Every Day Counts!
Building School and Data-Sharing Partnerships to Support School Attendance in Your Community

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Learning Objectives:

1. Discuss the impact of school attendance on health and educational equity
2. Identify opportunities for systems change and transformation to facilitate data-sharing
3. Introduce a toolkit that assists in establishing partnerships in support of data-sharing and school attendance

Chronic Absenteeism

![Chronic Absence Calendar](https://www2.ed.gov/datastory/chronicabsenteeism.html#four)
Chronic Absenteeism

- Pre-pandemic rates were around 16%
- Currently 33-40% of students are chronically absent
- Increases at the high school level
- Disproportionately affects
  - Students of color
  - Students from low income
  - Students with disabilities

Lasting Impacts of Absenteeism

Chronic absenteeism in early grades can lead to below level reading in 3rd grade, which can later impact high school graduation rates.

By high school, irregular attendance is a better predictor of school dropout than test scores.

Youth who attend school regularly are less likely to participate in health risk behaviors such as alcohol, tobacco and other drug utilization.

Not earning a high school diploma is associated with an increased risk of mortality and lower life expectancy.

Background

How can we engage a school and health system collaboration around school absenteeism?

Physical and Behavioral Health Problems
Social Needs
Individual child and population level

Background

FERPA vs HIPAA
Understanding the limitations of health-system sharing with school nurses and the school district
What data format is needed?
What should the role of an HIE be?
How can we (as a health system) consume the data?
Suspension alerts
School concerns – What matters to schools?
**CARE-H Overview**

- **Year 1:**
  - 6 pilot schools
  - 2 health centers
- **Year 2:**
  - 8 additional schools
  - Removed 1 health center; added 1 health center + mobile unit
- School based champions
- Monthly meetings with school system attendance team

**CARE-H Process Map**
CARE-H Outreach

- Conducted by SW team - health educator, social worker and 2 community health workers
- Tiered system
  - Tier 1: Students with an ED visit or hospitalization
  - Tier 2: Students with 6+ absences
  - Tier 3a: Students with 4-5 absences
  - Tier 3b: Students with 2-3 absences
- Up to 3 phone attempts
- Email to all students with absences
- Discuss causes of absences; screen for social determinants of health needs
- Referrals to medical home, school or social resources
- Follow up on social resources given

CARE-H Outcomes

2021-2022 School Year

- Tier 1 (ER visits/hospitalizations): 19
- Tier 2 (6+ absences in elementary): 21
- Tier 3a (6+ absences in middle/high): 133
- Tier 3b (2-5 absences): 305

Data Access for Student Health (DASH)

2022-2023 School Year (through May 2023)

- Tier 1 (ER visits/hospitalizations): 25
- Tier 2 (6+ absences): 140
- Tier 3a (4-5 absences): 107
- Tier 3b (2-3 absences): 295
Nemours Children’s Health

- Primary, Specialty, Hospital & Urgent Care
  - 72 care locations in 4 states
  - Value-Based Services Organization
  - 54,000 SDoH Screenings
  - 1.6 million patient encounters
  - 8,600 associates
  - 1,130 employed physicians
  - 3,990 trainees
  - 85,492,310 Radiology Images Reviewed*
  - $1.7 billion annual revenue
- National Office of Population Health & Advocacy
  - Early Childhood Education
  - Nemours Children’s ReadingBrightstart!
- Nemours KidsHealth – available in 50 states and worldwide
  - 171 million annual visitors
  - 300 million page views

DASH Overview

- Launched in one school district 2021
- Consent
  - Opt-in
  - HIPAA and FERPA compliant
- Alerts
  - 3 consecutive days or 10 days during a school year
- Other info
  - IEP/504 plan status
  - Total days missed
  - Total excused and unexcused absences

How does the data flow?

- Student to Patient Matching utilizes the Delaware Health Information Network’s existing matching algorithms, combined with patient panel subscriptions already in place for the state-wide Encounter Notification Service.

What happens next? (Nemours)

- Epic
- Care Coordinators
- Daily Inbound Alert
- School District
- Data Service Center
- Colonial School District
- Pediatrician Offices
- Demographic file, 3-day and 10-day alerts based on ENS Panels
- Enrolled student demographic data and absenteeism data
DASH by the Numbers

September 2021 – June 2023
- 9,132 students in the School District
- Over 1,940 students have been signed-up for the DASH program
  - 610 have a Nemours PCP

2021 – 22 School Year
- 243 students generated 501 alerts for missing 3 consecutive days*
- 66 students generated 71 alerts for missing 10 or more days during the school year
  *COVID heavily impacted numbers

2022 – 23 School Year
- 64 students generated 333 alerts for missing 3 consecutive days
- 91 students generated 281 alerts for missing 10 or more days during the school year

September 2021 – June 2023
- 9,132 students in the School District
- Over 1,940 students have been signed-up for the DASH program
  - 610 have a Nemours PCP

Care Coordination

March 28, 2022 – May 27, 2022
- 88 alerts
- 64 total outreach
- 7 unique school escalations (10 total)

2022 – 23 School Year
- 689 alerts
- 105 successful outreaches

Outcomes
- Patients scheduled for WCVs, Behavioral Health Services, sick visits, specialist, SBHCs
- Medication education
- Coordination with school nurse/counselor
- SDOH needs addressed

Conversa

- Will manage the 3-day alerts
- Script complete
- Chat build finalization
- Dashboard training
Lessons Learned & Next Steps

Lessons Learned
- False positives – no impactable (COVID, vacation, tardy marked as absent)
- School calendars are complicated, create gaps in data
- ENS to EHR integration was designed around encounters (such as ED Visits).
- School Nurse might not be right point of contact.

Next Steps
- Healthy Planet registry-based analysis
- Looking at Patterns and Geography - Population level

Mission
Trenton Health Team (THT) is dedicated to improving the health and well-being of the greater Trenton community in partnership with residents and stakeholders.

Having achieved national recognition since its founding in 2006, THT is now one of four State-designated Regional Health Hubs focused on addressing the social determinants of health and achieving equitable health outcomes.

Trenton Health Information Exchange (HIE)
Launched in January 2014, the Trenton HIE Allows authorized users to share integrated patient records to support treatment decisions and strategies.

Trenton HIE includes:
- Real-time clinical data from partners such as:
  - Capital Health
  - Henry J. Austin Health Center
  - Labs (Bio-Reference, LabCorp, Quest)
  - Robert Wood Johnson Hamilton
- Medicaid Claims Information from Mercer County Residents who seek care statewide
- PowerSchool attendance data (as of September 2019)

*Up-to-date list available at http://www.trentonhealthteam.org

Linking Data for Student Success
Funded through the Princeton Area Community Foundation

Our Goals:
- Integrate attendance data (PowerSchool) into Health Information Exchange (HIE)
- Identify students who are chronically absent and have health issues
- Facilitate students referrals to partner services (after consent)
  - Outreach to be conducted by school nurse or parent liaison
Identifying Students Needing Assistance

Key Metrics at the Student Level

- Chronic absenteeism
  - Over past year
  - Over time
- Chronic conditions such as:
  - Asthma
  - Obesity
  - Neurodevelopmental disorders
- Encounters with emergency department / hospital admissions
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In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Community Health Center Inc. and by Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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