



# **Make a Measurable Difference: Improve Student Attendance**

*Exploring the role of health providers*

**Director: Hedy Chang**

# Getting to know you

## \*What is your role?

- sbhc staff
- principal
- student
- teacher
- district admin
- other?

## \*How familiar are you with the concept of chronic absence?

- new to the issue
- somewhat familiar
- already employing strategies to reduce chronic absence



# Unpacking Attendance Terms

## Average Daily Attendance

- The % of enrolled students who attend school each day. It is used in some states for allocating funding.

## Truancy

- Typically refers only to unexcused absences and is defined by each state under No Child Left Behind. It signals the potential need for legal intervention under state compulsory education laws.

## Chronic Absence

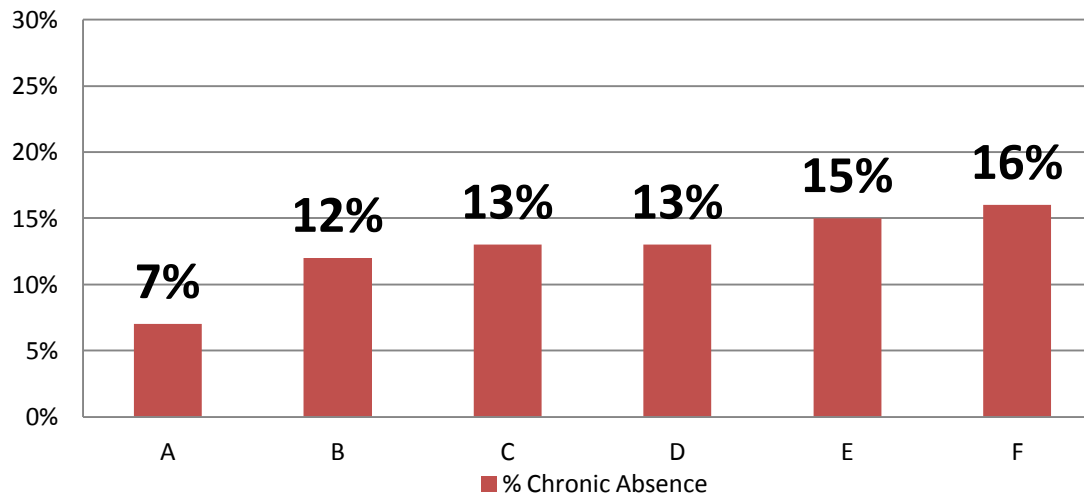
- Missing 10% or more of school for any reason – excuse, unexcused, etc. It is an indication that a student is academically at risk due to missing too much school.



# Moving into Action Requires Knowing if Chronic Absence is a Problem

*Most Schools Only Track Average Daily Attendance and Truancy.  
Both Can Mask Chronic Absence.*

**Chronic Absence For 6 Elementary Schools in  
Oakland, CA with @ 95% ADA in 2012**

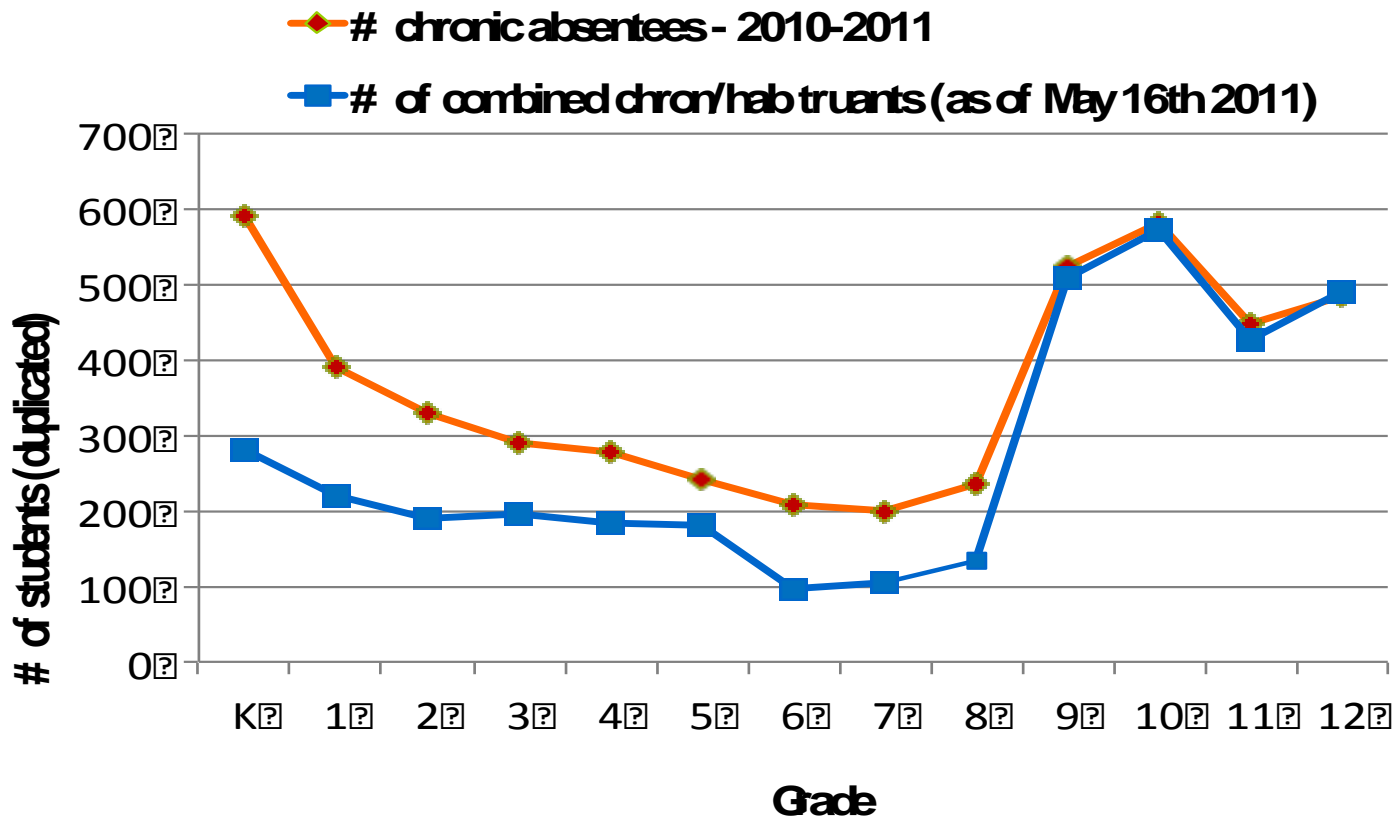


**98% ADA = little chronic absence  
95% ADA = don't know  
93% ADA = significant chronic absence**



# Chronic Absence Versus Truancy

## San Francisco Unified School District



(Note: SFUSD identified chronic truants as 10 unexcused absences)



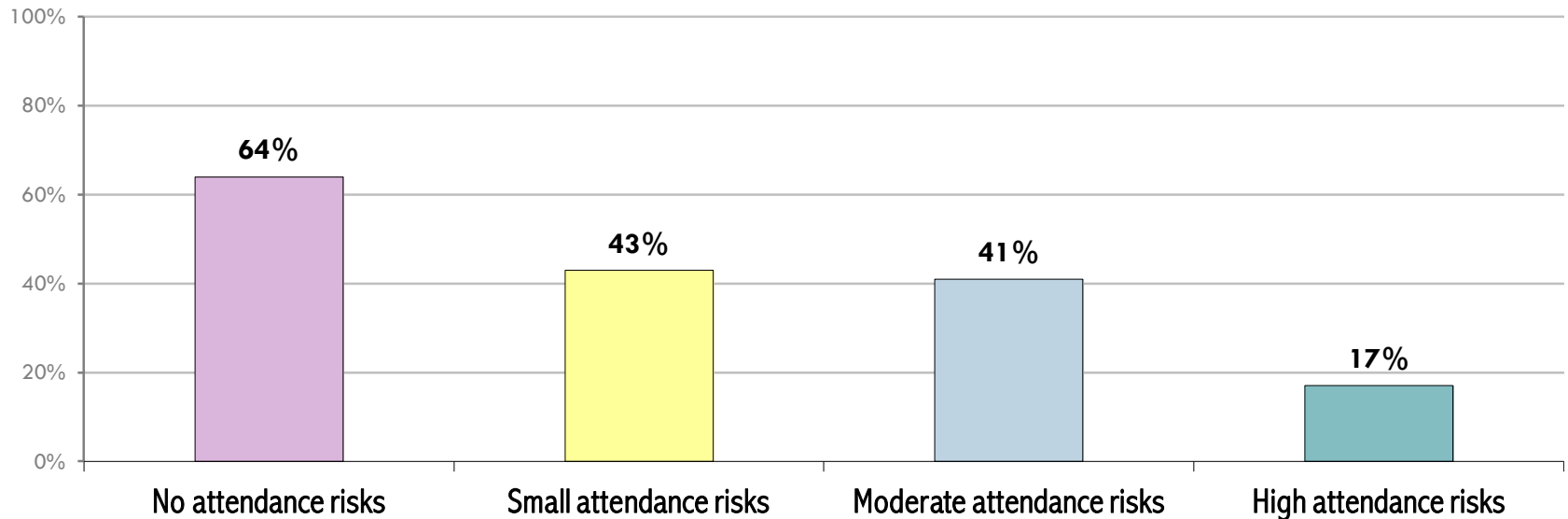
# Chronic Absence – A Hidden National Crisis

- ❑ Nationwide, as many as 10-15% of students (7.5 million) miss nearly a month of school every year. That's 135 million days of lost time in the classroom.
- ❑ In some cities, as many as one in four students are missing that much school.
- ❑ Chronic absenteeism is a red alert that students are headed for academic trouble and eventually for dropping out of high school.
- ❑ Poor attendance isn't just a problem in high school. It can start as early as kindergarten and pre-kindergarten.



# Students Chronically Absent in Kindergarten and 1<sup>st</sup> Grade are Much Less Likely to Read Proficiently in 3<sup>rd</sup> Grade

Percent Students Scoring Proficient or Advanced on 3<sup>rd</sup> Grade ELA Based on Attendance in Kindergarten and in 1<sup>st</sup> Grade



No risk	Missed less than 5% of school in K & 1 <sup>st</sup>
Small risk	Missed 5-9% of days in both K & 1 <sup>st</sup>
Moderate risk	Missed 5-9% of days in 1 year & 10 % in 1 year
High risk	Missed 10% or more in K & 1 <sup>st</sup>

Source: Applied Survey Research & Attendance Works (April 2011)



# Chronic Absence in PreK + K = Significantly Worse Outcomes

For children chronically absent in PreK & K, the Baltimore Education Research Consortium found:

- ✓ Greater likelihood of continued poor attendance. 50% were chronically absent again in G1, 45% in G2.
- ✓ Lower outcomes in G1, G2 in reading and math, and math in G3
- ✓ More often retained (26% compared with 9% of students with no chronic absence)
- ✓ More likely to be identified as needing special education

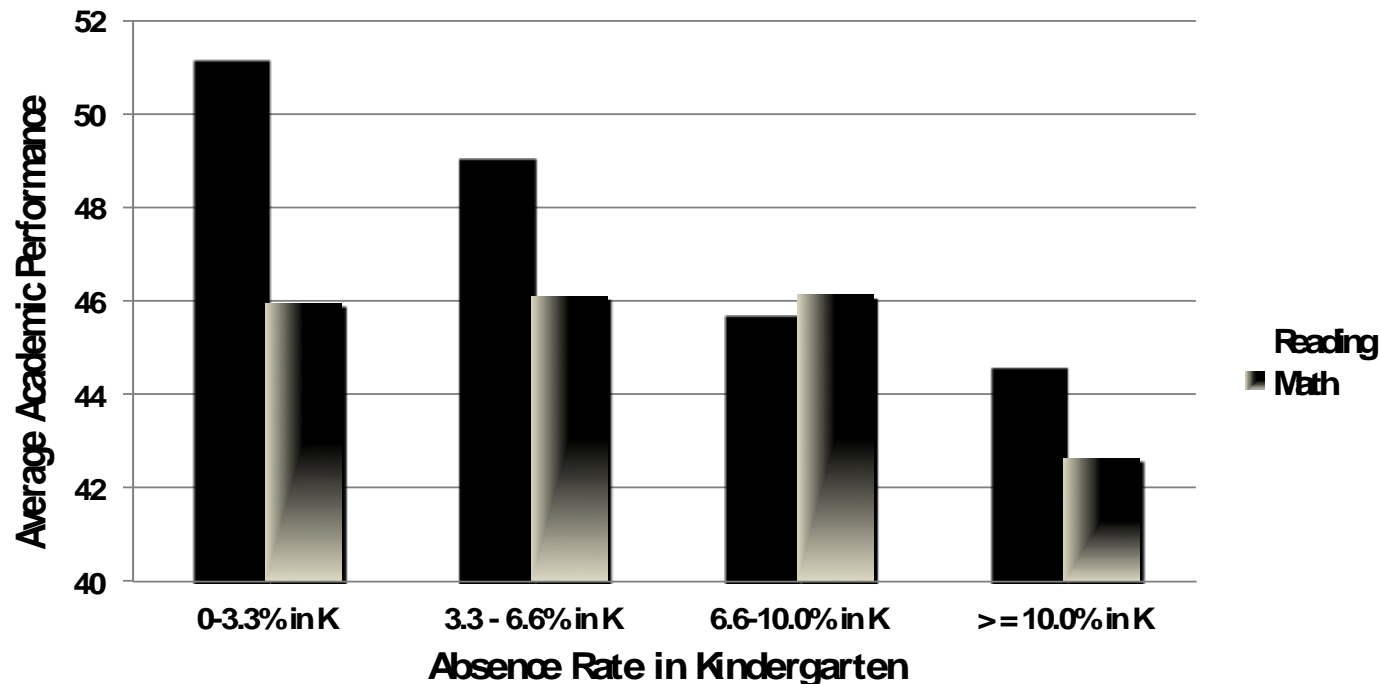
By contrast, children who participated in Head Start had better attendance and higher 3<sup>rd</sup> grade test scores.





# The Long-Term Impact of Chronic Kindergarten Absence is Most Troubling for Poor Children

5<sup>th</sup> Grade Math and Reading Performance By K Attendance for Children Living In Poverty. Academic performance was lower even if attendance had improved in 3<sup>rd</sup> grade.



Source: ECLS-K data analyzed by National Center for Children in Poverty (NCCP)

Note: Average academic performance reflects results of direct cognitive assessments conducted for ECLS-K.



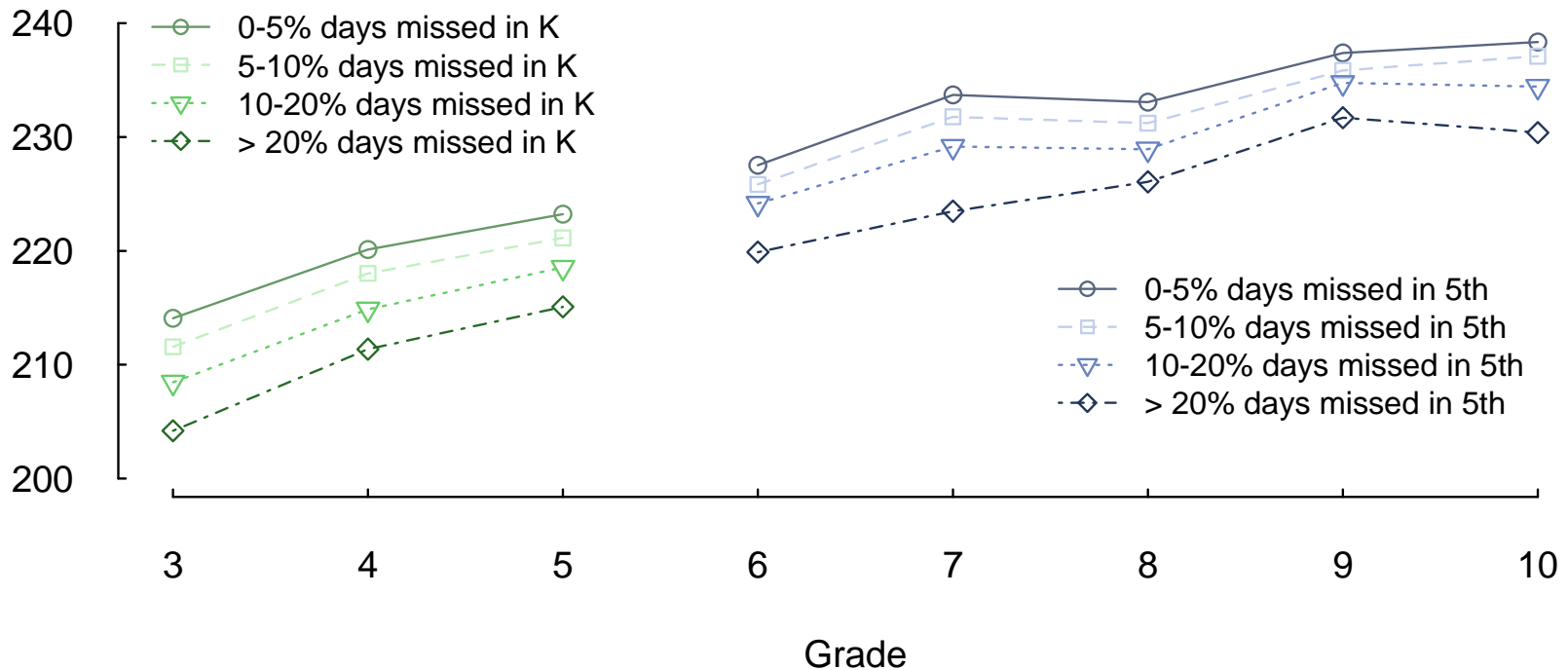
# Chronic Absence Is Especially Challenging for Low Income Children

- ❑ Poor children are 4 X more likely to be chronically absent in K than their highest income peers.
- ❑ Children in poverty are more likely to face systemic barriers to school that lead to multiple years of chronic absence, such as
  - Unstable Housing
  - Poor Transportation
  - Inadequate Food and Clothing,
  - Lack of Safe Paths to School Due to Neighborhood Violence
  - Chaotic Schools with Poor Quality Programs, etc.



# There Is a Clear and Consistent Relationship Between Early Attendance and Later Achievement

Average reading RIT scores for two cohorts of Oregon students, by absence rates in kindergarten and 5<sup>th</sup> grade

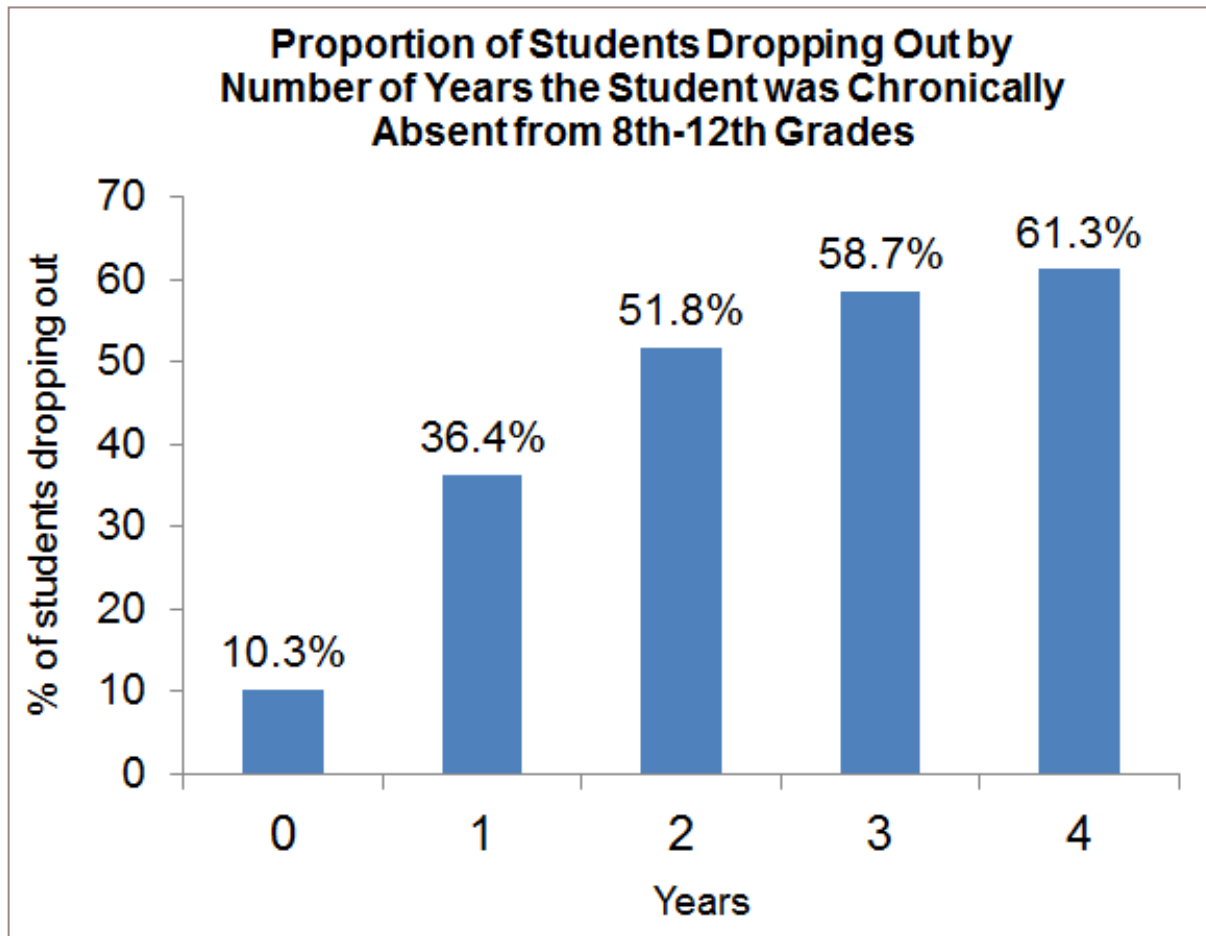


**(Note: 23% of students statewide in Oregon were chronically absent)**

Source: ECONorthwest analysis of Oregon Department of Education data, 2009-10.



# The Effects of Chronic Absence on Dropout Rates Are Cumulative

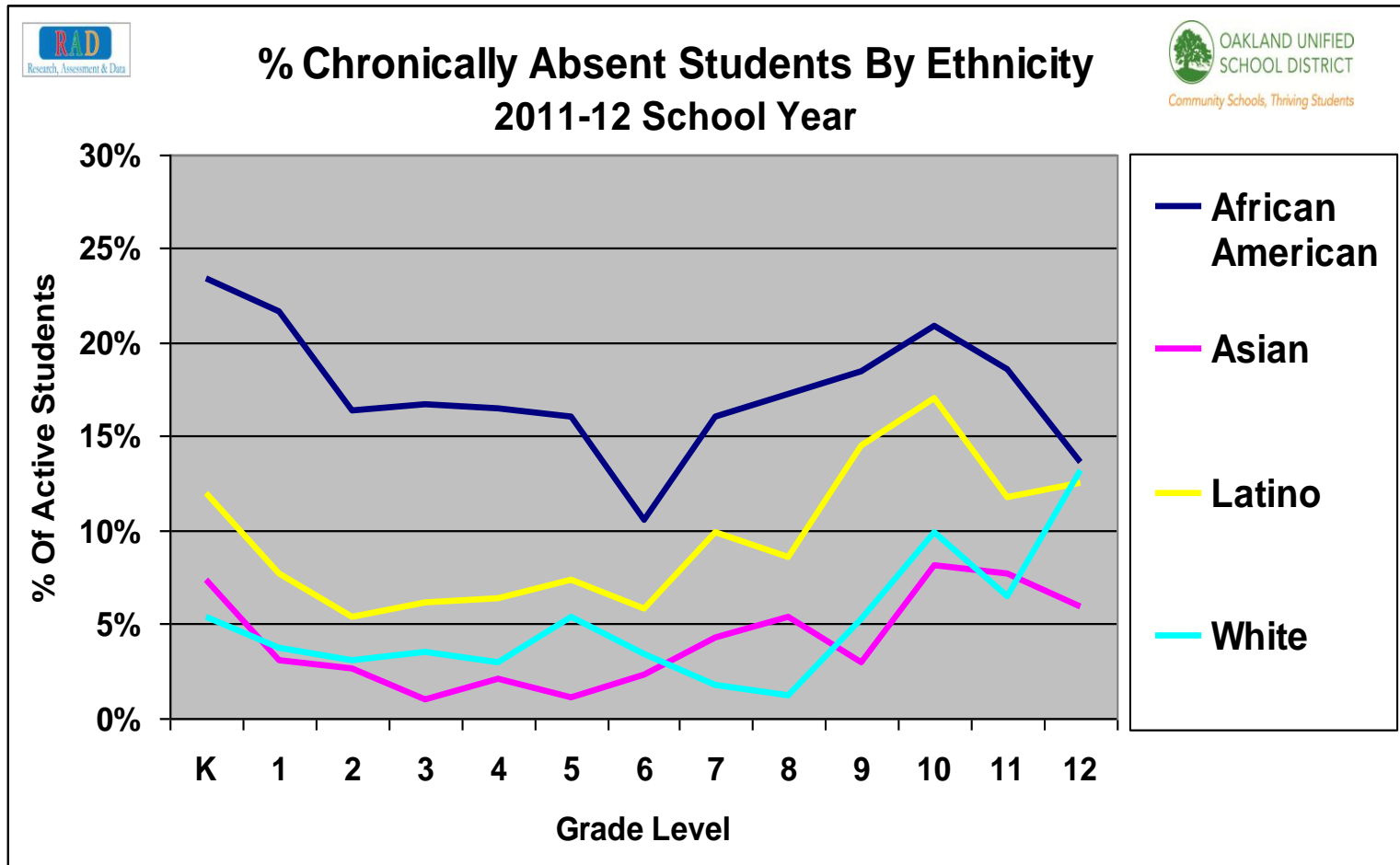


With every year of chronic absenteeism, a higher percentage of students dropped out of school.

Source: Utah Education Policy Center, *Research Brief: Chronic Absenteeism*, University of Utah, July 2012.



# Reducing Chronic Absence Especially Important for Addressing Racial Inequities



# Solutions Only Work if Grounded in Understanding of What Leads to Chronic Absence

## Discretion

Parents or students don't know that regular attendance matters

School lacks a strong culture of attendance

## Aversion

Child is struggling academically

Lack of engaging instruction

Child is being bullied

## Barriers

Lack of access to health care

No safe path to school

Poor transportation

*Special thanks to Dr. Robert Balfanz, Everyone Graduates Center, Johns Hopkins University, Baltimore, MD for providing this framework.*



# Health Barriers are significant, especially in low-income communities

## Nationally:

- Asthma is the leading health-related cause of school absence, leading to 14 million missed school days annually, according to the Asthma and Allergy Foundation of America. It is also the third leading cause of hospitalization for children under 15.
- Children from low-income families are 12 times as likely to have missed school as a result of dental problems than their peers from higher-income families.

## In California:

- Almost 18% of California adolescents have asthma, which was responsible for an estimated 1.9 million missed days of school in California in 2005
- Almost two million children in California come from homes that experience food insecurity (lack of consistent access to adequate, nutritious food)



# Universal Strategies for School Communities

**Recognize Good and Improved Attendance**

**Engage Students and Parents**

**Develop Programmatic Responses to Barriers**

**Provide Personalized Early Outreach**

**Monitor Attendance Data and Practice**





# Strategies for 3 Tiered Approach

Recovery Programs

- Case management and wrap-around services
- Referral as last resort for court-based intervention

Intervention Programs

- Early outreach, support, mentoring for students with poor attendance
- Identify and remove barriers
- Attendance contracts

Universal/Preventive Programs

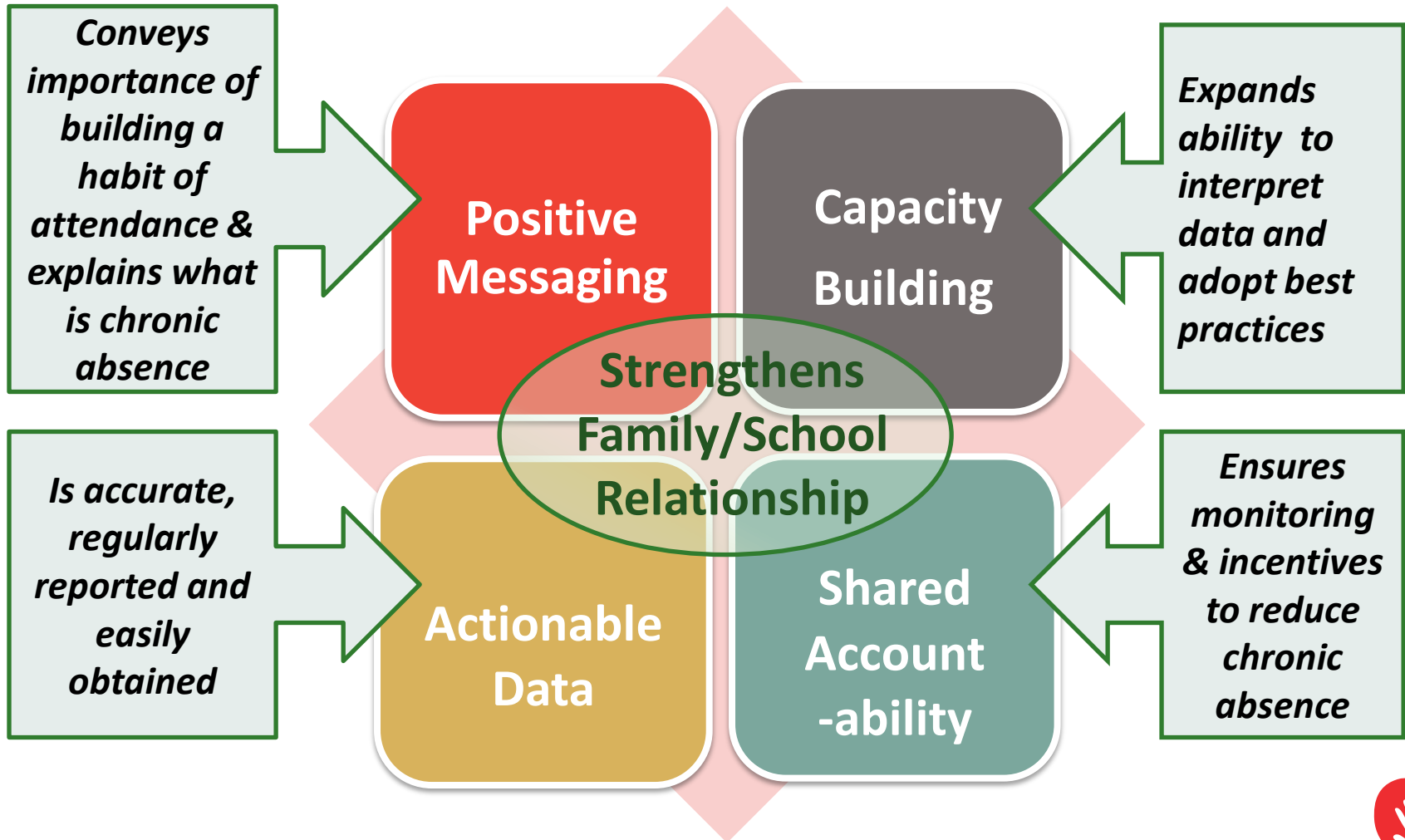
- Safe and supportive school environment
- Engaging classroom environments
- Parent education about why attendance matters and how to help each other get students to school
- On-going attention to attendance data
- Recognition for good and improved attendance
- Collaboration with afterschool and early childhood
- School-based health support

# Variation Across Schools Helps Identify Good Practice and Need for Intervention

Chronic Absence Levels Among Oakland Public Schools  
(2009-10)

	Elementary	Middle	High School
# Schools with 0%-5% Chronic Absence	9	0	0
# Schools with 5.1%-10% Chronic Absence	17	4	1
# Schools with 10.1%-20% Chronic Absence	25	8	6
# Schools with >20.1% Chronic Absence	9	4	9
Total No. Schools	60	16	16
Highest % of Chronic Absence	31.5%	32.8%	42.1%
Lowest % of Chronic Absence	0.3%	6.9%	7.9%
Median	12.7%	14.9%	21.0%
Mean	11.9%	15.6%	22.4%

# Ingredients for Success & Sustainability in a District



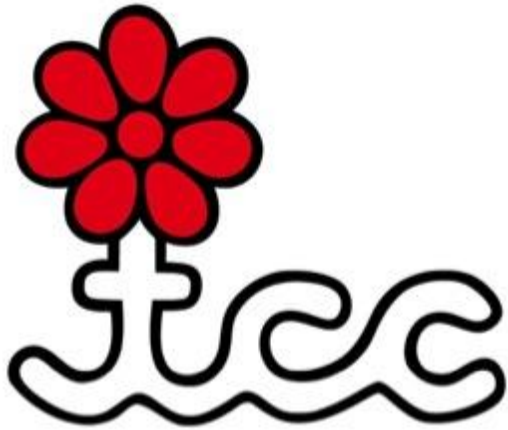
# How can health providers help reducing chronic absence?

- a) Address the health needs of students.
- b) Use chronic absence data to help target services
- c) Use your position as a health provider to help educate students and families about the importance of avoiding unnecessary absences.



# Exploring the Role of Health Services in Improving Attendance with Dr. Elisa Nicholas

- Please give us a brief overview of your work.
- In your experience, what are the biggest barriers (health or otherwise) to attendance?
- What strategies have you used to address health-related barriers to attendance in schools? What has worked?
- What more would you like to be doing to support attendance in schools?



# The Children's Clinic

“Serving Children & Their Families”

**Elisa Nicholas, MD, MSPH**

Chief Executive Officer

Project Director, Long Beach Alliance for Children with Asthma



# Our Mission

To provide quality integrated, innovative health care that will contribute to a healthy community, focusing on those in need and working with patients and the community as partners in their overall well being.

# Our Vision

A Community that is Healthy for All

# Our Goals

- To provide direct health services in a culturally and linguistically appropriate manner for children and their families in Southern California communities.
- To respond to community-identified physical and mental health needs of children and families.
- To partner with parents, patients and the community to develop and provide health education and promotion.
- To educate health professionals-in-training in the medical care of children and families in a diverse community.
- To educate and advocate for health care needs of children and families.
- To create a medical home for children and adults with special health care needs and chronic diseases.
- To decrease health disparities as delineated in *Healthy People 2020*



# Strategic Plan, 2011-2015

## Our Values

Excellent and Innovation in Service

Compassion

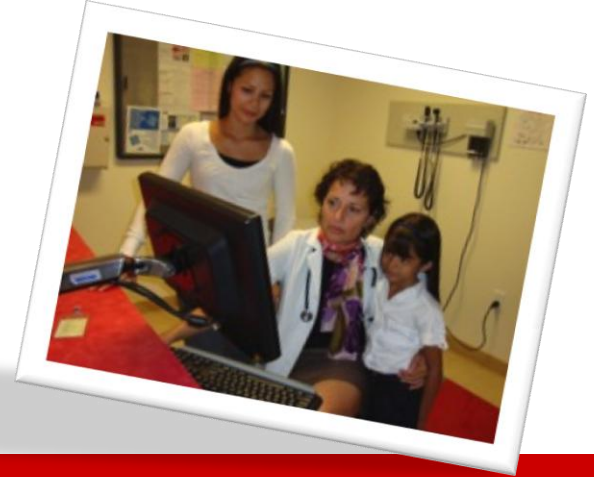
Integrity

Cooperation

Respect



# TCC: A Patient Centered Medical Home



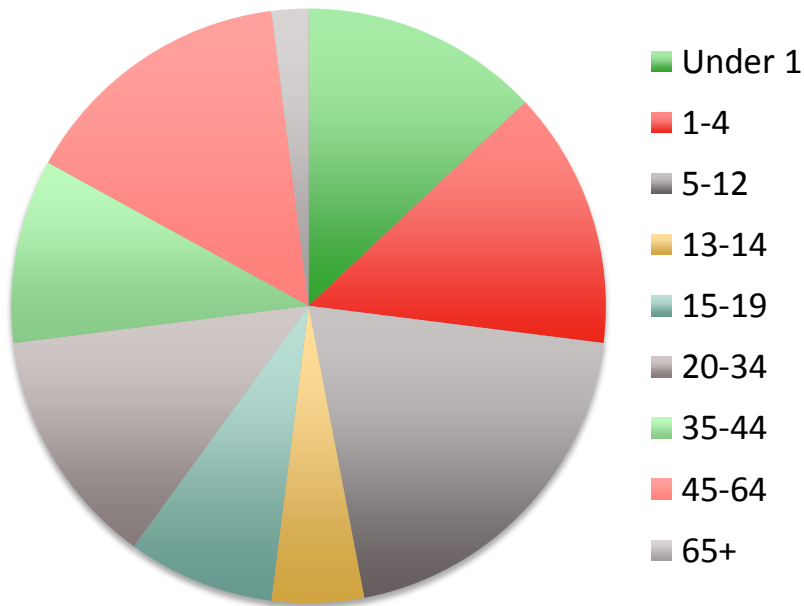
**Primary,** preventive, acute and **chronic care** for children, adolescents and adults; **family planning**; pre-natal care; **walk-in** immunizations; laboratory testing; dispensary; **health education and outreach**; eligibility screening; translation services; care coordination; and chronic disease management for **diabetes, depression, obesity and asthma**; behavioral health screenings and referrals to **community resources.**

# In 2012 TCC Provided

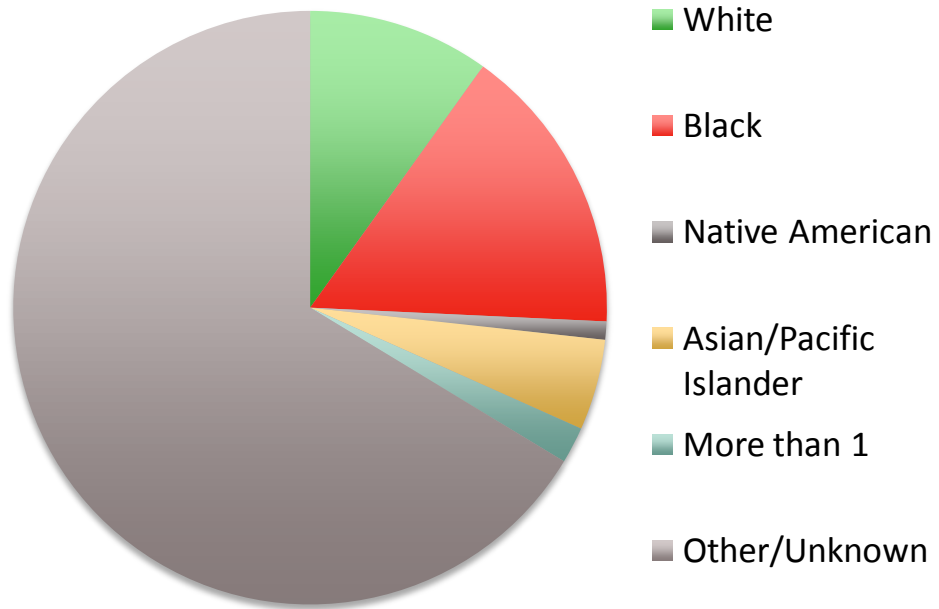
- **Almost 100,000** health care visits to **over 33,000** children, adolescents, and adults in our 8 clinic sites throughout greater Long Beach and Bellflower
- School-based clinics provided 15% of our total visits
  - 81% Hispanic patients
  - 24% between ages 5-19

# TCC Patients

## Ages



## Ethnicities



# Our Locations



Monday – Friday  
8am – 5pm

**The Children's Clinic Family Health Center in North Long Beach at Hamilton Middle School**  
1060 East 70<sup>th</sup> St.  
Long Beach, CA 90805



Monday - Friday  
8am – 8pm,  
Saturday 9am – 6pm,  
Sunday 11am – 3pm

**The Children's Clinic Family Health Center in Central Long Beach**  
2360 Pacific Ave.  
Long Beach, CA 90806



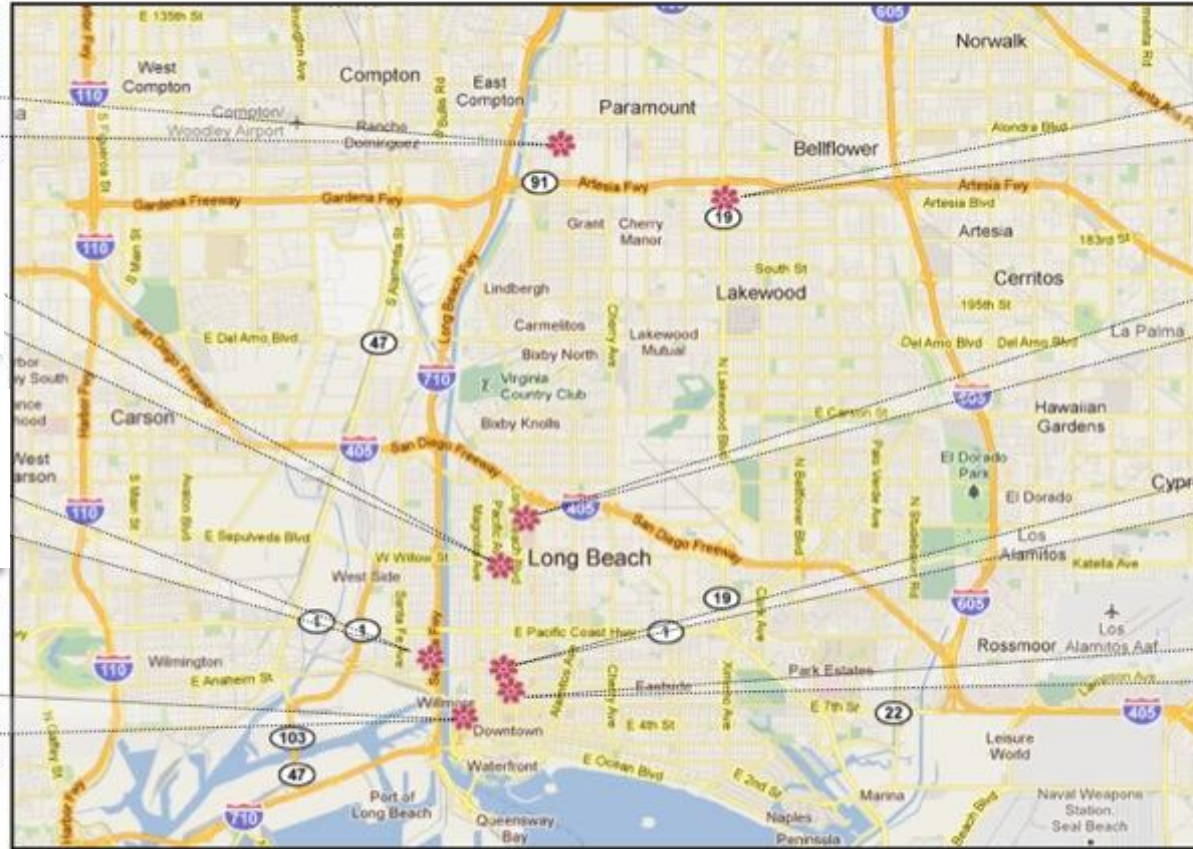
Monday – Friday  
8:30am – 5pm

**The Children's Clinic at Long Beach Multi-Service Center for the Homeless**  
1301 West 12<sup>th</sup> St.  
Long Beach, CA 90813



Monday – Friday  
8am – 5pm

**The Children's Clinic Family Health Center at Cesar Chavez Elementary**  
730 West 3<sup>rd</sup> St.  
Long Beach, CA 90802



Monday – Friday  
8:30am – 6pm

**The Children's Clinic Family Health Center in Bellflower**  
17660 Lakewood Blvd.  
Bellflower, CA 90706



Monday - Thursday  
8am – 8pm,  
Friday 8am – 5pm,  
Saturday 9am – 12pm

**The S. Mark Taper Foundation Children's Clinic Family Health Center**  
455 E. Columbia St. 201/6  
Long Beach, CA 90806



Monday – Friday  
8am – 5pm

**The Vasek Polak Children's Clinic Family Health Center**  
1057 Pine Ave.  
Long Beach, CA 90813



Monday 1pm-5pm  
Tuesday 9am-5pm  
Friday 9am-5pm

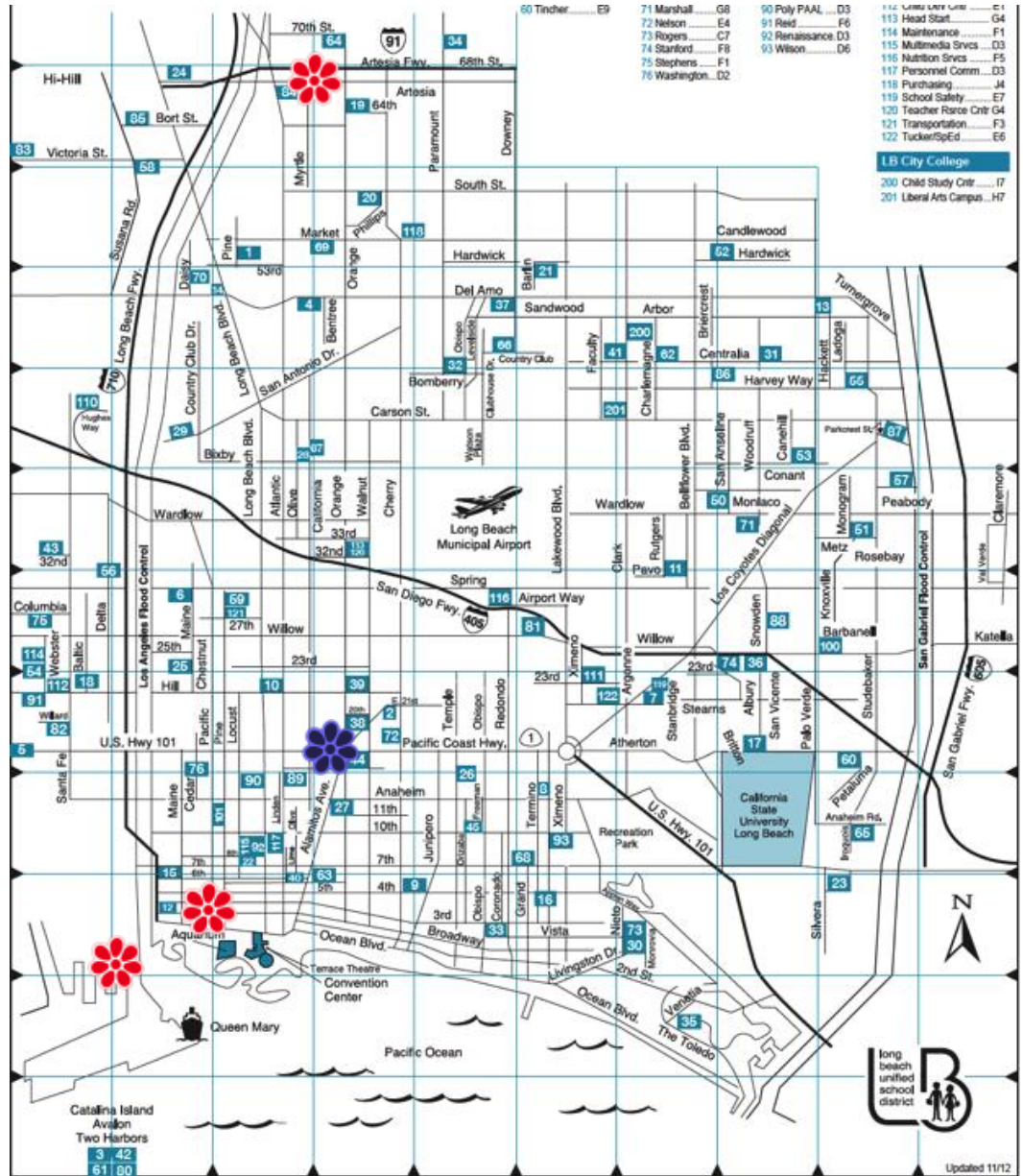
**The Children's Clinic at International Elementary School**  
700 Locust Ave.  
Long Beach, CA 90813

Hamilton  
Middle School

Roosevelt  
Elementary School

International  
Elementary School

Cesar Chavez  
Elementary School



# SBHC: True Medical Home

- Charts fully integrated into Epic electronic health records
- Access to TCC programs
  - Community Health Worker (CHW) program
  - Disease Management program
  - Health Education & promotion activities
- Immunizations
- Physicals
- Enabling services and Behavioral health

# International Elementary School



- Opened 11/3/1999
- **First SBHC in Long Beach**
- **Brighter Tomorrows** – HRSA/MCHB/AAP TWC grant funded partnership with LBUSD, YMCA of Long Beach, Greater Long Beach Guidance Center, LB Health Dept.
- Provide on-site health care, physical fitness and mental health to students and siblings
  - Drowning prevention
  - Health Education/Train the Trainer



# Hamilton Middle School

- Opened 9/23/2002
- Expanded in 2012
- Family Resource Center opening 2013
- HEAL Zone
- Serves the entire community



# Cesar Chavez Elementary School

- Opened 9/29/2004
- Serves entire community
- Adjacent to Cesar Chavez with a park
- Education activities
  - Weight of the Nation screening, Pat Morisson, Childhood Asthma
- School garden
- Folklorico dance



# Roosevelt Elementary School

- Opens in 2014!
- 6 exam rooms, waiting area, a multi-purpose room
- Meet the needs of not only Roosevelt Elementary students, but that of children, adolescents and adults in central Long Beach
- Goal is to improve the health and well being of the community
- Decrease health disparities of the medically CLB to promote health and quality services



# Choosing the Right School



The Children's Clinic, "Serving Children & Their Families"

# Community Programs





National Center for Medical  Legal Partnership  
RAISING THE BAR FOR HEALTH

**Medical Legal Partnership**, is about bringing legal services into the health care setting to address patient legal needs in order to improve health and well-being. The Children's Clinic currently partners with Legal Aid Foundation Los Angeles-Long Beach to provide legal guidance to patients in need.



**Reach Out and Read**, a collaboration between The Children's Clinic and the Beach Cities Reading Association, which provides literacy promotion activities for children and families.



**Long Beach Alliance for Food and Fitness**, to create a vibrant community that supports families and their children by promoting a way of life focused on healthy eating, physical activity, and play. Create systemic, comprehensive strategies that emphasize policy and environmental change that will in turn give rise to a healthier community in Long Beach.



**Long Beach Alliance for Children with Asthma**, started in 1999, is a partnership to improve the lives of children with asthma in the Long Beach community. LBACA's activities include a community health worker home visiting program, an asthma resource center, Physician Asthma Care Education training to improve physician asthma management skills and training medical assistants to provide asthma education to patients at provider sites.



**Healthy Eating Active Living (HEAL) Zone**, The Children's Clinic has partnered with key collaborators since March 2012 to form the Long Beach HEAL Zone. Primary goals are to advocate for built environment changes, promote wellness for Long Beach residents and employees, and create meaningful changes in the food environment.



**Community Health Workers (CHWs)**, conduct home visits, classes and one-on-one educational sessions with patients and community members in a culturally and linguistically appropriate way. With a mix of professional and lay training in asthma, diabetes, nutrition and healthy lifestyles among other health topics, TCC CHWs strive to support our patients to make healthy lifestyles choices and best manage chronic conditions.





**Building Healthy Communities,** The California Endowment aims to support the development of communities where kids and youth are healthy, safe and ready to learn. BHC will measure success by decreases in childhood obesity and youth violence, increases in school attendance, and improved access to health care over a 10 year period.



**Pioneering Healthy Communities,** Community leaders work towards environmental and policy changes that can positively affect hometown transformations. As one of 21 new PHC groups, Long Beach is empowering the community to increase healthy eating and activity to achieve lower rates of chronic disease.

# Long Beach Alliance for Children with Asthma

- ***Please describe your program?***
- ***How does you help to reduce chronic absence?***
- ***How do you know it is making a difference?***



# LBACA Mission

To change the profile of childhood asthma in the most affected areas of the City of Long Beach through improved: healthcare delivery and quality, outreach, education, support systems, living arrangements, and changes in policy at all levels.

# LBACA Vision

Long Beach and its surrounding communities will be a place where residents, families, children and youth, community organizations, decision makers, health care providers, schools, businesses, and community leaders partner to improve the quality of life for children with or at risk of developing asthma.



# History of LBACA

- In 1999, many parents were concerned because they needed to take their children to the emergency department due to asthma attacks.
- Community members started researching and found that Long Beach was surrounded by many factors that impact air quality.

# Collaborative Partners

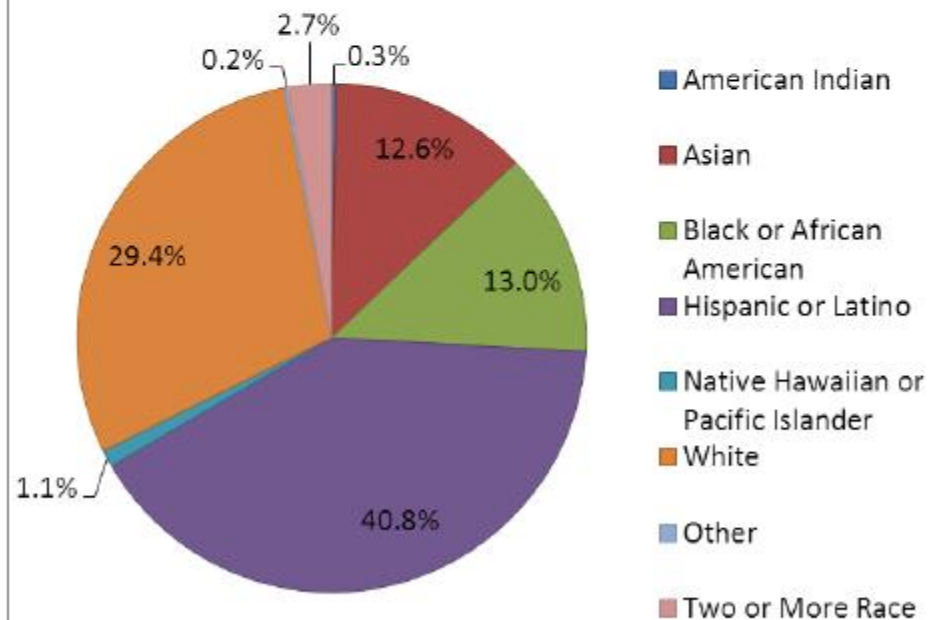
- Long Beach Department of Health and Human Services
- The Children's Clinic
- Miller Children's Hospital
- Long Beach Unified School District
- Families in Good Health
- Cal State Long Beach
- Asthma Coalition of Los Angeles County
- Coalition for Clean and Safe Ports
- St. John's Well Child and Family Center
- Occidental College
- Coalition for Clean Air
- Community Partner's Council
- South Coast Air Quality Management District
- LA Care Health Plan
- UC Irvine/CHOC Residency Program  
University of California,  
Irvine/Department of Pediatrics
- The Impact Project
- Los Angeles Port Work Group
- The California Endowment BHC Air Quality Work Group
- Asthma and Allergy Foundation
- BREATHE California of Los Angeles County
- The American Lung Association
- Cambodian Association of America
- Long Beach Comprehensive Health Center
- Coalition for Environmental Health and Justice
- State Senator Allan Lowenthal
- USC Keck School of Medicine
- Regional Asthma Management and Prevention
- California Asthma Partners
- Asthma Community Network
- EPA



## Profile

- Population of 462,257 (2010 Census)
  - 7<sup>th</sup> most populous city in California
  - 36<sup>th</sup> most populous city in the United States
- Very diverse city

Long Beach Population by Race/Ethnicity



# Air Pollution in Long Beach

Long Beach has:

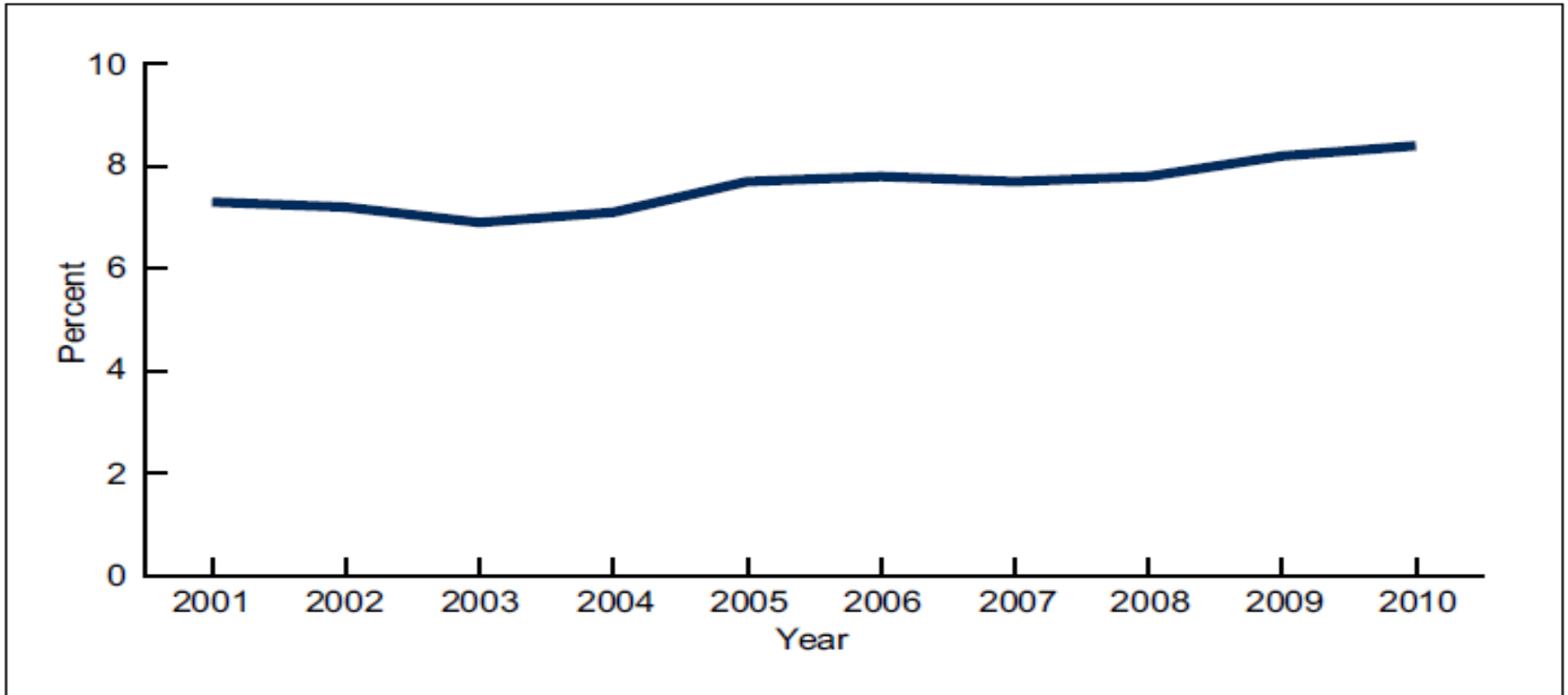
- 6 oil refineries
- Two major ports, and
- Several major freeways, including one that carries an average of 1,100 trucks per hour.

The American Lung Association ranks Los Angeles County (which includes Long Beach):

- First among 25 counties in the nation with high levels of ozone, and
- Second highest for levels for year-round particle pollution: PM 2.5

# Asthma Prevalence Rate: Nationwide 8%; Long Beach 14.3%

Figure 1. Asthma prevalence in the United States, 2001–2010

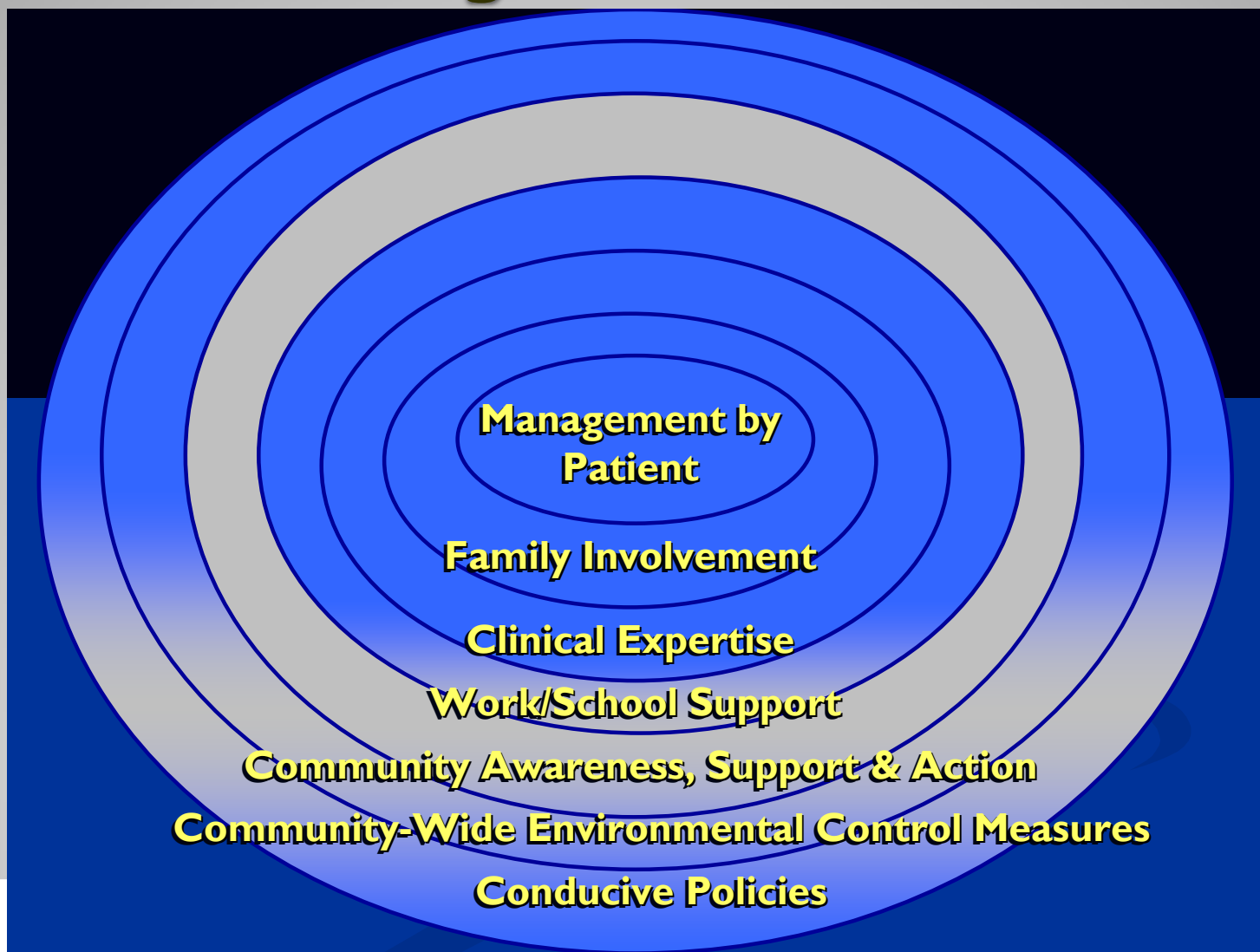


NOTES: Asthma prevalence refers to percentage of people who have ever been diagnosed with asthma and still have asthma. Data are age adjusted to the 2000 U.S. standard population. Access data table for Figure 1 at: [http://www.cdc.gov/nchs/data/databriefs/db94\\_tables.pdf#1](http://www.cdc.gov/nchs/data/databriefs/db94_tables.pdf#1).

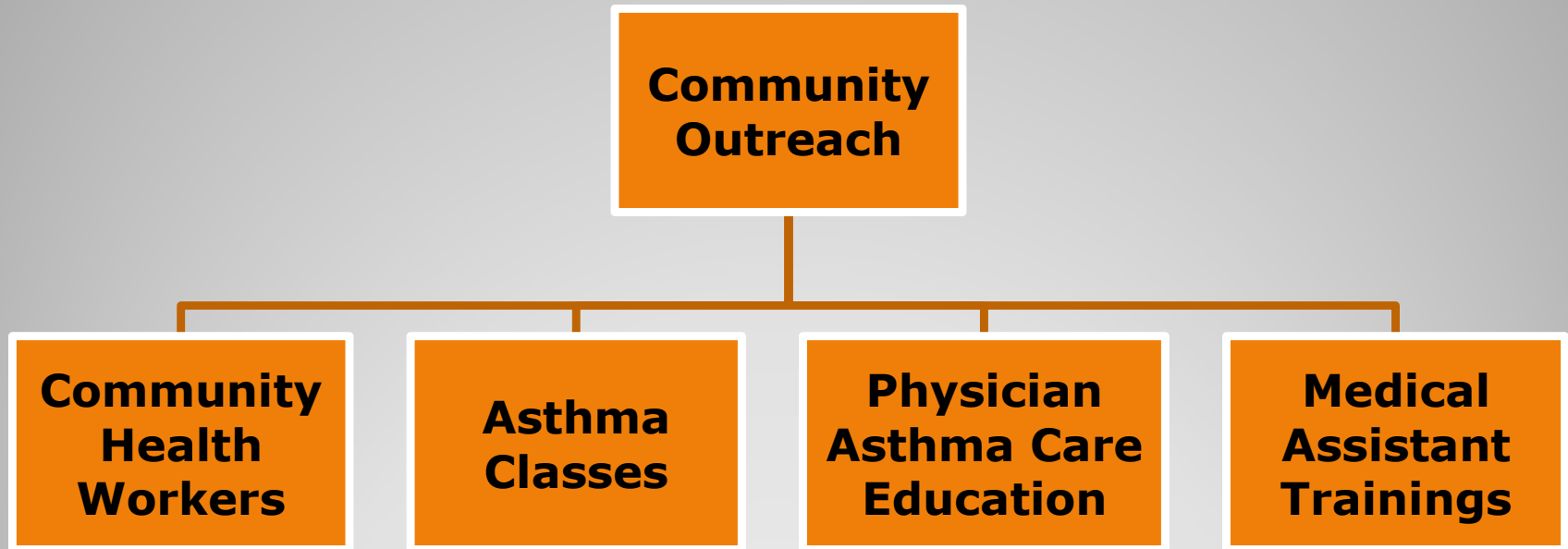
SOURCE: CDC/NCHS, National Health Interview Survey.



# Socio Ecological Model of Care



# LBACA Direct Services



# Asthma 101 Trainings

Free classes teach participants how to:

- Recognize early asthma symptoms
- Reduce asthma triggers in the home
- Work with doctors
- Take asthma medications correctly
- And about referrals to the Community Health Worker Program, community resources and more...



# Community Health Worker Program

## 1st Home Visit

Community Health Worker **assesses** the Home Environment and family needs.

Educates the family and child about asthma control techniques

## 2nd Home Visit

CHW **establishes** the home Action Plan in collaboration with the family

CHW **provides** education on Non-Toxic cleaning products

Provide additional community resources

## 3rd Encounter

CHW **assesses** the asthma symptoms during the past 3 months

## Final Home Visit

At 6 months CHW monitors progress and reinforces asthma education.



# LBACA's CHW Program Results

- Nearly 74% of children that missed school at Baseline had not missed school days at the 6-month Follow-up assessment.
- 92% and 83% of clients reported good control of daytime and nighttime asthma symptoms, respectively, at the Follow-up assessment.
- 83% of clients who reported using emergency departments for asthma care at Baseline did not report a visit at the 6-month Follow-up assessment.

# LBACA's Results Continued

- All clients who reported overnight hospitalizations due to asthma symptoms at Baseline did not report a hospitalization at the 6-month assessment.
- 95% of clients that did not report a wellness visit at Baseline reported one or more visits at Follow-up.
- Nearly 35% of clients were able to change one or more behaviors to eliminate behavior-based asthma triggers from their home environment

# LBACA Results Continued

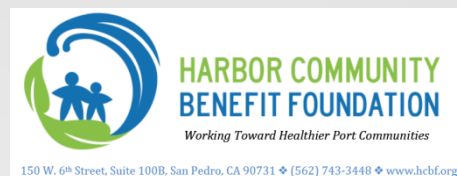
- In Advocacy work: there is a great awareness of air pollution issues and asthma especially in Long Beach through the Air Quality Work Group.
- During World Asthma Day LBACA has received a Proclamation from Long Beach City Council and State Senator Alan Lowenthal.

# LBACA Direct Service Funding Sources

- Medicaid reimbursement for Community Health Worker Program pays up to \$25,000 per year for asthma services



- Other funding comes from mitigation funds:





# LBACA Advocacy Funding Services

- Previous funders for advocacy work:

Kresge Foundation

The California Endowment – Community Action to Fight Asthma (CAFA)

- Current funder for advocacy work:

The California Endowment,  
Building Healthy Communities: Long Beach



# Together We CAN Control Asthma Now!



**We can all learn how.**

**FOR FREE INFORMATION CALL  
LONG BEACH ALLIANCE FOR CHILDREN WITH ASTHMA  
1-800-555-1234**



# Exploring the role of school based health centers.

- 1. Take Self Assessment**
- 2. Use dots to indicate results on charts on the wall.**
- 3. Discuss results**

# Announcing Attendance Awareness Month – September 2013

## ATTENDANCE in the early grades

Many of our youngest students miss 10 percent of the school year—about 18 days a year or just two days every month. Chronic absenteeism in kindergarten, and even preK, can predict lower test scores, poor attendance and retention in later grades, especially if the problem persists for more than a year. Do you know how many young children are chronically absent in your school or community?



### Who Is Affected

Kindergarten and 1st grade classes often have absenteeism rates as high as those in high school. Many of these absences are excused, but they still add up to lost time in the classroom.

1 in 10 kids

in kindergarten and 1st grade are chronically absent. In some schools, it's as high as 1 in 4.<sup>1</sup>



2 in 10  
low-income kids  
miss too much  
school. They're also  
more likely to suffer  
academically.<sup>2</sup>



2.5 in 10  
homeless kids  
are chronically  
absent.<sup>3</sup>



4 in 10  
transient kids  
miss too much  
school when  
families move.<sup>3</sup>

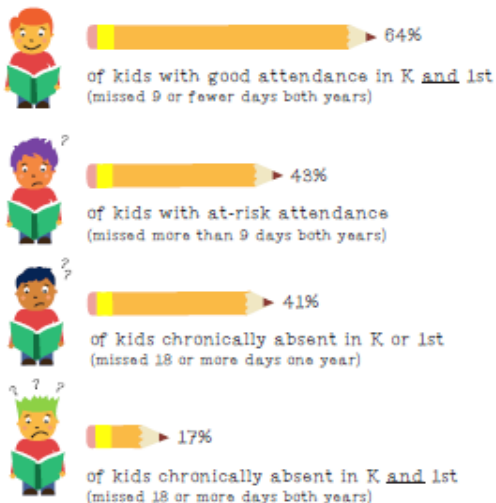


### Why It Matters

If children don't show up for school regularly, they miss out on fundamental reading and math skills and the chance to build a habit of good attendance that will carry them into college and careers.

Preliminary data from a California study found that children who were chronically absent in kindergarten and 1st grade were far less likely to read proficiently at the end of 3rd grade.

Who Can Read on Grade Level After 3rd Grade?<sup>4</sup>



### What We Can Do



#### Engage Families

Many parents and students don't realize how quickly early absences can add up to academic trouble. Community members and teachers can educate families and build a culture of attendance through early outreach, incentives and attention to data.



#### Fix Transportation

The lack of a reliable car, or simply missing the school bus, can mean some students don't make it to class. Schools, transit agencies and community partners can organize car pools, supply bus passes or find other ways to get kids to school.



#### Address Health Needs

Health concerns, particularly asthma and dental problems, are among the leading reasons students miss school in the early grades. Schools and medical professionals can work together to give children and families health care and advice.



#### Track the Right Data

Schools too often overlook chronic absence because they track average attendance or unexcused absences, not how many kids miss too many days for any reason. Attendance Works has free data-tracking tools.

These are a few steps that communities and schools can take. How do you think you can help?

<sup>1</sup> Chang, Hedy; Romero, Marjawa, Present, *Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades*, National Center for Children in Poverty, NY, NY, September 2008.

<sup>2</sup> Chronic Absence in Utah, Utah Education Policy Center at the University of Utah, 2012.

<sup>4</sup> *Attendance in Early Elementary Grades: Association with Student Characteristics, School Readiness and Third Grade Outcomes*, Applied Survey Research, May 2011.

# Contact Information

Hedy Chang, Director, Attendance Works

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