

All in for Attendance: Collective action for public health strategies that address chronic absence

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Executive Summary

More than [one in four children](#) in the U.S. are chronically absent, defined as missing 10% or more of their school days, putting their long-term learning health, development, and economic prospects at risk. Chronic absence affects all students, with significant disparities by geography, race, and socioeconomic status. Absences due to mental or physical health challenges are one of the most common contributors. Many of the [root causes](#) of chronic absence including limited access to health care, housing instability, and family stress arise from the broader [social drivers of health](#) and originate outside of the school setting. It is common, however, to consider chronic absence as solely an educational issue.

There is an alternative perspective: **seeing chronic absence as a public health challenge**. A public health approach leverages individual and population-level data to guide collective action, engages new cross-sector partners, and facilitates a shift from reactive responses to proactive, prevention-focused strategies.

This paper presents a new public health framework for promoting school attendance and addressing chronic absence. The framework is organized around three evidence-based guiding principles and supported by specific actionable recommendations. Together the principles provide a roadmap for use by state and local public health, health care, education agencies and community-based agencies and leaders to collaborate, coordinate efforts, and pool resources to reduce chronic absence.

Principle 1: Use school attendance data as a vital sign of student and system well-being to drive action.

Track absence patterns across communities, and by risk factors, link attendance to broader health and social indicators, and use the data to inform, target, and evaluate strategies to address the root causes of chronic absence.

Principle 2: Develop strategic partnerships to align goals and drive progress on reducing chronic absence.

Establish cross-sector partnerships between educators, health practitioners, public health departments, and community-based agencies to align goals, share data responsibly, combine resources, and coordinate strategies to address chronic absence.

Principle 3: Develop strengths-based policies and programs to prevent chronic absence and promote school attendance.

Design and invest in policies and programs that address systemic barriers, promote whole child health, strengthen school connectiveness, and promote school attendance.

Together, these principles support a shift toward **data-driven decision-making, shared responsibility, sustained collaboration, and greater community capacity** to address the root causes of chronic absence ensuring that every student has the opportunity to thrive and succeed.

The paper also offers real-world examples that illustrate how these principles can be put into practice. These examples show that this approach is possible when there is a shared commitment, unified vision, and the will to act.

Background

Understanding the challenge of chronic absence

Chronic absence, defined as missing 10% or more of school days for any reason, now affects more than one in four children in the United States. In the 2022–2023 school year, over [13 million](#) students were chronically absent. This is a [slight decrease](#) from the 14.7 million students chronically absent in 2021–2022, a year when rates nearly doubled compared to pre-pandemic levels.

Chronic Absence	Missing 10% or more of school days for any reason.
Student Attendance	The presence of a student in a school or learning environment on a scheduled instructional day.
Student Absence	Any day a student is not present in school. The term is often used for general absences that do not yet meet the threshold for chronic absence.

The consequences of missing school are serious and [cumulative](#). Students who are chronically absent in early childhood are far less likely to be reading at grade level by third grade, a key indicator of later success. Chronic absence in middle and high school significantly increases the risk of academic failure, [disengagement, and high school dropout](#). These educational outcomes, in turn, are strongly associated with poorer long-term [health](#), lower income, and [shorter life expectancy](#).

The impacts of chronic absence extend beyond individual students, disrupting the [wider learning environment](#) through slower instructional pacing, weakened classroom cohesion and affecting expectations around attendance. As a result, all students, regardless of their own attendance, are affected, with implications for both academic achievement and well-being.

Chronic absence is [not evenly distributed](#). Rates vary sharply by [race](#), [geography](#), income, disability status, and English learner status. Absences due to [mental and physical health challenges](#), such as asthma, anxiety, and dental pain, are among the most common contributors, particularly for students with chronic conditions or limited access to care.

Too often, chronic absence is considered an educational issue, with responses focused on individual behavior. [Punitive approaches](#) to student absence fail to address root causes of chronic absence, worsening outcomes such as depression, substance use, and academic engagement, and can further [marginalize vulnerable groups](#).

Chronic absence is not just about individual factors; it often reflects population-level patterns of unmet need and systemic inequities. Social drivers of health and education like [limited transportation](#), inadequate access to health care, and systemic underinvestment in communities, further elevate the risk.

These are not challenges schools can or should address alone, especially in the context of [post-pandemic academic recovery](#), [staffing pressures](#), and rising student needs. To create sustainable solutions, schools, health care providers, and community organizations must work together to address the root causes of chronic absence like poor health, family stress, and housing instability.

Chronic absence is a **major public health concern** with serious social, economic, and individual-level consequences and marked disparities across communities.

Addressing it demands a multi-sector, prevention-centered public health response, one that brings in new partners, leverages data to guide action, and encourages cross-sector strategies focused on prevention.

Who is this for?

This white paper offers a new public health framework for understanding and addressing chronic absence. It presents actionable system-level strategies to prevent chronic absence by increasing capacity to address root causes. It is intended for U.S. state and local education and health agencies; school district leaders; public health departments; health care providers; child welfare and human service agencies; policymakers; researchers; advocacy organizations; and community-based partners.

This paper supports cross-sector leaders working to create the conditions and systems needed to promote regular attendance and reduce chronic absence. A stakeholder map for cross-sector engagement is included in Appendix 1.

Guiding principles for action

We propose three principles to guide effective, systemic responses to address chronic absence. These principles are drawn from a synthesis of current research, best practices, and cross-sector insights, and are informed by conversations with leading experts, school districts, and state leaders.

They are intended to help motivate a new public health strategy, one that is built on strong partnerships among educators, health practitioners, public health departments, and community-based agencies. This approach emphasizes shared goals, data-driven approaches, and coordinated strategies to address the root causes of chronic absence.

Together, these principles provide a roadmap for designing, implementing, and scaling prevention-oriented strategies that are collaborative, equitable, and sustainable.

The following pages describe three guiding principles in more detail:

Principle 1: Use school attendance data as a vital sign of student and system well-being to drive action.

Principle 2: Develop strategic partnerships to align goals and drive progress on reducing chronic absence.

Principle 3: Develop strengths-based policies and programs to prevent chronic absence and promote school attendance.

Each principle is accompanied by practical implementation actions organized from lower to higher levels of effort. While not all actions can or should be undertaken immediately, they offer a progression of steps that can be taken over time. There are some that will require additional investment, capacity, and cross-sector coordination for effective implementation. Each action is labeled to indicate whether they are activities for the education sector, health sector or require the need for cross-sector collaboration.

Given the varied political and policy landscapes across the country, not all strategies will be feasible everywhere. Cross-sector partners should consider what is most actionable within their local context, and with their resources and relationships.

Guiding Principles to Prevent Absenteeism

These three guiding principles, developed by education and health experts at the Johns Hopkins University, Attendance Works, and Kaiser Permanente, offer effective, systemic responses to chronic absence and are grounded in a synthesis of current research, best practices, and insights from cross-sector leaders—including experts, school districts, and state officials. These principles aim to inspire a new public health approach rooted in strong partnerships among educators, health professionals, public health agencies, and community organizations.

By emphasizing shared goals, data-informed strategies, and coordinated action, this framework addresses the underlying causes of chronic absence and offers a roadmap for designing and scaling prevention-focused solutions that are collaborative, equitable, and sustainable.

Principle 1:

Use school attendance data as a vital sign of student and system well-being to drive action.

Action 1: Improve the quality of actionable data for decision-making.

Action 2: Strengthen the collective use of individual-level attendance data.

Action 3: Improve use of population data to inform strategic decision-making.

Principle 2:

Develop strategic partnerships to align goals and drive progress on reducing chronic absence.

Action 1: Align goals across strategic partners.

Action 2: Build trust and engagement through partnerships that support attendance.

Action 3: Improve coordination of funding and service delivery to support sustainable attendance strategies.

Principle 3:

Develop strengths-based policies and programs to prevent chronic absence and promote school attendance.

Action 1: Use evidence to guide policy-making.

Action 2: Coordinate efforts to tackle the root causes of chronic absence.

Action 3: Build and share the evidence base for prevention approaches through cross-sector research and evaluation.

Principle 1: Use school attendance data as a vital sign of student and system well-being to drive action.

Addressing chronic absence as a public health challenge means doing more than using attendance as a data point for individual children or individual schools. It means tracking attendance patterns across communities, and by risk factors, treating chronic absence as an early warning signal, and linking it to broader measures of family and community well-being to guide action. This data must be used to inform, target, and evaluate interventions that address the root causes of chronic absence.

Why does data matter?

Student absence is one of the earliest and clearest indicators that a student may be struggling, whether due to mental or physical health issues, unmet basic needs, or school-related stress and disengagement. Just as clinicians use vital signs like blood pressure as an early warning sign, educators and community leaders can use school attendance data to reinforce positive behaviors, as an early warning signal to identify where support is needed to individuals and systems, and to monitor progress.

When tracked consistently and linked with other indicators of education and well-being, school attendance can serve as a “vital sign” for both individual students and the wider system, including schools, health systems, social services, and community infrastructure.

Despite its potential, school attendance data is often underutilized. Inconsistent definitions, poor data quality, and siloed systems prevent timely, coordinated responses. To use attendance data as a public health tool, investment in standardization, cross-sector data sharing, and infrastructure is required to enable systems to act on early warning signs.

Thinking of chronic absence as a vital sign can be useful in two ways:

- At the student level, patterns of absence can signal unaddressed needs, such as physical or mental health conditions, school struggles, unstable housing, caregiving burdens, which may undermine long-term health and academic outcomes.
- At the school or system level, patterns of absence can point to deeper structural issues, such as negative school climate, inequalities in access to health care, or resource gaps in specific communities.

Using attendance data in this way encourages both collaboration and independent action. Schools, health providers, social services, and others can work together, and through their own services and programs, to address the root causes of chronic absence and help create healthy learning environments where all students can thrive, now and in the future.

Cross-sector partners can adopt this principle by:

Action 1: Improve the quality of actionable data for decision-making.

EDUCATION: Cross-sector partners should work together to develop a **consistent approach to measurement and collection** of student attendance and absence data which includes improving the documentation of reasons for student absence. Key actions include:

- Adopt a uniform definition of chronic absence. [Attendance Works](#) recommend using missing 10% or more of enrolled school days, regardless of the reason for the absence.
- Provide detailed guidance on coding excused, unexcused, and partial-day absences, including scenarios like mental health days or caregiving responsibilities.
- Require districts to align local attendance codes and tracking systems with state definitions.
- Deliver training for staff responsible for collecting student absence data, to ensure consistent recording of student absence reasons and promote family awareness of the importance of reporting absence reasons.

COLLABORATION: Use multi-disciplinary partnerships to **identify, gather, and synthesize relevant data**. Take stock of existing data and take steps to fill any critical gaps. Key actions include:

- Leverage existing, actionable data from the following sources:
 - School attendance and discipline data (excused/unexcused, suspensions, and office referrals)
 - Health data (chronic conditions, immunization rates, health insurance, well visits)
 - Social services data (housing instability, food insecurity, Child Protective Services (CPS) involvement)
 - Community context (transportation access, neighborhood safety)
 - Student and community voice
- Identify missing data and prioritize which gaps to fill based on feasibility and impact.

COLLABORATION: When resources are available, consider strategic investments in infrastructure that support **electronic data collection**. Electronic methods of capturing school attendance and school health information will help [increase the utility](#) of data collected. Key actions include:

- Upgrade [student information systems](#) to support real-time attendance tracking and analysis, including the capacity to capture specific reasons for all absences or barriers to attendance.
- Integrate student health information into student information systems.
- Increase the frequency of attendance reporting to strengthen early-warning systems.
- Develop public-facing dashboards to improve transparency and promote collective strategies to address chronic absence. Notable examples include the [Rhode Island Community Attendance Dashboard](#) and the [Connecticut Attendance Dashboard](#).
- Include the use of electronic health records (EHRs) or approved electronic systems as a condition in contracts with external community-based organizations for school-based health services (e.g., federally qualified health centers, third-party vendors, community agencies).
- Adopt EHR systems that follow widely recognized [health care standards](#) to support interoperability and data quality.

L.A. Trust for Children's Health

The [Data xChange Initiative](#), led by The Los Angeles Trust for Children's Health, is a pioneering initiative that integrates health and education data in support of student well-being and academic success. It links de-identified health and wellness data from students and families served by the city's 27 school-based health centers with educational data from a large urban school district. The platform is both HIPAA and FERPA compliant, ensuring secure cross-sector collaboration.

By [analyzing this integrated data](#), The L.A. Trust and its partners have been able to identify associations between specific health conditions such as dental pain, asthma, and mental health concerns, with chronic absenteeism, helping inform targeted interventions. The Data xChange offers valuable insights for schools, health providers, and policymakers working to address barriers to attendance and promote equity in student outcomes.

Action 2: Strengthen the collective use of individual-level attendance data.

HEALTH: Encourage **engagement and independent action** from the health care sector to support school attendance. Key actions include:

- [Integrate school attendance](#) screening questions into well-child visit templates (e.g., [Bright Futures](#)) that ask caregivers (or students when age appropriate) to recall the number of missed school days in the past month or primary reasons for school absences. Where attendance-related questions already exist, review and strengthen them to reflect current trends and ensure they help to identify unmet health, behavioral, or social needs that may be contributing to poor attendance.
- Develop tools such as training modules including training, referral protocols, and clinical workflows to guide health care professionals to use when a student is at risk of chronic absence.
- Implement the [School-Friendly Health System](#) framework to strengthen alignment between clinical care and school attendance goals.
- Promote collaboration between state health departments and state education departments to make a shared case for the development of [alternative payment models \(APMs\)](#) that use chronic absence as a performance metric for health systems.
- Commit to data sharing between state agencies, and pilot the inclusion of attendance-based metrics in [managed care contracts](#) or Medicaid waivers.
- Explore mechanisms to grant school health staff secure, read-only access to relevant sections of students' electronic health records from local health care providers. Models such as [Nemours Link](#) demonstrate how school nurses can access diagnosis information, treatment plans, and current medications, while maintaining privacy safeguards and leading to improved care coordination.

COLLABORATION: Cross-sector partners should facilitate **secure and confidential data sharing** between schools, social services, health care providers, and child welfare agencies not only to identify students at risk, but to enable earlier, more coordinated responses that address underlying needs. [The School Attendance Data Sharing and Outreach Playbook](#) outlines different models that have been used and example steps to building an attendance data-sharing effort. Key actions include:

- Engage and support community partners to know the drivers of school attendance, identify who decision-makers are, and implement engagement efforts with key partners to address school attendance.

- Address legal and technical aspects of data sharing, including understanding the legality of sharing data, and ensure compliance with [HIPAA](#), [FERPA](#), and other relevant laws. Establish formal written agreements to clarify terms of data ownership, access rights, usage, and additional terms.
- Use shared data to identify families who may benefit from support, guide proactive outreach to reduce barriers to attendance, and reduce barriers to attendance through coordinated services.

COLLABORATION: Cross-sector partners can **develop guidance and standards** for interoperability of health and education data systems. [Interoperability](#) is the capability of different IT systems to communicate and exchange data effectively. Education data systems, such as student information systems (SIS) are often not interoperable with electronic health records (EHRs) used in health. Key actions include:

- Lead advocacy efforts across health and education sectors to promote standardized data, use of common data standards, and exchange capabilities.
- Incorporate school health providers into statewide interoperability goals and funding opportunities.
- Standardize certain aspects of school-based Medicaid billing platforms including the development of comprehensive state guidelines to align district-level practices. States can provide a list of vetted vendors that meet specific compliance and integrated standards and promote shared services models to support regional collaboration and reduce administrative costs.

Collaborative for Attendance Resources in Education and Health (CARE-H)

Children’s National Hospital in Washington, D.C., partnered with the District of Columbia Public Schools (DCPS), Johns Hopkins University Schools of Medicine and Public Health and the Chesapeake Regional Information System for our Patients (CRISP DC) to launch the [Collaborative for Attendance Resources in Education and Health \(CARE-H\) \[dcps.dc.gov\]](#) program (previously referred to as the Chronic Absenteeism Reduction Effort – CARE). This program enables secure, FERPA-compliant sharing of student attendance data between the school system and health care providers, with the goal of addressing and preventing chronic absence through coordinated care.

Prior to launch, Children’s National engaged families and stakeholders in a community needs assessment to gather input on data sharing, privacy, and confidentiality. Based on this feedback, a one-page information letter and opt-in consent form were included in the DCPS school enrollment packet.

For students in the program, attendance data is transmitted securely from the DCPS student information system to CRISP DC, the regional health information exchange. There it is matched with primary care practice patient panels. The practice receives attendance data for their consented patients on a regular basis and if a student is chronically absent or at risk for chronic absenteeism, health care professionals at Children’s National primary care practices conduct proactive outreach to families to assess barriers to attendance and provide resources and referrals. This program reflects Children’s National efforts to become a [School-Friendly Health System](#), one actively working to ensure all children reach optimal health and achieve their full academic potential.

Action 3: Improve the use of population data to inform strategic decision-making.

HEALTH: Public health should incorporate school attendance and chronic absence into **Community Health Needs Assessments**. A [community health needs assessment \(CHNA\)](#) will generally include data on health outcomes and social determinants of health, community engagement, prioritization of issues, and publication in a public-facing report. These assessments are required of nonprofit hospitals under the Affordable Care Act and by state and local public health departments for accreditation or compliance. Findings from CHNAs are typically used to inform [Community Health Improvement Plans](#), which outline strategies and accountability for addressing identified needs. Key actions include:

- Include chronic absence as a public health indicator within CHNAs and CHIPs. School attendance can be presented alongside other key health indicators such as asthma rates, mental health visits, and food security. [Maps and visualizations](#) can show geographic overlaps.
- Integrate school district partners, including administrators, school health providers, and school-service community-based organizations, in the development of the CHNA and CHIP.

COLLABORATION: Conducting a **population-level root cause analysis** will help identify common barriers to attendance and improve understanding of the root causes. This kind of analysis will highlight multiple, interconnected factors within local systems, such as health, transportation, housing, or school climate, which influence whether students are able to attend school consistently. It can also help identify subgroups of students whose attendance could be improved through targeted action, either within a single sector or through coordinated, cross-sector strategies. Key actions include:

- Use a diagnostic tool such as [this one from Oregon](#) to identify barriers to attendance and highlight different systemic areas within an educational system that may impact student attendance.
- Adapt tools developed by [Healthy Schools Campaign and Attendance Works](#) to identify and address health-related causes of chronic absence. While originally developed for use in California, these tools can be customized for use in other states.

COLLABORATION: Cross-sector partners should consider developing **integrated data systems** that include measures of school attendance and absence. The responsible, ethical, and legal sharing and integration of data across different sectors can provide a more holistic view of the experiences and outcomes of children and families. For collective efforts to tackle chronic absence, this kind of data sharing and/or integration could be used to support policy-makers to better understand the complex needs of children and families, allocate resources where they are most needed, and measure the holistic impact of policies and programs. Key actions include:

- [Establish ethical, legal, and relational agreements](#) such as Memoranda of Understanding (MOUs), data-sharing agreements, and governance structures to support responsible data integration across sectors.
- Use integrated data to support policymakers in understanding complex needs, allocate resources more equitably, and measure the collective impact of interventions.

The Oregon Child Integrated Dataset

The Oregon Child Integrated Dataset (OCID) [brings together data](#) from across five different state agencies including the Department of Education, Oregon Department of Human Services, Oregon Health Authority, Department of Early Learning and Care, and the Oregon Youth Authority. OCID provides a powerful Oregon-specific, cross-program view across childhood, from birth through high school. The goal is to assist policy and community leaders in grounding their decisions in the best available data to improve outcomes for Oregon children and families. OCID works to provide an objective, nonpartisan data resource for answering policy questions, generating ideas, and advancing collective accountability for the well-being of Oregon's children.

The cross-program data is used to create original analyses, online dashboards, and interactive displays available on the [OCID website](#). For example, Oregon's high school class of 2020 represented OCID's first opportunity to examine available state data on the lifespan of students from birth to graduation age in 2020. The analysis identified severe chronic absenteeism (missing one day a week) as one of the top three barriers to on-time high school graduation. Based on this finding, OCID explored further to provide a foundational overview of students who experienced severe chronic absenteeism through a series of [publications and interactive data visualizations](#) that allow deeper exploration on the topic.

In summary

Chronic absence is not just an individual or school metric, it is a public health signal. It can be used to reveal where students are falling through the system cracks and prompt coordinated, preventive responses. To unlock its full value, states and localities must treat it as a shared outcome across systems and build the infrastructure to act.

Principle 2. Develop strategic partnerships to align goals and drive progress on reducing chronic absence.

There are limits on what a single school or education system can do to reduce chronic absence. As part of a public health strategy, partnerships with health practitioners, education agencies, public health departments, and community-based agencies can align goals, share data responsibly, combine resources, and coordinate strategies to promote attendance and family engagement.

Why do partnerships matter?

Students miss school for a range of reasons including illness, mental health challenges, housing instability, unsafe travel routes, family responsibilities, school climate, and disengagement from school. These barriers reflect interrelated issues that cross the boundaries of education, health, social care, transportation, and community well-being.

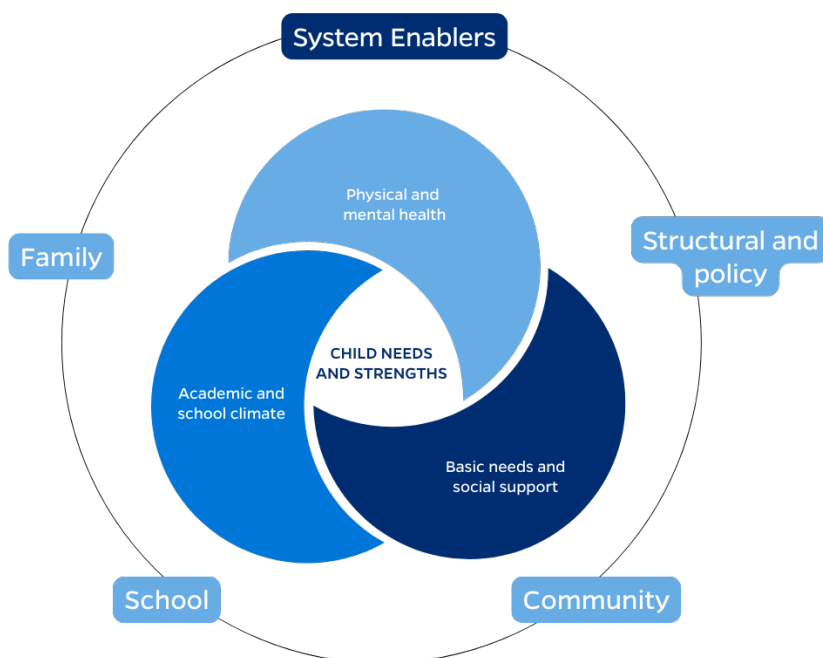


Figure 1. The public health determinants of chronic absence

This diagram illustrates how chronic absence is shaped by overlapping domains of child needs and broader system influences. At the center is the child, with unique strengths and needs, surrounded by interconnecting factors that must be addressed collectively to promote student attendance.

To make lasting progress, states and localities must foster intentional cross-sector partnerships that align goals, combine resources, and coordinate strategies to promote attendance and support family well-being.

Each sector holds a piece of the puzzle.

BUSINESSES	Can help address workforce pressures that impact family routines.
COMMUNITY ORGANIZATIONS	Have deep and trusted relationships with families.
FAMILIES AND STUDENTS	Hold essential insights into the barriers they face and potential solutions.
HEALTH PLANS	Can invest in preventative services, analyze utilization patterns, and support care coordination to reduce health-related absences.
HEALTH PROVIDERS	Can identify acute or chronic conditions affecting attendance.
SCHOOLS	May be the first to detect patterns of absence. Actions can improve attendance, but they cannot always identify or address all the root causes.
SOCIAL SERVICE AGENCIES	May be offering support to families for housing or food insecurity.

Cross-sector partners can adopt this principle by:

Action 1: Align goals across strategic partners.

EDUCATION: Engage key partners across the sectors of: education, public health, health care, child welfare, transportation, social services, local government, community-based organizations, and business to build a cross-sector coalition. Each sector brings different insights and resources to address the root causes of absence. Key actions include:

- [Identify key partners](#). See Appendix 1 for a stakeholder map outlining the roles of key actors and how they can contribute to a shared, system-wide approach to improving school attendance.
- Communicate the problem to key partners by sharing aggregate-level chronic absence data and highlight trends across communities to help partners understand the scope and impact.
- Identify concrete opportunities for shared action where each partner can contribute through programs, policies, or aligned services.

COLLABORATION: Develop a collaborative mission statement that sets out shared goals and clarifies the role of each sector in the coalition. This statement should serve as a unifying anchor, signaling accountability and shared ownership, and act as a practical reference point for partnered work, particularly during leadership transitions. Key actions include:

- Define common goals and clarify the specific roles and responsibilities of each sector.
- Develop a cross-sector memorandum of understanding (MOU) to formalize the partnership. This agreement can serve as a foundational tool for accountability, joint decision-making, and long-term alignment across education, health, and social sectors.

EDUCATION: Engage a [wider group of local stakeholders](#), including business leaders, faith leaders, and community-based organizations to support and advocate for attendance efforts. Key actions include:

- [Build partnerships](#) with these groups not only to raise awareness of the importance of student attendance, but also to co-create solutions to the unique barriers students and families face. This might include offering mentorship programs, hosting events, sharing consistent messaging about the value of attendance, or providing practical support such as transportation, childcare, or flexible work arrangements for parents.

Oregon

The **Oregon Department of Education (ODE)** and the **Oregon Health Authority (OHA)** have developed a comprehensive resource “[Centering Health and Well-Being in Education](#).” The purpose of this iterative document is to help schools and districts identify partnerships and funding opportunities that develop and sustain health and wellness initiatives in support of student physical, mental, and behavioral health as well as overall well-being, thus leading to academic improvements. This resource highlights the importance of braided funding and formal agreements, including MOUs, to facilitate partnerships between schools and health entities.

Action 2: Build trust and engagement through partnerships that support attendance.

COLLABORATION: Include representatives from **health, social services, and community organizations** on [attendance teams](#) to model collaboration and build shared accountability for student well-being and engagement. Key actions include:

- Engage state-level representatives who have the insights and resources necessary to design and implement an effective and sustainable attendance strategy. [Guidance](#) on who should be in the state working groups is available.
- Include health professionals such as pediatricians, nurse practitioners, and [school nurses](#) on district- and school-level attendance teams to provide expert guidance on student health, safety, and social-emotional factors.

EDUCATION: Promote **consistent, strengths-based messaging** about attendance across schools, families, health care providers, community spaces, and social services. Messages should be strength-based and culturally responsive. When local leaders visibly support attendance in places of worship, at community meetings, in storefronts, and through local media, they help build a culture where school attendance is seen as both a personal and community responsibility. Their involvement can also strengthen advocacy efforts and help secure broader buy-in for system-level reforms. Key actions include:

- Share clear, positive messages that highlight the importance of regular attendance for well-being and learning. The [Ad Council Research Institute](#) has produced a toolkit for school leaders, educators, community partners, and others to more effectively encourage families to send their children to school on a regular basis.
- Provide consistent guidance for schools and families to support decision-making for when a child has symptoms of illness in childcare or school settings. Attendance Works, Kaiser Permanente, and the National Association of School Nurses have [collaborated on handouts](#) for families, educators, and community partners with tips for keeping students healthy and in school.

- Expand awareness among families and educators about how to identify anxiety and school avoidance and help students return to a routine of regular attendance. The American Academy of Pediatrics has developed [tips](#) for concerned parents.
- Update state and district policies for managing communicable disease in line with evidence and recommendations from [CDC](#) and [AAP Infectious Disease Manual](#).

EDUCATION: Prioritize **relationship building to strengthen engagement and reduce absence**. Strong, trusting relationships between students, families, and schools are foundational to improving attendance and identifying early wins. Research shows that students who feel connected at school are more likely to attend regularly, achieve higher grades, and stay in school longer. Supportive relationships, both student-adult and peer-to-peer, reduce bullying, improve socio-emotional outcomes, and lower dropout rates. Key actions include:

- Conduct [relationship mapping](#) or a [relationship audit](#) to identify students lacking a strong connection with school adults, and prioritize targeted outreach to build trust.
- Use existing surveys or engagement tools to capture student and family perspectives on belonging, connection, and school norms around attendance.
- Explore resources like the [Youth Participatory Action Research \(YPAR\) Student Engagement and Absenteeism Toolkit](#) to elevate student voice in shaping attendance strategies.
- Engage families and communities as partners in co-designing solutions to local attendance barriers, such as transportation, school climate, and access to health care.

The Cincinnati All Children Thrive Learning Network

[The Cincinnati All Children Thrive \(ACT\)](#) Learning Network is an innovative, citywide collaborative bringing together families, community members, social agencies, educators, public health agencies, and health care providers to improve child health and well-being. Similar to a collective impact approach, the network aligns efforts around a shared goal: creating the conditions for all children to thrive. The ACT network has developed a shared vision, mission, and guiding principles to inform collaborative action. It uses data-driven learning, continuous improvement, and community voice to identify and address barriers to child health, education, and equity.

By working with families and community partners, building trust, and listening to the needs of those they serve, the network has already achieved [measurable impact](#)—reducing infant mortality and prematurity, reducing excess days spent in the hospital instead of at school or at play, and increasing significantly the number of children receiving all preventive services including immunizations, literacy, and speech by age 5.

Action 3: Improve coordination of funding and service delivery to support sustainable attendance strategies.

COLLABORATION: **Identify** existing funding streams and assess how these funds are currently being used and where there are gaps, overlaps, or underutilized opportunities. **Coordinate** across sectors to identify new funding opportunities, and align and braid funding to sustainably support attendance-focused initiatives. The development of strategic public financing plans can support in assessment of current spending, assigning a cost to goals and policy priorities and identifying ways to cover these costs.

COLLABORATION: Maximize the use of Medicaid and other state-funded health programs to support health-related attendance interventions, such as asthma management, behavioral health support, and school-based care. Physical and mental health conditions are among the leading causes of school absence. Research shows that providing health services in school, either through [school-based health centers](#), [school nurses](#) or [telemedicine](#) can reduce absences and improve student well-being. Key actions include:

- Ensure children and families have health coverage. [Medicaid](#) provides health coverage to almost half of America's children, and those children are more likely to receive the preventive and responsive care they need, allowing them to participate fully in school. Schools and communities can play an important role in sharing information with students and families about Medicaid and CHIP coverage using [existing resources](#). Some school districts, such as [Los Angeles Unified School District](#) (CA) and [Aurora Public Schools](#) (CO), have implemented programs to ensure students and their families enroll in and maintain health coverage.
- Leverage Medicaid as a key funding source for school health services and programs. Medicaid is the fourth largest funding stream for K–12 school districts. School-based Medicaid can help schools build capacity and expand access to school health services for low-income students. Expanding Medicaid reimbursement for a broader range of services and providers enables school districts to scale up access to school health services. A range of state tools and resources to advance school Medicaid has been published by Healthy Schools Campaign.
- Promote equitable payment for school-based services. The National Academies of Sciences, Engineering, and Medicine recommend that state legislatures and Medicaid programs:
 - Define SBHCs as a specific provider type.
 - Waive prior approval or authorization from primary care providers for all SBHC billing.
 - Allow Medicaid managed care organization payment for self-referred children seen in SBHCs.
 - Incorporate clarification of laws relating to HIPAA and FERPA.

COLLABORATION: Assess and align staff capacity to support attendance. Cross-sector partners should assess how existing staff such as school nurses, counselors, social workers, and family liaisons are currently deployed to work on attendance efforts and explore opportunities to align their roles more explicitly with prevention and early intervention strategies. For example, [research](#) shows that school nurses play a vital role in reducing absence by addressing health concerns early and supporting students to stay in schools. Despite this, [few states](#) have policies that recommend or require nurse-to-student ratios. The [National Association of School Nurses](#) and [American Academy of Pediatrics](#) have published recommendations regarding appropriate resource allocations to support school health. Key actions include:

- Map current staffing patterns and job responsibilities to determine how different staff groups are contributing to attendance-related work.
- Identify gaps or where roles could be more prevention-focused or coordinated across health and education.
- Advocate for policies and resource allocation that ensure adequate staffing, particularly for [school nurses](#), [school physicians](#), school nurse practitioners, and mental health professionals.
- Support professional development that helps staff integrate attendance awareness into their roles.

Children's Funding Project

[Children's Funding Project](#) is a national nonprofit social impact organization that helps communities, states, and Native nations expand equitable opportunities for children and youth through strategic public financing. They collaborate with local leaders and advocates to help them understand the multiple sources of funding for children and youth, identify sustainable ways to fund their goals for kids, and develop customized financing solutions tailored to their needs. A library of resources, custom tools, one-on-one coaching, and training events help advocates, policymakers, and Native leaders develop the skills they need and build collective momentum toward an equitable future for all children.

In summary

Strategic partnerships transform chronic absence from a school problem into a community-wide problem. By aligning goals, coordinating resources, and strengthening engagement across sectors, cross-sector partners can create conditions that enable every student to attend school consistently and thrive.

Principle 3: Develop strengths-based policies and programs to promote school attendance and prevent chronic absence.

A prevention-oriented public health approach focuses on addressing the root causes of chronic absence which are hard for schools to address on their own, such as poor health, housing instability, and unreliable transportation. By investing in the conditions that support school attendance and fostering strong school connections, communities can build systems that help all students succeed.

Why prevention matters

Chronic absence is often treated as a behavioral issue. In reality, it often reflects deeper challenges such as school climate, bullying, lack of academic support, physical and mental health problems, housing instability, caregiving demands, transportation, and systemic inequities. To improve attendance at scale, cross-sector partners must shift from reactive or punitive approaches to long-term prevention-oriented policies and programs that address the root causes and promote the conditions for school attendance.

By focusing upstream, schools and communities can identify and address barriers early and holistically.

To sustain progress, we need to document, evaluate, and share what works and why. Local innovations like integrated attendance teams, school-based health centers, and multi-agency task forces should be rigorously assessed and scaled when effective. Doing this will require intentional investment and the development of cross-sector research and evaluation partnerships. These collaborations bring together researchers, practitioners, policymakers, and community members to co-design research questions, interpret findings in context, and ensure that evidence is relevant, usable, and equitable. A strong evidence base is essential not only for guiding investments but also for building political and public will for long-term, equitable solutions to chronic absence.

Cross-sector partners can adopt this principle by:

Action 1: Use evidence to guide policy making.

COLLABORATION: Document and share best practices to influence local, state, and federal policy. Cross-sector partners should prioritize funding for attendance initiatives that are supported by strong evidence and avoid investing in programs shown to be ineffective and those lacking evidence. Proven strategies, including early warning systems, school-based health services, and multi-tiered interventions, have been documented by [international](#) and [national](#) organizations. These should guide funding and policy decisions. Key actions include:

- Equip policymakers to draw on the insights of education, health, and social service leaders who have on-the-ground knowledge of what works in practice.
- Include resources for evaluation when new or innovative approaches are funded and piloted.
- Evaluate interventions for effectiveness, equity, cost-benefit, and alignment with broader goals such as student attendance, improved health, workforce development, and academic success.

EDUCATION: Undertake a legislative shift from punitive truancy measures to support strengths-based interventions. In many jurisdictions, truancy statutes still rely on court referrals, fines, or threats of legal action against students and families. [Research](#) has shown these approaches disproportionately impact low-income communities and often exacerbate the very challenges they seek to correct. [State laws](#) can set a clear expectation that chronic absence is addressed through supportive, collaborative approaches. This shift builds trust with families and enables schools to focus on prevention and positive engagement.

EDUCATION: Prioritize **sustainable investments** in integrated and [evidence-based strategies](#) such as:

- School-based health and mental health services
- Safe and reliable transportation
- Strengths-based family and student engagement
- Increasing school connectedness
- Universal free school meals
- Trauma-informed school practices
- Home visiting
- School-based and community mentoring and tutoring
- Community schools
- Positive youth development
- Accessible early-learning programs
- A safe and welcoming physical school environment

Youth Participatory Action Research

Members of a national YPAR network published the “[Leveraging Best Practice to Design Youth Participatory Action Research \(YPAR\): Student Engagement and Absenteeism Focus](#)” guide, drawing on a long-standing partnership between UC Berkeley, San Francisco Unified School District, and San Francisco Peer Resources, as well as partnership between UC Berkeley and the Peer Leaders Uniting Students (PLUS) program across California. YPAR trains students as researchers who study and improve issues they want to change using a range of research methods like surveys, interviews, observations, and/or art to generate data and make recommendations for actions and policies. The guide includes practical examples of how these approaches have been used to promote attendance and address chronic absence.

Action 2: Coordinate efforts to tackle the root causes of chronic absence.

COLLABORATION: Conduct a [whole system mapping](#) of the policies, programs, and services that influence school attendance—spanning education, health, housing, transportation, and social care. Key actions include:

- Identify how current policies unintentionally create or reduce barriers, such as rigid health appointment policies and gaps in transportation access.
- Map overlapping roles and responsibilities for staff supporting the same families to include school nurses, social workers, and health workers.

COLLABORATION: Cross-sector partners should use the [CDC Whole School Whole Community Whole Child Model \(WSCC\)](#) to coordinate action and align resources to promote student health and well-being, including the physical environment. The framework should guide the development of wellness policies and resources to create a healthy learning environment to include health services, behavioral health support, physical and health education, physical environment, and employee wellness.

COLLABORATION: Cross-sector partners should **implement efforts** across strategic partners to tackle the root causes of chronic absence identified in root cause analysis. Key actions include:

- Use [disaggregated data](#) to identify where chronic absence is most concentrated and direct resources accordingly.
- Align efforts with [place-based](#) or equity-focused initiatives, such as community schools or [Promise Neighborhoods](#) to avoid duplication.
- Work to co-locate or link school-based and community-based services that address underlying barriers.
- Develop referral pathways between schools and services to ensure timely, coordinated responses to need.
- Support [school-community partnerships](#), including with institutions of higher education to provide schools with more adults serving as tutors and mentors.

Baltimore's Promise

[Baltimore's Promise](#) is a data-driven citywide collaborative focused on improving outcomes for youth from cradle to career. From its inception, the organization has prioritized youth and community engagement as core to its mission. Through initiatives like the Community Research and Action Committee and Youth Grantmakers, the organization positions young people not just as program participants, but as co-leaders, co-researchers, storytellers, and decision-makers. Their approach demonstrates how developing a shared, inclusive, and data-driven understanding of what Baltimore's young people need to thrive and investing in relationships that elevate youth voice can lead to more responsive, equitable strategies for systems change.

Action 3: Build and share the evidence base for prevention approaches through cross-sector research and evaluation.

COLLABORATION: Develop and promote research-practice partnerships between health, public health, social care, and education systems to co-design and test strategies that address chronic absence. These partnerships can identify promising practices, pilot new interventions, and support real-time learning and adaptation.

COLLABORATION: Ensure research funding opportunities are structured to support cross-sector work. Federal, state, and philanthropic funders should:

- Prioritize joint proposals.
- Encourage shared metrics.
- Support evaluations of multi-sector interventions.

COLLABORATION: Create a cross-sector research agenda focused on evaluating population-level and preventive approaches to chronic absence. Key actions include:

- Interventions addressing upstream drivers (e.g., housing, access to care, transportation).
- Policy interventions such as school start time changes or Medicaid-financed health services.
- Infrastructure to provide opportunities for shared learning and dissemination of findings across sectors, regions, and systems.

The Catamount Community Schools Collaborative

The [Catamount Community Schools Collaborative \(CCSC\)](#) exemplifies a robust research-policy-practice partnership. Anchored by the University of Vermont and the Vermont Agency of Education, the CCSC supports the development of community schools statewide through applied participatory research, service-learning placements for undergraduate and graduate students, and direct technical assistance to schools. This collaborative model not only advances evidence-based practice but also strengthens the pipeline of skilled professionals and deepens local capacity to deliver integrated, equitable support for students and families.

In summary

Preventing chronic absence requires a shift in mindset and investment, from quick fixes to long-term, system-level solutions. By embedding prevention into policy, budgeting, and practice, cross-sector partners can reduce barriers, strengthen resilience, and create school environments where every student is supported to attend consistently and thrive.

Appendix

Appendix 1. Cross-sector stakeholder map to promote school attendance

This map illustrates the key stakeholders who have a role in public health strategies to promote school attendance across state and local levels, including health and education systems, and supporting agencies.

State agencies:

The names and responsibilities of state agencies involved in school attendance may vary by state, reflecting different governance structures, legal frameworks, and areas of accountability.

Stakeholder	Role in School Attendance
State Department of Education	Lead agency for attendance policy and enforcement; monitors chronic absence as part of school accountability; funds and oversees district attendance interventions.
State Board of Education	In some states separate from the Department of Education and holds policymaking authority.
State Department of Health	Leads statewide public health initiatives and coordinates with local health departments; oversees immunization requirements, school-based health programs, chronic disease prevention; runs data surveillance systems.
State Medicaid Agency	Determines eligibility and coverage for health services; may participate in Medicaid 1115 or 1905(a)(13) waivers to fund integrated school-health initiatives.
State Mental Health or Behavioral Health Agency	Designs and funds programs for youth mental health services, school-based behavioral health; works with education agencies to embed services in schools or communities.
State Office of Early Childhood	Oversees early learning programs and policies that support attendance from the earliest years, including transitions into kindergarten.
State Department of Human Services/Social Services	Administers economic support like housing assistance, Temporary Assistance for Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP). May fund wraparound or case management programs for families.
State Housing and Homelessness or Community Agencies	Address housing instability; work with education on McKinney-Vento compliance for students experiencing homelessness.

State Juvenile Justice/Court Systems	Oversee truancy courts and diversion programs; coordinate with education to reduce punitive responses to absence; participate in multi-agency teams supporting at-risk youth.
State Department of Transportation	Sets guidelines for school transportation safety; may provide funding for rural access.
Governor's Office or State-level Interagency Councils or Cross-Sector Collaboratives (e.g., Children's Cabinets)	Typically made up of the heads of all government agencies with child and youth service programs; coordinate services, develop a common set of outcomes, and collaboratively implement plans to improve the well-being of young people.
State Health Information Exchange/Data Governance Office	Facilitates secure data-sharing across sectors to identify and support students at risk of chronic absence.

Local agencies:

The names and responsibilities of local agencies involved in school attendance may vary, reflecting different governance structures, legal frameworks, and areas of accountability.

Stakeholder	Role in School Attendance
Local Health Agencies (e.g., county or city health departments)	Coordinate preventive health services in schools; deliver programs in mental health and substance use prevention; collect and interpret community-level risk data; participate in multi-agency task forces; coordinate health protocols during public health emergencies.
School Districts/Local Education Agencies	Oversee student learning, school operations, and compliance with state and federal laws; provide access to special education and English language learning services; provide student welfare and support, including attendance initiatives; monitor and report performance metrics to public and oversight bodies.
Social and Family Services	Address housing and mobility needs; ensure families can meet basic needs (e.g., Supplemental Nutrition Assistance Program and Women, Infants, and Children); help families navigate the system.
Youth and Community Services	May include a range of different agencies across recreation, youth diversion, school safety. Provide services, funding, and partnerships.
Mayor's Office/Local Government	May lead cross-sector initiatives to support school attendance through coordination and resource alignment.

Local Workforce Development Agencies	Support older youth through career readiness, alternative pathways, and re-engagement programs.
Community-Based Organizations	Deliver mentoring, tutoring, case management, and family engagement support.
Institutions of Higher Education	Support local attendance efforts by providing mentors and tutors through work-study programs and offering research and data capacity, especially in smaller or rural districts.
Faith-Based Organizations	Serve as a trusted source for families and may provide essential resources such as food pantries, community meals, housing assistance, and employment support.

Health sector:

Stakeholder	Role in School Attendance
Children's Hospital	Provide advanced and specialty pediatric care.
Health Systems	Integrated health systems support collaborative care, bringing together primary care, specialty care, behavioral health, dental, and sometimes social services. May run school-based services.
School Nurses and School Health Staff	Address day-to-day student health needs, manage chronic conditions, reduce avoidable absences, and link families to external care and prevention services.
Primary Care Providers	Includes pediatricians and nurse practitioners. Provide full scope of primary care with well-child visits, immunizations, development screening, and illness care. May be publicly or privately funded.
Community Care Providers (e.g., Federally Qualified Health Center)	Provide primary care, dental, mental health, and sometimes school-based services, especially in underserved areas.
Public Health Clinics	Provide preventive and population health services such as immunizations and screening.
School-Based Health Centers	Located on or near school campuses; offer accessible care.
Behavioral Health Providers	Includes a range of professionals, clinics, and institutions including psychiatrists, psychologists, clinical social workers, and licensed professional counselors.

Health Plans	Support access to preventive care, analyze health trends, and invest in community partnerships to reduce health-related barriers to school attendance.
Medicaid Managed Care Plans	Provide health coverage for the majority of Medicaid beneficiaries. Can reimburse school-based services, support care coordination, and invest in community-level solutions through waivers or value-based models.

About this Report

About the Johns Hopkins Center for School Health

The [Johns Hopkins University Center for School Health](#) is a university-wide collaboration, working at the critical intersection of education and health with a focus across policy and advocacy, consultation, education, and program development. The organization was established to develop and improve the delivery of school-based health care programs.

About Kaiser Permanente Thriving Schools

Kaiser Permanente's Thriving Schools initiative works to strengthen the health and well-being of school communities across the country, so every school succeeds, every employee excels, and every child thrives. To learn more, visit kp.org/thrivingschools.

About Attendance Works

[Attendance Works](#) is a national nonprofit initiative that advances success in school and beyond for all students by reducing chronic absence. Its website offers a wide array of free materials, tools, research, and inspiring stories to help schools, districts, and communities work together to reduce chronic absence.

Disclaimer

This document is intended to serve as a potential blueprint to drive collective action for system changes aimed at addressing America's escalating chronic absenteeism crisis.

This document is not an advocacy agenda and does not endorse any specific policies or examples provided herein. It outlines various strategies and approaches that may be considered by organizations and individuals seeking to drive systemic improvements to address chronic absenteeism in schools.

The strategies and examples included are for illustrative purposes only and should not be interpreted as policy endorsements by individual contributors or sponsoring organizations. Readers are encouraged to critically evaluate the information presented and consider their own organizational goals, values, and political landscapes when developing strategies for system changes to address absences in America's K-12 schools.

