School Attendance Data Sharing and Outreach

Health and Education Partnership Playbook

Updated April 2024

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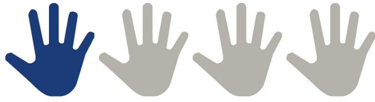
Why Address School Attendance?

Taking action to address school attendance can have a powerful impact on students' academic success and build the foundation for healthy, successful lives.

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

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

School attendance is a leading indicator of health and educational equity.



Attendance is a health and educational equity issue and has long-term health and economic consequences for children. Chronic absenteeism is a **nationwide epidemic** with approximately **1 in 4 students** being chronically absent.[2,3]

- The National Academy of Medicine recognizes chronic absenteeism as an important **vital sign** for pediatric health.[4] Addressing student attendance can make a significant impact on health outcomes and inform health interventions.
- School attendance is a high priority for schools. Attendance has implications for academic performance, school climate, and funding.
- With the passage of the Affordable Care Act, the **healthcare system increasingly prioritizes**:
  - Prevention
  - Care coordination
  - Community-based care
  - Population health
  - Chronic disease management
- Continued opportunities exist for the healthcare sector to engage with and support schools such as the Community Benefit requirement.

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

Children and youth who attend school regularly are more likely to read on grade level, have stronger academic outcomes, and graduate on time.[5] A high school graduate has a longer life expectancy than someone who did not graduate from high school.[6]

Chronic absenteeism in early grades can **lead to below grade-level reading in 3rd grade, which impacts high school graduation rates**[7]

By high school, irregular **attendance is a better predictor of school dropout than test scores**[8]

Not earning a high school diploma is **associated with increased mortality risk or lower life expectancy**[6]

Student Health and Wellbeing

Health-related conditions and social factors are leading causes of chronic absenteeism.[9]

Causes of Chronic Absenteeism

Social factors:

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

Health factors:

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

While chronic absenteeism can affect students of any background, its most devastating impact is felt by students who already face inequities, health disparities, poverty and other challenges in attaining school success.[10, 11]

4x ***more likely to be unfairly impacted by chronic absence:***

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

The impact of missing school can reverberate through a student's lifetime. **Health and education are interrelated.** In fact, research shows educational attainment provides multiple pathways to better health and longer lives.[6]

Research shows an association between educational attainment and improved health.[12] Students who do not graduate high school have greater health risks as adults than their peers who graduate, creating an unfortunate and unnecessary cycle of poverty and poor health outcomes.

Y**outh who attend school regularly are less likely to engage in behaviors associated with poor health outcomes such as substance use or high-risk sexual behaviors.**[13]

One of the most effective strategies for providing pathways to economic success is to support school attendance and address the causes of absenteeism.[14]

Playbook Overview and Partners

This Playbook shares guidance and learnings from three programs working across health and education sectors to collaboratively address student attendance and social needs.

Children's National Hospital in Washington, D.C., partnered with the District of Columbia Public Schools (DCPS) and the Chesapeake Regional Information System for our Patients (CRISP DC) to share attendance data for individual students through the **Collaborative for Attendance Resources in Education and Health (CARE-H)** program (previously referred to as the Chronic Absenteeism Reduction Effort – CARE). Before launching, broad family and stakeholder feedback was collected about topics such as data sharing, confidentiality, and privacy. After input was gathered, a one-page letter and Family Educational Rights and Privacy Act (FERPA) compliant consent form was included in the school enrollment package and families had the option to opt into the data sharing program.

Attendance data is shared for consented students through a secure portal from the district's student information system to the regional health information exchange, CRISP DC. Student data is matched with primary care practice patient panels and notifications are sent to the practice for matched students who are chronically absent. Healthcare professionals at Children's National then conduct 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.

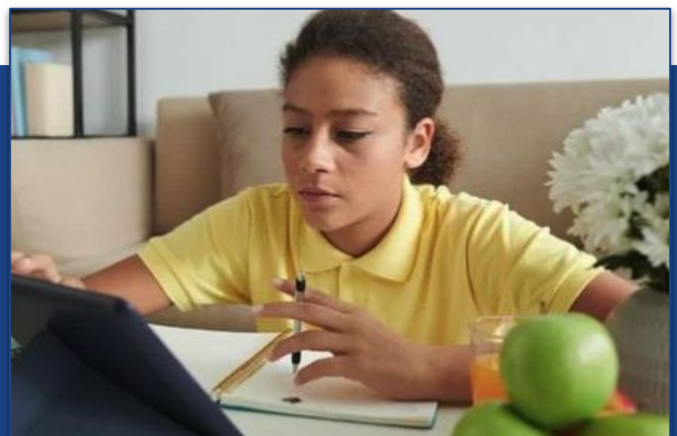
Nemours Children's Health in Delaware partnered with the Colonial School District (CSD) and the Delaware Health Information Network (DHIN) to share student attendance data through a program called **Data Access for Student Health (DASH)**. Parents or guardians can give permission to CSD via a FERPA and HIPAA (Health Insurance Portability and Accountability Act) compliant consent form to securely share daily attendance information, as well as whether the the student has an IEP or 504 plan, with their child's doctor(s), nurse(s), and medical office staff.

This information helps these healthcare professionals work with families to provide special outreach and coordinate medical, behavioral health, or other services for children that might be missing school. The consent also allows Nemours permission to discuss pertinent medical and/or social needs of students with CSD staff, usually a school nurse, closing the loop to ensure wrap-around support is provided. This program is part of a long-standing partnership with the school district.

Trenton Health Team (THT) in New Jersey partnered with Trenton Public Schools through a program called **Education and Health: Linking Data for Student Success**. This program was funded through the Princeton Area Community Foundation's All Kids Thrive initiative dedicated to transforming the lives of young people living in poverty. The goal was to reduce chronic absenteeism interfering with student learning and development. THT was able to match electronic medical records in the Trenton Health Information Exchange (HIE) with school records to identify links between school absences and health conditions.

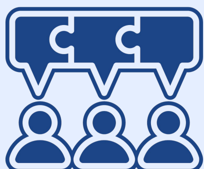
When links were identified, the student(s) were placed on a spreadsheet that was accessible by the school nurse. The goal was to identify these students and work with the school nurses to reach out to the parent or guardian to get a consent signed. Once signed, the school nurse or care management team at THT reached out to families, conducted social determinants of health screening, and referred families to the care and services they need to attend school regularly. This program reflects the importance of THT's community partnerships across sectors to improve health and well-being in the local community.

These programs have shared example steps to build an attendance data sharing effort. Spotlights from each program are shared throughout the Playbook.



Three Steps to Address Cross-Sector Data Sharing Efforts

1) Engage and Support Partners



- Know the drivers of student attendance in your community.
- Identify who the decision makers are and how to garner buy-in.
- Implement engagement efforts with key partners to address school attendance.

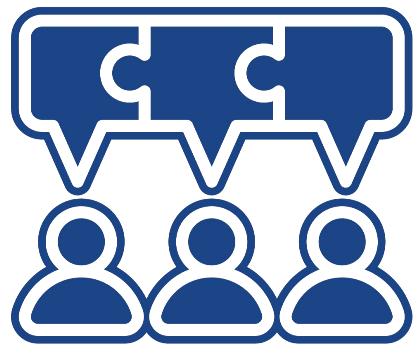
2) Address Legal and Technical Aspects

- Create agreements and determine roles and responsibilities.
- Develop consent to meet HIPAA and/or FERPA requirements.
- Distribute and collect signed consents.
- Determine how to share data and ensure information systems can communicate.

3) Implement Outreach to Reduce Barriers to School Attendance

- Use the data to identify families and youth for outreach.
- Identify staff and develop messaging to contact families.
- Identify and share resources to help families overcome barriers to school attendance.
- Support ongoing communication among partners.

Note: These steps include general considerations for addressing school attendance across health and education sectors. The circumstances, language, and approaches vary in different communities and the programs outlined, so utilize these steps as concepts and generalized guidance.



Engage and Support Partners

1) Engage and Support Partners

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

Know the drivers of student attendance.

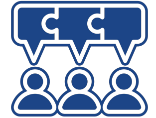
To reduce chronic absenteeism and improve student attendance, understand and identify the drivers by:

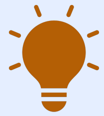
- ➔ Utilizing existing data, such as public health data, community health needs assessment results, health records and education data (e.g., grade level, ethnicity, neighborhood, special needs, English Language Learner).
- ➔ Highlighting patterns in the data (e.g., population health factors, geographic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

NOTE: *Research suggests that a broad range of issues may contribute to student attendance, including transportation challenges, housing instability, school disengagement, and feeling unsafe at school.*[14] *Illness and health-related concerns are among the most common reasons for absence.*[15]

Tip: Identify what social/health factors or chronic diseases are prevalent in your community and/or with youth (e.g, Youth Risk Behavior Survey, Vital Statistics).

Often these factors impact school attendance. These data can be used to show the need for addressing attendance across health and education systems.





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

Share information regarding student health needs with key decision makers.

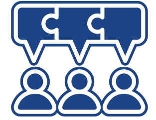
Use data to inform the services and programs that are implemented and how resources are allocated to address student attendance.

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

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

a. Identify the first point of contact, depending on the level you are working at:

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



b. Provide information on why school attendance matters:

Gain an understanding of each organization's mission and identify how improving school attendance can contribute to that mission.

- **Key Messages for Healthcare Providers:**
  - Why Attendance Matters Guide for Health Providers (Attendance Works)
  - Leveraging Chronic Absence Data to Inform Decision Making by the Healthcare and Public Health Sectors (Healthy Schools Campaign)

- **Key Messages for Educators:**
  - When students have their physical and mental health needs met, attendance increases, which increases academic learning time and engagement, while decreasing behavioral issues.
  - Community partnerships can build school staff capacity while supporting students who miss a high percentage of school.

c. Cultivate 2-3 champions in both the school system and the health system:

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

- ➔ School Level: School nurse, parent liaison **and** community healthcare provider.
- ➔ District Level: District nurse **and** provider network.
- ➔ Regional/State Level: District administration, regional Boards of Cooperative Educational Services (BOCES), or state department of education staff **and** a large hospital system.

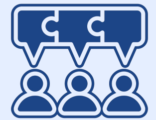
Staff transitions are a key challenge that can be addressed by:

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

d. Identify the participating schools and healthcare clinics or other health partners:

- ➔ Identify schools and clinics with a readiness and interest in partnership.
- ➔ Consider starting small, such as a subset or pilot group of schools and the clinics that serve those neighborhoods. Even beginning with one health partner and one school could be a starting point.
- ➔ Learn, adjust, and then expand efforts.

Implement engagement efforts with key partners to address school attendance.



Determining how to address student attendance should include collaborative and inclusive processes. Consider meeting at least quarterly with a cross-sector team to plan and implement student attendance efforts.

a. Consider additional partners to engage, such as:

- ➔ Health Information Exchange
- ➔ Local Education Partners/Non-Profits
- ➔ Parent and Family Groups, such as Parent Teacher Associations
- ➔ State Medicaid Agency
- ➔ School-Based Health Centers
- ➔ State and/or Local Public Health Departments
- ➔ Professional Membership Organizations (i.e., Local AAP Chapters)
- ➔ Insurance Companies
- ➔ Community Members, Families and Youth
- ➔ Local Non-Profit Organizations

Including multiple groups in decision-making will help sustain and support efforts to address student attendance over time.

b. Engage communities, families and youth by:

- ➔ **Partnering with existing groups** (i.e., parent-teacher organizations and school/district accountability committees) or forming ad hoc groups to provide guidance on school attendance actions.
- ➔ **Building the capacity of community members, families and youth** to understand district/school programming, the role of a healthcare provider, and effective data sharing methods. This could include presentations, question and answer sessions, and webinars to build understanding and support.
- ➔ **Administering perception and feedback surveys** as well as **focus groups** to better understand common barriers to attendance.
- ➔ **Implementing collaborative decision-making processes** such as convening a Family Advisory Council at the school and clinic level, inviting families of students who are missing school.

Section Resources: General actions for partners to impact student attendance:

- ➔ **Link: Straight A's Supporting School Attendance: Actions for Healthcare Personnel**
- ➔ **Link: Here and Healthy- Actions for Families**
- ➔ **Link: Here and Healthy- Actions for School Nurses**
- ➔ **Link: Here and Healthy- Actions for Teachers**
- ➔ **Link: Here and Healthy- Actions for Superintendents**

SPOTLIGHT ON PARTNERSHIPS

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

CARE-H: CARE-H has worked to engage and support partners throughout the program and works with multiple organizations including:

- Children's National Hospital
- Office of the State Superintendent of Education (DC's state education agency)
- District of Columbia Public Schools
- CRISP DC (Chesapeake Regional Information System for our Patients - Health Information Exchange platform)
- Participating schools and pediatric clinics
- Evaluation partners (Child Trends and Johns Hopkins University)

To understand the drivers of absence, CARE-H engaged families of students who were missing school early in the program through focus groups to gather feedback and perceptions to inform the program.

The Child Trends research team conducted a needs assessment to explore how providers can be leveraged to address these issues and support school attendance.

Parents/guardians of DC students and school- and community-based providers were engaged in discussions to help inform key drivers of health-related causes of chronic absenteeism, resources available and support needed. The June 2020 report found:

- Key drivers of chronic absenteeism in DC include acute illness, asthma, and transportation issues.
- While school nurses, educational advocates, primary care providers, referrals to other community services, and hospital case managers who work in partnership with schools are available and can be great resources, they are not fully and equally utilized.
- The assessment recommendations included additional resources to improve cross-sector communication and collaboration, increased staffing capacity for resource referral and health education with families, and provider access to student data.
- Any solution to impact student attendance in DC must consider racial equity.

DASH: Nemours Children's Health has been working with the Colonial School District (CSD) in Delaware for over 20 years. The school district volunteered to participate in the Data Access for Student Health (DASH) to partner and build out a system to securely share daily attendance information, if the student has an IEP or 504 plan with their child's doctor(s), nurse(s), and medical office staff.

To build these partnership over time, DASH consistently has a champion in Nemours and a champion in the district. Over time this partnership become a part of their systems and created ongoing connections.

The Data Service Center and Delaware Healthcare Information Network were also key partners.

Nemours has integrated this work as part of their operating budget with their National Office for Population Health and Advocacy, due to the dedication of creating a healthier future for all children by going well beyond medicine, as well as addressing social and behavioral factors and needs. To integrate this work into general operations, they recommend demonstrating the potential return on investment for work with schools, incorporating duties into staff roles and departments already in existence, and expanding or adding into a program that is in existence.

Education and Health: Linking Data for Student Success: The five- year program (2018-2023) was funded through the Princeton Area Community Foundation with these goals:

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

Grant funding helped to launch this effort, as it supported initial buy-in from the participating school district. The district received funding from the foundation to participate.

To get the program launched, the school district's General Counsel was engaged for approval for data efforts. Once approval was received, technical staff, nursing, and parent liaisons in the school district were engaged. All health information was required to be shared directly with the school nurses, so they were the main point of contact. Parent liaisons helped with program outreach and consents, due to their existing relationships with parents.

External to the school district, Trenton Health Team also engaged *Isles*, a community development and environmental organization, to provide Healthy Homes Assessments, to support children with asthma that was triggered by environmental conditions in the home.

Address Legal and Technical Aspects

2) Address Legal and Technical Aspects

Create agreements and determine roles and responsibilities.

→ Identify clear and tangible roles and responsibilities that are outlined in an agreement such as a Memorandum of Understanding/Agreement (MOU/A) or a data sharing agreement signed by both sectors.

→ Agreements may be between the Healthcare Partner and the Local Education Agency/District, with the Health Information Exchange, and or other engaged groups. Below are examples of what might be addressed in agreements and role delineation.

Section to Address	Example Health System Role (hospital network, exchange or clinic)	Example School District Role
Project Management and Cross-Sector Team Meetings	• Provide project management and convene a cross-sector team. • Continuously evaluate processes to ensure quality improvement and impact. • *NOTE: Health partners may have more capacity to conduct data analytics.*	• Identify staff liaison(s) to attend cross-sector team meetings. • Provide leadership to the program and share district guidance.
Consent Processes and Legal Aspects	• Draft data sharing agreement and outline legal and technical aspects needed for data exchange. • Provide legal counsel from a HIPAA perspective.	• Annually update (if needed) and include parental consent form for sharing attendance data in enrollment packages. • Support staff to input signed consents into Student Information System and share consent numbers. • Provide legal counsel from a FERPA perspective.
Data Exchange	• Oversee partnership with Health Information Exchange platform, facilitating transfer of data. • *NOTE: Define the frequency of data transfer (i.e., daily, weekly, monthly).*	• Facilitate data transfer from Student Information System to Health Information Exchange.

Section to Address	Example Health System Role (hospital network, exchange or clinic)	Example School District Role
Professional Development	• Provide resources and professional development to medical providers to be equipped to have discussions with patients/families on the importance of school attendance.	• Participate and partner in trainings for school staff on importance of attendance and health-related causes.
Outreach	• Create scripts and resource catalogs to ensure consistent and impactful outreach. • Conduct outreach and connect families and youth with support, medical attention, and resources.	• Share updates on available school-level supports, services and programming. • Communicate with providers on the needs of identified students.

NOTE: Often initial agreements and role delineation can take a significant amount of time, so prepare for at least a school year to develop such agreements, legal processes, and data exchange.

CARE-H: CRISP DC, the regional health exchange, and the school district legal staff have developed an annual Memorandum Of Agreement (MOA). This agreement is intended to codify the terms of the relationship in support of data sharing activities, and in order to ensure meaningful collaboration between child health providers and the district in support of students' academic success. MOA Consideration Example.

DASH: The health system (Nemours) is not party to the agreement. The agreement is between the school district, their data center, and the State Health Information Exchange (HIE). The agreement:

- Outlines data to be shared
- Specifies ownership of data
- Specifies termination timelines
- Outlines contractor relationships between the parties
- FERPA responsibilities
- Indemnification/Disclaimer of warranties, Liability and other miscellaneous terms

Nemours contracts with the HIE and is part of its encounter notification model. This has provisions around use, how to validate patient panels, etc.

Education and Health: Linking Data for Student Success: As part of the Princeton Area Community Foundation's All Kids Thrive initiative, an MOU helped establish an agreement for data sharing and project implementation that was consistent with FERPA and HIPAA requirements.

A data sharing agreement established the evaluation and audit role with the school district allowing access to attendance information for all students in the school district.

NOTE: Interested organizations should explore Health Information Exchange (HIE) and/or Community Information Exchange partners. The Trenton Health Team Regional Health Hub (RHH) has a proven track record of receiving and using individual data from data exchange partners.

Develop consent forms to meet HIPAA and/or FERPA requirements.

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

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

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

NOTE: Typically, aggregated student attendance data with no PII can be shared among partners, while meeting HIPAA and FERPA requirements, without consent forms.

Distribute and collect signed consents.

Send and gather consents from families, as needed:

- **Draft informational letters to families or create Frequently Asked Questions** documents regarding the program and consent form purpose.
  - Example Letter, Example FAQ
- **Create consent forms for families** to actively opt in to the sharing of their student's attendance data .
  - Ensure consent forms are available in multiple languages consistent with school district policy.
  - Consent forms can be created in which bi-directional communication is allowed.
  - Example Consent Form; Example Consent/Enrollment Form; Example Consent Form
  - Please note, not all example consent forms are HIPAA compliant. Some consents only allow attendance data to be shared with healthcare providers, it does not allow providers to share health information back with the school.
  - **Always consult with your legal staff to support consent processes.**

Tips for Consents:

1) Attempt to have consents be HIPPA and FERPA compliant from the start

2) Utilize an opt-out for consent, if possible

3) Have consent valid for as long as the student is in the school system

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

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

- **Demographics** (first name, last name, date of birth, address, phone number, gender, grade level, current school, race/ethnicity, zip code)
- **Absenteeism data** (number of absences in the last 30 days, the cumulative number of absences in the school year)
- **Reasons for absence** (see NOTE below)
- **Health data** as available (for example: behavioral health screenings, Emergency Department or inpatient stay in the last 30 days, insurance coverage.)

NOTE: ***School districts may not systematically collect information about why students are absent from school, making it challenging to determine which reasons are the most significant in which community. Even when schools do ask why a student is absent, the information given by students or parents may mask other underlying issues.***

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

- **Determine the process for how data will be shared and the roles of all parties.**
- **Consider firewalls,** particularly with the SIS.

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

- Example [CARE-H Consent Documentation Procedure for the SIS]
- Ensure school staff are informed and can communicate with families regarding the program

4) **Initiate secure transfer of data files** (e.g., monthly or other frequency) for all consented students.

NOTE: Programs also must anticipate some technical barriers and challenges.

- When tracking attendance, programs must consider how to handle long weekends, regular holidays, school days off, and 4 day/week school schedules.
- Custom work may be necessary to accurately map the school calendar each year.
- Programs must ensure the coding matches exactly for accurate extraction of attendance data from the SIS into the HIE.

SPOTLIGHT ON HEALTH INFORMATION EXCHANGE PROCESSES

Within the Electronic Health Record (Epic), attendance alerts are ingested from the HIE and populate flowsheets, linked to a new encounter type created for school updates "School Information." These can be viewed in the patient snapshot although hidden from default view.

In addition to populating encounter-level data as flowsheets, the alert also generates an in-basket message to the Care Coordination team. These prompt follow up activity via a Patient Outreach encounter.

The use of flowsheets facilitates reporting as well as over-time tracking. The inbound data relating to DASH can be linked to other EHR and population level data, such as demographics, clinical/diagnostic information, utilization information, GIS data (Geographic Information System: a computer system that analyzes and displays geographically referenced information) and more.

EXAMPLE SHARED MEASURES

The School Attendance Data Sharing Learning Collaborative has convened since 2022. This nationwide coalition includes over 17 organizations representing more than 50 individuals. These organizations represent hospital systems, universities, and nonprofits. The Learning Collaborative has outlined shared measures that can be aggregated across programs. These include:

1. Count of participating elementary, middle and high schools
2. Total number of students in school
3. Total number of students involved or consented into program
4. Total number of students who meet the program's criteria for outreach
   (e.g., attendance data indicates an outreach need)
5. Student demographics for those meeting the criteria for outreach
6. Count of outreach calls made/attempted
7. Count of outreach calls completed
8. Descriptive context of healthcare system involved
9. Chronic disease profiles of students with absence alerts
10. Primary barriers to school attendance

Implement Outreach To Reduce Barriers

3) Implement Outreach To Reduce Barriers

Use the data to identify families and youth for outreach.

As a cross-sector team, create an implementation plan early that includes identifying and training staff to conduct outreach to those identified by the attendance data. Once data is shared, outreach staff can utilize the information to identify families in need and address school attendance.

a. Prioritize outreach.

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

SPOTLIGHT ON TIERED SYSTEMS FOR OUTREACH

CARE-H
The pediatric practice is notified monthly and conducts outreach using a tiered-system. Tier 1: Outreach to those who were inpatient or had an ED visit; Tier 2: 6+ absences; Tier 3A: 4-5 absences; Tier 3B: 2-3 absences.

Beginning in 2023-24 school year the system changed to a percentage based system. Tier A: Outreach to those who were inpatient or had an ED visit; Tier B: Absent 10% or more of the school year; Tier C: Absent 7-9% ; Tier D: Absent 5-6%.

DASH
Alerts are made when 3 consecutive school days missed or 10 total days during a school year. Alerts include IEP or 504 plan status, total days missed, total excused or unexcused absences. Nemours is working on a chatbot system to text or email messages to families that have been identified.

Education and Health: Linking Data for Student Success
Interventions for those with Absences > or = to 10% of current school days; has a chronic condition; had 1+ ER Encounter or Hospital Admission.

Identify outreach staff and develop messaging to contact families.

a. Identify staff to serve as outreach coordinators.

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

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

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

b. Develop an outreach script/process and initial outreach email template.

Core elements of an outreach script include:

- ➔ Clearly identifying roles.
- ➔ Reminding family of consent to attendance data-sharing signed with school.
- ➔ Identifying reason for the call (based on tiered system).
- ➔ Open-ended questions to allow the family room to speak.
- ➔ Ensure outreach and follow up come from a place of understanding, compassion and learning to ensure families feel comfortable sharing information, concerns and barriers.

c. Outline a process for outreach attempts.

- Develop a tiered system for outreach.
- Address language and accessibility needs for families.
- Cross reference a student's medical record to better understand the student's attendance profile.
- Initiate the outreach. *Example:*
  - Outreach coordinator will reach out to identified families twice by phone within one week's time, leaving a generic voicemail requesting a return call.
    - *Consider completing calls during a time that is convenient for the families.*
  - If attempts are not successful, outreach coordinator will send two emails, each one week apart requesting a return call.
    - Email outreach template.
  - If neither phone nor email attempts are successful, outreach coordinator will move to the next student on the tiered prioritization list.

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

Healthcare outreach teams should address the underlying causes of absenteeism as communicated by families during outreach.

Healthcare providers are often **a trusted voice and able to share resources with patients and families**.

Ensure staff conducting outreach to families have the resources to help overcome common attendance barriers, particularly mental health and social determinants of health, and are able to screen and refer out to address **social and environmental barriers (i.e., access to transportation, housing, food, technology), including a warm hand-off when needed.**

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

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

Screening to Address Social Determinants of Health

To better address unmet needs that affect a student's health and well-being, screening for what are commonly termed social determinants of health can help prioritize health needs and referrals.

Example Screener; Example Screener

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

SPOTLIGHT ON OUTREACH

CARE-H: Children's National Hospital has developed the following process in order to support the most important step of this effort: ***outreach to families with students experiencing school absence.*** During the pilot stages to develop the CARE-H effort, Child Trends and Johns Hopkins Bloomberg School of Public Health evaluation team conducted interviews with clinic and school team members to learn about outreach processes.

Key findings included: Outreach efforts for absenteeism create an opportunity to address multiple concerns regarding attendance, school needs, family, and health (i.e., scheduling annual wellness appointments) and are facilitated by having knowledge of what the available resources are to address those concerns. These interviews found that care coordination can be more efficient if there is a contact person from the school and clinic connecting. Programs must also consider trainings for health staff to address non-medical reasons for absences.

Outreach Success Story

CARE-H outreach staff connected with the mother of a middle school student with migraines and seasonal allergies. The student was missing school due to frequent migraines. The CARE-H team confirmed the patient had a 504 plan and connected the family to school personnel so the student can go to the nurse when she is getting a headache to take her medication.

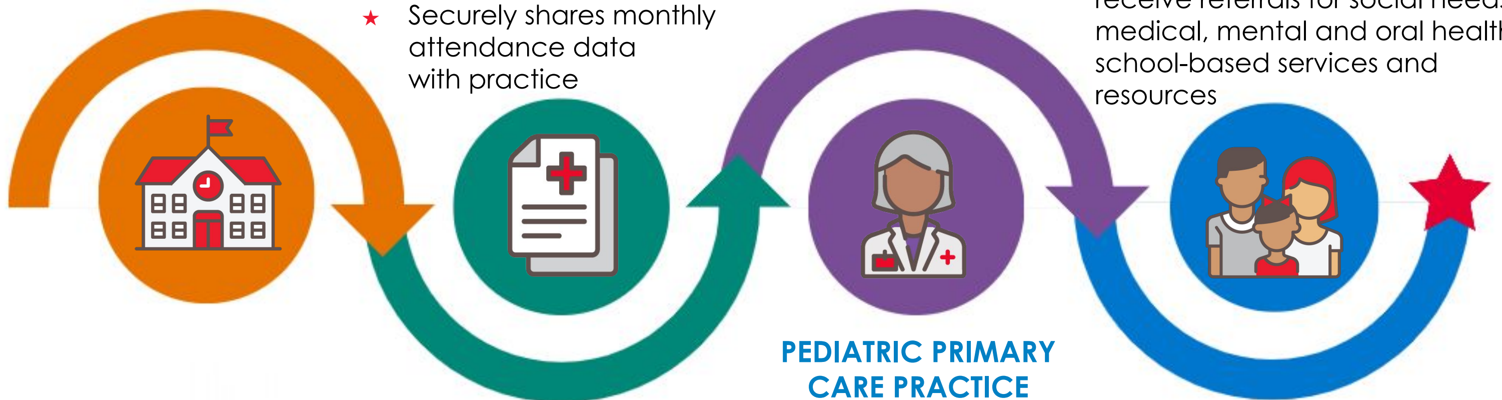
CARE-H Process

HEALTH INFORMATION EXCHANGE

- Matches attendance data with primary care practice patient panel
- Securely shares monthly attendance data with practice

FAMILIES

- Receive **outreach** from primary care team
- Discuss barriers to attendance; receive referrals for social needs; medical, mental and oral health; school-based services and resources



PEDIATRIC PRIMARY CARE PRACTICE

- Reviews student attendance notifications and conducts **outreach**
- Uploads patient panel to Health Information Exchange (any patient seen in last 3 years)

Education and Health: Linking Data for Student Success: The school nurse was the key contact and worked with the parent liaison at the school to gather consent and provide outreach. Piloted outreach with 5 schools and also gathered data from all schools to allow for aggregate data. Parents liaisons would use the information sheet when making outreach calls. Our Care Management would follow their normal protocol and complete a **Trenton Social Determinants of Health Assessment Screening** with the addition of the questions below.

Initial Screening Questions:

Do you have insurance?

1. Do you have a PCP?
2. Do you have food?
3. Do you have transportation to go to the doctor or get food?
4. Do you have access to a laptop and school supplies?
5. Do you have internet access?

    - SDOH Screening Done? Yes/No
    - Comment Box (*i.e.*, For explanations. *Do you have any unmet medical or social needs? Additional info rec'd from questions above)*
    - List of Referrals

The most successful outreach occurred when the care management team worked with the parent liaisons in the schools. The parent liaisons were able to reach out to the families to explain the program and determine if they were interested in participating. Once that was determined, a community health worker or social worker would reach out to the family to complete a SDoH assessment. The care management team was able to provide students and their families a number of referrals and additional support. Specific examples include referrals to dental services and family counseling.

Outreach Success Story

Our social worker assisted a family in submitting a request for housing repairs to their landlord, and was able to help a mom get her daughter's IEP updated.

Overall Success

The first key accomplishment for the program was building the data infrastructure and getting the proper data sharing agreements in place, as this was a large undertaking. This program was a first for THT, due to the combination of data from a community partner with data for the Trenton Health Information Exchange (HIE). THT is exploring how this might be done with other sources of community data. The lessons learned from our program are also a key accomplishment. THT increased capacity to use and analyze attendance/health data and we have been able to share best practices regarding use of the data. These are all foundational to get to the important steps of outreach and support to families.

DASH: Through the outreach process to families, the following needs were addressed:

- Social Needs: Connected families to transportation services and food bank support
- Prevention: Identified several children with prevention gaps that we were able to help close once we connected with the family because of an absence alert
    - Several children have been connected to behavioral services
- On the population level, in aggregate, the program now has a better understanding of the barriers facing students, compared to the outset of the program. This has helped with program improvement.

Outreach Success Story
Based on an alert for 10 days of absence, the Care Coordinator uncovered a child missing school because of bullying. He was able to coordinate an intervention in conjunction with the school and the child's family. The child's comfort level at school increased as a result, resulting in better attendance.

DASH is also working on piloting the use of chat bot-texting to automate more of the initial outreach for 3 day alerts. This will allow limited care coordination resources to focus on 10-day absence alerts (longer term absence) from the tiered system.

Support communication among partners.

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

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

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

Meet as a team:

- ➔ If consent has been given to share information, individual cases can be discussed and coordinated, similar to care coordination or IEP meetings.

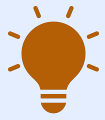
- ➔ If consent has not been given, general information can be shared to discuss common challenges and co-create general solutions.

- ➔ Meet to discuss strategies that improve attendance and bridge communication to ensure all partners are on the same page (e.g., students who transfer schools frequently).

- ➔ Plan for and consider creating communication loops between school nurses and healthcare providers.
    - ◆ Provide professional development to healthcare providers on how the school nurse is an important and integral part of the healthcare team.

Additional Resources

- The Link Between School Attendance and Good Health (AAP)
- Addressing the Health-Related Causes of Chronic Absenteeism: A Toolkit for Action
- Chronic Absenteeism Reduction Effort (CARE) in District of Columbia Schools: A Needs Assessment
- Attendance Works



Matrix of Programs

CATEGORY	DETAILS	SCHOOL ATTENDANCE DATA SHARING PROGRAM		
		Collaborative for Attendance Resources in Education and Health (CARE- H)	**Data Access for Student Health (DASH)**	**Education and Health: Linking Data for Student Success**
Program Logistics	**Primary Organization**	Children's National Hospital	Nemours Children's Health	Trenton Health Team (THT)
	Year Started	2017	2021	2018-2023
	# of Health Systems/Sites	3 clinics	1 system	
	# of districts	1 district	1 district	1 district
	# of schools	14 pilot schools (2021-2023) 117 school (2024+)	15 schools	25 schools
	Program Location	Washington, DC	Delaware	New Jersey
Consent	**Compliance (HIPAA, FERPA, Both)**	FERPA Only	Both	Both
	Copy of Consent	Link to Consent and FAQ	Link to DASH Consent	
	Collection Frequency	Lifetime of student in DCPS; Parent may request to opt out at any time	Lifetime of student in CSD; Parent may request to opt out at any time	Life of 5-year grant
	Submission Process (Online, Return Paper Copy, Both)	Return via Signed Paper Copy or Online through School Enrollment Processes	Return Signed Paper Copy	Return Signed Paper Copy or Docusign
	Consent Agreement	Parent Must Opt In	Parent Must Opt In	Parent Must Opt In
Data Sharing Agreement	**Signees**	Regional health information exchange, CRISP DC and DCPS	CSD, Data Service Center, Delaware Health Information Network	THT and Trenton Public Schools
	Copy of Agreement	MOU Considerations Template Link		
	Renewal Frequency	Annually	Renewal not needed	Term of grant with the option to continue on a yearly basis

CATEGORY	DETAILS	SCHOOL ATTENDANCE DATA SHARING PROGRAM		
Data Feed	**Frequency of Data Feed**	Once per month	Daily	Weekly
	Details for Data Feed	All practice-matched students enrolled in CARE-H	Receive daily alerts for students on a providers' patient panel. Receive monthly demographic updates for all students who have opted in to the program	Receive weekly no matter what; outreach to all through school nurse
	Systems Used	CRISP DC (Health Information Exchange) for transmission of data and ASPEN (Student Information System) for school system to input and track consents	DHIN (Health Information Exchange) and e-School (Student Information System)	Trenton Health Information Exchange and PowerSchool (Student Information System)
Outreach	**Generates Notification for Outreach**	Tier A: Students with an ED visit or hospitalization Tier B: Students who have missed 10% or more of the school year Tier C: Students who have missed 7-9% of the school year Tier D: Students who have missed 5-6% of the school year	Students with absences on 3 consecutive days or any 10 days	Absences >= 10% of current school days* & ED Encounters >=1 or Hospital Encounters >=1 & On Disease Registry Profile or has Chronic Condition Chronic Condition Profile
	Staff that Conduct Outreach	Clinic Team Members: Social Worker, Community Health Worker, Health Educator	Conversa (Chat Bot) sends initial automated texts to all 3 day alerts Care Coordinator to outreach to 10 day alerts	THT Staff Member sending information to School Nurse

*For the Nemours program, chronic absenteeism is defined as missing ten percent or more of the academic year for any reason. Based on a 180 day school year, that means a student with approximately 18 absences would be "chronically absent". This number is altered depending at what point in the school year. If it is early in the school year attendance data from the previous year can be used.

CATEGORY	DETAILS	SCHOOL ATTENDANCE DATA SHARING PROGRAM		
		Collaborative for Attendance Resources in Education and Health (CARE- H)	**Data Access for Student Health (DASH)**	**Education and Health: Linking Data for Student Success**
Partnerships	**Partner with School Nurse**	In Development	Yes	Yes
	List Other Partners	DC Public Schools (DCPS), CRISP, Johns Hopkins University, Child Trends, Office of the State Superintendent of Education (OSSE)	CSD, Data Service Center, Delaware Health Information Network, Nemours Children's Health	Trenton Public Schools, Henry J. Austin Health Center, Isles
Funding	**Funder**	Bloomberg American Health Initiative, 2020 United Health Foundation, 2021-2025	Nemours Children's Health	Princeton Area Community Foundation
	Recent Funding Timeline	Through June 2025	Operating Budget	Through June 2023
Measures	**Data Items/Fields Currently Collected**	Demographics, total days missed in school year, total days missed in last 30 days, reasons for absence, social determinants of health, resource referrals	Demographics, total days missed, excused/unexcused, school nurse contact, school, IEP/504	Demographics, attendance, social determinants of health and resource referrals for consented
	Program Outcomes	Process measures, qualitative interviews to assess impact of program, comparison of consented vs non-consented students	Will shift over time. Percent enrolled and number enrolled, number of outreaches, number of connections, etc.	Number of links between school absences and health conditions, most common health conditions identified, types of resources and referrals provided during outreach
	Data Presentation (Dashboarding & Visualization)	Excel Spreadsheet Dashboard, Tableau Dashboard	Currently ad-hoc SQL. Will shift to Qlik and Reporting Workbench	Dashboard and Population Management List in Trenton Health Information Exchange
	Future Outcome or Process Measures	Impact on attendance for individual students, impact on healthcare utilization	Reduction in absenteeism for targeted population; number of clinical interventions/behavioral health interventions	Policy recommendations

Conclusion and Citations

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

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

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