



# Partnerships for Healthy Schools

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Leveraging LCAP, School Wellness  
Policies, and Chronic Absenteeism Data

Prepared for:  
Sample District X



**LIVE WELL**  
SAN DIEGO

**Live Well Schools Initiative**

Revised 9/4/2019

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# Introduction

The San Diego County Board of Supervisors launched *Live Well San Diego* in 2010 as a vision to align the efforts of County government with a broad array of community partners to promote the wellbeing of all San Diego County residents. *Live Well San Diego* seeks to improve the health of residents, make neighborhoods and communities safe and resilient, and cultivate opportunities for all people to be healthy, safe, and thriving.

With half a million K-12 students, San Diego schools contend with innumerable student and staff concerns and issues each day while striving to promote a healthy school community and culture. In 2018, 34% of San Diego County 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders were reported overweight or obese.<sup>1</sup> Nearly 30% of adolescents ages 12-17 reported experiencing major depressive episodes in 2013.<sup>2</sup> In 2017, approximately 50% of San Diego 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reported missing school in the past 30 days due to physical illness.<sup>3</sup> The *Live Well Schools Initiative* (LWSI) formed in 2014 to support schools with these challenges and facilitate collaboration with government and community organizations. LWSI works at the nexus of district policies and their impact on issues like mental health, nutrition, fitness, and chronic absenteeism. These efforts align with the *Live Well San Diego* vision through analyzing and sharing data insights to help communities nurture healthier students, families, and schools.

This report examines three key contributors to student health and wellness: Chronic Absenteeism, School Wellness Policies, and Local Control and Accountability Plans. District-specific breakdowns are provided with suggestions for improvement, best practices, and overall key trends. These resources can provide context for district leadership, school administration, health and nutrition services staff, and school wellness committees to inform future efforts.

## Chronic Absenteeism and Health

Schools today are faced with the educational and public health implications of chronic absenteeism, defined by the California Department of Education as being absent, for any reason, 10% or more of the school days that they were enrolled in that district. Chronic absenteeism can be a predictor of academic risk and dropout, with lifetime negative effects on health and success.<sup>4,6</sup> Approximately 57,576, or 11%, of San Diego County students were chronically absent in the 2017-2018 school year, disproportionately affecting students from disadvantaged and vulnerable backgrounds.<sup>5,6</sup>

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<sup>1</sup> California Department of Education. (2019). 2017-18 California Physical Fitness Report – San Diego County. Retrieved from

<https://data1.cde.ca.gov/dataquest/PhysFitness/PFTDN/Summary2011.aspx?r=0&t=3&y=2017-18&c=37000000000000&n=0000>

<sup>2</sup> Healthy People 2020. (2019). Mental Health Data. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>

<sup>3</sup> California Healthy Kids Survey, San Diego County Main Reports (2018). Retrieved from <https://calschls.org/reports-data/search-lea-reports/>

<sup>4</sup> Who's in: Chronic absenteeism under the Every Student Succeeds Act. Washington, DC: FutureEd at Georgetown University. Retrieved from [https://www.future-ed.org/wp-content/uploads/2017/09/REPORT\\_Chronic\\_Absenteeism\\_final\\_v5.pdf](https://www.future-ed.org/wp-content/uploads/2017/09/REPORT_Chronic_Absenteeism_final_v5.pdf)

<sup>5</sup> Office for Civil Rights. (2018). Civil rights data collection (CRDC), 2015–16. Washington, DC.

<sup>6</sup> Chang, H. N., Bauer, L., & Byrnes, V. (2018). Data matters: Using chronic absence to accelerate action for student success. Attendance Works and Everyone Graduates Center. Retrieved from <http://www.attendanceworks.org/data-matters/>

Multiple factors contribute to chronic absenteeism, including physical conditions like asthma, poor dental and vision health, diabetes, and obesity; mental health factors such as fear, depression, and social anxiety; and social-emotional issues including stress, violence, and trauma.<sup>7,8,9,10</sup> Additional factors that influence chronic absenteeism often include family, school, and community characteristics like hunger, housing instability, lack of health insurance, unsafe routes to school, negative school climate, and punitive discipline policies.<sup>11</sup>

Just as there are multiple contributing factors, potential solutions are also varied. This report presents analyses on your district's School Wellness Policy (SWP) and Local Control Accountability Plans (LCAPs) to show how these tools can be synthesized with district data to guide tangible action to address systemic problems like chronic absenteeism and promote holistic student wellness.

## Key Trends

With available data from the prior school year to the most current one (2017-2018), data showed an increase in chronic absenteeism rates. However, this is at least partly attributable to more accurate data reporting from every district in the county. This suggests that districts are increasingly focusing on this issue and working to refine definitions and measures of chronic absenteeism.

## School Wellness Policies (SWP)

School wellness policies (SWP) describe the regulations that districts will enforce to promote student and staff wellness. SWPs are required of all schools participating in the National School Lunch Program. School stakeholders discuss and develop clear expectations, then communicate and implement policies and measures in partnership with students, staff, and families to promote wellness in schools. Regulations and laws like the Healthy, Hunger Free Kids Act of 2010 have further increased the expected scope and strength of policies and implementation efforts. Thus, SWPs must be regularly reviewed and updated to maintain their strength and relevance.

To help superintendents and administrators understand the requirements and the utility of the SWPs, the LWSI team analyzed each district's wellness policy in 2015 utilizing the 2.0 version of the Wellness School Assessment (<http://www.wellsat.org>), or WellSAT. This analysis tool was developed by the Rudd Center for Food Policy and Obesity at the University of Connecticut to

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<sup>7</sup> Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, 28(3), 451–471. <https://doi.org/10.1016/j.cpr.2007.07.012>

<sup>8</sup> Attendance Works, Children Now, & The Center for Regional Change UC Davis. (2018). Seize the data opportunity in California: Using chronic absence to improve educational outcomes. Retrieved from [https://www.attendanceworks.org/wp-content/uploads/2018/05/Seize-Opportunity\\_final-051818.pdf](https://www.attendanceworks.org/wp-content/uploads/2018/05/Seize-Opportunity_final-051818.pdf)

<sup>9</sup> Kearney, C. A. (2008). An interdisciplinary model of school absenteeism in youth to inform professional practice and public policy. *Educational Psychology Review*, 20, 257-282.

<sup>10</sup> Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). Chronic school absenteeism and the role of adverse childhood experiences. *Academic Pediatrics*, 17, 837-843.

<sup>11</sup> Chang, H. N., Bauer, L., & Byrnes, V. (2018). Data matters: Using chronic absence to accelerate action for student success. Attendance Works and Everyone Graduates Center. Retrieved from <http://www.attendanceworks.org/data-matters/>

assess the quality of a school district's wellness policy in 6 domains and for the overall policy, awarding a Comprehensiveness and Strength score in each domain.

This report includes your district's WellSAT 2.0 scorecard and a summary of the trends since the prior analysis in 2015. This data will help districts consider the impacts of their policies and in the discussion of effective implementation. Furthermore, the LWSI has also produced a model wellness policy that can be used as a foundation for enhancing and reinforcing existing policies.

### Key Trends

- 29 districts have updated wellness policies since the previous SWP report in 2015.
- The County average Comprehensiveness score increased from 53 to 66 and the average Language Strength score increased from 31 to 39.
- Districts with revised wellness policies increased Comprehensiveness an average of 22 points and Language Strength an average of 13 points.
- The *Implementation, Evaluation, and Communication* domain saw the most improvements, followed by the nutrition standards categories for *School Meals* and *Competitive Foods*.

## Local Control and Accountability Plan (LCAP)

The new Local Control Funding Formula requires school districts in California to monitor and address chronic absenteeism as part of their Local Control Accountability Plan (LCAP). Investments in physical, mental, and medical health are important factors in attendance behaviors. This analysis consisted of a thorough scan of each district's LCAP for language related to health and wellness. Actions and their related expenditures are categorized into topics and subtopics to better understand the types of projects each district is prioritizing. Insights on health and wellness investments were gathered from reports in the 2016-2017, 2017-2018, and 2018-2019 school years and trends are detailed in the individualized LCAP summary included.

### Key Trends

- Investments in student health and wellness in San Diego districts have increased notably.
- More districts are itemizing specific LCAP Actions rather than presenting ambiguous lump sum totals, enabling more transparency and clarity in budget planning and communication.
- Investments in Mental Health saw the largest proportion of growth in LCAPs countywide, while Health Education continues to receive the fewest LCAP investments.
- Smaller districts are developing creative and meaningful ways to use limited funds, even when unable to invest large dollar amounts in health and wellness.
- The new LCAP template asks districts to propose fiscal allocations three years into the future. As a result, most districts did not change the language in their Actions from 2017-2018 to 2018-2019.

# Considerations

Analysis of key factors impacting student wellness can be leveraged for collaborative problem solving at multiple levels and across disciplines. Consider the recommendations below to assist in effectively interpreting and utilizing the included individualized district information.

## Chronic Absenteeism

Addressing chronic absenteeism requires careful assessment of multiple contributing factors across each school and community. When examining chronic absenteeism data, consider the extent that family, school, and community characteristics might affect attendance. Identifying key enabling and desisting forces across schools can uncover useful strategies and lessons for the district and its community. The LCAP and SWP are among the critical policies and tools that can translate these insights into tangible action and improve student attendance rates.

## School Wellness Policies (SWP)

When reviewing your SWP summary, we encourage your district to ask if your policy:

- Comprehensively addresses holistic physical, mental, and social needs of students and staff?
- Includes all the wellness-related activities and policies that are already part of the administrative regulations at the district and school levels?
- Is clearly written, understandable, and accessible to parents, staff, and the public who may not already be familiar with the district's wellness efforts?
- Engages stakeholders, including families and the community, to further strengthen the policy and further implementation?

## Local Control and Accountability Plans (LCAP)

When reviewing your LCAP health and wellness summary, we encourage your district to ask if your investments:

- Contribute to the overall goal of decreasing chronic absenteeism?
- Are clearly itemized and described in the plan to increase transparency?
- Equitably address and dedicate resources to the physical, mental, and medical health needs of students, staff, and families?





## INTRODUCTION

Chronic absenteeism is defined here as being absent for any reason for 10% or more of the days a student is enrolled in any given school district.[1] As superintendents and administrators nationwide seek solutions to address this pervasive problem, data has become an indispensable tool to identify patterns among students and groups who are chronically absent. Data provided by districts to the California Department of Education (<https://data1.cde.ca.gov/dataquest>) gives context on the scale of chronic absenteeism in San Diego County. This summary shares key insights from district and school level data that highlight significant trends that suggest potential areas for future attention.

NOTE: Most charter schools are excluded from district-level analyses, unless the district includes the charter's School Accountability Report Card (SARC) on its website. A list of excluded schools can be provided and adjusted.

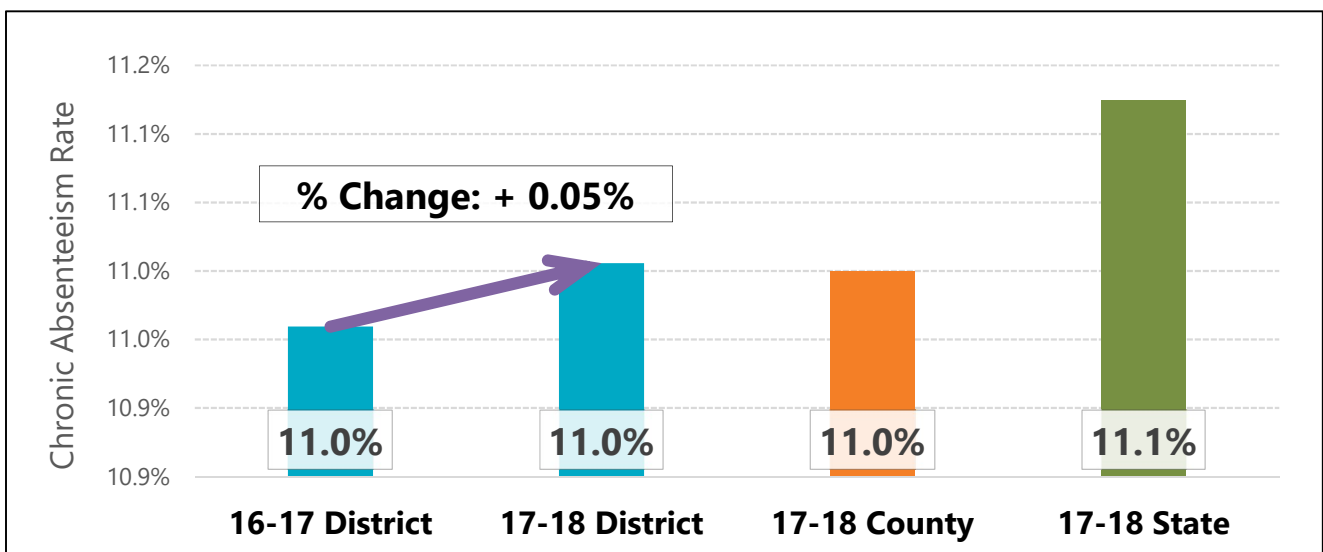
## CHRONIC ABSENTEEISM IN SAMPLE DISTRICT X

	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate
<b>2016-2017</b>	7838	859	10.96%
<b>2017-2018</b>	7796	858	11.01%

\*Every student enrolled for more than 30 instructional days in the given school year

**Two Year % Change: + 0.05%**

Nearly 900 students, or 11% of total enrollment, in Sample District X were chronically absent in the 2017-2018 school year. The district's absenteeism rate remained generally stable over the two years with an overall change of 0.05%.



[1] California Department of Education. Data Structure: Chronic Absenteeism Data. Retrieved from: <https://www.cde.ca.gov/ds/sd/sd/fsabd.asp>

## CHRONIC ABSENTEEISM BY SCHOOLS

In the 2017-2018 school year, 2 out of the 5 schools in Sample District X had chronic absenteeism rates that exceeded the County's average rate of 11%. This represents a decrease from the 4 schools that exceeded the 2016-2017 County average of 10.2%. A detailed breakdown by school is available upon request.

Chronic Absenteeism Rates	16-17 # of Schools	17-18 # of Schools
# Schools Exceeding County Average	4	2
Total # of Schools in the District	5	5
% Schools Exceeding County Average	<b>80%</b>	<b>40%</b>

## 2017-2018 CHRONIC ABSENTEEISM BY SUBGROUP AND STUDENT RACE/ETHNICITY

The number of chronically absent students in the district is broken down by subgroup below, along with a comparison against average county rates. Populations without any reported students are not shown. Analyses by gender and grade groups (Grades K-8, 1-3, 4-6, 7-8, 9-12) are also available upon request.

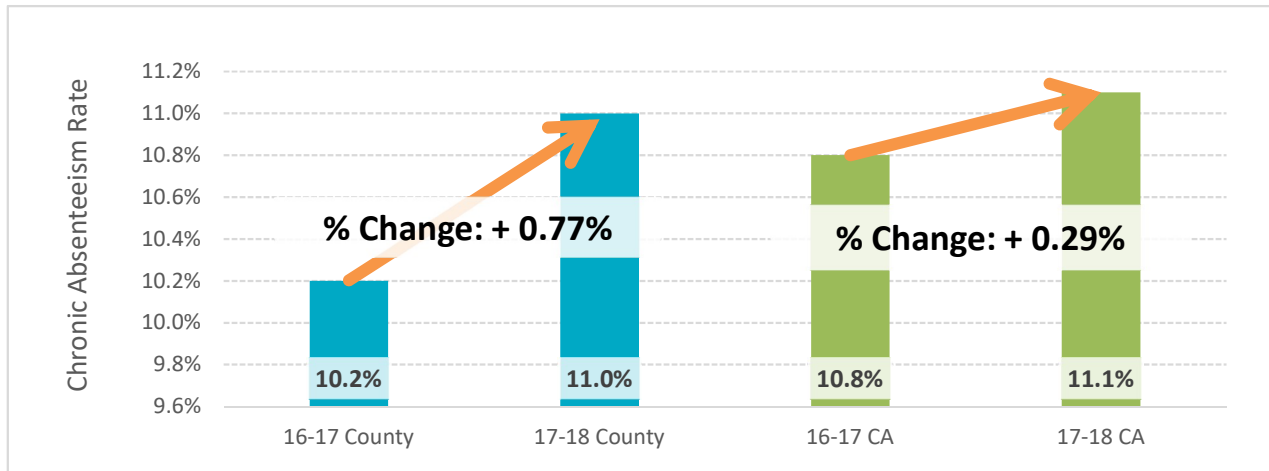
Absenteeism Rates by Subgroup*	District		County
	#	%	Avg
<b>Foster</b>	<b>12</b>	<b>52%</b>	41%
<b>Homeless</b>	<b>34</b>	<b>27%</b>	25%
<b>Students with Disabilities</b>	<b>208</b>	<b>21%</b>	18%
<b>English Learners</b>	<b>208</b>	<b>16%</b>	13%
Socioeconomically Disadvantaged	695	12%	15%
Migrant	1	5%	9%

\*Note: Due to overlapping subgroups and reporting variations, numbers may not exactly sum to total

**Bolded populations indicate a district chronic absenteeism rate exceeding county averages**

Absenteeism Rates by Race/Ethnicity	District		County
	#	%	Avg
African American	23	14%	15%
Hispanic or Latino	649	11%	13%
<b>White</b>	<b>152</b>	<b>11%</b>	9%
<b>Filipino</b>	<b>12</b>	<b>7%</b>	5%
Two or More Races	2	7%	9%
<b>Asian</b>	<b>10</b>	<b>4%</b>	4%

### CHRONIC ABSENTEEISM IN SAN DIEGO COUNTY AND CALIFORNIA

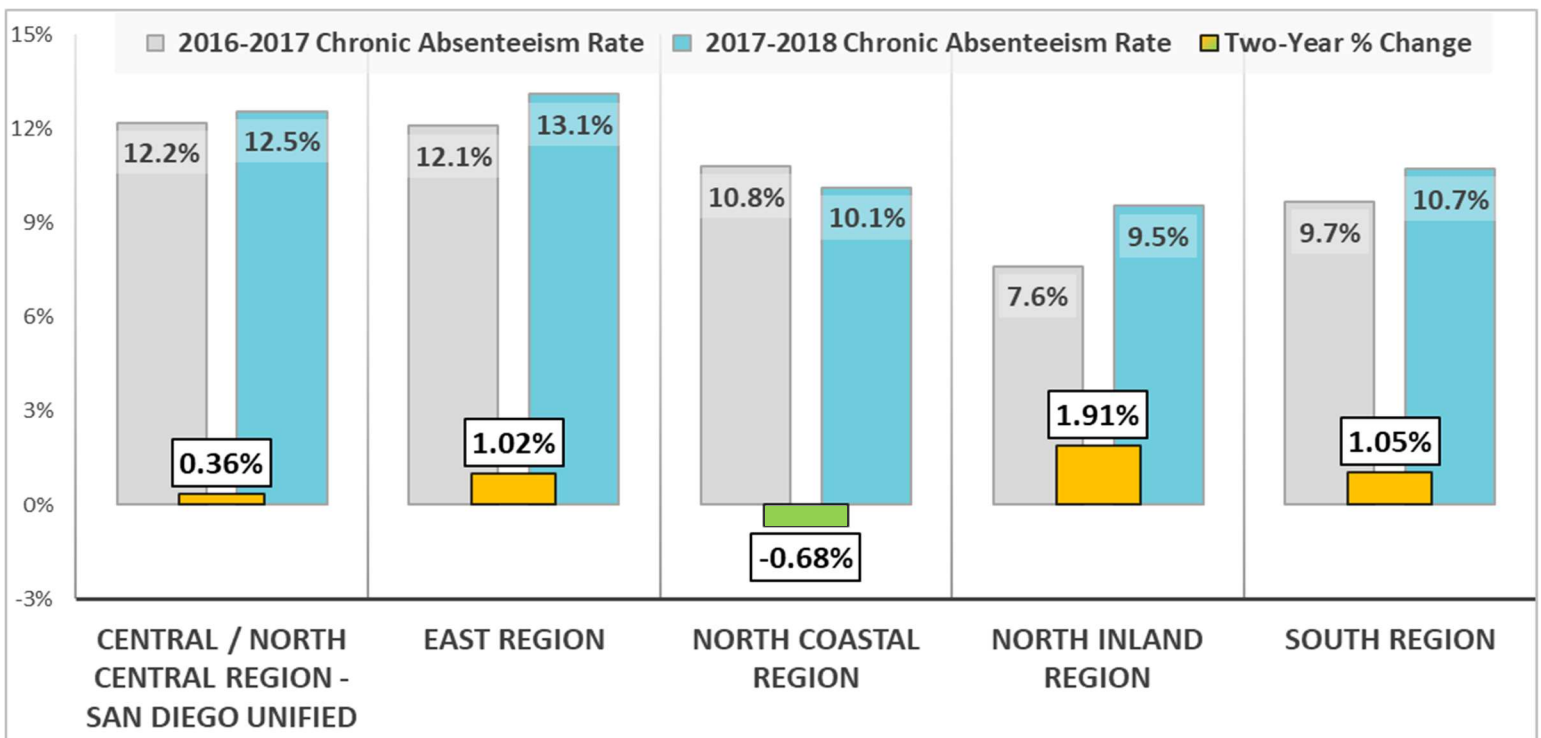


	2016-2017 School Year			2017-2018 School Year			Two-Year % Change (2016-2018)
	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate	Cumulative Enrollment*	Chronically Absent Student Count	Chronic Absenteeism Rate	
<b>SD County**</b>	521,270	53,183	10.20%	524,803	57,576	10.97%	+ 0.77%
<b>California**</b>	6,335,748	686,409	10.83%	6,315,131	702,531	11.12%	+ 0.29%

\*Every student enrolled for more than 30 instructional days in the given school year

\*\*Data represents ALL students in these populations, including attendees of charter and virtual schools.

### SAN DIEGO COUNTY REGIONAL BREAKDOWN

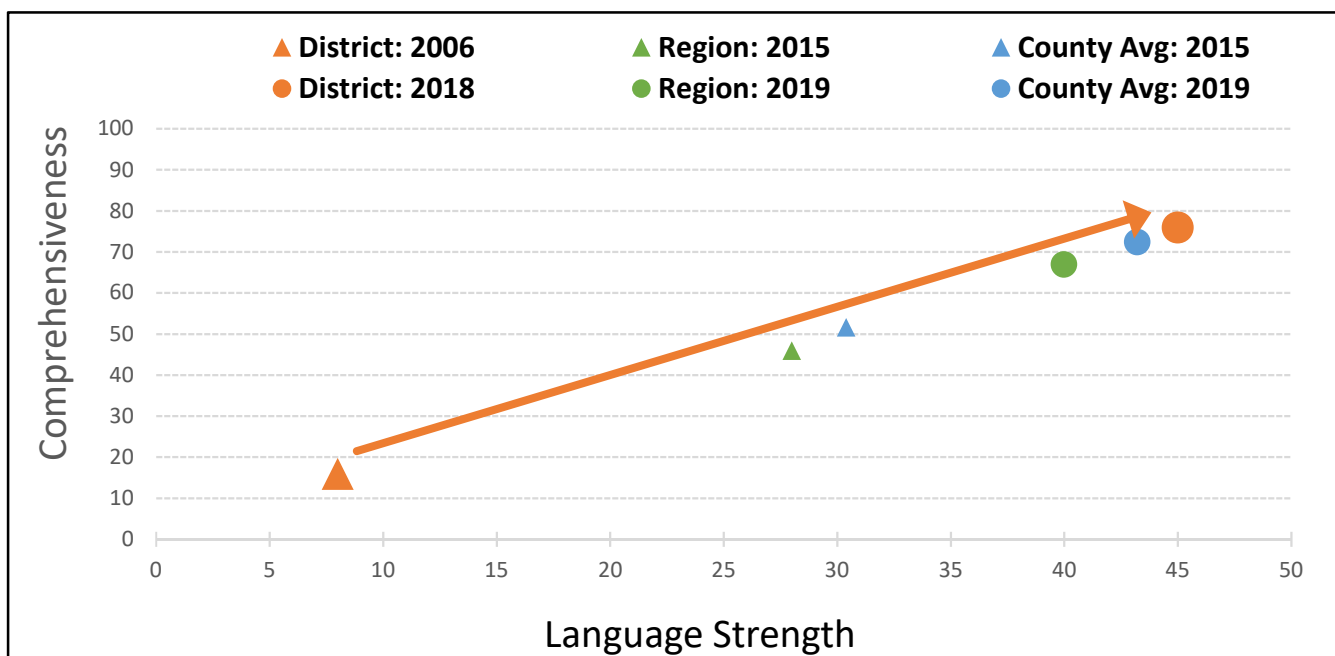


## Wellness Policy Revision - WellSAT 2.0 Comparison

Comparison Category	2006	2018	Difference	% Change
Overall Comprehensiveness:	16	76	+ 60	+ 375%
Overall Language Strength:	08	45	+ 37	+ 463%

Sample District X's 2018 policy improves significantly in every domain compared to the previously analyzed 2006 policy. The 2018 revision discusses topics that had previously not been mentioned at all, like physical education and activity, promotion of healthy habits, and nutrition standards for all foods. This resulted in vastly improved comprehensiveness scores, particularly around physical activity and competitive foods. The robustness and specificity of the language used also increased greatly as well. Future revisions can further strengthen the policy by providing more detail and clarity about district expectations, especially for topics discussed in the Administrative Rules but not mentioned in the Board Policy such as Sample District X's policies around Free and Reduced Price meals and drinking water.

	District: 2006	District: 2018	Region: 2015	Region: 2019	County: 2015	County: 2019
Overall Comprehensiveness:	16	76	46	67	52	72
Overall Language Strength:	08	45	28	40	30	43



## District Wellness Policy Overview

The Wellness School Assessment Tool (<http://www.wellsat.org>), or WellSAT, was developed by the Rudd Center for Food Policy and Obesity at the University of Connecticut. The WellSAT assesses the quality of school wellness policies in 6 domains and for the overall policy. The Comprehensiveness score indicates the extent of coverage in relevant content areas, while the Language Strength score describes how robustly that content is stated. These are expressed out of 100 points, based on component measures in each section scored 0-2. Higher scores reflect a policy's comprehensive scope and content, and robust specific language.

<b>(NE) Nutrition Education</b>		<b>2006</b>	<b>2018</b>	<b>Difference</b>	<b>% Change</b>
	Comprehensiveness:	14	62	+ 48	+ 343%
	Language Strength:	7	46	+ 39	+ 557%
<b>(SM) Standards for USDA School Meals</b>					
	Comprehensiveness:	14	62	+ 48	+ 343%
	Language Strength:	7	46	+ 39	+ 557%
<b>(NS) Nutrition Standards for Competitive Foods and Beverages</b>					
	Comprehensiveness:	10	70	+ 60	+ 600%
	Language Strength:	0	40	+ 40	∞
<b>(PEPA) Physical Education and Physical Activity</b>					
	Comprehensiveness:	6	61	+ 55	+ 917%
	Language Strength:	0	6	+ 6	∞
<b>(WPM) Wellness Promotion and Marketing</b>					
	Comprehensiveness:	20	60	+ 40	+ 200%
	Language Strength:	0	33	+ 33	∞
<b>(IEC) Implementation, Evaluation and Communication</b>					
	Comprehensiveness:	27	100	+ 73	+ 270%
	Language Strength:	18	64	+ 46	+ 256%

## District Wellness Policy Overview

### WellSAT 2.0 Scorecard and Detailed Revision Comparison

Nutrition Education							
Measure	2006	2018		Measure	2006	2018	
NE 1	0	2	▲	NE 5	0	2	▲
NE 2	N/A	N/A		NE 6	0	1	▲
NE 3	N/A	N/A		NE 7	0	2	▲
NE 4	2	2					
<b>NE Comp:</b>	20	100	▲	<b>NE Str:</b>	20	80	▲

Measures for USDA School Meals							
Measure	2006	2018		Measure	2006	2018	
SM 1	1	2	▲	SM 8	0	0	
SM 2	2	2		SM 9	0	1	▲
SM 3	0	2	▲	SM 10	0	2	▲
SM 4	0	0		SM 11	0	2	▲
SM 5	0	1	▲	SM 12	0	0	
SM 6	0	0		SM 13	0	N/A	■
SM 7	0	0		SM 14	0	2	▲
<b>SM Comp:</b>	14	62	▲	<b>SM Str:</b>	7	46	▲

Nutrition Standards for Competitive Foods and Beverages							
Measure	2006	2018		Measure	2006	2018	
NS 1	1	2	▲	NS 7	0	0	
NS 2	0	2	▲	NS 8	0	0	
NS 3	0	1	▲	NS 9	0	1	▲
NS 4	N/A	N/A		NS 10	0	0	
NS 5	0	2	▲	NS 11	0	1	▲
NS 6	0	2	▲				
<b>NS Comp:</b>	10	70	▲	<b>NS Str:</b>	0	40	▲

Legend:	Improved Score	Reduced Score	No Score Change	Past Coding Error	
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## District Wellness Policy Overview

Physical Education and Physical Activity							
Measure	2006	2018		Measure	2006	2018	
PEPA 1	0	1	▲	PEPA 11	0	0	
PEPA 2	0	2	▲	PEPA 12	0	0	
PEPA 3	N/A	N/A		PEPA 13	0	1	▲
PEPA 4	N/A	N/A		PEPA 14	0	1	▲
PEPA 5	0	1	▲	PEPA 15	0	N/A	■
PEPA 6	0	0		PEPA 16	0	1	▲
PEPA 7	0	0		PEPA 17	1	1	
PEPA 8	0	1	▲	PEPA 18	0	1	▲
PEPA 9	0	1	▲	PEPA 19	0	0	
PEPA 10	0	0		PEPA 20	0	1	▲
<b>PE Comp:</b>	6	61	▲	<b>PE Str:</b>	0	6	▲

Wellness Promotion and Marketing							
Measure	2006	2018		Measure	2006	2018	
WPM 1	1	1		WPM 9	0	1	▲
WPM 2	0	0		WPM 10	0	0	
WPM 3	1	1		WPM 11	0	2	▲
WPM 4	1	1		WPM 12	0	2	▲
WPM 5	0	0		WPM 13	0	2	▲
WPM 6	0	0		WPM 14	0	2	▲
WPM 7	0	0		WPM 15	0	2	▲
WPM 8	0	0					
<b>WP Comp:</b>	20	60	▲	<b>WP Str:</b>	0	33	▲

Implementation, Evaluation and Communication							
Measure	2006	2018		Measure	2006	2018	
IEC 1	0	1	▲	IEC 7	0	2	▲
IEC 2	0	1	▲	IEC 8	0	2	▲
IEC 3	2	2		IEC 9	0	1	▲
IEC 4	2	2		IEC 10	0	2	▲
IEC 5	1	2	▲	IEC 11	0	1	▲
IEC 6	0	2	▲				
<b>IE Comp:</b>	27	100	▲	<b>IE Str:</b>	18	64	▲

Legend:	Improved Score	Reduced Score	No Score Change	Past Coding Error	
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## LCAP District Summary

Investments in health and wellness funding steadily increased each school year from 2016-2017 to 2018-2019, though Itemized investments decreased from 2016-2017 to 2017-2018. Sample District X invested slightly less money per pupil than the Regional average in 2017-2018 and 2018-2019. Funding for Mental Health Counseling accounts for the largest proportion of the district's health and wellness budget.

## LCAP Trends: Investments in Health and Wellness

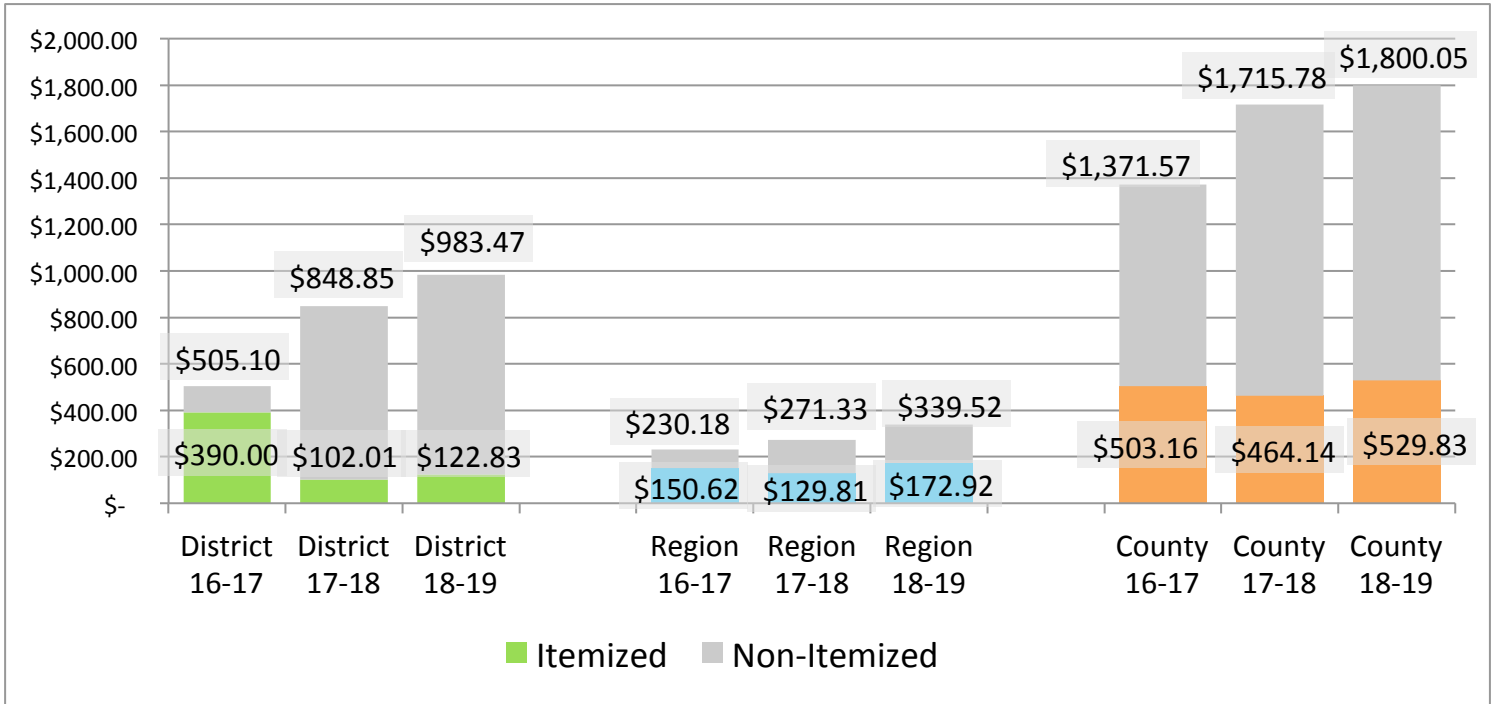
Health and wellness expenditures are sometimes incorporated into larger spending actions, making the exact dollar investment for the health and wellness portion unclear. In this analysis, these actions are included in their entirety as “Non-Itemized” actions, representing an upper bound for the relevant allocation. “Itemized” actions are those that clearly provide an exact dollar amount for a specified health and wellness investment. Since this total may overlook significant non-itemized investments, this will be a conservative approximation of the total relevant allocation. The exact total health and wellness investment lies somewhere between these two values. Using more detailed itemized actions can help districts increase transparency.

2016-2017		2017-2018		2018-2019
Itemized <b>\$2,924,989</b>	▼	Itemized <b>\$765,076</b>	▲	Itemized <b>\$921,215</b>
Non-Itemized <b>\$3,788,277</b>	▲	Non-Itemized <b>\$6,366,366</b>	▲	Non-Itemized <b>\$7,376,055</b>
Per Pupil (Non-itemized) <b>\$505.10</b>	▲	Per Pupil (Non-itemized) <b>\$848.85</b>	▲	Per Pupil (Non-itemized) <b>\$983.47</b>

Increased	▲		Decreased	▼
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**Regional Comparison: Investment Per Pupil**



**2018-2019 Funding by Topic and Sub-Topic**

Each LCAP Action related to health and wellness is categorized as Physical, Mental, or Medical Health and then categorized by subtopic to provide a better understanding of the types of projects each district has prioritized. All the subtopics scanned for are listed below. The areas the district invested in are highlighted:

PHYSICAL HEALTH	
\$ --	Nutrition
\$ --	Safety
\$ --	Physical Education
\$ --	Physical Activity
<b>\$760,215</b>	<b>Health Education</b>
MENTAL HEALTH	
<b>\$6,454,840</b>	<b>Counseling</b>
\$ --	Connectedness
<b>\$161,000</b>	<b>Professional Development</b>
MEDICAL RESOURCES	
\$ --	Nursing

**Non-Itemized Actions by Subtopic**

