

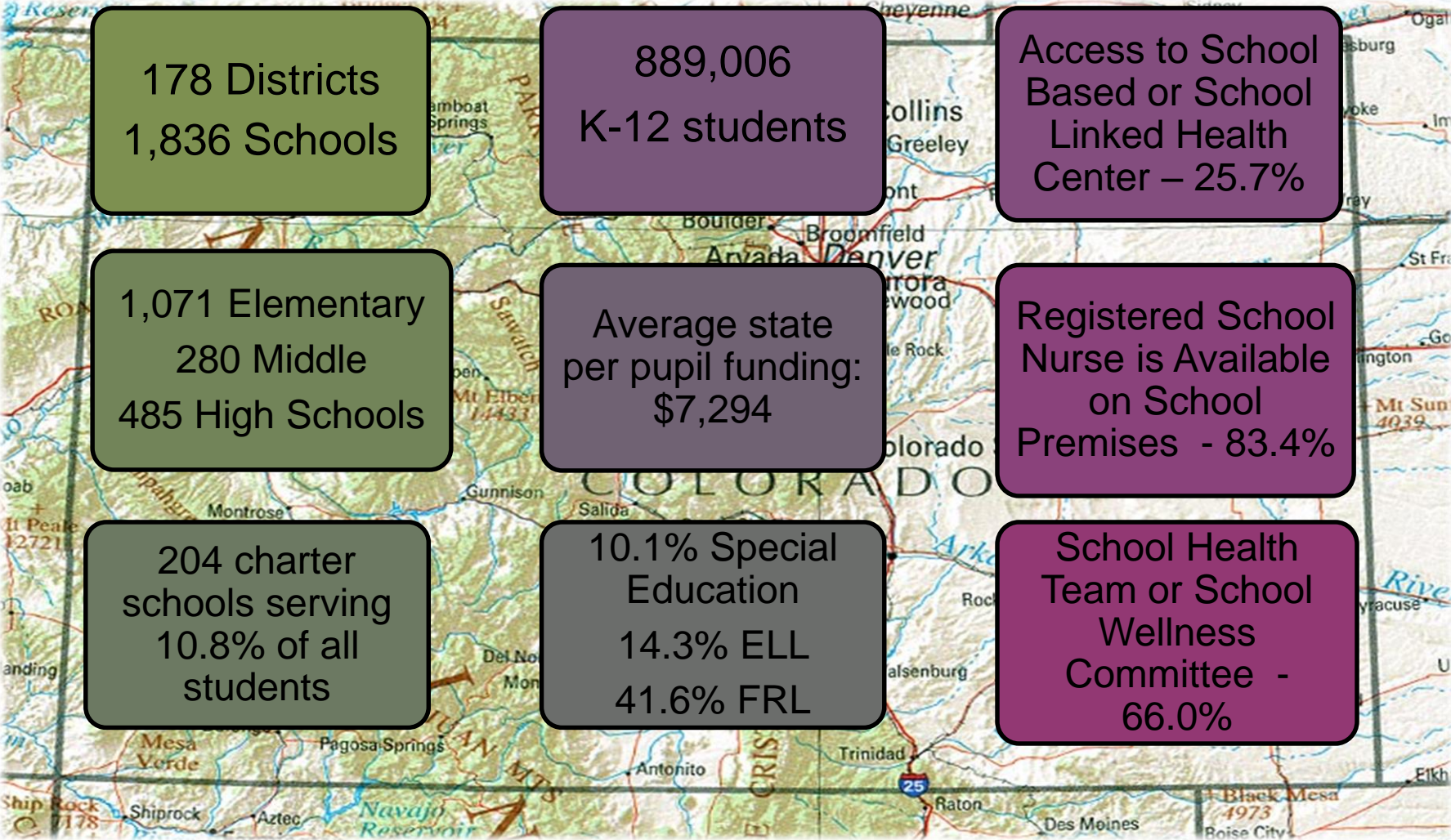


Combating Absenteeism

COLORADO CONTEXT



Colorado Schools

A map of Colorado serves as the background for the slide. Overlaid on the map are nine colored boxes, each containing a different school statistic. The boxes are arranged in a 3x3 grid. The colors of the boxes are: top-left (olive green), top-middle (purple), top-right (dark purple), middle-left (olive green), middle-middle (dark purple), middle-right (dark purple), bottom-left (grey), bottom-middle (grey), and bottom-right (dark purple).

178 Districts
1,836 Schools

889,006
K-12 students

Access to School
Based or School
Linked Health
Center – 25.7%

1,071 Elementary
280 Middle
485 High Schools

Average state
per pupil funding:
\$7,294

Registered School
Nurse is Available
on School
Premises - 83.4%

204 charter
schools serving
10.8% of all
students

10.1% Special
Education
14.3% ELL
41.6% FRL

School Health
Team or School
Wellness
Committee -
66.0%

Colorado Attendance Data

State Attendance
Rate – 93.2%

State Attendance
Rate is on the
decline from
previous years

Number of
Habitual Truants
–
111,200

State
Absenteeism
Rate - 6.8%

Number of
Habitual Truants
at an all-time
high

State Truancy
Rate – 2.3%

Truancy Rate
increased from
previous years

31% of 12th
Graders Skipped
School One Day
in the Last 4
Weeks

WHAT DOES THE DATA MEAN?

Pop Quiz



How does the state define *Habitual Truancy*?

- A) 4 unexcused absences in one month**
- B) 10 unexcused absences in one school year**
- C) Both A and B**
- D) None of the above**



How does the state define *Habitual Truancy*?

Both A and B. C.R.S. 22-33-107 (3)(a)

“Child who is habitually truant” means a child who has attained the age of six years on or before August 1 of the year in question and is under the age of seventeen years and who has four unexcused absences from public school in any one month or ten unexcused absences from public school during any year.

Absences due to suspension or expulsion of a child are considered excused absences for purpose of this subsection (3).



Colorado by the Numbers

State Attendance Rates

- 2011-12 – 94.4%
- 2012-13 – 93.8%
- 2013-14 – 93.6%
- 2014-15 – 93.2%

State Truancy Rates

- 2011-12 – 1.8%
- 2012-13 – 2.1%
- 2013-14 – 2.2%
- 2014-15 – 2.3%

Number of Habitual Truants

- 2012-13 – 83,463
- 2013-14 – 88,991
- 2014-15 – 111,200

2013 Colorado Healthy Kids Survey

Percent of Students Who Skipped School One Day in the Last Four Weeks

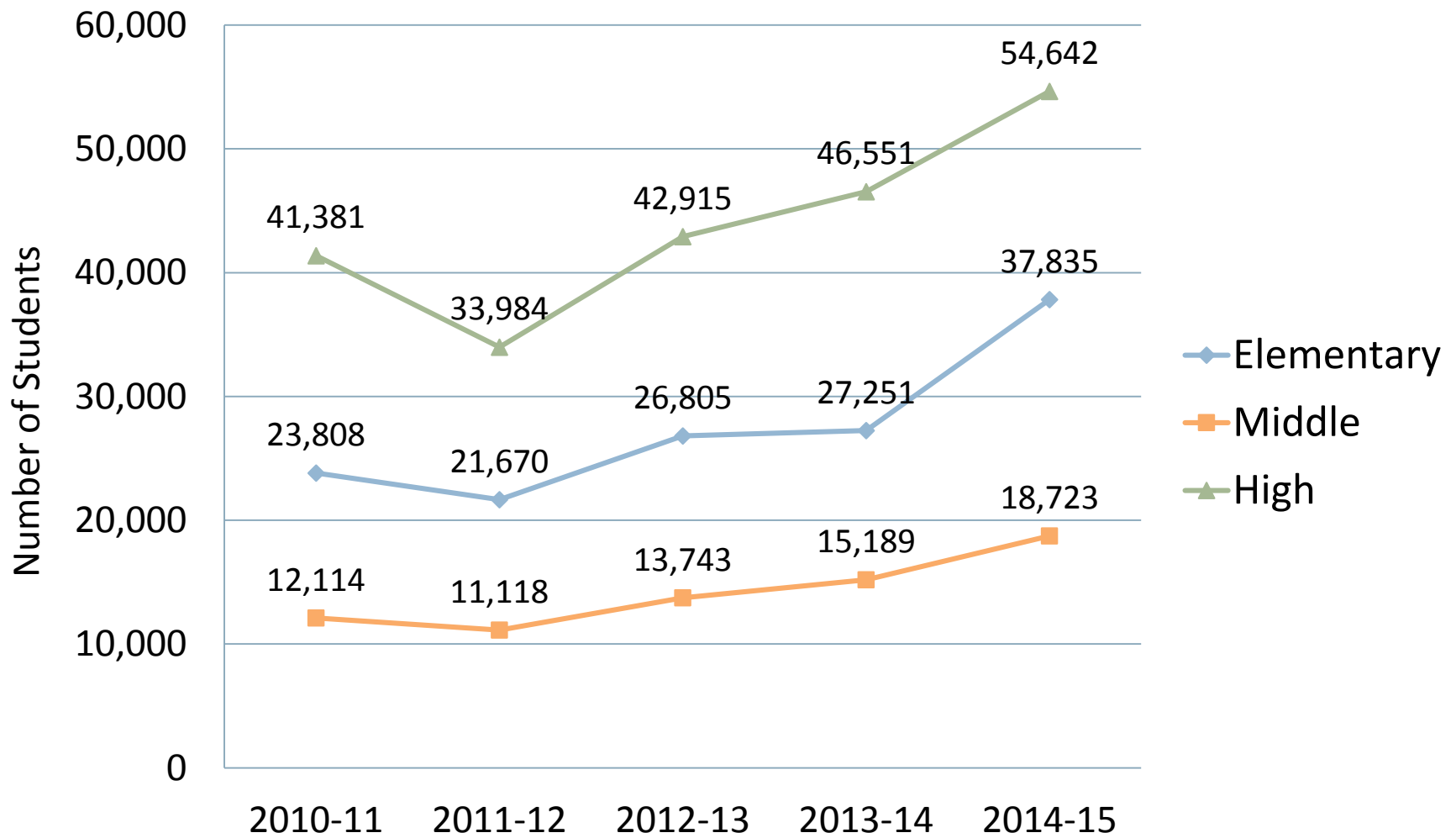
9th Graders – 18.4%

10th Graders – 21.1%

11th Graders – 23.0%

12th Graders – 31.1%

Number of Habitual Truants for 2011-2015 by School Level



Colorado School Attendance Rate – 2012 to 2015

School Year	Attendance Rate	Absenteeism Rate	Truancy Rate*
2012-13	93.8%	6.2%	2.1%
2013-14	93.6%	6.4%	2.2%
2014-15	93.2%	6.8%	2.3%

The Truancy Rate is subset of the Absenteeism Rate

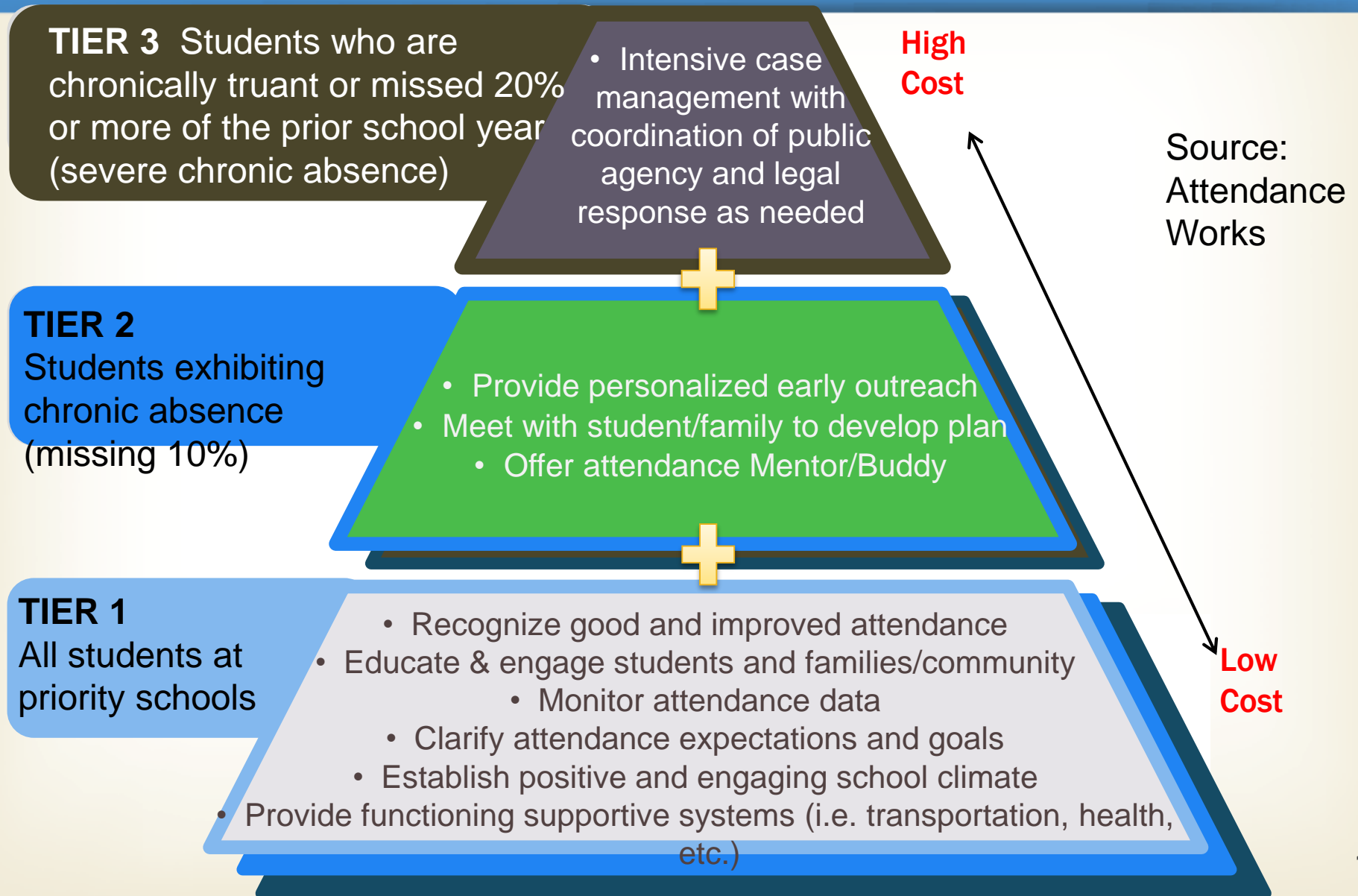
Source: Data Services, CDE



WHAT ARE SCHOOLS DOING?



Tiered approach



Why are Students Missing School?

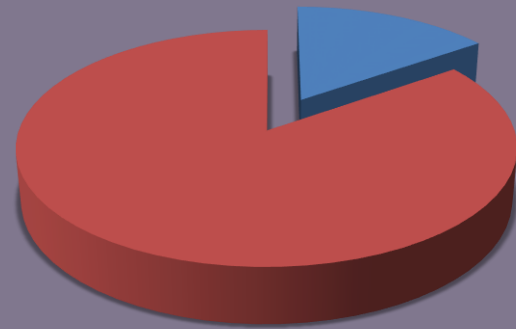
- Chronic Health Conditions
- Mental Health Issues
- Bullying
- Not feeling safe at school
- Abuse and neglect
- Unstable housing and family economic insecurity



Statistics

- Overall, from 15% to 18% of children and adolescents have some sort of chronic health condition, nearly half of whom could be considered disabled

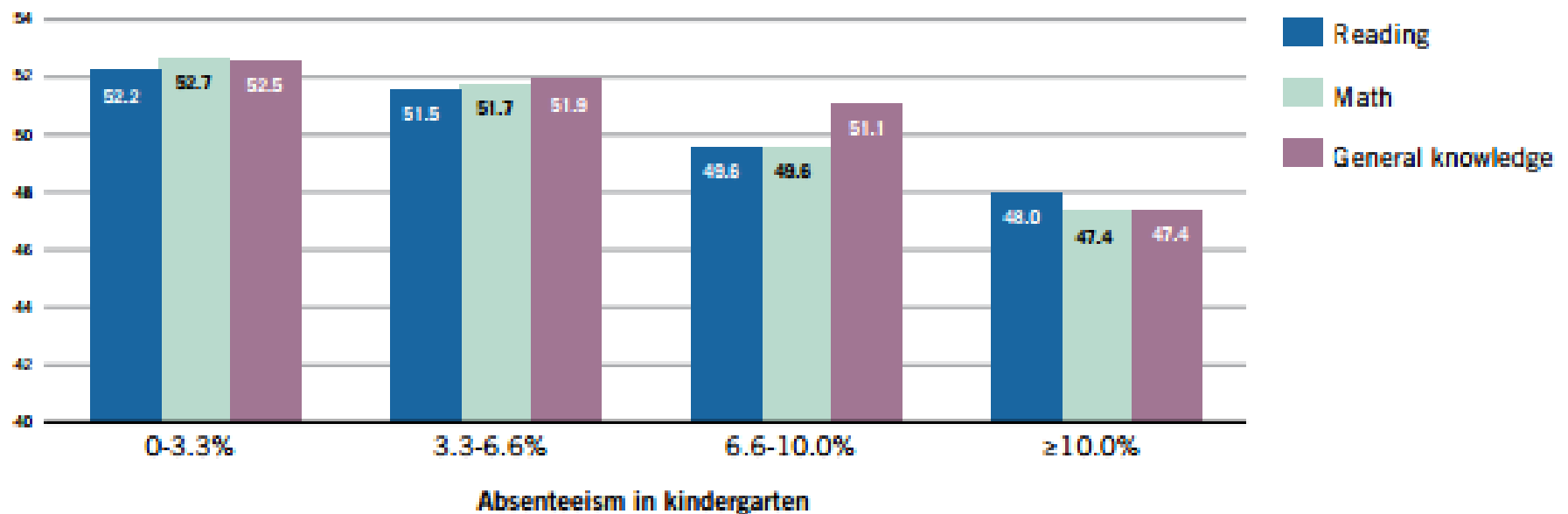
*That's
18 out of every 100
students
in every school!*



Effect of Chronic Absenteeism

Chronic absentees in kindergarten had the lowest academic performance in first grade

Average academic performance



Positive Outcomes

- When students are kept in school, parents are able to be productive at work and at home
- Appropriate use of health care saves time and money for everyone

Fewer 911 calls



Appropriate referral



Mental Health Support

- One in five children and adolescents have a diagnosable mental health disorder in the course of a year
- Academic achievement can be improved through:
 - Early detection
 - Timely referral
 - Access to appropriate services

*School Nurses spend
32% of their time
providing
mental health services*



School Nurses Reduce Chronic Absenteeism

- Outreach to student/families to meet their individual needs
- Helping student/family access to needed physical or mental healthcare providers
- Ensuring students feel safe at school
- Providing student and family support during the school day



School Nurses Reduce Chronic Absenteeism

- Advocating for school-wide approach to address chronic absenteeism
- Encouraging utilization of reporting systems for better data collection
- Conducting family/student classes on health topics
- Addressing chronic tardiness, early dismissals and class absence



Every Student Succeeds Act

- First time federal education law mentions chronic absence as an attendance measure
- States will be required to report chronic absenteeism rates for schools
- School Districts will be allowed to spend federal dollars on training to reduce absenteeism
- Several states already using chronic absenteeism as an accountability metric

<http://www.attendanceworks.org/new-federal-education-lawincludes-chronic-absence-tracking-training/>



Every Student, Every Day

U.S. Department of Justice

U.S. Department of Health and Human Services

U.S. Department of Housing and Urban
Development

U.S. Department of Education

A Community Toolkit to Address and Eliminate
Chronic Absenteeism



Action Step #1

Generate and act on
absenteeism data



Action Step #2

Create and deploy positive
messages and measures



Action Step #3

Focus communities on
addressing chronic
absenteeism



Action Step #4

Ensure responsibility across
sectors



White House/DOE Initiatives

Success Mentors

Absences Add Up

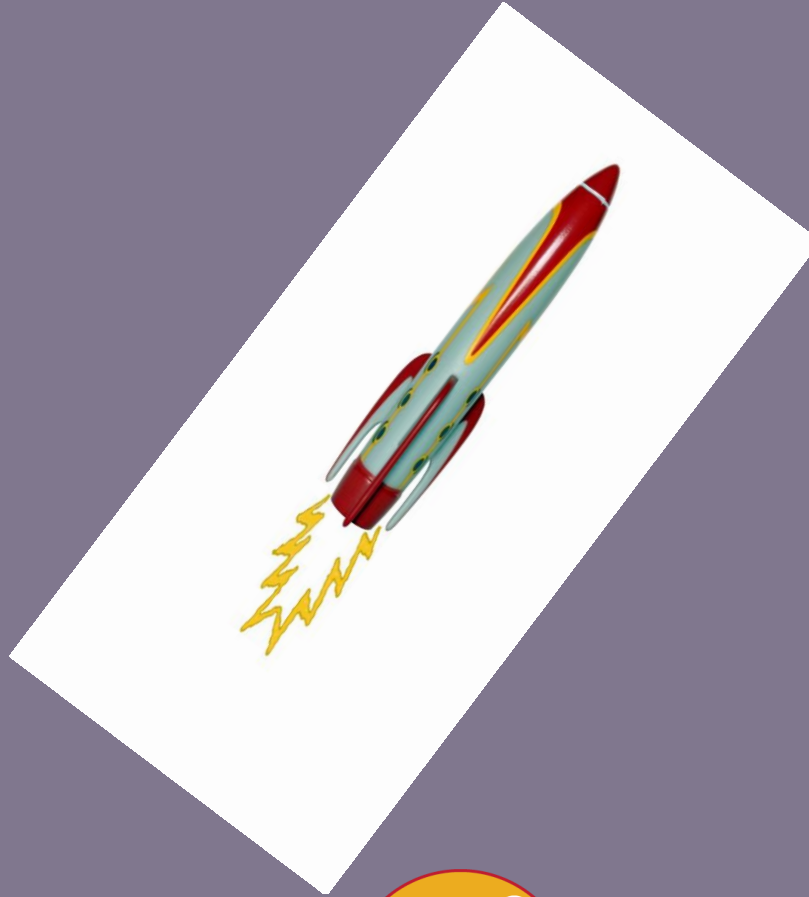


Former Surgeon General M. Joycelyn Elders

“You can’t educate a child who isn’t healthy and you can’t keep children healthy who are not educated.”



Students with Asthma Plans at School



Did having an Asthma HCP impact attendance?



COLORADO SCHOOL ASTHMA CARE PLAN

Photo of child

PARENT/GUARDIAN complete and sign the top portion of form.

Student Name:	Birth date:
Parent/Guardian:	Work Phone:
Cell Phone:	Home Phone:
Other Contact:	Phone:
Grade:	Teacher:

Triggers: ☐ Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dust ☐ Pollen ☐ Other:

☐ Life threatening allergy: Specify

If there is no quick relief inhaler at school and the student is experiencing asthma symptoms:

- > Call parents/guardians to pick up student and/or bring inhaler/ medications to school
- > Inform them that if they cannot get to school, 911 may be called

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE

☐ 504 PLAN OR IEP

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

GREEN ZONE: Student participation in activity and need for pretreatment. No current symptoms.

Pretreatment for strenuous activity: ☐ Not Required

Pretreatment for strenuous activity: ☐ Routinely OR ☐ Upon request Explain: (weather, viral, seasonal, other) _____

☐ Give 2 puffs of quick relief med (Check One): ☐ Albuterol ☐ Other: _____ 10-15 minutes before activity.

☐ Repeat in 4 hours if needed for additional or ongoing physical activity.

If student currently experiencing symptoms, follow yellow zone.

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA

IF YOU SEE THIS:

- Trouble breathing
- Wheezing
- Frequent cough
- Complaints of chest tightness
- Not able to do activities but still talking in complete sentences
- Peak flow between _____ and _____
- Other: _____

DO THIS:

1. Stop physical activity
 2. GIVE QUICK RELIEF MED: (Check One) ☐ Albuterol ☐ Other: _____
☐ 2 puffs ☐ Other: _____
 3. Call parents/guardians and school nurse.
 4. Stay with student and maintain sitting position.
 5. Student may go back to normal activities once feeling better.
- If symptoms do not improve in 10-15 minutes or worsen after giving quick relief medicine, follow RED ZONE plan.

RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS

IF YOU SEE THIS:

- Coughs constantly
- Struggles to breathe
- Trouble talking (only speaks 3-5 words)
- Skin of chest and/or neck pull in with breathing
- Lips or fingernails are gray or blue
- J Level of consciousness
- Peak flow < _____

DO THIS IMMEDIATELY:

1. GIVE QUICK RELIEF MED: (Check One): ☐ Albuterol ☐ Other: _____
☐ 2 puffs ☐ Other: _____
Refer to anaphylaxis plan if student has life threatening allergy.
2. Call 911 and inform EMS the reason for the call.
3. Call parents/guardians and school nurse.
4. Encourage student to take slow deep breaths.
5. If symptoms continue, repeat quick relief med: ☐ Albuterol ☐ Other: _____
☐ 2 puffs ☐ Other: _____
6. Stay with student and remain calm.
7. If in 20 minutes from first dose, EMS has not arrived and symptoms remain, repeat quick relief medicine (up to 4 more puffs).
8. School personnel should not drive student to hospital.

INSTRUCTIONS for QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)

- ☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently with approval from school nurse.
- ☐ Student is to notify his/her designated school health officials after using inhaler.
- ☐ Student needs supervision or assistance to use his/her inhaler and inhaler will be kept (specify location) _____.

Infinite Campus



Transforming K12 Education®





**YOU CAN TALK THE TALK
BUT CAN YOU WALK THE WALK?**



MAKE NEW FRIENDS

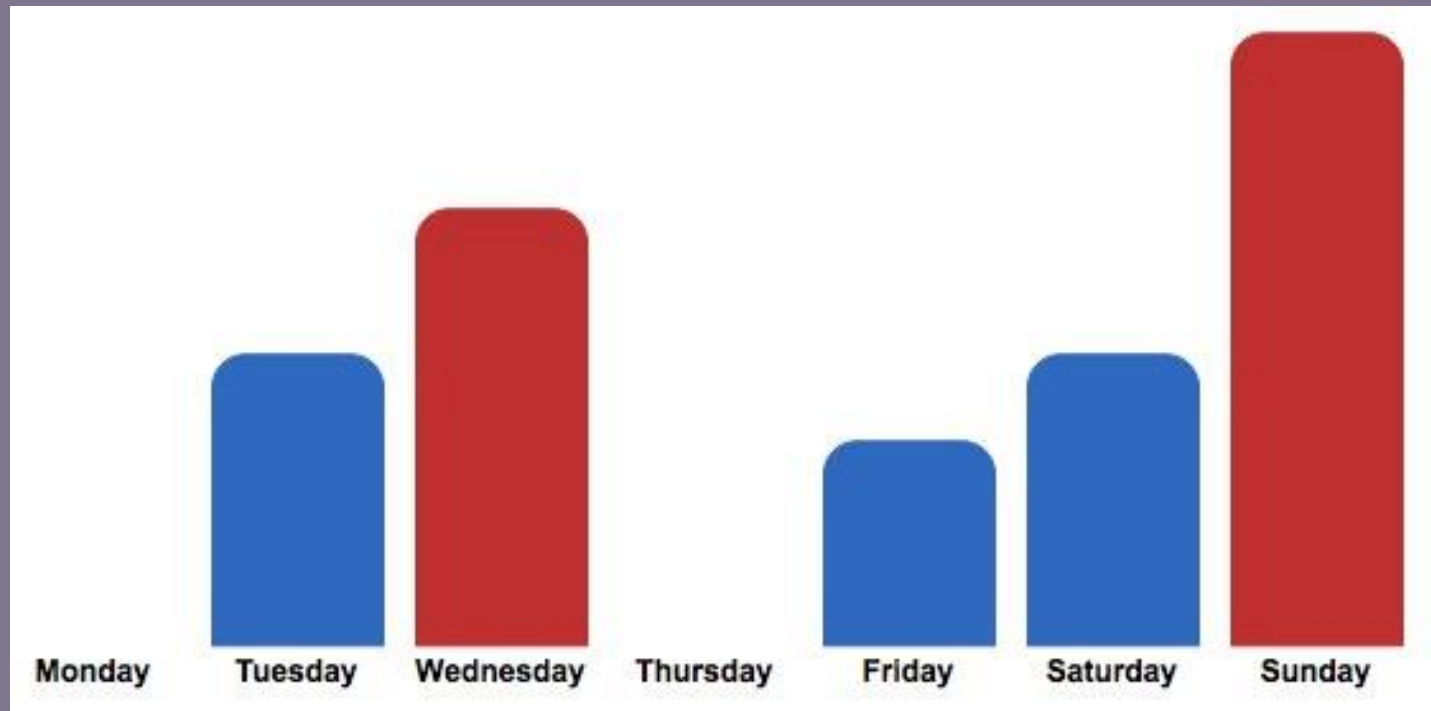


Other Impacts of Data on Health Services

Student Name	DOB	Health Condition	Delegated Procedure	Parent Signature	Provider Signature



Share Data and Outcomes with Administrators in February

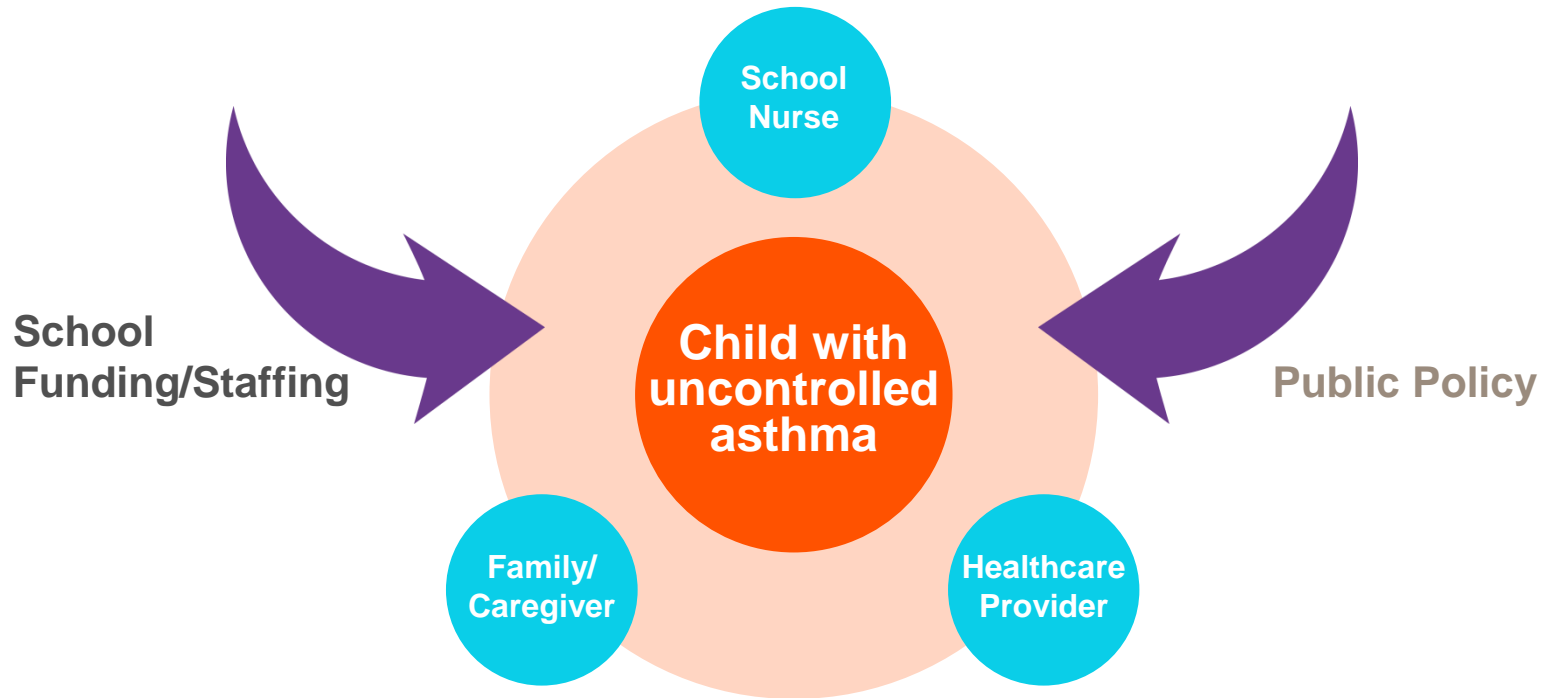


BUILDING BRIDGES FOR ASTHMA CARE

School Nurse Chronic Condition Care
Coordination Model – Making Every Visit Count



Coming Together to Address the Problem



Modified from Hollenbach JP, Cloutier MM. . J Allergy Clin Immunol 2014;134: 1245-9



Building Bridges Key Components

1. Assessment

- Identify students who have asthma
- Assess asthma risk level and target students with greatest asthma burden

2. Intervention

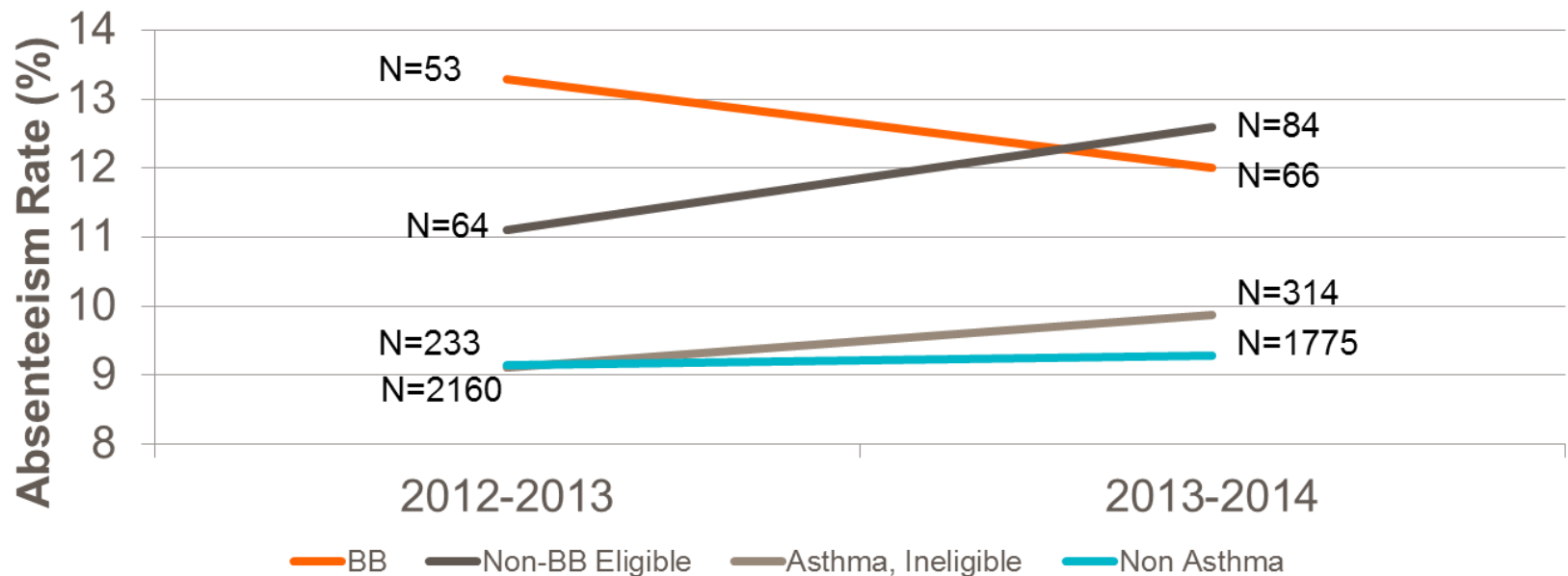
- Enroll at-risk students with asthma into Building Bridges
- Provide care coordination and engage participation of health care providers
- Professional development for school community

3. Follow-up

- Monitor response to care
- Get ready for the next school year with well controlled asthma



Absenteeism Rate by Asthma at Hartford Public School System – Year 1



Data Presented at the 2015 Annual Meeting of the American Thoracic Society

Hollenbach JP, Cloutier MM.



In the U.S.
36,000
kids miss school
due to asthma
each day ⁽¹⁾

3X
more than
kids without
asthma ⁽¹⁾

Screen and enroll
high-risk children

Monitor their
asthma control

**SCHOOL
NURSES***

Teach them how to use
quick relief inhalers

Connect with parents
and doctors to manage
treatment

Create asthma checklists
and action plans

36%
of schools in
the U.S. have a
full-time nurse ⁽¹⁾

19%
of them
receive asthma
training ⁽¹⁾

BUILDING BRIDGES FOR ASTHMA CARE

Building Bridges is a program that opens lines of communication between students with asthma, families, school staff and healthcare providers.

464 children with asthma
enrolled in Denver
and Hartford ⁽²⁾

Absences down nearly **12%** ⁽³⁾
among kids enrolled

Absences up nearly **9%** ⁽³⁾
among kids not enrolled



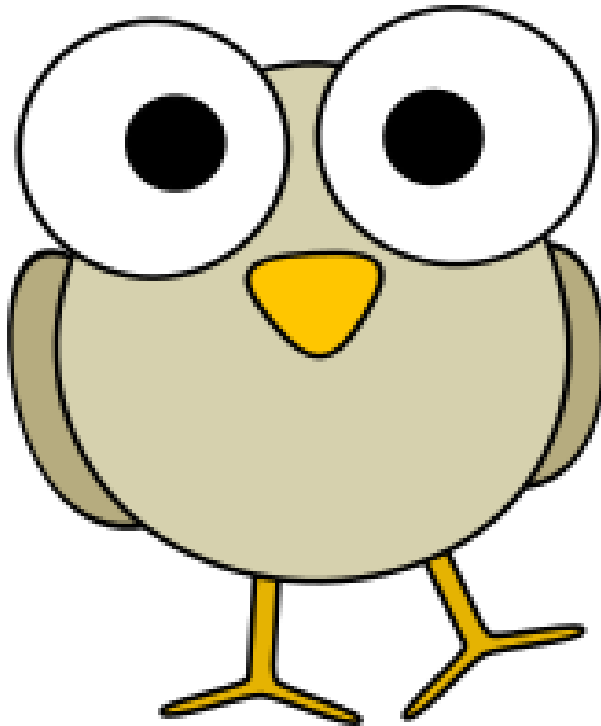
Building Bridges is a collaboration between GSK, Children's Hospital Colorado, Connecticut Children's Medical Center, National Jewish Health and Rho and the public school systems in Denver and Hartford. GSK fully funds the program and, along with a panel of experts, defined its objectives.

*School nurses in the program are trained for asthma management.

REFERENCES:

1. Cicuttio L, Gleason M, Szefer S. J. Establishing school-centered asthma programs. Clinical Reviews in Allergy and Immunology, Dec 2014.
2. GSK Data on File.
3. Hollenbach J. et al. Reducing School Absenteeism among Inner-City Children: Preliminary Results from the 2013-14 Building Bridges: Advancing Education by Improving Asthma Management in Inner-City Children Program, ATS 2015.

Questions?



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Resources

- Attendance Works: Advancing Student Success by Reducing Chronic Absenteeism
www.attendanceworks.org/
- Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism
www2.ed.gov/chronicabsenteeism/index.html



Resources

- National Center for School Engagement - <http://www.schoolengagement.org/index.cfm/Attendance>
- America's Promise Alliance: <http://www.americaspromise.org/>
- **The Network to Advance State Attendance Policy and Practice (NASAPP) is a forum for colleagues interested in advancing state level policy and practice. CDE participates. Facilitated by Attendance Works.**



Attendance Awareness Resources

Toolkits

- District Leaders - [The Power of Positive Connections Toolkit](#)
 - Step-by-step approach to establishing a team and culture promoting regular attendance, identifying at-risk students, and crunching data to understand where to concentrate resources at a district level.
- Principals - [Leading Attendance: A Toolkit for Principals](#)
 - Provides templates, tools, and messaging for school leaders.
- Teachers - [Teaching Attendance: Everyday strategies to help teachers improve attendance and increase achievement](#)
 - Provides teachers with strategies to establish culture of attendance and engage parents and students
- For Working with Parents - [Bringing Attendance Home: Engaging parents in preventing chronic absence](#)



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