## **HEALTHY PEOPLE 2020**

CRITICAL INDICATORS FOR ADOLESCENTS AND YOUNG ADULTS



# Absenteeism and proportion of students who graduate high school in four years

#### Overview

Nothing will improve Oregonians' health more than being well-educated and employed. Higher levels of education are associated with better health outcomes and longer, more productive lives.¹ This profound interconnection brings education to the forefront of the public health agenda as a means to improve community health. High school graduation has been identified as a leading health indicator in Healthy People 2020 (HP2020). Oregon's 2011-2020 Health Improvement Plan lists educational attainment as the indicator of success in achieving health equity and population health.²

If medical researchers were to discover an elixir that could increase life expectancy, reduce the burden of illness, delay consequences of aging, decrease risky health behavior, and shrink disparities in health, we would celebrate such a remarkable discovery ... evidence suggests that education is such an elixir.<sup>3</sup>

#### Healthy Kids Learn Better

Adolescents with poorer general health are less likely to graduate from high school on time than are healthier students.<sup>4</sup> Nationally, the key health-related reasons youth drop out of high school include pregnancy, substance use and mental health disorders.<sup>3</sup> Gaps in both health and academic achievement are most apparent among racial minorities, English language

Four-year cohort (2008–2011) graduation rate % of students who graduate high school after four years 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% Wajing Angelical Angelan Majing Lunnununun zurunununun disaduan hased Linued Linder Li 0% Affican Affectan Economically deadyatraged Limited English Producion special entration Not special education Multethnic Hisparic White Source: Oregon Department of Education learners, and those living in poverty (Figure 1).<sup>5</sup> Graduating from high

Graduating from high school also has broad social and economic benefits. Graduates are more likely to be employed and earn higher wages than non-high school graduates. High school graduates are less likely to become involved in crime and to use substances such as tobacco, alcohol,

marijuana and other illicit drugs.<sup>8</sup> An analysis done in Oregon found that male high school dropouts were twice as likely to be incarcerated as male high school graduates, and African American male dropouts were five times more likely to be incarcerated than African American males who graduated from high school.<sup>9</sup> In addition, high school graduates' children are more likely to graduate high school and to experience positive health outcomes as compared to children of non-graduates.<sup>10</sup>

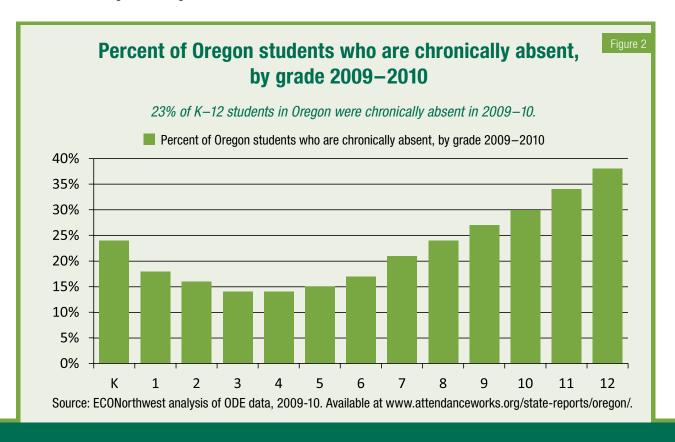
### Improving graduation by reducing chronic absenteeism

Attendance is one measure of a student's likelihood of graduating. Of special note is the concept of chronic absenteeism. Chronic absenteeism is generally defined as missing 10 percent or more of school in an academic year for any reason — excused or unexcused.<sup>11</sup> As shown in Figure 2, the rate of chronic absenteeism is higher at both ends of the K–12 span. Younger students' reasons for missing school are likely different from older students' reasons. HP2020 has identified addressing health-related causes of absenteeism as a way to increase academic achievement and high school graduation rates.

### Health affects a student's ability to attend school.

- Nationally, 6 percent of children missed 11 or more days of school in the past 12 months due to illness or injury.
- There are disparities around attendance. White children (25 percent) were less likely to have missed school days in the past 12 months due to illness or injury than Asian children (39 percent) or black children (35 percent).<sup>12</sup>
- Health issues associated with absenteeism include alcohol, tobacco and other drugs,<sup>13</sup> asthma,<sup>14</sup> oral health problems,<sup>15</sup> mental health challenges, pregnancy, food insecurity, and obesity.<sup>16</sup> Children without health insurance have an increased risk of disease and school absence.<sup>17</sup>

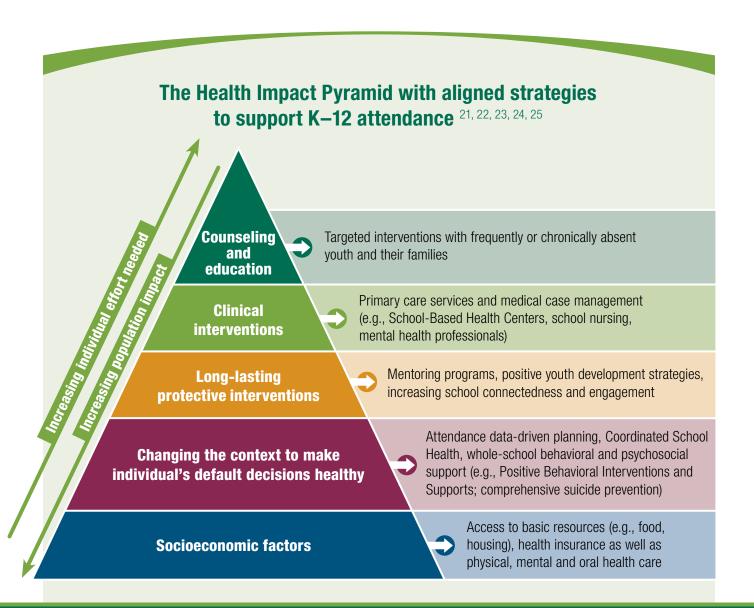
Studies show that chronic absence in sixth grade is a strong indicator of future dropout.<sup>18</sup> However, we do not yet know enough about the specific health issues that most affect sixth-graders. The state does not currently document why some students are chronically absent.



## Moving the needle: Education and health partnerships can make a difference.

In Oregon, sweeping changes to the education sector have resulted in new reporting metrics for school districts, educational service districts and higher education. Education and health stakeholders have identified reducing absenteeism as a means to improve academic and health outcomes.

It will take a coordinated approach to understand and address the barriers youth and families face in consistently attending school. Engaging families and students in school is a repeatedly recommended evidence-based strategy to increase attendance rates from kindergarten to high school. Many evidence-based and promising strategies have been found to foster a positive school climate and address health-related attendance barriers. Examples of prevention and intervention strategies to support student attendance and academic success are illustrated below using Frieden's Health Impact Pyramid as an organizing framework. Public health can play a key role in these efforts through data collection, policy and program development, and evaluation.



#### Resources for providers, parents and youth

The Healthy Kids Learn Better Partnership (HKLB) works at the state level to foster partnerships between health and education stakeholders to reduce physical, social and emotional barriers to learning. For more information, visit the HKLB website, www.hklb.org.

Attendance Works is a national and state initiative that promotes better policy and practice to promote school attendance. For more information, visit www.attendanceworks.org/.

- Wong, M., Shapiro, M., Boscardin, W., and Ettner, S. (2002). Contribution of major diseases to disparities in mortality. New England Journal of Medicine, 347(20), 1585-1592.
- Oregon Health Authority, Oregon Health Policy Board, Oregon Health Improvement Plan Committee, (2010). Oregon Health Improvement Plan: Improving the health of all Oregonians where they live, work, learn and play. Retrieved from http://public.health.oregon.gov/ProviderPartnerResources/ HealthSystemTransformation/OregonHealthImprovementPlan/Documents/ hip\_plan\_1\_24.pdf.
- 3 Freudenberg, N., & Ruglis, J. (2007). Reframing school dropout as a public health issue. Preventing Chronic Disease, 4, (4), 1-9.
- 4 Haas, S.A., & Fosse, N.E. (2008). Health and the educational attainment of adolescents: Evidence from the NLSY97. Journal of Health & Social Behavior, 49, (2), 178-192.
- 5 Oregon Department of Education. (2012). Summary of 2010-2011 cohort graduation rates. Retrieved from www.ode.state.or.us/search/ page/?id=2644.
- Hauser, R.M., & Anderson Koenig, J. (Eds). (2011). High school dropout, graduation, and completion rates: Better data, better measures, better decisions. Committee for Improved Measurement of High School Dropout and Completion Rates: Expert Guidance on Next Steps for Research and Policy Workshop; National Research Council and National Academy of Education. Retrieved from www.nap.edu/catalog.php?record\_id=13035.
- 7 Lochner, L., & Moretti, E. (2004). The effect of education on crime: Evidence from prison, arrests, and self-reports. American Economic Review, 94, 155-189.
- 8 Townsend, L, Flisher, A.J., & King, G. (2007). A systematic review of the relationship between high school dropout and substance use. Clinical Child and Family Psychology Review, 10, (4), 295-317.
- 9 House, E. (2010). Oregon's high school dropouts: Examining the economic and social costs. Cascade Policy Institute and The Foundation for Educational Choice. Retrieved from www.edchoice.org/CMSModules/ EdChoice/FileLibrary/494/Oregon-s-High-School-Dropouts---Examiningthe-economic-and-social-costs.pdf.
- 10 Ross, C.E., & Mirowsky. J. (2011). The interaction of personal and parental education on health. Social Science & Medicine, 72, (4), 591-599.
- 11 The Baltimore Student Attendance Campaign and Elev8 Baltimore. (April 2012). The state of chronic absenteeism and school health: A preliminary report for the Baltimore community. Retrieved from www.elev8baltimore.org/site/wp-content/uploads/2012/04/Absenteeism-and-School-Health-Report.pdf.
- Bloom B., Cohen R.A., & Freemand, G. (2011). Summary health statistics for U.S. children: National Health Interview Survey, 2010 National Center for Health Statistics. Retrieved from www.ncbi.nlm.nih.gov/pubmed/22338334.

- Hanson TL, Austin G, Lee-Bayha J. (2004) How are student health risks and resilience related to the academic progress of schools?. Health and Human Development Program, WestEd.2004
- Doull I, Williams A, Freezer N, Holgate S.(1996). Descriptive study of cough, wheeze and school absence in childhood. Thorax; Rana U, Jurgens S, Mangione S, Elia J, Tollerud D. (2000). Asthma prevalence among high absentees of two Philadelphia middle schools. Chest.
- 15 The Pew Center on the States (2010) The Cost of Delay: State Dental Policies Fail One in Five Children Retrieved from www.pewstates.org/ research/reports/the-cost-of-delay-85899378799.
- 16 The Baltimore Student Attendance Campaign and Elev8 Baltimore. (April 2012). The state of chronic absenteeism and school health: A preliminary report for the Baltimore community. Retrieved from www.elev8baltimore.org/site/wp-content/uploads/2012/04/Absenteeism-and-School-Health-Report.pdf.
- 17 Olson, L.M., Tang, S.-F., and Newachek, P.W. (2005). Children in the United States with discontinuous health insurances coverage. The New England Journal of Medicine. 382-291.
- The Baltimore Student Attendance Campaign and Elev8 Baltimore. (April 2012). The state of chronic absenteeism and school health: A preliminary report for the Baltimore community. Retrieved from www.elev8baltimore.org/site/wp-content/uploads/2012/04/Absenteeism-and-School-Health-Report.pdf.
- 19 Centers for Disease Control and Prevention. (2009). School connectedness: Strategies for increasing resources among youth. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/ HealthyYouth/AdolescentHealth/pdf/connectedness.pdf.
- 20 Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. American Journal of Public Health, 100, 590-595.
- 21 Olson, L.M., Tang, S.F., & Newachek, P.W. (2005). Children in the United States with discontinuous health insurances coverage. The New England Journal of Medicine. 382-291.
- 22 The Baltimore Student Attendance Campaign and Elev8 Baltimore. (April 2012). The state of chronic absenteeism and school health: A preliminary report for the Baltimore community. Retrieved from www.elev8baltimore.org/site/wp-content/uploads/2012/04/Absenteeism-and-School-Health-Report.pdf.
- 23 John W. Gardner Center for Youth and Their Communities. (2012). Collaborative approaches to reducing absenteeism among K-12 students. Retrieved from http://jgc.stanford.edu/resources/policy\_fact\_sheets/ Absence\_Interventions\_PFS.pdf.
- 24 Geierstanger, S.P., Amaral, G., Mansour, M., & Walters, S.R. (2004). School-based health centers and academic performance: Research, challenges, and recommendations. Journal of School Health, 74, (9), 347-352.
- 25 Freudenberg, N., & Ruglis, J. 2007. Reframing school dropout as a public health issue. Preventing Chronic Disease, 4, (4), 1-9. Tables 4 and 5.



This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact the Adolescent Health Program at 971-673-0249 or 971-673-0372 for TTY.