School Absenteeism and Children’s Health
North Carolina 2007–2009

School Absenteeism
Parents of students enrolled in public and private schools in North Carolina were asked to report how many school days their child had missed within the past year due to an illness or injury. Twenty-six percent of parents reported that their child did not miss any days of school due to illness or injury; 49 percent reported that their child missed one to four days of school (less than one week); 16 percent reported that their child missed five to nine days of school (one to two weeks); and 9 percent reported that their child missed 10 or more days of school (two or more weeks). The number of school days missed due to illness or injury did not vary by grade level. On average, 9 percent of elementary school, middle school, and high school students were absent from school for two or more weeks within the past year due to an illness or injury.

School Achievement
Describing their child’s grades over the past 12 months, 54 percent of parents reported that their child made mostly A’s, 30 percent reported that their child made mostly B’s, 13 percent reported that their child made mostly C’s, and 3 percent reported that their child made mostly D’s or F’s. Student school achievement varied by school attendance. Students who missed two or more weeks of school due to illness or injury were more likely to make mostly C’s, D’s or F’s compared to students who missed less than two weeks (27% [CI 21–33] vs. 15% [CI 14–16]).

Health Status
Children’s health status varied by school attendance. Students who were absent two or more weeks due to illness or injury were more likely than students who were absent less than two weeks to be rated as in fair or poor general health (12% [CI 8–16] vs. 3% [CI 2–4]) as well as having fair or poor dental health (12% [CI 8–17] vs. 7% [CI 5–8]). Students absent two or more weeks were also more likely to have been told by a doctor that they have asthma (21% [CI 17–26] vs. 9% [CI 8–10]) and require more medical care, mental health, or educational services than their peers due to a chronic medical, behavioral, or other health condition (i.e., Special Health Care Needs (SHCN); 31% [CI 26–36] vs. 9% [CI 8–10]). Students (ages 10–17 years) absent more than two weeks due to illness or injury were somewhat more likely to be overweight or obese compared to students absent less than two weeks (40% [CI 33–47] vs. 33% [CI 31–35]).

†CI = 95 percent confidence interval; explanation for how to interpret CIs is available at www.schs.state.nc.us/SCHS/champ/interpreting.html.
Health Care

Children’s health care access did not vary by school attendance. Prevalence rates were similar among students who were absent two or more weeks due to illness or injury and students who were absent less than two weeks for being uninsured within the past year (16% [CI 12–20] vs. 12% [CI 10–13]); lacking a personal doctor or nurse who is familiar with the child’s health history (18% [CI 14–22] vs. 19% [CI 17–20]); not having a preventive health care visit within the last year (23% [CI 18–28] vs. 19% [CI 18–20]); and not having visited a dentist within the last year (13% [CI 10–17] vs. 10% [CI 9–12]).

Key Findings

Based on parental report, students with greater absenteeism (two or more weeks) due to illness or injury compared to students with lower absenteeism (less than two weeks) were found to be:

- more likely to make mostly C’s, D’s, or F’s (27% vs. 15%);
- rated as in fair or poor general health (12% vs. 3%) and dental health (12% vs. 7%);
- more likely to have asthma (21% vs. 9%);
- more likely to have special health care needs (31% vs. 9%);
- more likely to live in a household experiencing issues with food insecurity (24% vs. 8%).

Health care access and utilization did not vary by student absenteeism.

Household Food Insecurity

Parents of students who were absent two or more weeks due to illness or injury were three times more likely to report that they often relied on only a few kinds of low-cost food to feed their child because there wasn’t enough money to buy food, compared to parents of students who were absent less than two weeks (24% [CI 19–29] vs. 8% [CI 7–9]).

This report includes data collected from 2007 to 2009 on 5,854 parental surveys on children enrolled in a public or private school from the North Carolina Child Health Assessment and Monitoring Program (NC CHAMP). NC CHAMP is a surveillance system that collects information about the health characteristics of children ages 0 to 17 years through a follow-up survey of the Behavioral Risk Factor Surveillance System (BRFSS) telephone survey of adults (18 years and older). All adult respondents with children living in their household are invited to participate in NC CHAMP. One child is randomly selected from the household and the adult most knowledgeable about the health of the selected child is interviewed. Percentages are weighted to population characteristics. For further information about NC CHAMP, please visit www.schs.state.nc.us/SCHS/champ or contact CHAMPstaff@dhhs.nc.gov.