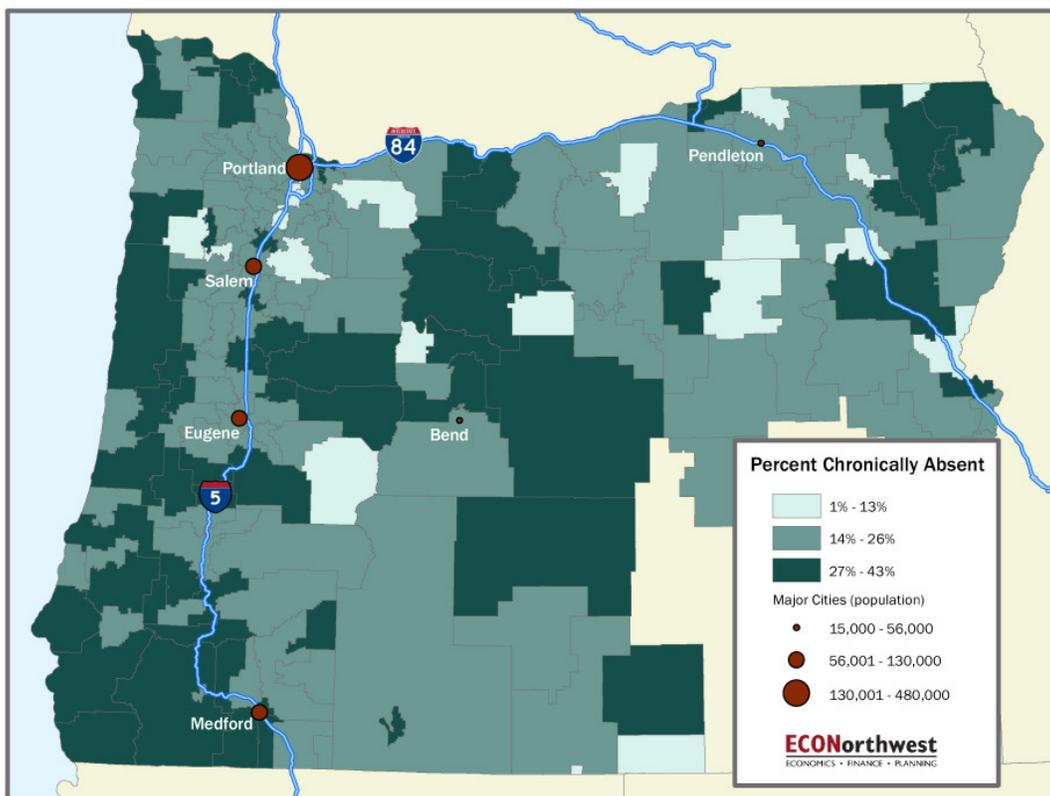
## Youth Reproductive Health

Teen birth, a live birth by a female under the age of 20, influences a student's risk of chronic absenteeism<sup>207</sup>. Though teen pregnancy rates are decreasing, Oregon teens had a rate of 33.2 teen births per 1,000 in 2008<sup>208</sup>. This number does not reflect miscarriages or abortions. Pregnant girls may suffer stigma or other social consequences that could contribute to absenteeism. Teen pregnancy remains the number one reason for quitting school<sup>209</sup>. Only 60-80% of teen mothers complete high school<sup>146</sup>.

## 5: All Oregon Communities Are Affected by Chronic Absenteeism

Chronic absenteeism affects students throughout Oregon from all backgrounds in rural, suburban, and urban areas. Children who are most at risk include those experiencing economic hardship, children of color, and children with disabilities. All of Oregon's children will benefit from community strategies to reduce chronic absenteeism, because educators may divert their attention to helping students who have missed school catch up.

**Figure 9:** Percentage of Chronically Absent Students, K-12, by Geographic Region, 2009-2010



Estimates of absenteeism rates range from 18% for 1st-12th grade in 2012-2013 to 23% in 2009-2010 for K-12, much higher than many other states<sup>3,5,7</sup>. Nationally, one in ten kindergarten and first grade students misses a month of school every year, and a disproportionate number of those absent are

## Communities in Action: David Douglas School District, Multnomah County, Oregon

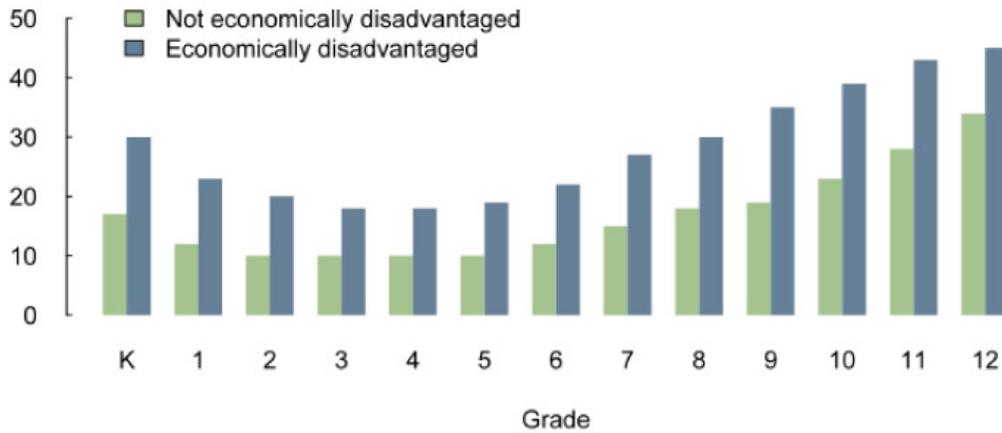
School-wide practices include parent education, evening events, back to school night, newsletters, parent-teacher conferences, and an annual flyer on attendance rates. Individual student recognition is given in class and at assemblies for 95% or more attendance; quarterly treats are given to students with high attendance. Recognition is given to the classrooms with the highest monthly attendance average, and daily recognition to classrooms with only one student absent, and only two late students. Teachers discuss and teach about the importance of good attendance and policies are posted on the school website. When students are absent, parents are notified via a progression of letters home noting the number of days missed and attendance percentage, attendance policies, and asking the parent to call the school to discuss strategies. The third letter mandates a meeting with the parents at which teachers and parents jointly fill out an attendance contract. If parents are unable to attend the meeting then David Douglas High School and the assistant superintendent will be notified. School attendance teams brainstorm interventions including phone calls home, wake up calls, and counselor and classroom reinforcement. An attendance report from Fall 2012 showed 88% of supported students showed significant improvement in attendance. Contact the district office at 503-252-2900 or Florence Protopapas at [Florence\\_Protopapas@ddouglas.k12.or.us](mailto:Florence_Protopapas@ddouglas.k12.or.us)

children of color and low-income students<sup>48</sup>. A national state-by-state study found Oregon was 4th from the bottom where 24% of 4th and 8th grade students reported missing three or more days of school in the previous month<sup>3</sup>. Figure 9 provides an average of the rates of chronic absenteeism for primary and secondary schools combined, showing the areas that experience the highest rates of chronic absenteeism for K-12 students in 2009-2010. As evident in the map in Figure 9, chronic absenteeism is consistently a challenge in urban, suburban, and rural areas. In early grades, there is high chronic absenteeism in many parts of the state, and rates are much higher in rural areas<sup>4,5</sup>.

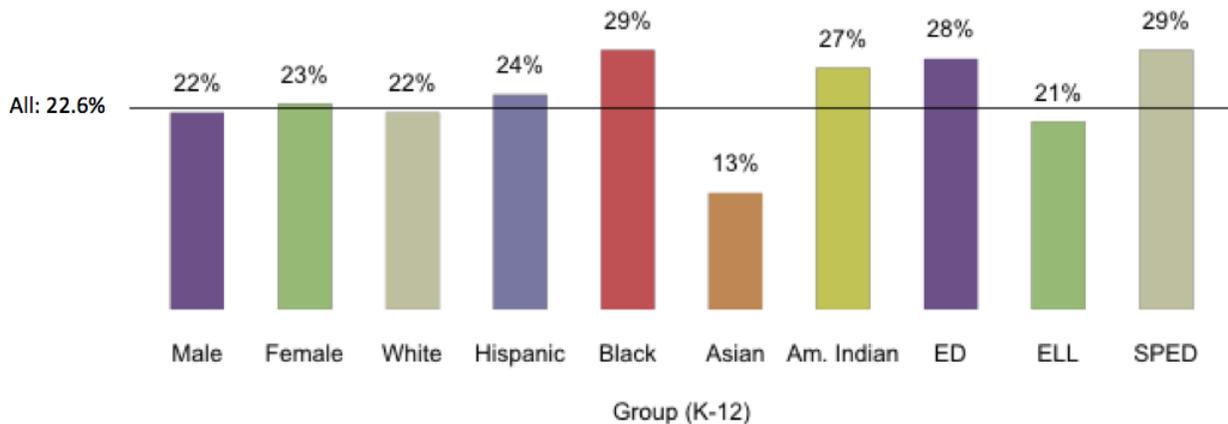
The analysis indicates that different groups of children were at a higher risk of missing excessive school<sup>2</sup>. Figure 5 shows the percentage of Oregon students who are chronically absent, separated by grade and economic advantage. The impact of chronic absenteeism on achievement outcomes for lower-income students is much greater than for higher-income students<sup>26</sup>. Low-income students were nearly twice as likely to be absent from school in the primary grades, and 50% more likely to be absent in high school<sup>2</sup>. In Oregon, by high school, two out of five economically disadvantaged students were chronically absent in the 2009-2010 school year. Though rates of chronically absent students slowly decrease through the 4th grade, they rise again after the 4th grade across all children. In 2012-2013, 29% of high school seniors were chronically absent, a decrease from the 2009-2010 year when 38% of Oregon high school seniors were chronically absent<sup>4,5,7</sup>.

Figure 11 shows students experiencing some of the highest rates of chronic absence relative to the average from 2009-2010 data in Oregon. Because rates can shift from year to year, one school year is not sufficient to understand trends over time. Rates of chronic absenteeism in Oregon in the 2009-2010 are greater among children of color, with Latino/Hispanic, African American/Black and American Indian children having higher rates of chronic absenteeism compared to the overall average. Nearly one in three children experiencing economic hardship, children of color and children with special education experienced chronic absenteeism (see Figure 11). Those in special education include any child with a disability who is receiving specialized instruction<sup>210</sup>.

**Figure 10:** Percentage of Students Chronically Absent by grade and economic advantage



**Figure 11:** Percentage of students chronically absent by different group



ELL = English Language Learner, SPED = Special Education, ED = Economically Disadvantaged

The community context is important when considering how to address this issue. In examining 2009-2010 attendance data, ECONorthwest found that school demographics did not determine a school's chronic absenteeism destiny<sup>4</sup>. Some schools with higher numbers of at-risk children in K-2nd grades had statistically lower than expected levels of chronic absence. Figure 12 shows the predicted versus the actual chronic absence of the highest and lowest performing schools relative to the model. At this point it is unclear the exact reasons why some communities are beating the odds and there are a lot of promising practices occurring throughout the state<sup>4,5,211</sup>.

**Figure 12:** Example schools with lower than expected chronically absent students

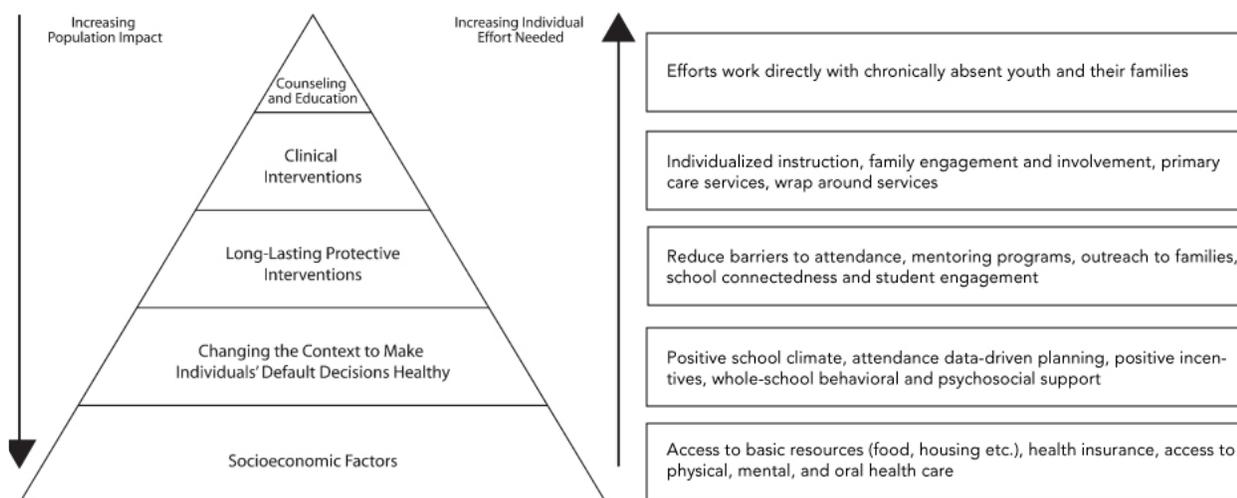
| Characteristics        | School #1 | School #2 | School #3 | School #4 |
|------------------------|-----------|-----------|-----------|-----------|
| Region Type            | Rural     | Town      | City      | City      |
| K-2 Enrollment         | 218       | 75        | 215       | 312       |
| % ED                   | 72%       | 100%      | 82%       | 89%       |
| % ELL                  | 5%        | 16%       | 64%       | 70%       |
| % SPED                 | 17%       | 5%        | 12%       | 9%        |
| % Non-White            | 36%       | 33%       | 83%       | 83%       |
| <b>Chronic Absence</b> |           |           |           |           |
| Predicted Rate         | 24%       | 28%       | 22%       | 22%       |
| Actual Rate            | 1%        | 7%        | 6%        | 38%       |
| Difference             | -23%      | -21%      | -16%      | 15%       |

## 6: Strategies to Address Chronic Absenteeism

The field of research and advocacy around chronic absenteeism is relatively new. However, there has been extensive educational research on unexcused absences, regular attendance, student drop-out, and school discipline systems, all of which provide useful information about potential strategies to address chronic absenteeism. Reasons students are chronically absent reveal the need for multi-pronged efforts to support children. The literature reviewed in this paper of physical, environmental, economic, health, and social factors reveals that no one strategy will address all contributing causes of chronic absenteeism<sup>12,212</sup>.

Public health and social service agencies may think about addressing chronic absenteeism by aligning strategies to the Health Impact Pyramid presented in Figure 13. Research suggests a combination of monitoring, preventive approaches and intervention efforts are most likely to be effective<sup>1,6,11,135,139,213–216</sup>. For example, schools may prevent chronic absence by using school-wide incentives to encourage regular attendance (see Figure 13 the fourth layer of the pyramid). Prevention strategies are designed to support whole student populations to make the context of making attendance choices easier. While interventions focus on individuals and are tailored to the needs of specific children. An “intervention” could involve engaging families and students to identify causes of absences in order to address them, as shown in the top two layers of Figure 13<sup>1,12,212</sup>. Although addressing social and economic factors may involve interventions, wraparound services, where public health and social agencies work together to support children and family access to food, housing and health care, also act as interventions to address a child’s lack of basic resources (see Figure 13). This section reviews the literature on various strategies beginning at the individual level and moving outward to affect a greater number of students.

**Figure 13:** The Health Impact Pyramid aligned with strategies to support K-12 attendance<sup>101,212,217–221</sup>



This section explores strategies described in the literature as being effective, with the caveat that every community, district, school, family, and child are unique and that these methods should not be thought of as a one-size-fits-all approach. There is very little information in the literature about how successful each specific strategy is relative to, or in combination with, others. The literature describes specific strategies for different ages of children, but does not describe how different strategies are more or less effective for children of different cultural and ethnic backgrounds, in rural or urban settings, or in specific community contexts.

### **Individual Intervention Strategies**

When children avoid school and refuse to attend, intervention recommendations for public health professionals are focused on providing incentives and rewards for attendance behavior, counseling, and medications for anxiety<sup>139,214</sup>. Researchers recommend using a School Refusal Assessment Scale to gauge the reasons why children are avoiding school<sup>139</sup>. Social skills training for children have also improved attendance<sup>106</sup>. For students who have negative connotations with attending school, other researchers advocate for counseling using cognitive behavioral therapy<sup>107,143</sup>. The counseling involves students being self-analytical about their statements regarding why they will not attend school. The student meets with a counselor or other educator and learns strategies for decreasing anxiety-producing thoughts and increasing anxiety-reducing thoughts such as meditation and anxiety reduction methods<sup>143,220,222</sup>.

For students who are becoming disengaged, researchers found an increase in attendance when students thought the subject matter was useful in their life<sup>223</sup>. An educator can support student interest by using instructional practices where the subject is related to student's lives, involves connections across subjects, is technology-rich, is positive, challenging and open, involves respectful peer collaboration, where educators learn with students. After-hours programs and youth development programs also tend to improve attendance<sup>9</sup>. Furthermore, a greater number of activities such as extra-curricular offerings and improved courses support attendance in the school and are associated with decreased absenteeism<sup>106,107</sup>. To address student engagement and interest, creating smaller academies in the school with a specific career emphasis can increase high school attendance. Some researchers recommend involving youth in developing supportive school environments that help address children's well-being as a method for engaging youth.

A consistent indication in the research literature is that children are engaged, remain in school, and achieve when they feel that adults in their life care about them<sup>224-229</sup>. Caring practices in the classroom include providing students with instructional strategies to support their learning, displaying and communicating concern for students' emotional well-being, creating a learning environment of mutual respect, and communicating expectations that students can succeed in their school<sup>228,229</sup>. Research suggests that culturally responsive teaching such as multicultural curriculum and instruction and educator cultural consciousness can support student learners of color<sup>114,230</sup>. Mentoring programs can be helpful in improving student attendance. For example, Big Brothers/Big Sisters and Across Ages have demonstrated a positive impact on student attendance<sup>231-233</sup>. One meta-analysis of mentoring programs found that when looking across many different programs collectively they have only small benefits unless specific elements are in place<sup>234</sup>. To be most effective, the author argues that mentoring programs must have ongoing training for mentors, structured activities for both mentors and youth, expectations for frequency of contact, mechanisms for support, involvement of parents or caregivers, and monitoring of overall program implementation<sup>234</sup>.

Trauma informed education and youth development for children experiencing one or more adverse traumatic experiences in the community or in their home can also help students develop capacity to manage stressful life events such as divorce<sup>160,161</sup>. Researchers are developing and utilizing a new trauma sensitive school improvement strategy that focuses on the needs of individuals while also using system wide classroom management and teaching techniques to address children's state of emotional development. This approach is called ARC, for developing secure attachments, enhancing

self-regulatory capacity and increasing competence in behaviors that help students gain mastery and success in cognitive, interpersonal, intrapersonal, emotional and physical development<sup>235,236</sup>.

### **Interpersonal, or Social Support Strategies in Community, School and Home**

Strategies that start early to create a culture of attendance within the community and within schools help create the foundation for the future. Across all environments, celebrating good attendance with families and students is an identified strategy to decrease absenteeism<sup>106</sup>. At school and in the community, student support programs and building behavior contracts between students and adults based on privileges and responsibility are a couple of tactics to improve attendance<sup>19,107</sup>.

School and family communication is crucial for addressing absenteeism. Research indicates that parent involvement, including monitoring attendance, volunteering, attending PTA/PTO meetings, and having discussions with their children about attendance decreased chronic absenteeism<sup>9,237</sup>. Parent assistance with homework has been shown to increase student attendance. Schools opening up communication lines in culturally appropriate ways such as letters home, phone calls, and in-person communication with families about the issue of attendance is a very important strategy. One study found that increased communication about attendance and the development of strong school-family partnerships effectively decreased chronic absenteeism<sup>107</sup>.

Students respond well to practices that show adults care about them. Poor relationships between staff and students increase chronic absenteeism<sup>107</sup>. Research shows that for all students, access to quality teachers decreases chronic absenteeism. Supporting the student in a myriad of ways is an essential strategy to increasing attendance. Students respond to positive rewards and minor consequences based on behaviors. Awards have been shown to help increase student attendance<sup>9,106</sup>. These could take the form of verbal recognition, tangible rewards, or any other privileges. Minor negative reinforcements – to hold students accountable for behaviors - are also important in addressing chronic absenteeism. In Minnesota, researchers found that after implementing student detention at lunch as a consequence for unexcused absences, combined with other policy strategies, student absenteeism decreased by 42%<sup>238</sup>.

### **Communities in Action: New York, NY Every Student, Every Day Campaign**

In 2010 the New York city Mayor's Interagency Task force for truancy, chronic absence, and school engagement implemented a comprehensive campaign. Initiatives include: a mentorship program for at risk youth, an ad awareness campaign, celebrity wake up call program, parent engagement strategies, an asthma friendly schools campaign, a shared database between community partners and mentors, new models of attendance for schools, homework centers at all homeless shelters. and partnerships with local public and private organizations. The program reports that chronically absent students are benefitting from the program. For information, see [www.nyc.gov/everystudent](http://www.nyc.gov/everystudent)

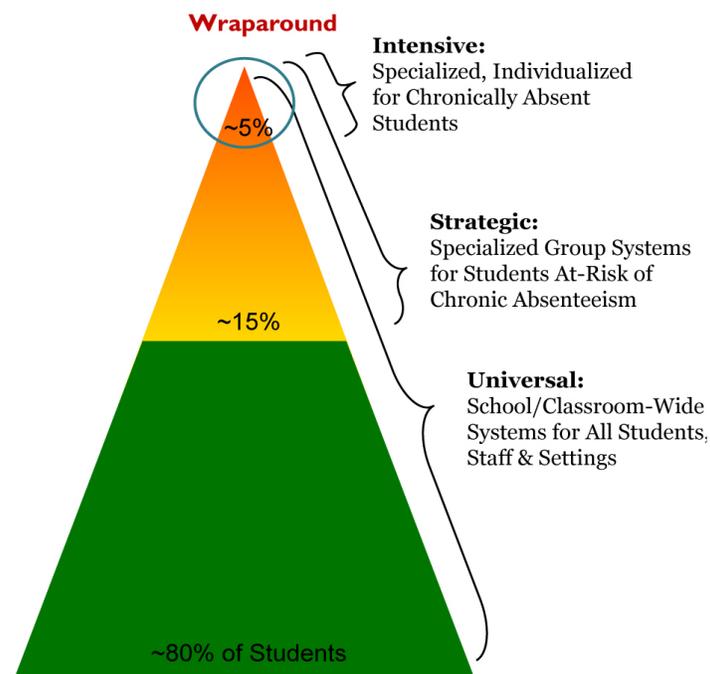
However, consequence-based systems alone can be a negative reinforcement, depending on the rule and how rigid it is. Some communities are working with schools on discipline codes that hold students accountable for their actions rather than merely using punishment and isolation called Restorative Justice<sup>239,240</sup>. A rigid climate with strict rules has been shown to decrease attendance as it may lead to students choosing not to attend from feeling unsupported in the school environment.

### District and School Attendance Prevention Policies and Other Supports

The policies schools set surrounding attendance largely influence attendance outcomes. For example, inconsistent rules about attendance can increase student absenteeism<sup>241</sup>. One review summarized strategies to address chronic absenteeism in a tiered prevention framework where schools begin with setting school-wide policies, systems of expectations, and supports for all students at the base tier, with subsequent tiers of interventions providing increasing individualized attention and resources<sup>13</sup>. Elements of this tiered method include (see Figure 14):

- Create a culture supporting attendance in schools, including setting policies on attendance;
- Create universal attendance supports that reach students, staff, and parents;
- Generate and analyze data on who is chronically absent;
- Engage family positively around attendance generally, and absenteeism specifically;
- Create incentives and rewards for attendance, use “small” or “light” disincentives along with rewards (individual, classroom, school, district);
- Collaborate with community partners to provide individualized supports when necessary;
- Use sanctions as a last resort<sup>12,19,212,213,226,237,242–244</sup>.

**Figure 14:** Tiered interventions and supports for chronic absenteeism<sup>255</sup>



Of effective truancy interventions, school-wide incentive-based programs<sup>245</sup>, student support programs<sup>246</sup>, and relationship-building and monitoring efforts<sup>233</sup> are reported to be effective at improving attendance for “high absentee” students<sup>9</sup>. Efforts like these can have an impact on more than just student attendance. One review of effective methods to address dropping out indicated that programs that showed greater reductions in absenteeism also showed similar reductions in dropout<sup>247</sup>. One example of a multi-component approach is The Positive Action Program (see Figure 15). Researchers found that intervention schools receiving the program had 15.2% lower absenteeism<sup>248</sup>.

School districts that set a policy to collect attendance data use a structured framework that focuses on school-wide policies and procedures and then tiers of increasingly individual-student level supports for improving student achievement – such as Response to Intervention (RTI). Experts on race and equity emphasize a need for this data to be disaggregated by race to ensure different groups of children can be supported by interventions tailored to their needs<sup>117,249</sup>. Many schools support positive student behaviors through the Positive Behaviors, Supports, and Interventions (PBIS) framework that include tiers of school-wide to individual-level interventions<sup>250–254</sup>. PBIS focuses on supporting positive student behaviors through affecting school culture and structure (see Figure 14)<sup>255</sup>. It has been shown to improve student social behavior, attendance, and academic achievement<sup>250,252,253,256–258</sup>. For example, a case study of a high school in Minnesota found a 42% decrease in unexcused student absences by after implementing a new policy regarding attendance<sup>238</sup>. Whereas previously, the school would give a student a lower grade for poor attendance, the new policy does not associate grades with attendance. Instead, the school notifies parents within a couple of hours by phone and, if possible, email as well. Within 36 hours, the student meets with a teacher to discuss their attendance and then also face after school detention. These different practices combined shape the school environment’s culture related to attendance. Students in the school perceive that the school notices now when they do not attend school, which encourages them to attend<sup>238</sup>.

Having policies that include providing timely information to parents about attendance is an important strategy that decreases absenteeism<sup>106</sup>. In Oregon, all school districts are required to have an attendance policy that is implemented in all schools. This policy must be active in the schools and include phone calls by the end of the day to the parental guardians of an absent student. If parental guardians cannot be reached, the attendance supervisor is notified who deals with truancy<sup>259</sup>. Oregon strategies to increase student attendance have ranged from county-wide, district-wide, and school-focused. Here we describe a handful of example efforts to help communities build knowledge about chronic absenteeism for positive change, see Figure 15 for examples<sup>102,260</sup>.

In addition to universal policies to support attendance, schools should consider revisiting overly punitive discipline codes to address the School Pushout impacts described in section 4. High institutional control of student behavior, including strict enforcement of rules, increases student absenteeism. This is thought to be because high institutional control can encourage student rebellion<sup>107</sup>. Some attendance programs go further than discipline and attendance policies and work in school systems to help schools focus on creating culturally specific positive learning environments. Court programs, which can be intimidating and may not address underlying reasons for child absence, should be considered as a last resort in addressing attendance when other efforts fail. One study of elementary Idaho students found an attendance court program decreased chronic absenteeism<sup>261</sup>.

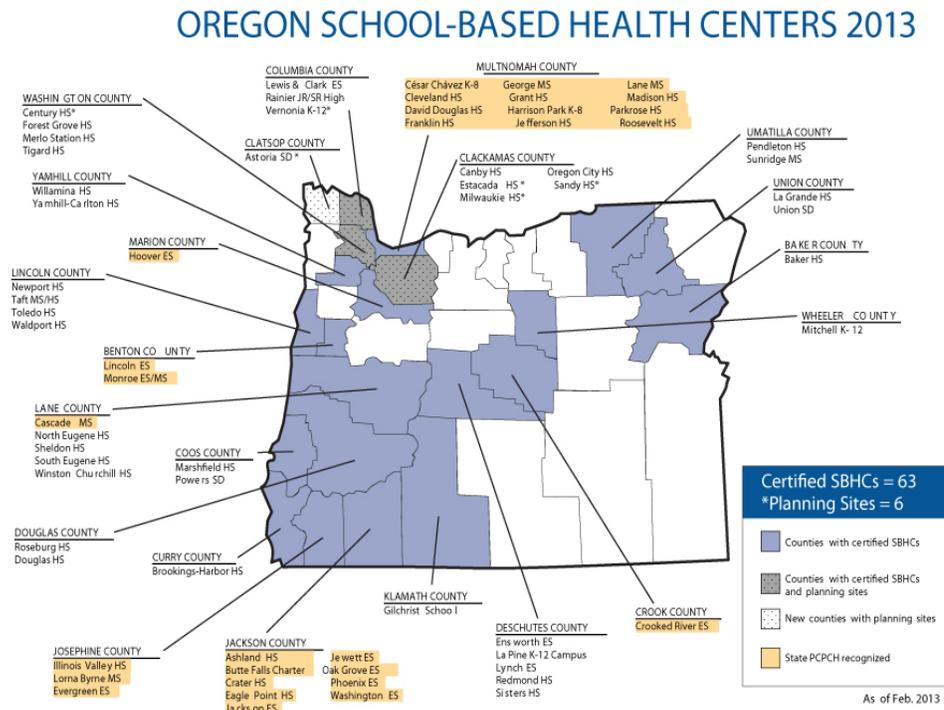
**Figure 15:** Example Attendance Supportive Programs for Districts and Schools

| Attendance Program                           | Description   |
|--|---|
| <a href="#">Across Ages</a>                  | Comprehensive program to provide mentoring between youth and older adults.  |
| <a href="#">Career Academies</a>             | A school within a school that links students with peers, teachers, and community partners to develop a sense of belonging and provide protective factors in a smaller educational setting.  |
| <a href="#">Check and Connect</a>            | Research-based intervention involving systematic monitoring of student variables including absences (“check”) and personalized relationship interventions between disengaged students and a caring, trained mentor (“connect”).   |
| <a href="#">Coping and Support Training</a>  | This program uses a 12-session small group training intervention with middle or high school youth to develop social support resources and enhance personal competencies.  |
| <a href="#">Attendance Audit</a>             | Developed by a superintendent and staff, the Southern Oregon Education Service District will work with districts and schools to analyze their attendance systems, create comprehensive action plans, and take action to improve student attendance.   |
| Attendance Toolkits                          | Available in multiple parts of the country, these toolkits are designed to help districts and schools develop an approach that works best for them. Examples include one developed in Multnomah County through <a href="#">Communities Supporting Youth</a> and by <a href="#">Attendance Works</a> . |
| <a href="#">Positive Action Program</a>      | Comprehensive school-wide program involves curricula, school-wide development climate, a school counselor program, family and community involvement, and coordinator trainings.   |
| <a href="#">Restorative Justice Programs</a> | Restorative justice programs work with districts, schools, and community partners to provide training, consultation, and restorative services to find alternatives to suspension, expulsion, and juvenile justice involvement while holding youth accountable for harmful behaviors.                  |

Another aspect of school climate is related to developing a culture that supports student social and emotional growth in addition to supporting academics. For example, the Hillsboro School District in 2005 focused on a safe schools initiative that included PBIS, school-community collaboration, afterschool programming, mental health partners, equity, and substance use initiatives – most efforts continue today<sup>262</sup>. School-based health, psychosocial, mental, and physical supports can address health reasons children are absent. Schools using a coordinated health approach involving a multiple component approach to support students’ health can support attendance and other academic outcomes. Core elements of school health capacity include a school health coordinator, health focused self-assessments, health goals and objectives in School Improvement Plans, and a school health advisory group<sup>263</sup>. School-based health centers and School Improvement Plans addressing health or bullying work to address some of these barriers and reasons for aversion. An American Public Health Association (APHA) literature review found school-based health centers increased student attendance<sup>209</sup>. Additionally, 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<sup>209</sup>. In one study, students who used a high school school-based health center had a 50% decrease in absenteeism after two months of mental health counseling<sup>209</sup>. In another study, students in states with student

health promoting policies had higher academic scores and higher rates of high school completion<sup>264</sup>. Supporting children’s basic needs through universal breakfast programs has been associated with reduced absenteeism for some students<sup>152,265</sup>. Specifically, breakfast program policy change has been shown to have a positive effect on African American and Asian student attendance<sup>265</sup>.

**Figure 16:** Oregon School-Based Health Centers 2013



As of July 1, 2012, 51,000 students have access to a certified SBHC.

When health is an individual factor for why students do not attend school, school-based health centers (SBHC), school nurses, case management, and health insurance have been shown to decrease rates of absenteeism<sup>209,221,266</sup>. In order to reduce health disparities and close the achievement gap in schools, researchers recommend accessible school health programs and health care access as school interventions<sup>267</sup>. One study on elementary aged children found that having a nurse on-site reduced absenteeism due to medical reasons<sup>268</sup>. The Dallas School Districts, where around 90% of campuses have their own full time nurse, have successfully shown no difference in attendance between asthmatic and non-asthmatic students. Nurses are required by the school district policy to provide asthma management plans for every diagnosed child and also provide urgent care during school hours<sup>269</sup>.

The most recent report from the School Health Profiles study showed that there is work being done in Oregon’s secondary schools to address health issues<sup>270</sup>. The School Health Profiles is a system of surveys addressing school health policies and practices. The surveys monitor school health education requirements and content, physical education requirements, school health policies related to specific health conditions, asthma management activities, and family and community involvement in school health programs. In 2012, 65.5% of Oregon schools reported having a School Improvement Plan (SIP) that includes objectives related to a healthy school environment. A SIP is one area where schools can set norms and create practices to address bullying on school grounds. Only 18.8% of SIPs included health services<sup>270</sup>. However, 86% of schools report having a designated person overseeing or coordinating

health and safety programs and activities, although this person usually has other duties and limited resources (Isabelle Barbour, personal communication, 8/14/14). The 2012 report also shows that schools are working to address chronic health conditions. For example, 63% of schools reported having an asthma action plan for students identified as asthmatic, and 68% are working to reduce asthma triggers within the school environment<sup>270</sup>.

### Community-Wide Efforts

Committed community partnerships can help address some reasons children are chronically absent through addressing mentoring, health care, and other child social service needs. There is evidence that communities need tailored supports beyond what is considered typical “education” efforts to change the context within which students and families make school attendance decisions. For example, changes to transportation access, health insurance access, and improved safety can affect attendance. Case studies throughout this report have focused on involving community members in collaborative efforts to address absenteeism using innovative approaches. Below are a handful of examples where community members and organizations have partnered with schools to raise awareness about, and address chronic absenteeism.

- **Partnerships with celebrities to raise community awareness:** In New York City, New York the Attendance Task Force partnered with local celebrities, social media networks, local radio, Viacom, MTV, TV and other organizations so that 6,500 chronically absent students would get [wake-up calls](#) from celebrities<sup>271</sup>. Similarly in Oakland, California as part of the school district’s school-wide effort to address chronic absenteeism, students teamed up with NFL star Marshawn Lynch to encourage children to go to school in a [two-minute video](#) being aired regularly.
- **Data sharing:** In Baltimore, Maryland, social workers are collaborating with schools to use chronic absence data to identify families that may need more support related to transportation, frequent moves, homelessness, or other physical and mental health problems<sup>272</sup>. In Multnomah County, Oregon, the SUN schools program is working with All Hands Raised, Communities Supporting Youth, multiple school districts, and community-based organizations to use chronic absenteeism data to support and connect children to resources<sup>273</sup>.
- **Health care access:** A study found that State Children’s Health Insurance Program (SCHIP) in New York State has had a positive and significant effect on statewide average daily attendance rates, as measured by both SCHIP participation and eligibility rates. It has had the effect of reducing disparities between White, African American, and Hispanic children on various measures of medical care access including access to a usual source of care and preventive care. The State Children’s Health Insurance Program had an impact on school attendance<sup>274</sup>.
- **Agency partnerships with schools to address housing needs:** The Oakland Unified School District made chronic absenteeism a district-wide priority in 2009. Beyond making attendance a district-wide priority across elementary, middle, and high schools using data to develop strategies, training staff, and supporting schools, the district also forged partnerships with community organizations. The school district works with the Oakland Education Cabinet which brings education, business and labor leaders, social service agencies, higher education leaders, workforce development providers, and foundations together to address Oakland’s education needs<sup>275</sup>.
- **Walking School Bus to address transportation example:** In Springfield, Massachusetts, teachers and parents collaborate to lead an organized walk for elementary school students to help address chronic absence while encouraging a safe activity<sup>276</sup>.

- **Youth-centered peer-support examples:** In Seattle, Washington the [Youth Ambassadors](#) program has peer counselors work to address children with unexcused absences while also creating a supportive school culture on attendance with a for-credit mentoring class for upperclassmen who teach freshman<sup>277</sup>. In Portland, Oregon during the 2013-14 school year, [Multnomah County Youth Commission](#) in partnership with the City of Portland, the Office of Neighborhood Involvement, Portland State University, Multnomah County, and SUN schools convene focus groups of youth to identify root causes of chronic absenteeism<sup>278</sup>.

### State Policy and Leadership Efforts

Community level efforts are important. Statewide support is also crucial. The national leader in chronic absenteeism research, Attendance Works, recommends that policy makers and advocates at the state and local levels focus on a handful of key system-wide approaches that include making chronic absenteeism monitoring and awareness raising a priority:

- **Build public awareness** of what chronic absence is and how it differs from truancy and average daily attendance.
- **Use a standard definition** of chronic absenteeism that clarifies how chronic absence is different from unexcused absences, and ensure that the definition includes absences from suspensions and days lost when children switch schools.
- **Track student attendance and absences** in state databases every year, and use the data to inform efforts.
- **Issue chronic absence reports** at the school and district level that regularly calculate and publicly share chronic absence data with communities by districts, schools, grades, and demographics.
- **School districts and schools issue reports** to families with real-time data that can help alert caregivers to children accruing too many absences, and support taking action.
- **Consider school improvement** strategies, such as school district or School Improvement Plans to address chronic absenteeism and developing a culture of attendance.
- **Build capacity** to address causes of chronic absenteeism between school district leadership, educators, parents and caregivers, staff members, community organizations, and public agencies that can support strategies to reduce chronic absenteeism.
- **Coordinate efforts and resource allocation among agencies** including businesses, nonprofits, policy makers, parent organizations, public agencies, civic organizations, and others who may help address reasons children are absent<sup>279</sup>.

These strategies are beneficial at the state level, because they focus on raising awareness about the scale of the issue in local communities and support multiple organizations being involved and taking appropriate actions<sup>279</sup>.

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### Communities in Action: [Communities Supporting Youth Collaborative](#)

A partnership of the All Hands Raised Initiative, Multnomah County, Oregon

This partnership involves local public and private organizations, parents, students, and stakeholders working on initiatives that support the success of Multnomah County students from birth until career (All Hands Raised, 2013). The Cradle to Career (C2C) partnership is an All Hands Raised effort that has the following three main priorities: reducing health disparities in children and youth success; linking community and family supports to children and youth success; and ensuring that all students enter school prepared to learn. C2C established the Communities Supporting Youth (CSY) workgroup to work to increase support for students. CSY has established a 2015-2016 goal of reducing chronic absenteeism. The group has developed collaborative workgroups with key stakeholders to work on established priorities at a district and school level<sup>280</sup>. Beyond different school districts developing and implementing attendance initiatives at different age levels, new partnerships continue to emerge from the collaborative. For example, Multnomah County, several school districts, and the Oregon Department of Human Services pooled financial resources in order to place six staff case workers in schools in different districts to work as an Attendance Specialist to support parent outreach, data tracking, and follow up for meeting identified student needs. Additionally, multiple community and school-based organizations that work directly with students – the Youth Engagement, Motivation & Development work team - are collaborating to develop a theory of change and research how the various groups support children engagement, capacity development, and motivation to learn. CSY is co-convened by the Multnomah County SUN Service System Coordinating Council, and All Hands Raised. The CSY key strategy area is to improve attendance through improved monitoring, outreach, and supports, and is specifically seeking to reduce chronic absenteeism<sup>211</sup>. Contact Lisa Kulkarni at [lisa.kulkarni@multco.us](mailto:lisa.kulkarni@multco.us)

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## 7: Current Oregon Efforts and Next Steps

Oregonians care about the safety, health, and academic success of their children. In reviewing literature for this report, it is clear that solving chronic absenteeism in K-12 students is an opportunity for communities to support families and schools and improve student educational success by addressing the social, economic, environmental, and physical reasons children may be chronically absent. The issue has implications that reach far beyond attendance, which provides a foundation for sectors such as housing, transportation, health care, social services, public health, and even education to better understand how they can support our youth. In 2002, the Institute of Medicine noted, “public health agencies alone cannot assure the nation’s health.” In parallel, Oregon’s children need everyone’s efforts – collectively – to support their health and educational success; the education system and families cannot do this alone.

Oregon sectors have been taking recommended steps to address chronic absenteeism. Indeed, Oregon is one of the few states in the country that includes chronic absenteeism as an indicator in school accountability systems and will track the measure over time<sup>279</sup>. This section provides recommendations for organizations to address various factors that affect student’s absence and attendance behaviors. The recommendations are organized within overarching themes of collaborative work: 1) make chronic absence data available to increase public awareness through community dialogues, 2) use chronic absence numbers as a factor in allocating services, 3) develop cross-sector and interagency community collaboratives, 4) revisit policies that may affect attendance, 5) identify challenges unique to children of color, and 6) use and evaluate what strategies work best for different children in different communities.

### **Area 1: Ensure chronic absence data is publicly reported and regularly available to build awareness and support among parents, students, school administrators, educators, and community leaders**

Upstream recommends data on chronic absenteeism be easily available so that a wide array of community stakeholders can identify when there are challenges and can partner with local schools, districts, and families to think creatively to address them. This will require everyone to use a standard definition for chronic absenteeism and the same formula to calculate it. While Oregon’s Department of Education currently has attendance data, the calculated chronic absenteeism rates are not currently regularly produced and made easily available. Using real time attendance data to raise awareness and talking with youth about their perspectives can help schools and families identify possible strategies, indicate what community partners need to be involved, and work in each community’s unique context. In reviewing the cultural climate challenges that face many of our children of color, this can be a way for communities to share experiences and develop solutions that work.

Oregon’s education leaders are recognizing that it is important to address chronic absenteeism to support strategic investments in our education system. In 2012 the Oregon Education Improvement Board (OEIB) and the Department of Education began requiring schools and districts to measure and report on chronic absenteeism in their annual reports (Report Cards and Achievement Compacts). This system of measuring and reporting chronic absenteeism gives schools, communities, and education

leadership a starting point to understand who is missing school and why. For the first time in Oregon, chronic absenteeism will also be a visible measure that communities can use to raise awareness and address challenges. The Oregon Education Investment Board, school districts, the Oregon Department of Education, the wider community, and educators are in the process of learning how to act on this indicator. Based on the first year of district-level results, Chief Education Officer (CEO) Nancy Golden announced in July of 2014 that one of her top two priorities for the 2014-2015 school year is to fight chronic absenteeism<sup>281</sup>. Upstream recommends building on this effort by making all years of chronic absenteeism data publicly available. Further, within school districts, schools will benefit from internal data sharing across school sites so that, for example, historical chronic absenteeism patterns in elementary school are part of understanding a child's needs in middle and high school.

Upstream recommends that foundations and statewide organizations invested in education work together to convene a chronic absenteeism summit every two years and provide scholarship for community partners to attend, to ensure representation from tribal schools and organizations from rural areas. A regular statewide meeting can help communities share their awareness-raising efforts, successful prevention and intervention efforts, and learn from one another.

## **Area 2: Use chronic absence numbers as one factor in allocating and coordinating health and social service resource delivery**

It is clear that chronic absenteeism is both a public health and education issue. Because health conditions figure prominently in student absenteeism, and the education system cannot address all reasons children miss school with only one strategy, we recommend that chronic absenteeism data factor into decisions about coordinating public health and social service delivery with schools. Oregon can build on, and learn from, existing efforts that school nurses, counselors, social workers, and school based health centers use in working with school personnel in addressing children and family needs. In schools or neighborhoods with high levels of chronic absence, health providers, educators, and other community partners would benefit from opportunities to work together to identify the major causes of absenteeism and then develop and implement strategies for building a culture of attendance and reducing major barriers to getting to school.

School districts and schools have a strong history of working with health care systems and social service experts to support children's wellness and safety. These efforts can be expanded. Oregon has 63 School-Based Health Centers in 21 counties located in elementary, middle, high school, and combined schools as seen in Figure 16 (OHA, 2013). SBHC's involve partnerships among local school districts, county health departments, public and private practitioners, parents, students, and the Oregon Public Health Division, to provide physical and mental health treatment and prevention (SBHC report 2013, OR). Schools may also benefit from working with businesses and community development corporations to develop youth and teen work training programs to develop job skills and support engagement in curriculum that is meaningful to them. Upstream also suggests that health providers routinely ask about school attendance and address chronic absence. Health care providers are well-positioned to both help families understand the importance of going to school every day unless their children are truly sick, as well as connecting families to supports addressing health related barriers to attendance.

Oregon has efforts and infrastructure in place to begin using the new chronic absenteeism data from schools and districts to identify and address different reasons children are missing school. School districts have been working with partners to improve data tracking systems and address health conditions through health and wellness programs. Oregon needs to continue collecting and reporting data about chronic absenteeism, and to start gathering data about the reasons for excessive absences.

### **Area 3: Develop community wide cross-sector, and interagency collaboration related to schools to prevent and address chronic absence**

Much of the research literature on strategies to address attendance, unexcused, or chronic absenteeism focuses on school and school district efforts, despite the fact that many reasons children miss school involve factors beyond a school or school district's control. Key factors that are largely outside the education system include healthcare access, transportation options, housing and cultural barriers. Given these challenges, Upstream recommends communities work collectively, across sectors and across agencies to identify and address major factors influencing children's chronic absenteeism by involving schools, families or caregivers, social services, culturally-specific community organizations, public health organizations, and businesses to determine what will work best in each community. New areas to explore include: a) partnerships between land use and transportation planners working with schools and neighborhoods to identify and address areas with significant transportation barriers and b) social service agencies work with land use planners, community development corporations, and businesses to identify students and families that are homeless or mobile and connect them to appropriate resources to stabilize their housing. A holistic approach must be emphasized in increasing attendance among Oregon students, emphasizing that families, school districts, schools, community organizations, public agencies, social service organizations, and public health professionals can all play a role in supporting our children to be engaged and present in school. All organizations need to work together to ensure students are healthy now for their educational success.

### **Area 4: Revisit policies to support student attendance**

Institutional policies, supports, and systems can help develop a culture around regular student attendance. Upstream recommends examining existing policies to explore ways to support students attending school and avoid unintended disincentives or barriers. Below are a few examples based on the literature reviewed in this report.

- **Student age of enrollment** - Oregon's current laws require that children between the ages of 7 and 18 be enrolled in public school. Additionally, children ages 5 and 6 must regularly attend if they are enrolled. This lack of emphasis on enrollment and attendance at the ages of 5 and 6 may be a factor for why Kindergarten and first grade chronic absenteeism levels are so high.
- **School district and school discipline policies** - Overly punitive school district discipline codes may result in excessive student suspensions. Out of school suspensions contribute to more absences and may also discourage children from attending school.
- **School district and school anti-bullying policies** – In 2013, a review found that one in three school districts in Oregon did not comply with current state law on anti-bullying policies. Updating anti-bullying policies as part of an overall School Improvement Plan can be part of a school climate initiative.

### **Area 5: Identify challenges facing children of color and develop community-driven strategies to provide social supports**

Addressing cultural and social challenges children of color face will require strong partnerships with community organizations and leaders. In many cases, racial and culturally specific programs and strategies will be necessary to understand and address inter-cultural barriers that prevent children from succeeding. More resources could be put in the hands of community-based organizations already working with children in culturally specific ways. These strategies may include culturally specific student clubs, youth mentoring and empowerment programs, dual language programs, and multi-

sector partnerships between community organizations and schools to provide social services. Key requirements will be that community members help identify the barriers and are committed to working collaboratively to implement key strategies in a culturally-competent way.

## **Area 6: Implement pilot strategies and evaluate what works best for different communities**

Successful strategies to address absenteeism involve preventing student absence behavior, creating more supportive community and school environments, and connecting children to needed services. Oregon communities need a better sense of the number of children chronically absent across schools in each district and the reasons for those excessive absences. Understanding differences among schools and districts can help schools and communities determine the best approaches to take in their unique settings. School district collection of this descriptive information can help identify who is at risk by population and at the student level. It can also help identify which factors are most important in each community's context. For example, within a single school district, the reasons students are chronically absent in school A may not be the same reasons students are missing school in school B.

Much of the existing research does not directly address chronic absenteeism, but instead examines efforts to improve average daily attendance or unexcused absences. There may be unique factors that combine to affect chronic absenteeism beyond general attendance or truancy. For example, educators might understand transportation as a barrier to attending school, but neither the relationship between transportation and chronic absenteeism nor transportation and attendance has been thoroughly examined.

- **Identify reasons children are absent in different contexts** - There is a need for better descriptive data on the reasons children, of different ages, from different cultural backgrounds and across geographic contexts are missing too much school. On-going monitoring at the school and district level can be a starting point for gathering this information. Beyond data about reasons children are missing school, Oregon also needs studies documenting predictors of chronic absenteeism – such as health issues. Highlighting different needs can lead to innovative partnership approaches among community-based organizations, administrators, educators, and families to identify strategies that are a “best fit” for each school district and the school’s unique context. Subsequent research could quantify different risk factors in relation to chronic absence, possibly leading to a model that predicts chronic absence at different age groups.
- **Determine how different causes of chronic absence interrelate** - Epidemiological studies that examine the predictors of chronic absence including health conditions can help communities understand how different causes interrelate among different student groups either to protect against chronic absence (i.e. school size, community engagement) or that predict higher chronic absence levels (i.e. poor infrastructure).
- **Determine level of effectiveness of different strategies through careful data tracking and program evaluation** - As communities, school districts, and schools try different prevention and intervention programs, Oregon needs quality program evaluation data to understand what strategies, alone and in combination with others, work in which context. There are few peer-reviewed, evidence-based, theory driven studies identifying the most effective attendance promotion interventions. Researchers recommend attention be given to publishing evaluation of school programs in order to better learn from one another’s efforts to reduce absenteeism<sup>9</sup>. The studies that have been done measuring a specific factor (i.e. attendance policy, health care access) mostly find a small effect. However, when attendance strategies are combined, larger changes can be found, with one study finding that the more attendance policies in place, the more effective the intervention<sup>106</sup>.

- **Identify the connection between chronic absenteeism strategies and other education outcomes** - The relationships between chronic absenteeism and later achievement that are suggested here can be estimated and developed further. For example, examine the connection between K-1 attendance and subsequent achievement. We could also quantify relationships between chronic absence and other outcomes and success indicators, such as high school graduation versus dropping out of school. Such analyses could determine the estimated likelihood, for example, of dropping out of school given 8th grade attendance. It is well-documented how disproportionate numbers of low-income children of color and special needs students are the most impacted by chronic absenteeism. However, it is a leap to assume that policies that encourage attendance among at-risk groups will also positively impact graduation rates and later health outcomes. New research should be conducted to understand how at-risk students' academic and health outcomes are impacted by successful attendance policies. If these associations are found to exist, they will lend a far greater argument to the urgency of addressing and decreasing chronic absenteeism. Further research is also needed on how cultural climate, or how school environments encourage children of different ethnic and cultural backgrounds feel welcomed, can be improved while also addressing absenteeism.

Partnerships across disciplines could improve existing strategies and help to develop a systems-level perspective in addressing chronic absenteeism. Different sectors need to work together to ensure that every Oregonian student is present and engaged more than 90% of the time. Only then will we be on the path to preparing all Oregon students to live a healthy, productive life.

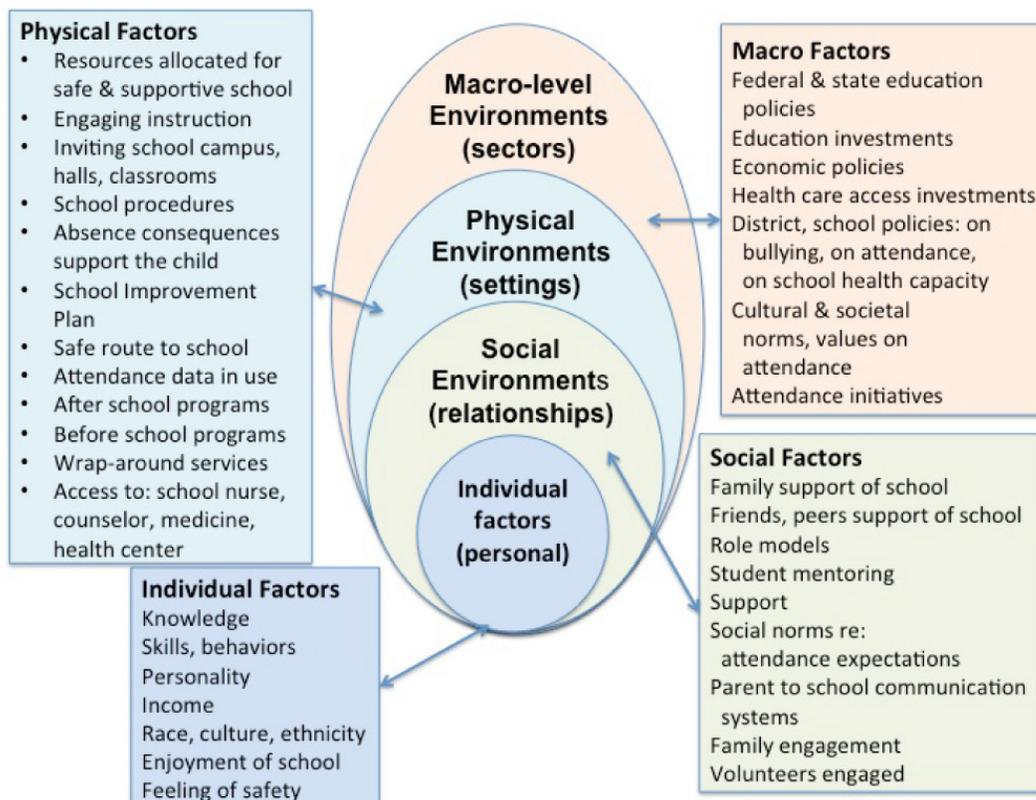
## Appendix 1: Methods

Authors of this paper looked for literature in the PubMed database using the following search terms: absenteeism and achievement, absenteeism and school achievement, absenteeism and graduation, health issues and achievement, health issues and school achievement, health issues and absenteeism health risks and achievement, health risks and school achievement, health risks and school performance, food insecurity and achievement, food insecurity and absenteeism, hunger and achievement, hunger and absenteeism. Authors conducted additional searches in ERIC through EBSCO Host using various combinations of the following terms: absenteeism, truancy, school climate, student attitudes, racism, homelessness, hunger, drop out, academic achievement, engagement, attendance patterns, health, and well-being. Authors also used literature references of source articles to expand the review.

## Appendix 2: Social Ecological Theory and Chronic Absenteeism

The Social Ecologic Model (SEM) of health promotion examines how individual, social, environmental, and policy factors – and the interactions across the systems – affect behavior and well-being (see Figure 17)<sup>282–284</sup>. Applying the Social Ecologic Model of health promotion to attendance behaviors involves considering how the individual, interpersonal, environmental, and policy factors – and their interactions – affect behavior and well-being<sup>282</sup>. Use of this model is interdisciplinary, integrating individual health promotion strategies into larger environmental policies. SEM in the context of student chronic absenteeism examines how the interplay of individual, social, community, and policy factors result in whether or not the student will attend school. Successful interventions guided by this model would ideally act at all levels in the framework either alone or in combination. For example, a child feeling unsafe in a school environment will contribute to the child’s school avoidance behaviors.

**Figure 17:** Social Ecological Model applied to child attendance behavior



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