National Collaborative on Education + Health

Leading Health Conditions Impacting Student Attendance

Central to the connection between health and learning is students' ability to attend school and be ready to learn. Many students have one or more health problems that compromise their ability to learn and put them at risk for increased absenteeism. The prevalence of many of these conditions that impact both physical and behavior health have increase in the last decades. This has implications not only for children's long-term health but also for their opportunities to learn and succeed at school. This chart shows those conditions for which there is prevalence and for which health disparities negatively affect minority youth; evidence of having a direct impact on student attendance; and feasibility of implementing proven or promising school-based programs and policies to address the health condition.

This chart was prepared by the National Collaborative on Education and Health, an initiative co-convened by Healthy Schools Campaign and Trust for America's Health. The Collaborative has brought together over 70 stakeholders representing federal, state and local government agencies, health and education professionals, advocates and foundations and has taken important steps towards transforming the health and education sectors to support the conditions for health and wellness in schools across the country.

Health Condition	Health Disparities	Impact on Attendance	Sample Intervention (s)	Potential Partners
Health Condition Asthma • 8.3% of children (< age 18) are currently diagnosed with asthma 04.2% of children 0-4 09.9% of children 4-14 08.6% of children 15-19i	Health Disparities Compared to Caucasian children, asthma prevalence is higher in children who are Puerto Rican (2.4 times), African American (1.6 times), and American Indian/Alaska Native (1.3 times).	Asthma is one of the leading causes of school absenteeism, accounting for 1/3 of all days missed instruction. iii Children with persistent asthma are 3.2 times as likely to have 10 or	Sample Intervention (s) Asthma Friendly Environments: • Asthma Friendly Schools Initiative, • Asthma Friendly Homes • Environmental assessments and remediation in schools and homes	 Community health providers School staff, including school health team and maintenance team School-based health centers Regional EPA office Local American Lung
		more absences as their peers. ^{iv}		Association chapter • Housing advocates • Before and after school programs

Bullying, Violence and	34.7% of African American	7.1% of students report	Safe Routes to Schools	• PTA
Abuse	students, 28.4% of Hispanic	not going to school at		• City agencies:
 20% of high school students report being bullied on school property in the past year^v 24.7% of high school students report being in a fight in the past year.^{vi} 20% of children witnessed violence in their family or the neighborhood during the previous year.^{vii} 16.6% of children experience physical abuse, 9.3% experience sexual abuse and 7.1% experience emotional/psychological abuse.^{viii} 	students and 20.8 % of Caucasian students report being in a physical fight in the past year. 9.8% of Hispanic students, 7.9% of African American students and 5.6 % of Caucasian students report missing school in the past month because of feeling unsafe either at, or traveling to or from school.ix African American children have higher rates of maltreatment than Caucasian and Hispanic children.x	least 1 day during the past 30 days because they felt unsafe at school or on their way to or from school.xi	School and community-based health, counseling and social services Bullying education programs, including playground-based and cyber-bullying School support groups such as Gay/Straight Alliance clubs School discipline policy reform and protective school climates	transportation, public works, health, public health, police department Neighborhood associations Community health providers Local child trauma program School staff, including school health team Youth and after-school programs
 Oral health 20% of children aged 5 to 11 years have at least one untreated decayed tooth. xii 13% of adolescents aged 12 to 19 years have at least one untreated decayed tooth. xiii Among school-age children, tooth decay is the most common chronic disease, five times more prevalent than asthma. 	Untreated caries are nearly twice as prevalent in Hispanic children (26%) compared to non-Hispanic white children (14%) aged 6–9, and are more than twice as prevalent for non-Hispanic black adolescents (25%) compared with non-Hispanic white adolescents (9%) aged 13–15. xiv The percentage of children 5 to 19 years with untreated tooth decay is twice as high for those from low-income families (25%) compared with children from higher-income families (11%). xv	Children between 5 and 17 years miss nearly two million school days in a single year nationwide due to dental health-related problems. The children with poor oral health status are nearly 3 times more likely than were their counterparts to miss school as a result of dental pain. The children with poor oral health status are nearly 3 times more likely than were their counterparts to miss school as a result of dental pain.	Community-based oral health programs, including school-based sealant programs, free clinics and mobile programs	 City/county health departments Hospitals and health centers School-based clinics Dental schools and programs Local dental health providers WIC or Head Start programs Well child clinics Community centers School staff, including school health team

Food insecurity and nutrition • 21% of children (<age **ix*<="" **viii*="" 12-19="" 18%="" 18)="" 21%="" 31.8%="" 6-11="" adolescents="" aged="" and="" are="" at="" been="" children="" during="" foodinsecure="" have="" households="" in="" live="" obese.="" of="" old="" or="" overweight="" point="" some="" th="" that="" the="" year.="" years="" •=""><th>Food insecurity is more than twice as prevalent among children in households headed by African Americans (36%) or Hispanics (30%), than in those headed by Caucasians (15%). The proportion of households where children had "very low food security," is between three and four times as high in African American or Hispanic households as it was in Caucasian households.** 32.5% of African American children and 38.9% of Hispanic children are overweight or obese compared to 28.5% of Caucasian children.**</th><th>Children who come from food-insecure families are more likely to be suspended from school, have higher absenteeism rates and have poor health compared to children who come from food-secure homes. **xii* Children who are obese are 1.7 times more likely to have 10 or more absences in a given year than their non-obese peers. **xiii* Overweight children are exposed to negative</th><th>Access to healthy school meals, including universal school breakfast programs, and water School Pantry Program Backpack programs School-based physical activity programs Programs to reduce screen time Programs to promote appropriate sleep</th><th> Local departments of health and public health Teachers unions Food service directors Local food banks Local anti-hunger groups, including Feeding America School staff, including food services team and facility and maintenance team Community food and fitness organizations Local health care providers Farmers markets </th></age>	Food insecurity is more than twice as prevalent among children in households headed by African Americans (36%) or Hispanics (30%), than in those headed by Caucasians (15%). The proportion of households where children had "very low food security," is between three and four times as high in African American or Hispanic households as it was in Caucasian households.** 32.5% of African American children and 38.9% of Hispanic children are overweight or obese compared to 28.5% of Caucasian children.**	Children who come from food-insecure families are more likely to be suspended from school, have higher absenteeism rates and have poor health compared to children who come from food-secure homes. **xii* Children who are obese are 1.7 times more likely to have 10 or more absences in a given year than their non-obese peers. **xiii* Overweight children are exposed to negative	Access to healthy school meals, including universal school breakfast programs, and water School Pantry Program Backpack programs School-based physical activity programs Programs to reduce screen time Programs to promote appropriate sleep	 Local departments of health and public health Teachers unions Food service directors Local food banks Local anti-hunger groups, including Feeding America School staff, including food services team and facility and maintenance team Community food and fitness organizations Local health care providers Farmers markets
Mental health and substance use disorders • A total of 13%–20% of children experience a mental disorder in a given year. xxv • ADHD (6.8%) is the most prevalent parent-reported current diagnosis among children aged 3–17 years, followed by behavioral or	ADHD disproportionately affects urban minority youth from poor families, who may not only be more likely to be affected but also less likely to receive accurate diagnosis and treatment. *xxviii* Minorities have less access to mental health services and are	to low self-esteem, anxiety disorders and depression. *xxiv* When students' mental health needs are met, they are less likely to be absent and more likely to be engaged in and have a sense of connectedness to school. *xxxi* Children affected by ADHD are more likely	School-based mental health programs. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Universal interventions such as the Good Behavior Game	 Community mental health providers and agencies Local departments of health and public health Local courts and legal system Local child trauma program School staff, including school nurses, guidance

conduct problems (3.5%), anxiety (3.0%), depression (2.1%) and autism spectrum disorders (1.1%). xxvi • 25% of children in need of mental health care get the help they need. • 8.8% of adolescents report current illicit drug users. • 20.8% of adolescents report binge-drinking (five or more drinks of alcohol in a row within two hours) in the past 30 days. • 8.6% of students tried marijuana for the first time before age 13. xxvii	less likely to receive needed care. xxix African American and Latino youth are more likely to drink alcohol for the first time before age 13 (21.0% and 21.8% vs. 16.7%). African American and Latino youth are more likely to try marijuana for the first time before age 13 (11.5% and 11.7% vs. 6.6%). xxx	to exhibit tardiness and absenteeism due to sleep problems caused by the disorder. XXXIII Reduction of alcohol and drug use is associated with better attendance rates. There is a 10% increase in attendance for every year that the student delays beginning marijuana or alcohol use. XXXXIIII		counselors and behavioral health team • School-based mental health centers • Community Anti-Drug Coalitions of America • School staff, including school health team
Teen and unplanned pregnancies 3 in 10 teen American girls will get pregnant at least once before age 20. xxxiv	Teenage birth rates in African American and Latino communities are three and four times higher than in Caucasian communities. xxxv	Teens who become pregnant are more likely to be chronically absent, less likely to stay in school, and less likely to complete high school or college.xxxvi	School and community- based health, counseling and social services, including access to contraception.	 Community health providers School staff, including school health team Planned Parenthood Local adolescent health community organizations
Vision 25 percent of school-aged children have some form of vision impairment. xxxvii	Low-income and minority youth are at greater risk of under diagnosis and under treatment of vision problems and unmet need for vision care services. xxxviii, xxxix	Students with vision impairments are at an increased risk of disengagement from school and are more likely to develop social and emotional problems.xl	School-based vision screening programs	 Local vision providers School staff, including school health team, Community organizations, such as local Lions Clubs Local eyeglasses stores

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