

A photograph of five children from behind, walking away on a paved path lined with green trees. They are all wearing backpacks: a green one, a purple one, a red one, a pink one, and a blue one. The image is partially covered by a semi-transparent blue overlay.

Chronic Absenteeism Reduction Effort

PLAYBOOK



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Taking action to address health-related chronic absenteeism can have a powerful impact on students' academic success and build the foundation for healthy, successful lives.

The Chronic Absenteeism Reduction Effort (CARE) is a **partnership between education and healthcare sectors** to share attendance data to better support the health and academic achievement of Washington DC youth.

The **District of Columbia Public Schools (DCPS)**, the **Office of the State Superintendent of Education (OSSE)**, and local medical providers, including **Children's National Hospital**, share the goal of ensuring children are physically and mentally healthy and able to be at school, every day, ready to learn.

For many students with acute and chronic mental and physical health conditions as well as those experiencing social inequities, attendance can be a challenge.

The CARE pilot aims to **better support students' health and wellbeing through educating pediatric providers about their role in supporting school attendance and securely sharing school attendance information** with these pediatric providers.

This information will help these healthcare professionals provide outreach and medical attention to children that might be missing school and their families.

Through a generous grant from the Bloomberg American Health Initiative, the CARE Team is able to share learnings from this vital work across the nation through the development of this *Playbook*.

CHRONIC ABSENTEEISM & HEALTH

Absenteeism is a leading indicator of educational inequity.

Chronic absenteeism is most often defined as missing 10 percent or more of the school year for any reason.¹

10% = *An average of two days/month or one month/year*

While the causes of chronic absenteeism are multifold, one stands out as especially significant: **student health**. Health-related conditions and **social factors** are leading causes of chronic absenteeism.²

Social factors:

- Exposure to trauma
- Safety concerns
- Housing instability
- Substance use
- Access to:
 - Food
 - Transportation
 - Healthcare

Health factors:

- Parental physical or mental health issues
- Type I & II Diabetes Mellitus
- Seizure disorders
- Oral health & dental pain
- Asthma
- Influenza
- Anxiety
- Depression
- Obesity

CHRONIC ABSENTEEISM & HEALTH

4X

more likely to be unfairly impacted by chronic absence



While chronic absenteeism can affect students of any background, its most devastating impact is felt by students who already face inequities, health disparities, poverty and other challenges in attaining school success.^{3,4}

- Youth from low income backgrounds
- Youth of color
- Youth who have experienced trauma or Adverse Childhood Experiences (ACEs)
- Youth with disabilities
- Youth who experience homelessness
- Youth who are in the juvenile justice system

Chronic absenteeism has a direct impact on a student's academic success. Frequent absences can be detrimental for a child's school success.

- Chronic absenteeism in early grades can lead to below grade-level reading in 3rd grade, which in turn impacts high school graduation rates⁵
- By high school, irregular attendance is a better predictor of school dropout than test scores⁶
- Not earning a high school diploma is associated with increased mortality risk or lower life expectancy⁷



WHY EDUCATORS SHOULD CARE

If health problems compromise students' attendance, motivation and ability to learn, the overall benefits of **key educational efforts such as teacher preparation, financing, and curriculum** are jeopardized.⁸

Many schools and school districts are challenged by high absenteeism rates. **Engaging healthcare providers in efforts to combat chronic absenteeism can greatly enhance capacity to meet student needs.**

Additionally, the heightened attention to chronic absence in the Every Student Succeeds Act (ESSA), the national education law which replaced No Child Left Behind (NCLB), is a powerful lever and incentive to spur new action and fund innovative programs and partnerships directly aimed at **improving equity, physical health, mental health, and safety in our nation's schools.**

Children and youth who attend school regularly are more likely to read on grade level, have stronger academic outcomes, and graduate on time.



VIDEO: [Learn more here.](#)

WHY PROVIDERS SHOULD CARE

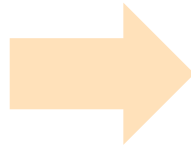
The impact of chronic absenteeism can reverberate through a student's lifetime. **Educational achievement is not only a predictor of adult success, it also strongly predicts adult health outcomes.**

Students who do not graduate high school have greater health risks as adults than their higher-achieving peers, creating an unfortunate and unnecessary cycle of poverty and poor health outcomes. The less education adults have, the more likely they are to smoke, be overweight, have diabetes, and die prematurely of certain chronic conditions.⁹

Alternatively, **youth who attend school regularly are less likely to engage in behaviors associated with poor health outcomes such as substance use or high-risk sexual behaviors.**¹⁰

One of the most effective strategies for providing **pathways out of poverty is to support strong attendance** and address the causes of absenteeism.¹¹

Additionally, **school attendance data can help inform** and clue in healthcare providers to underlying health issues.



These connections to long-term health outcomes highlights a clear incentive for the **healthcare sector to support efforts to address the health-related causes of chronic absenteeism.**

School attendance is strongly related to educational achievement and long-term health outcomes.

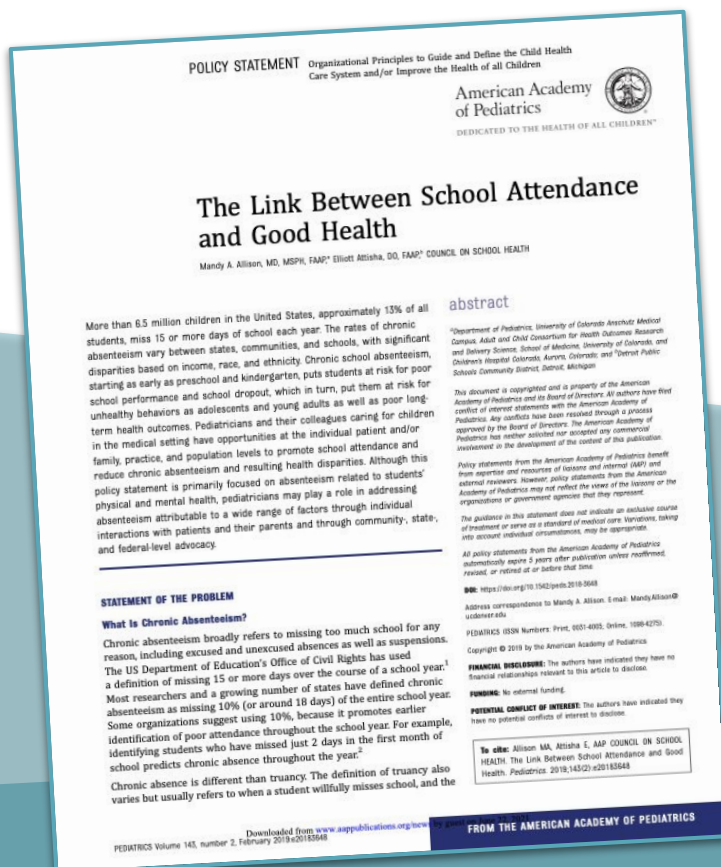


WHY PROVIDERS SHOULD CARE

With the passage of the Affordable Care Act, the **healthcare system increasingly prioritizes:**

- Prevention
- Community-based care
- Population health
- Care coordination
- Chronic disease management

New opportunities—and motivations—exist for the healthcare sector to engage with and support schools such as the Community Benefit requirement.

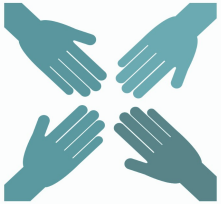


In February 2019, the American Academy of Pediatrics (AAP) released a **policy statement** encouraging pediatric providers to take a role in addressing school attendance.



VIDEO: Learn more here.

THREE WAYS TO ADDRESS CROSS-SECTOR DATA SHARING EFFORTS



1. Engage & Support Partners

- Know the drivers of chronic absenteeism.
- Identify who the decision makers are and how to garner buy-in.
- Determine what partners and stakeholders need to be engaged, including families and youth.
- Identity roles and responsibilities.



2. Address Legal & Technical Aspects

- Ensure to gather signed consent forms to meet HIPAA and FERPA requirements.
- Determine how to share data and ensure information systems can communicate.



3. Implement Outreach to Reduce Barriers

- Use the data to identify families and youth in need.
- Identify staff and develop messaging to contact these families.
- Identify and share resources to help families overcome barriers to school attendance.
- Support communication among partners and stakeholders.



1. ENGAGE & SUPPORT PARTNERS

1. ENGAGE & SUPPORT PARTNERS

Partnerships among the education, public health and healthcare sectors are vital in addressing health-related barriers to school attendance.

1

Know the drivers of chronic absenteeism.

To reduce chronic absenteeism and improve student attendance, understand and identify the drivers of chronic absenteeism by:

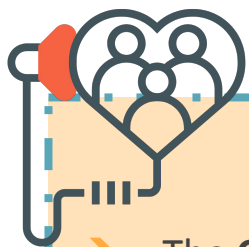
- Utilizing existing data, such as public health data, community health needs assessment results, health records and education data (e.g., grade level, ethnicity, neighborhood, special needs, English Language Learner, etc.).
- Highlighting patterns in the data such as population health factors, geographic location, student demographics, vaccination/immunization rates, etc. that may require systems or programmatic solutions.

NOTE: Research suggests that a broad range of issues may contribute to chronic absenteeism, including transportation challenges, housing instability, school disengagement, and feeling unsafe at school.¹² Illness and health-related concerns are among the most common reasons for absence.¹³

Due to COVID-19, collaboration between the healthcare and education sectors is more important than ever.

- Families need to be assured of the safety of in-person schooling, informed on vaccines, and provided with support to address the trauma and anxiety that families have experienced during the pandemic.
- For the next few years, schools will have significantly more resources that can be used to address attendance barriers. See [here](#) for more information.

1. ENGAGE & SUPPORT PARTNERS



CARE SPOTLIGHT

- The **Child Trends research team** conducted a **needs assessment** to **examine the health-related drivers of chronic absenteeism** in DC schools and explore how providers can be leveraged to address these issues and support school attendance.
- **Parents of DC students and school- and community-based providers were engaged** in discussions to help to inform key drivers of health-related causes of chronic absenteeism, resources available and support needed.

Key Findings:

- ◇ Key drivers of chronic absenteeism in DC include acute illness, asthma, and transportation issues.
- ◇ While school nurses, educational advocates, primary care providers, referrals to other community services, and hospital case managers who work in partnership with schools are available and can be great resources, they are not fully and equally utilized.

Key Recommendations:

- ◇ Use additional resources to improve cross-sector communication and collaboration, increased staffing capacity for resource referral and health education, and provider access to student data.
 - Participants suggested that these improvements would facilitate the provision of needed resources and the involvement of critical stakeholders who are best equipped to provide support for student attendance.
 - ◇ Any solution to chronic absenteeism in DC must consider racial equity.
- See the full report [here](#).

1. ENGAGE & SUPPORT PARTNERS

2

Identify who the decision makers are and how to garner buy-in.

Share information regarding student health needs with key decision makers.

Use data to inform the services and programs that are implemented and how resources are allocated to address chronic absenteeism.

- In addition to understanding the student health needs in the community, **data can be used to make the case to both the health and education sectors about the need to work together and the need for adequate staffing** to support student health and success.
- **Schools do not need to take on addressing the challenge of chronic absenteeism alone.** These partnerships can bring in vital resources and capacity.

Healthcare and public health sectors are uniquely positioned to play a key role in addressing chronic absenteeism.

The following sections outline steps to create meaningful partnerships.



1. ENGAGE & SUPPORT PARTNERS

a. Identify the first point of contact:

Organization	Potential Staff Partners
State Education Agency	Director of health and wellness, school nurse consultant, school counselor consultant, family engagement specialist, multi-tiered system of supports (MTSS) coordinator
School District	Director of health services, director of student supports, director of attendance, family and community engagement liaison, social emotional wellness coordinator, health and wellness coordinator
School	School nurse, principal, social worker, school counselor, attendance coordinator
Hospital System	Community benefit director, child health advocacy staff, head director
Healthcare Clinic	Head director, outreach coordinator or education services coordinator, social worker

b. Provide information on why chronic absenteeism matters:

- ➔ Gain an understanding of each organization's mission and relate how improving chronic absenteeism can contribute to that mission.
 - ◆ Key Messages for Healthcare Providers:
 - [Why Attendance Matters Guide for Health Providers](#)
 - [Leveraging Chronic Absence Data to Inform Decision Making by the Healthcare and Public Health Sectors](#)
 - ◆ Key Messages for Educators:
 - Students are healthier, have more time at school, and are ready to learn.
 - Community partnerships can be invaluable in supporting students with high rates of chronic absenteeism, especially as a strategy to meet the mental and emotional health needs of youth.

1. ENGAGE & SUPPORT PARTNERS

c. Cultivate at least 2-3 champions in both the school system and the healthcare system:

To be successful in cross-sector efforts, **schools need to have a staff person with the capacity to facilitate actions and manage partnerships**, especially at the local level. Staff levels could include:

- **School Level:** School nurse and community healthcare provider.
- **District Level:** District nurse and provider network.
- **Regional/State Level:** District administration, regional BOCES or state department of education staff and a large hospital system.

Staff transitions are a key challenge that can be addressed by:

- Garnering **buy-in with multiple champions** by showing the power of the analyzed data.
- **Joining teams** such as the district health council.
- **Resourcing the work of the school partner**, such as a stipend for staff time.
- **Integrating attendance efforts into systems**, accountability measures and job descriptions versus solely relying on specific people and relationships.

d. Identify the participating schools and healthcare clinics:

- Identify schools and clinics with a readiness and interest in partnership.
- Consider starting small, such as a subset or pilot group of schools and the clinics that serve those neighborhoods.
- Learn, adjust, and then expand efforts.



1. ENGAGE & SUPPORT PARTNERS

3

Determine what partners and stakeholders need to be engaged, including families and youth.

Determining how to address chronic absenteeism should include collaborative and inclusive processes.

Meet at least quarterly with a cross-sector team to plan and implement chronic absenteeism efforts.

a. Consider additional partners, such as:

- State Medicaid Agency
- School-based health centers
- State and/or local public health departments
- Professional membership organizations (i.e., local AAP chapters)
- Major insurance companies
- Community members, families and youth

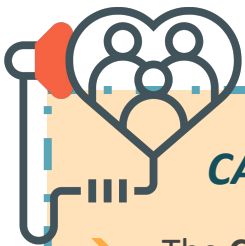


Including multiple stakeholders in decision-making, will help sustain and support efforts to address chronic absenteeism over time.

1. ENGAGE & SUPPORT PARTNERS

b. Engage communities, families and youth by:

- **Utilizing existing stakeholder groups** (i.e., parent-teacher organizations and school/district accountability committees) or forming ad hoc groups to provide guidance on chronic absenteeism actions.
- **Building the capacity of community members, families and youth** to understand district/school programming, the role of a healthcare provider, and effective data sharing methods.
- **Administering perception and feedback surveys** as well as focus groups to better understand common barriers to attendance.
- **Implementing collaborative decision-making processes** such as convening a Family Advisory Council at the school and clinic level, inviting families of students who are chronically absent.



CARE SPOTLIGHT

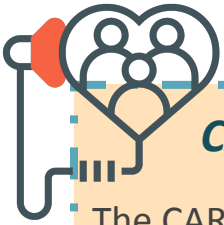
- The **CARE Team** includes staff from:
 - ♦ Children's National Health System
 - ♦ Office of the State Superintendent of Education (DC's state education agency)
 - ♦ District of Columbia Public Schools
 - ♦ Chesapeake Regional Information System for our Patients (CRISP - Health Information Exchange platform)
 - ♦ Local pilot clinics
 - ♦ Local pilot schools
 - ♦ Research partners (Child Trends and Johns Hopkins University)
- **CARE engaged families of chronically absent students early in the project through focus groups to gather feedback and perceptions to inform the project.**

1. ENGAGE & SUPPORT PARTNERS

4

Identify roles and responsibilities.

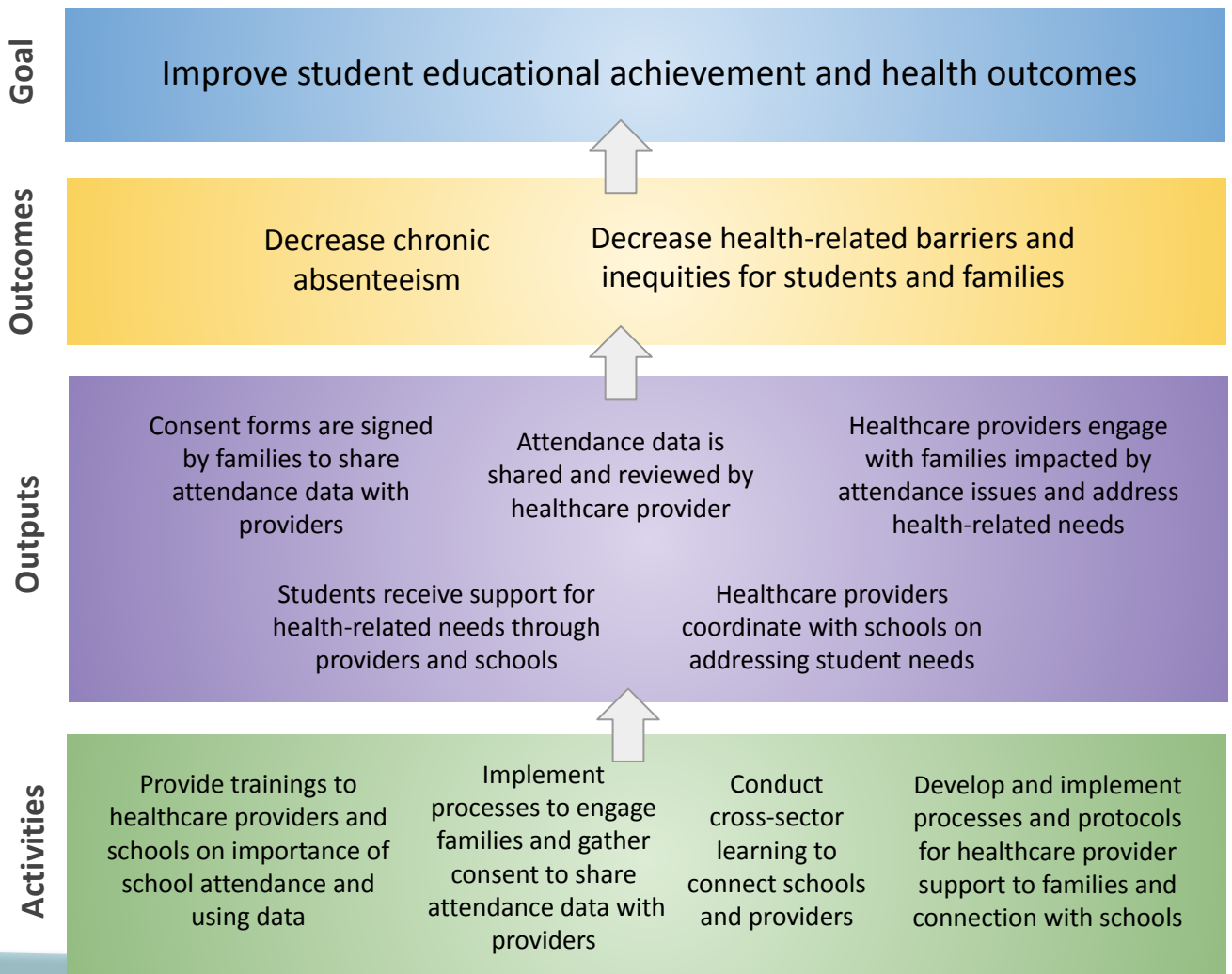
The key to strong partnerships include foundational readiness factors such as **building trust, establishing champions, aligning goals, and establishing shared measures and joint accountability.**



CARE SPOTLIGHT

The CARE Team outlined a **theory of change** after establishing relationships and **identifying mutually beneficial actions** to collaborate on chronic absenteeism efforts.

CARE PROJECT THEORY OF CHANGE



1. ENGAGE & SUPPORT PARTNERS

- **Identify clear and tangible roles and responsibilities** that are outlined in a Memorandum of Understanding (MOU) or a data sharing agreement signed by both sectors. [MOU Considerations](#).
- **Roles may include the following:**

Activities	Healthcare System Role (hospital network or clinic)	State Department of Education Role	School District Role
Project Management and Cross-Sector Team Meetings	<ul style="list-style-type: none">• Provide project management and convene a cross-sector team.• Continuously evaluate processes to ensure quality improvement and impact.• NOTE: Healthcare partners may have more capacity to conduct data analytics.	<ul style="list-style-type: none">• Serve as cross-sector liaison to elicit partnerships for data transfer and programming.	<ul style="list-style-type: none">• Identify staff liaison to attend cross-sector team meetings.
Consent Processes and Legal Aspects	<ul style="list-style-type: none">• Draft data sharing agreement and outline legal and technical aspects needed for data exchange.• Provide legal counsel from a HIPAA perspective.	<ul style="list-style-type: none">• Provide guidance, access to legal counsel on FERPA, etc.	<ul style="list-style-type: none">• Annually update and include parental consent form for sharing attendance data in enrollment packages.• Support staff to input signed consents into SIS and share consent numbers.
Data Exchange	<ul style="list-style-type: none">• Oversee partnership with Health Information Exchange platform, facilitating transfer of data.	<ul style="list-style-type: none">• Support student information system (SIS) modifications.	<ul style="list-style-type: none">• Facilitate data transfer monthly to Health Information Exchange.

1. ENGAGE & SUPPORT PARTNERS

Activities (cont.)	Healthcare System Role (hospital network or clinic)	State Department of Education Role	School District Role
Professional Development	<ul style="list-style-type: none"> Provide resources and professional development to community medical providers on the importance of attendance to magnify the support these providers can provide to schools. 	<ul style="list-style-type: none"> Co-facilitate trainings for pediatric community re: importance of attendance, the pediatrician's role. Support trainings for school staff on importance of attendance. 	<ul style="list-style-type: none"> Participate and partner in trainings for school staff on importance of attendance and health-related causes.
Outreach	<ul style="list-style-type: none"> Create scripts and resource catalogs to ensure consistent and impactful outreach. Conduct outreach and connect families and youth with support, medical attention, and resources. 	<ul style="list-style-type: none"> Share learning about outreach across sectors with other state agencies and LEAs. 	<ul style="list-style-type: none"> Share updates on available school-level supports, services and programming. Communicate with providers on the needs of identified students.



General actions for stakeholders to impact chronic absenteeism include:

- [Healthcare Personnel](#)
- [Families](#)
- [School Nurses](#)
- [Teachers](#)
- [Superintendents](#)



2. ADDRESS LEGAL & TECHNICAL ASPECTS

2. ADDRESS LEGAL & TECHNICAL ASPECTS

1

Ensure to gather signed consent forms to meet HIPAA and FERPA requirements.

Federal laws, HIPAA and FERPA, outline requirements to **securely share personally identifiable information** between parties, such as education and healthcare partners.

HIPAA	<p>The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.</p> <p>This relates to patient information shared from a provider to an external partner.</p> <p><u>NOTE:</u> HIPAA allows healthcare providers to disclose health information about students to school nurses, physicians, or other healthcare providers for treatment purposes, without the authorization of the student or student's parent (45 CFR 164.512(b)(1)(vi)).</p>
FERPA	<p>The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records.</p> <p>This relates to student information shared from a school or school district to an external partner. Generally, schools must have written permission from the parent/guardian or eligible student in order to release any information from a student's education record.</p> <p><u>NOTE:</u> FERPA allows schools to disclose those records, without consent (34 CFR § 99.31) to organizations conducting certain studies for or on behalf of the school. If the healthcare or research partner is a contractor of the school or district, consent forms may not be needed.</p>

2. ADDRESS LEGAL & TECHNICAL ASPECTS

Work with a lawyer or legal counsel to review consents and agreement forms to ensure the intent of HIPAA and FERPA are met and all parties are represented.

Send and gather consents from families:

- Draft [informational letters to families](#) regarding the project and consent form purpose.
- Create [FAQ sheets](#) for common questions from families.
- Create [consent forms for families](#) to actively opt in to the sharing of their student's attendance data - ensure to translate as necessary.
 - Please note, this example consent form is not HIPAA compliant and only allows attendance data to be shared with healthcare providers, it does not allow providers to share health information back with the school.
 - Consent forms can be created in which bi-directional communication is allowed.

NOTE: Aggregated student attendance data can be shared among partners, while meeting HIPAA and FERPA requirements, without consent forms.

2

Determine how to share data and ensure information systems can communicate.

Identify what data is to be shared (based on what was included in the MOU/data sharing agreement and consent forms). Consider including:

- **Demographics** (first name, last name, date of birth, address, phone number, gender, grade level, current school)
- **Absenteeism data** (number of absences in the last 30 days, the cumulative number of absences in the school year)
- **Reasons for absence** (as available)
 - ◆ **NOTE:** *Students are absent for many different reasons, and no two communities are alike. Historically, school districts have not systematically collected information about why students are absent from school, making it challenging to determine which reasons are the most significant in which community. Even when schools do ask why a student is absent, the information given by students or parents may mask other underlying issues.*
- **Health data** as available (behavioral health screenings, Emergency Department or inpatient stay in the last 30 days, insurance coverage, etc.)

2. ADDRESS LEGAL & TECHNICAL ASPECTS

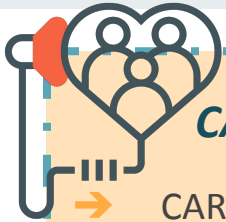
Ensure the student information system (SIS) and health information exchange (HIE) platform are **compatible** and consider what modifications need to be made to ensure the data is transferred in a “clean” format.

- Consider firewalls, particularly with the SIS.
- For the HIE, consider using a process similar to how community providers are granted access to patient records.
 - [Screenshots of CARE HIE](#)

Record student consents and provide support to school staff to document signed consents in student information systems.

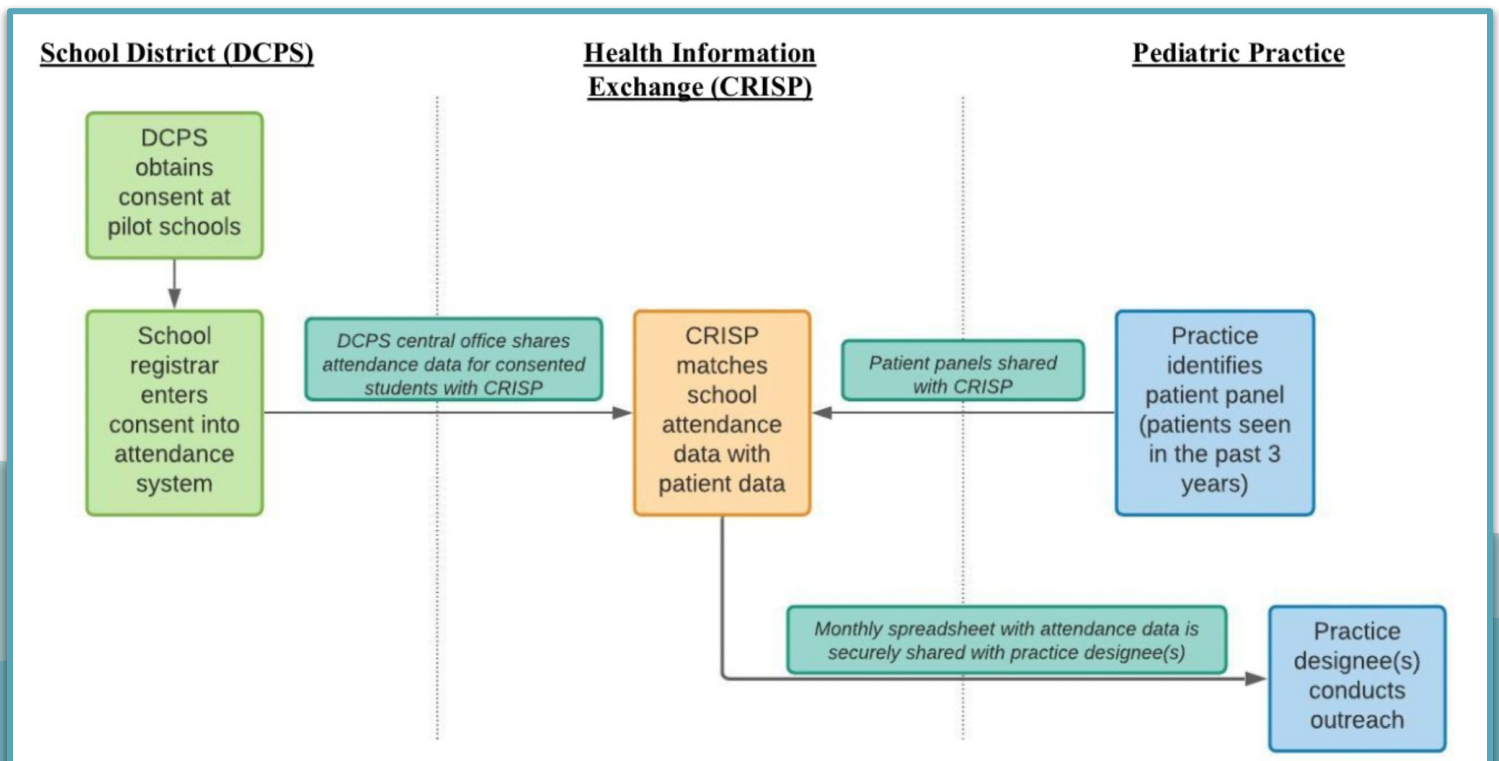
- Example [CARE Consent Documentation Procedure for the SIS](#)

Initiate secure transfer of data files monthly for all consented students.



CARE SPOTLIGHT

→ CARE leveraged the regional health information exchange, CRISP, to securely share DCPS attendance information with pilot clinics through the following process:





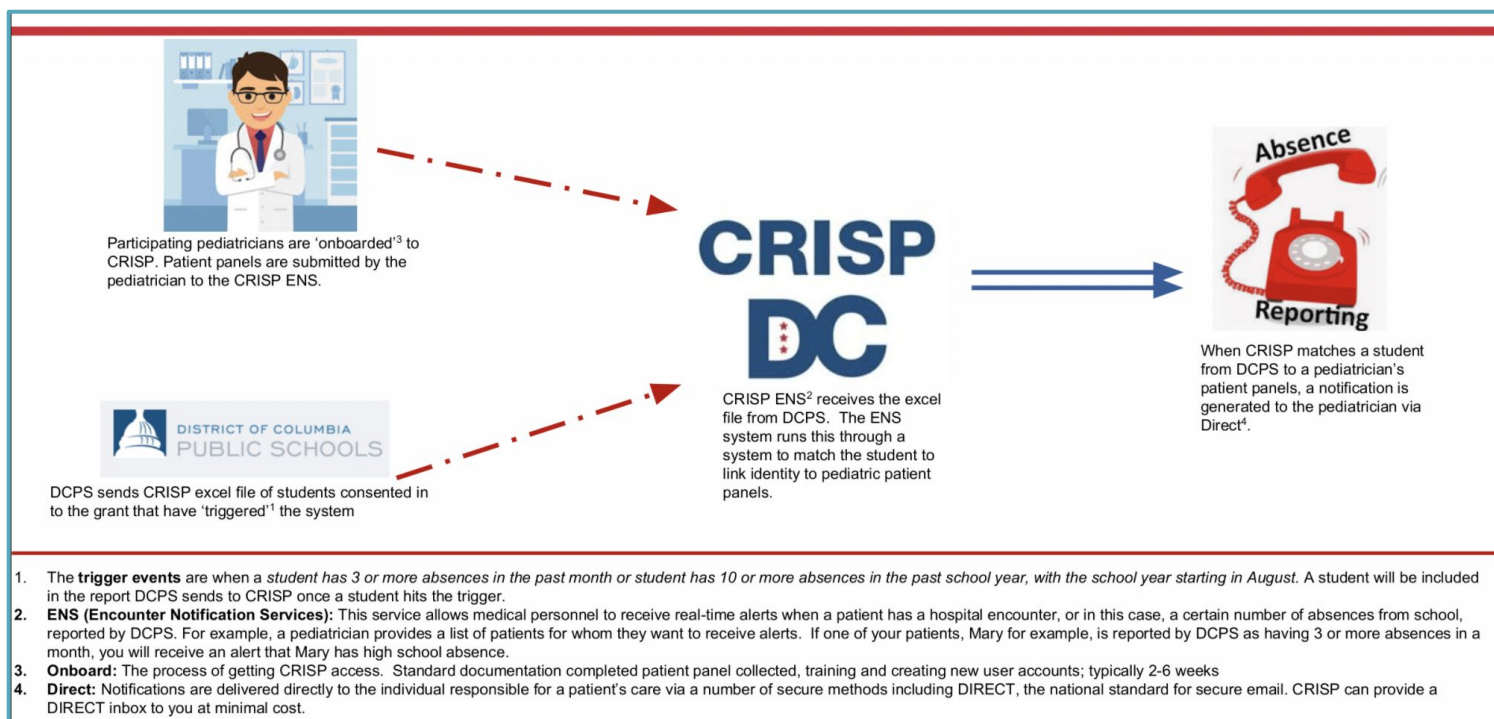
3. IMPLEMENT OUTREACH TO REDUCE BARRIERS

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As a cross-sector team, create an implementation plan early that includes identifying and training healthcare staff to conduct outreach to those identified by the data.

1 *Use the data to identify families and youth in need.*

Once data is shared, healthcare providers can utilize the data to identify families in need and address school attendance in their office-based practices.



a. Prioritize outreach.

Healthcare providers should **create a tiered system to prioritize outreach** based on level of acute health condition and number of absences while considering the capacity of staff conducting the outreach.

Tier 1	Students with a hospitalization or Emergency Department (ED) visit in the past 30 days
Tier 2	Elementary students with 6+ absences in the past 30 days
Tier 3	Secondary students with 6+ absences in the past 30 days
Tier 4	Any K-12 student with 5 or fewer absences in the past 30 days

3. IMPLEMENT OUTREACH TO REDUCE BARRIERS

2

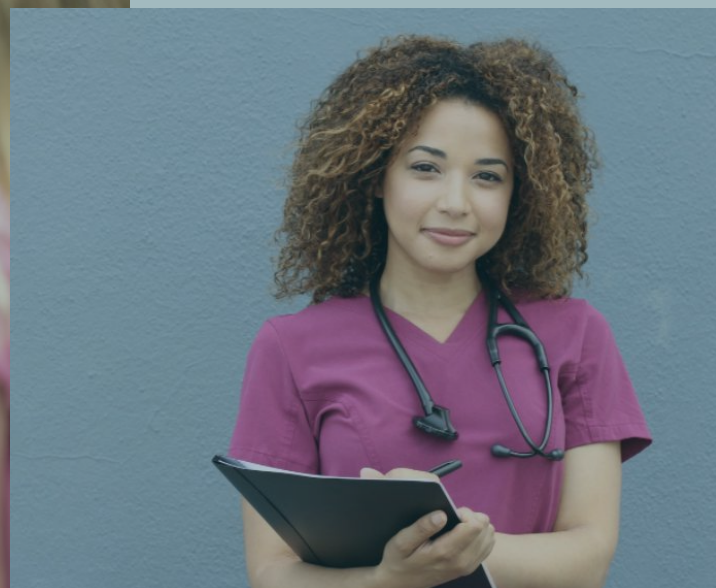
Identify staff and develop messaging to contact these families.

a. Identify clinic staff to serve as outreach coordinators.

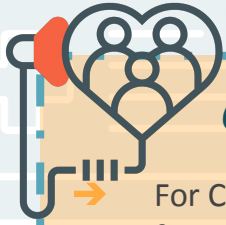
Outreach coordinators could include members of the healthcare team, such as:

- Front office staff,
- Medical assistants,
- Nurses,
- Social workers, or
- Care coordinators, to reduce the burden on the pediatrician.

Designate and train the staff member or position to serve the outreach coordinator role.



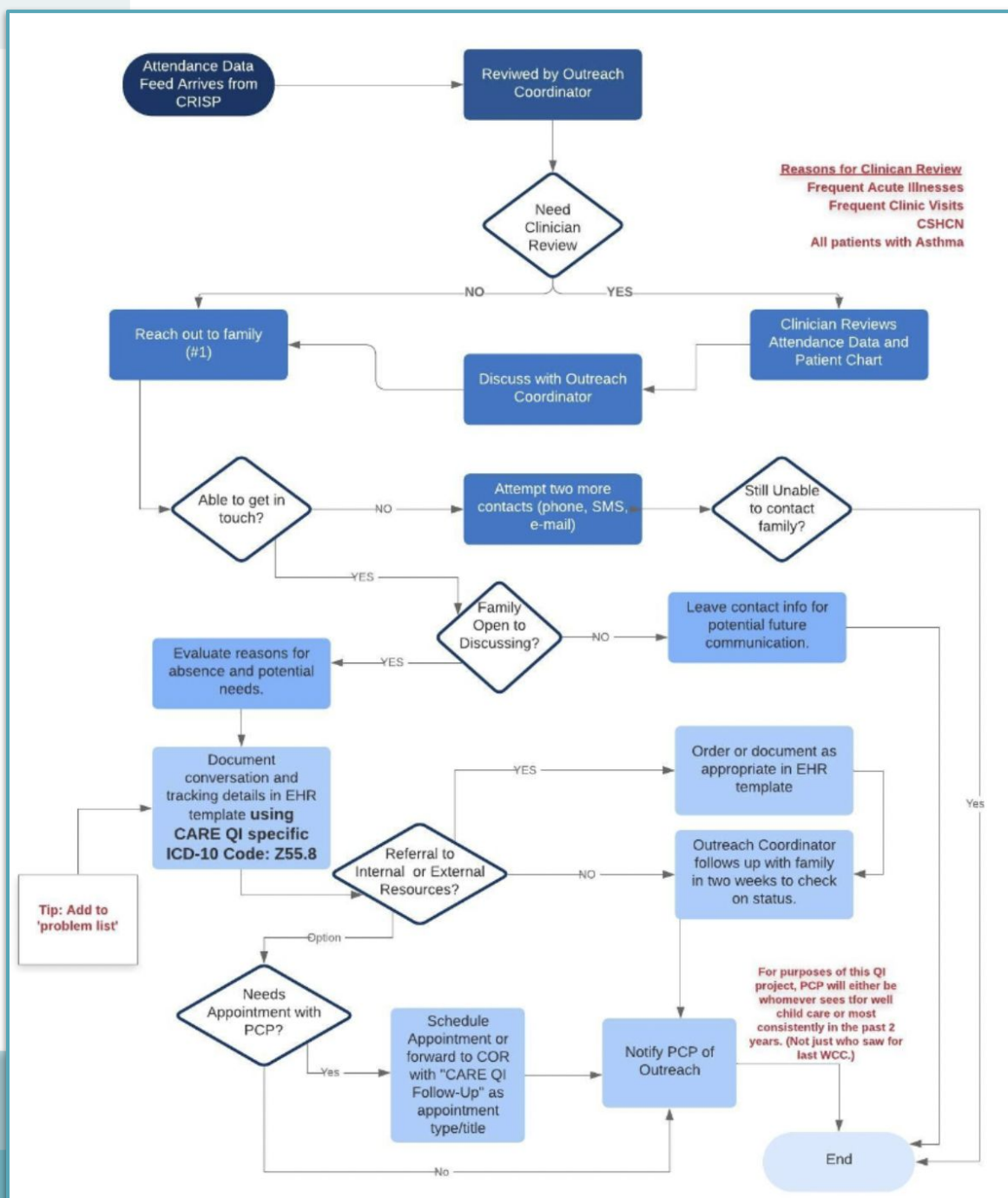
3. IMPLEMENT OUTREACH TO REDUCE BARRIERS



CARE SPOTLIGHT

For CARE, the **outreach coordinator role is staffed differently at each clinic** and staff range from a social worker to an RN case manager partnered with two medical assistants. This difference in staffing models is representative of what many practices may encounter.

It is vital to then streamline the outreach process and workflow.



3. IMPLEMENT OUTREACH TO REDUCE BARRIERS

b. Develop an outreach script.

Core elements of an outreach script include:

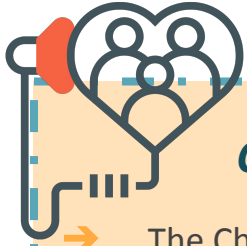
- Clearly identifying self and role.
- Reminding family of consent to attendance data-sharing signed with school.
- Identifying reason for the call (recent or > 10 absences).
- Open-ended questions to allow the family room to speak.
- Ensure outreach and follow up come from a place of understanding, compassion and learning to ensure families feel comfortable sharing information, concerns and barriers.

c. Outline a process for outreach attempts. For example:

1. Begin with students in Tier 1.
2. Cross reference a student's health chart to better understand the student's attendance profile.
3. Initiate the outreach.
 - ◇ Outreach coordinator will reach out to identified families twice by phone within one week's time, leaving a generic voicemail requesting a return call.
 - Consider completing calls during a time that is convenient for the families.
 - ◇ If attempts are not successful, outreach coordinator will send two emails, each one week apart requesting a return call.
 - Email outreach template.
 - ◇ If neither phone nor email attempts are successful, outreach coordinator will move to the next student on the tiered prioritization list.
 - ◇ **INNOVATION:** Consider setting up automatic text or email messages to families that have been identified.



3. IMPLEMENT OUTREACH TO REDUCE BARRIERS



CARE SPOTLIGHT

- The Child Trends and Johns Hopkins Bloomberg School of Public Health evaluation team conducted interviews with CARE clinic and school team members.
- These interviews help to inform **CARE challenges, successes and future considerations.**

Key Findings:

- ❖ **Outreach efforts for absenteeism create an opportunity to address multiple concerns** regarding absenteeism, school, family, and health (i.e., scheduling annual appointments) and are facilitated by having knowledge of what the available resources are to address those concerns.
- ❖ Having **multiple modes of outreach** is beneficial to reach parents while respecting their time (phone, text, voicemail).
- ❖ Clinics conducting outreach **creates a safe space for families** to voice their concerns.
- ❖ Clinic teams have limited staff for outreach and data sharing can be inconsistent.

Key Recommendations:

- ❖ **Care coordination** can be more efficient if there is a contact person from the school and clinic connecting.
- ❖ Consider trainings for **clinical staff to address non-medical reasons** for absences.

"Some children who are missing many days of school were out of date on physicals also, so attendance was a foot in the door to the conversation."

"There's positive feedback from families. They know that they're not alone."


"Being aware of social, family and cultural dynamics are very important. As well as being aware of the health conditions of the children."

"Through outreach, we brought a child back into clinic to connect him back to asthma medication while also connecting him back to mental health services at the school - this really did improve his health and he was able to stay in school."

3. IMPLEMENT OUTREACH TO REDUCE BARRIERS

3

Identify and share resources to help families overcome barriers to school attendance.



After identifying the students most in need, **providers must be able to address the underlying causes of attendance** as communicated by families during outreach.

Healthcare providers are often a **trusted voice and able to share resources with patients and families**. However, ensure staff conducting outreach to families have the resources to help overcome common attendance barriers, particularly social determinants of health, and are able to refer out to address **social and environmental barriers (i.e., access to transportation, housing, food, technology, healthcare), including a warm hand-off when needed**.

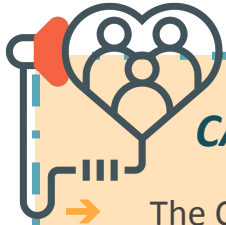
Create a clear [Outreach Follow Up Plan](#) for outreach coordinators to successfully address concerns identified during contact with families. Outreach follow up options should include:

- 1) Referral to external socioeconomic resources (federal programs, city agencies, medico-legal partnerships, non-profits, [Aunt Bertha](#))
- 2) Referral to external health or education resources (dental, behavioral health, school IEP team, school 504 coordinator)
- 3) Triage to internal resources (Parent Navigators, Dental Clinic)
- 4) Schedule follow-up with PCP (either telemedicine or in-person)



For schools, [here are some best practices](#) to address the health-related causes of chronic absenteeism. Schools can use health data to make the case for staffing positions (i.e., nurses) as well as drive programmatic and partnership decisions.

3. IMPLEMENT OUTREACH TO REDUCE BARRIERS



CARE SPOTLIGHT

- The CARE Project shared **Key Accomplishments in an overview document** to outline the main activities and achievements in this cross-sector work.
- **Sharing success stories and case studies can help to build support** for similar projects.

Developed Cross-Sector Partnerships



- Children's National and District of Columbia Public Schools have worked to set up and sustain structures and systems since 2016.
- Six schools and three clinics are actively partnering to share attendance data, reaching over 4,000 youth from grades K to 12 in high need DC communities.
- All partners have worked to pivot the project to include virtual options and address unique challenges due to COVID-19.

Created Data Sharing Agreements and Consent Forms Meeting HIPAA Requirements



- Data sharing agreements have been signed among all partners.
- Parental consents are provided in annual school enrollment packages and provide the opportunity for parents to learn about the effort and to opt in.

Implemented Student Information Systems and Electronic Medical Records are Compatible



- Data is shared monthly and identifies patients of each practice who have consented to participate and missed school.

Provided Professional Development



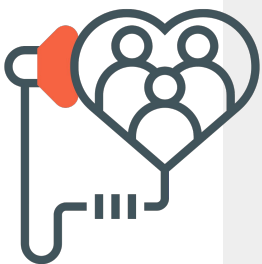
- Educators and healthcare providers are given information on the importance of attending to chronic absenteeism and the role providers can play, specifically for health-related causes.

Conducted Outreach by Health Professionals



- Each clinic identified a staff member (e.g., social worker) to contact families prioritized for outreach based on specific school attendance criteria.
- Families are connected with needed resources to decrease barriers to attending school.

Success Story:



Within the first two months of outreach, a healthcare provider connected with a family who had an elementary-aged child missing school regularly due to poorly controlled asthma and more recently, a hospitalization due to COVID-19. They discussed health-related needs and school attendance.

The provider connected the family with the medical home to update the asthma medication and asthma action plan, parent navigation, and community resources to address food insecurity. The next month, the child attended school more regularly and was no longer on the absence list.

3. IMPLEMENT OUTREACH TO REDUCE BARRIERS

4

Support communication among partners and stakeholders.

Consider **how and when to communicate** among partners and with families. Considerations include:

- Have a **main point of contact** for each participating school and clinic.
- Find **methods to communicate** the supports available in schools so that providers are not confusing families or duplicating efforts.
- Create monthly or quarterly aggregated **reports of outreach activities**.
 - ◆ Share aggregated data to show progress towards goals (i.e., number of successful outreach attempts, number of families supported, attendance rates overtime).

Meet as a team:

- If consent has been given to share information, **individual cases can be discussed and coordinated**, similar to care coordination or IEP meetings.
- If consent has not been given, general information can be shared to **discuss common challenges and co-create general solutions**.
 - ◆ Meet to **discuss strategies that improve attendance and bridge communication** to ensure all partners are on the same page (e.g., kids who transfer schools frequently).
 - ◆ Plan for and consider creating communication loops between school nurses and healthcare providers.
 - **Provide professional development** to healthcare providers on how the school nurse is an important and integral part of the healthcare team.



When communicating with families, ensure both clinic and school partners have consistent messaging that is inclusive, proactive and positive.

CONCLUSION & RESOURCES

School and healthcare systems can work together to identify children at risk for chronic absenteeism and provide outreach to support school attendance.

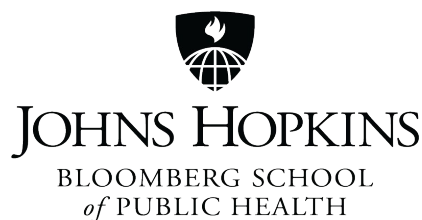
Cross-sector access to data systems can lead to improved care coordination and improved student health and academic outcomes.

Resources

- [Attendance Playbook: Smart Solutions for Reducing Chronic Absenteeism in the Covid Era](#)
- [The Link Between School Attendance and Good Health \(AAP\)](#)
- [Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action](#)
- [Chronic Absenteeism Reduction Effort \(CARE\) in District of Columbia Schools: A Needs Assessment](#)
- [Attendance Works](#)
- [Key Chronic Absenteeism Reduction Effort \(CARE\) Accomplishments](#)



CARE PARTNERS & CITATIONS



**Bloomberg American
Health Initiative**

**HEALTHY SCHOOLS
CAMPAIGN**



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