

Health and Attendance: The Critical Role of School Nurses in Reducing Chronic Absence

By: Annie Reed & Sue Fothergill, Attendance Works (Based on a presentation delivered at the May 2017 Symposium, *School Nurses: Understanding Legal Strategies for Advancing a Culture of Health in Schools*)

Chronic absenteeism—or missing 10 percent or more of school days for any reason, excused or unexcused—is a proven early warning sign of academic risk. Attendance has serious implications for school performance; students who are chronically absent experience larger gaps in achievement at the elementary, middle, and high school levels and have higher likelihood of dropping out of school. The effects of chronic absenteeism extend into adulthood, affecting job security, socioeconomic status, and health outcomes, leading to a population that is less educated and less healthy (Allensworth & Easton, 2007; Balfanz & Byrnes, 2012; Connolly & Olson, 2012).

Now more than ever, school health providers, who work at the intersection of health and education, can play a critical role in reducing chronic absence. Under the Every Student Succeeds Act (ESSA), 36 states plus the District of Columbia have elected to use chronic student absence or related attendance measure as one of their required school quality or school success metrics. This is a major shift from the past when schools primarily paid attention to average daily attendance (how many students show up every day) or truancy (unexcused absences). The widespread adoption of chronic absence helps schools shift from a punitive focus on absenteeism to a new paradigm that promotes noticing and seeking to understand the underlying reasons that students are missing too much school for any reasons, including health related causes for absenteeism.

From Addressing Symptoms to Diagnosing Root Causes

Historically, attendance interventions have been triggered solely by truancy (when students miss too much school due to too many unexcused absences). Under a truancy paradigm, schools tend to rely upon threat of court action to compel students to show up to class and only seek to address the situation after it becomes a major problem that is much less amenable to change. By focusing on chronic absence, schools can identify and prevent absenteeism at a much earlier

stage. Chronic absence offers schools an opportunity to adopt root cause theory, which shows that effective solutions identify and address the cause(s) of a problem. It recognizes that merely targeting the symptoms rather than the cause will not eliminate the problem (Doggett, 2005).

While the causes of chronic absenteeism are multifold, research shows that student health issues are a leading contributor. These health issues include physical, mental, behavioral, vision, dental, social and emotional health issues in addition to issues connected to a child's surrounding environment such as violence, housing insecurity and food insecurity. For example, asthma accounts for approximately one-third of missed school days in the United States (Krenitsky-Korn, 2011), and 2 million lost school days each year can be attributed to dental problems alone (Pourat & Nicholson, 2009). Thus, in order to achieve their mission to provide a high quality education for all students, and to attain the metrics many are accountable for through ESSA, schools will require support from health providers to address the root causes of student absences.

Health as an Academic Intervention

Attendance can serve as a cross-cutting indicator for health and academic performance creating an opportunity for school health providers to engage educators to achieve a common goal improving student outcomes by addressing underlying health related reasons for absenteeism. In a 2011 article, Charles Basch makes the case that absenteeism mediates the relationship between health disparities and academic achievement, thus creating an entry point for school health providers to demonstrate their value in supporting student academic outcomes. By addressing the health conditions that influence attendance, schools can achieve gains in academic performance in partnership with school health providers.

School health providers, and particularly school nurses, are positioned to be at the forefront of efforts to reduce chronic absence. In fact, the school nursing profession was launched in response to poor attendance after an outbreak of infectious eye disease in New York City that was keeping children out of school. However, school nurses have been largely underutilized in schools' attendance improvement strategies (Schumacher, 2002). For decades schools and school districts have focused their attention on truancy or unexcused absences, as a result, excused absences including those related to health have largely been unaddressed. Additionally, as a result of a narrowed focus on academic indicators (primarily test based), funding cuts, and

siload systems, the role of school nurses has been narrowed to compliance with federal and state regulations rather than identifying and treating health conditions that influence school performance. Further complicating the situation is the typically low nurse to student ratio, with cuts to staffing resulting in school nurses' time often split between multiple sites. This lack of time at individual school sites compromises the ability of nurses to address chronic and acute health issues that require consistent oversight.

The Key Role of Nurses in Attendance

However, as trusted health experts, school nurses can play a key role in supporting – or even leading – attendance improvement strategies. As trusted members of the school community, families can turn to nurses to support them in addressing barriers to attendance. “When we have nurses in place, we can work more closely with the families and get them the resources they need,” according to Eva Stone, the coordinator of school health for Lincoln County School District in rural Kentucky.

Nurses are essential for helping schools manage the acute and chronic illnesses that might keep students from attending school. By simply advising parents about when a child is too sick to come to school, and when it is okay to send a sick child back to school, nurses can help mitigate unnecessary absences. A 2004 study conducted in Toledo, Ohio found that low-income and African American students with asthma who attended schools with full-time nurses missed 23 percent fewer school days than did their counterparts in schools with part-time nurses (Telljohann, Dake, & Price, 2004).

Similarly, by offering services to at-risk students, school-based health centers (SBHCs) can partner with schools to identify the underlying causes of chronic absence and help mitigate the health-related barriers to attendance. Particularly when conducted in partnership with school nurses, SBHCs can play a vital role in schools' efforts to monitor attendance, educate students and families about the importance of attendance, and provide physical and mental health services that directly address health-related barriers to attendance. A 2010 study found that students who were not enrolled in an SBHC missed three times as much instructional time as students enrolled in an SBHC (Van Cura, 2010).

Promising Practices

Promising examples from around the country illustrate the potential for school nurses and other school-based health providers to address chronic absence. In San Diego, the [Department of Nursing and Wellness](#) launched the Chronic Absence Pilot in 26 elementary and one middle school. School nurses in those 27 schools are tasked with directly supporting attendance, including convening and/or participating in the school's Attendance Team, calling home when students miss school, and proactively addressing the health-related barriers of the 10 most chronically absent students in their schools. These efforts are being supported by 2.2 FTE district-level Attendance Nurses who are providing data, coaching, and technical assistance to the principals and their leadership teams.

In Charlevoix, Michigan, the Munson Healthcare Charlevoix Hospital (MHCH) recognized that in the absence of school nurses, routine medical management of students had fallen to school staff. In an effort to mitigate costly medical visits, MHCH partnered with the school district to fund full-time school nurse positions starting in Fall 2011. This innovative partnership between MCHC and the Charlevoix Public Schools leverages the needs and assets of both organizations: it helps MCHC meet the requirements for tax-exempt hospitals to invest in health promotion and chronic disease prevention and builds capacity of the school district to address student health needs by replacing nurse positions that had been eliminated from the district budget decades prior.

By addressing the health needs of students, from teaching handwashing to developing medical management plans for students with chronic illness, to engaging with teachers about health, the district has seen a significant and sustained decrease in chronic absence. In fact, one Charlevoix school saw a 32% decrease in absences with the addition of a school nurse onsite just one day a week. The Charlevoix case points to the power of school health interventions – even those that do not explicitly address it – to facilitate improved student attendance. Read more about the Charlevoix program [here](#).

In Seattle, SBHCs coordinate with school nurses to provide screening for academic risk and population health services. Nurses and SBHC providers collaborate to oversee student health compliance, manage chronic conditions, and assess and refer students to needed medical services. SBHCs are held accountable for academic outcomes, which are partially measured by

the percent of users with fewer than 10 absences per year. Through a data exchange between the City of Seattle Department of Education and Early Learning, Seattle Public Schools, and Public Health-Seattle and King County, SBHCs receive student academic data to inform their work, including demographic information, behavior, state test results, grades and attendance (School-Community Health Alliance of Michigan, 2013). The linked data has allowed the partners to track their outcomes, such as a study by the University of Washington that found that students who used SBHC medical services were more likely to have increased attendance.

Conclusion

High levels of chronic absence in a school or for a population of students is a red alert that children and families are facing systemic barriers to getting to school – such as health conditions or a lack of access to needed health care – that require help from public agencies and community stakeholders to unpack and address. As the examples above illustrate, school health providers, and particularly school nurses, are uniquely positioned to support and even lead efforts to address the root causes of absenteeism. Whether by simply providing the health services necessary for students to be present and engaged in class, or by taking a more proactive role in addressing student attendance, school nurses are a key and highly underutilized ally in ensuring that students are in school every day.

Sources

- Allensworth, E. M., & Easton, J. Q. (2007). What Matters for Staying On-Track and Graduating in Chicago Public High Schools: A Close Look at Course Grades, Failures, and Attendance in the Freshman Year. Research Report. Consortium on Chicago School Research.
- Balfanz, R., & Byrnes, V. (2012). The importance of being there: A report on absenteeism in the nation's public schools. Baltimore, MD: Johns Hopkins University School of Education, Everyone Graduates Center, Get Schooled, 1–46.
- Connolly, F., & Olson, L. S. (2012). Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten. Baltimore Education Research Consortium. Retrieved from <https://eric.ed.gov/?id=ED535768>
- Doggett, A. M. (2005). Root cause analysis: A framework for tool selection. *Quality Management Journal*, 12(4), 34.
- Krenitsky-Korn, S. (2011). High school students with asthma: attitudes about school health, absenteeism, and its impact on academic achievement. *Pediatric Nursing*, 37(2), 61–68.
- Pourat, N., & Nicholson, G. (2009). Unaffordable dental care is linked to frequent school absences. UCLA Center for Health Policy Research.
- School-Community Health Alliance of Michigan. (2013). At the Intersection: Connecting Health and Education Data in School-Based Health Centers. Retrieved from https://schoolhealthteams.aap.org/uploads/ckeditor/files/At-the-Intersection_Connecting-Health-and-Education-Data-in-SBHC.pdf
- Schumacher, C. (2002). Lina Rogers: A Pioneer in School Nursing. *The Journal of School Nursing*, 18(5), 247–249. <https://doi.org/10.1177/10598405020180050101>
- Telljohann, S. K., Dake, J. A., & Price, J. H. (2004). Effect of Full-Time versus Part-Time School Nurses on Attendance of Elementary Students with Asthma. *The Journal of School Nursing*, 20(6), 331–334. <https://doi.org/10.1177/10598405040200060701>
- Van Cura, M. (2010). The relationship between school-based health centers, rates of early dismissal from school, and loss of seat time. *The Journal of School Health*, 80(8), 371–377. <https://doi.org/10.1111/j.1746-1561.2010.00516.x>

This document was developed by Annie Reed and Sue Fothergill of Attendance Works, a national and state-level initiative with the mission to advance student success and reduce equity gaps by reducing chronic absence. in collaboration with the Network for Public Health Law and National Association of School Nurses. The views and recommendations in this document are those of the research and writing team and should not be attributed to external contributors or RWJF.



Ideas.
Experience.
Practical answers.

