

National Collaborative on Education + Health

Leading Health Conditions Impacting Student Attendance

Central to the connection between health and learning is students attending schools. Many students have one or more health problems that compromise their ability to learn and put them at risk for missing school. The prevalence of many of these conditions, including both physical and behavioral health conditions, has increased significantly over the past two decades. This has implications not only for children's long-term health but also for their opportunities to learn and succeed at school. The chart below identifies health conditions that have high prevalence among children, disproportionately impact children of color and have a direct impact on student attendance. Fortunately, research shows that there are proven or promising school-based programs to address each of these health conditions.

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 that is working to transform the health and education sectors to support the conditions of health in schools across the country. The National Collaborative on Education and Health has brought together over 100 stakeholders representing federal, state and local government agencies, health and education professionals, advocates and foundations.

Health Condition	Health Disparities	Impact on Attendance	Sample Intervention (s)	Potential Partners
Asthma <ul style="list-style-type: none"> 8.3% of children (< age 18) are currently diagnosed with asthma <ul style="list-style-type: none"> 4.2% of children 0-4 9.9% of children 4-14 8.6% of children 15-19ⁱ 	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). ⁱⁱ	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 more absences as their peers. ^{iv}	Asthma Friendly Environments: <ul style="list-style-type: none"> Asthma Friendly Schools Initiative, Asthma Friendly Homes Environmental assessments and remediation in schools and homes 	<ul style="list-style-type: none"> Community health providers School staff, including school health team and maintenance team School-based health centers Regional EPA office Local American Lung Association chapter Housing advocates Before and after school programs

<p>Bullying, Violence and Abuse</p> <ul style="list-style-type: none"> • 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} 	<p>34.7% of African American students, 28.4% of Hispanic students and 20.8 % of Caucasian students report being in a physical fight in the past year.</p> <p>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}</p> <p>African American children have higher rates of maltreatment than Caucasian and Hispanic children.^x</p>	<p>7.1% of students report not going to school at least 1 day during the past 30 days because they felt unsafe at school or on their way to or from school.^{xi}</p>	<p>Safe Routes to Schools</p> <p>School and community-based health, counseling and social services</p> <p>Bullying education programs, including playground-based and cyber-bullying</p> <p>School support groups such as Gay/Straight Alliance clubs</p> <p>School discipline policy reform and protective school climates</p>	<ul style="list-style-type: none"> • PTA • City agencies: 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
<p>Oral health</p> <ul style="list-style-type: none"> • 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. 	<p>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}</p> <p>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}</p>	<p>Children between 5 and 17 years miss nearly two million school days in a single year nationwide due to dental health-related problems.^{xvi}</p> <p>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.^{xvii}</p>	<p>Community-based oral health programs, including school-based sealant programs, free clinics and mobile programs</p>	<ul style="list-style-type: none"> • 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

<p>Food insecurity and nutrition</p> <ul style="list-style-type: none"> • 21% of children (<age 18) live in households that have been food-insecure at some point during the year.^{xviii} • 31.8% of children and adolescents are overweight or obese. <ul style="list-style-type: none"> ○ 18% of children aged 6-11 years old are obese. ○ 21% of children aged 12-19 years old are obese.^{xix} 	<p>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.^{xx}</p> <p>32.5% of African American children and 38.9% of Hispanic children are overweight or obese compared to 28.5% of Caucasian children.^{xxi}</p>	<p>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.^{xxii}</p> <p>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.^{xxiii}</p> <p>Overweight children are exposed to negative social experiences such as peer rejection and bullying which may lead to low self-esteem, anxiety disorders and depression.^{xxiv}</p>	<p>Access to healthy school meals, including universal school breakfast programs, and water</p> <p>School Pantry Program</p> <p>Backpack programs</p> <p>School-based physical activity programs</p> <p>Programs to reduce screen time</p> <p>Programs to promote appropriate sleep</p>	<ul style="list-style-type: none"> • 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
<p>Mental health and substance use disorders</p> <ul style="list-style-type: none"> • 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 conduct problems (3.5%), 	<p>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}</p> <p>Minorities have less access to mental health services and are less likely to receive needed care.^{xxix}</p>	<p>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.^{xxx}</p> <p>Children affected by ADHD are more likely to exhibit tardiness and</p>	<p>School-based mental health programs.</p> <p>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</p> <p>Universal interventions such as the Good Behavior Game</p>	<ul style="list-style-type: none"> • 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 counselors and

<p>anxiety (3.0%), depression (2.1%) and autism spectrum disorders (1.1%).^{xxvi}</p> <ul style="list-style-type: none"> • 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} 	<p>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%).</p> <p>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}</p>	<p>absenteeism due to sleep problems caused by the disorder.^{xxxii}</p> <p>Reduction of alcohol and drug use is associated with better attendance rates.</p> <p>There is a 10% increase in attendance for every year that the student delays beginning marijuana or alcohol use.^{xxxiii}</p>		<p>behavioral health team</p> <ul style="list-style-type: none"> • School-based mental health centers • Community Anti-Drug Coalitions of America • School staff, including school health team
<p>Teen and unplanned pregnancies</p> <p>3 in 10 teen American girls will get pregnant at least once before age 20.^{xxxiv}</p>	<p>Teenage birth rates in African American and Latino communities are three and four times higher than in Caucasian communities.^{xxxv}</p>	<p>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}</p>	<p>School and community-based health, counseling and social services, including access to contraception.</p>	<ul style="list-style-type: none"> • Community health providers • School staff, including school health team • Planned Parenthood • Local adolescent health community organizations
<p>Vision</p> <p>25 percent of school-aged children have some form of vision impairment.^{xxxvii}</p>	<p>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}</p>	<p>Students with vision impairments are at an increased risk of disengagement from school and are more likely to develop social and emotional problems.^{xl}</p>	<p>School-based vision screening programs</p>	<ul style="list-style-type: none"> • Local vision providers • School staff, including school health team, • Community organizations, such as local Lions Clubs • Local eyeglasses stores

Please contact Alex Mays at alex@healthyschoolscampaign.org with questions about this chart. For more information about the National Collaborative on Education and Health visit healthinmind.org.

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