

**CASE STUDY:**  
*The Paramount Health Data Project*

One of the cornerstones of the charter school movement is the opportunity for small, autonomous schools to leverage their autonomy to cultivate innovative best practices. In many ways, the promise of autonomy leading to innovation has been a difficult promise to keep. The reality of navigating the day-to-day hustle and bustle of running a freestanding school can be overwhelming even for the most savvy of educators. One school on the eastside of Indianapolis has managed to not only grow one of the highest-performing schools in the state but also incubate an innovative practice that has the potential to change the landscape of education and health care.

Paramount Schools of Excellence (PSOE) with a 90 percent free and reduced lunch percentage and 18 percent special education population, earned an A from the Indiana Department of Education and was named an Indiana Four Star School for excellence and a National Blue Ribbon School by the US Department of Education in 2018. PSOE also boasts the highest achievement scores for students with individualized education programs (IEPs) in the state. They also served as a visit site for the National School Based Health Alliance Annual conference as an example of best practices and earned more than \$1 million in external award dollars to support a specific project taking place across the school.

How is a small K–8 charter school earning notoriety from national health organizations? How are they beating every other school in the state on academic achievement tests for students with IEPs? They are focused on differentiation in a whole new way. PSOE has developed a partnership with a local health care agency and received funding to support the infusion of health data into their MTSS process. A typical MTSS process follows a basic process that includes the elements in Figure 4.1.

As part of the Paramount Health Data Project (PHDP), student health data is also part of the data stream, providing additional data to aid in the implementation of MTSS interventions. This data is analyzed and summarized to ensure that each student is given the level of academic support they need. In most schools implementing MTSS, the crucial work of synthesizing data is performed by the MTSS coordinator. This position is held by a school staff member who has expertise in data-driven instruction and student supports. The integration of student health data into this

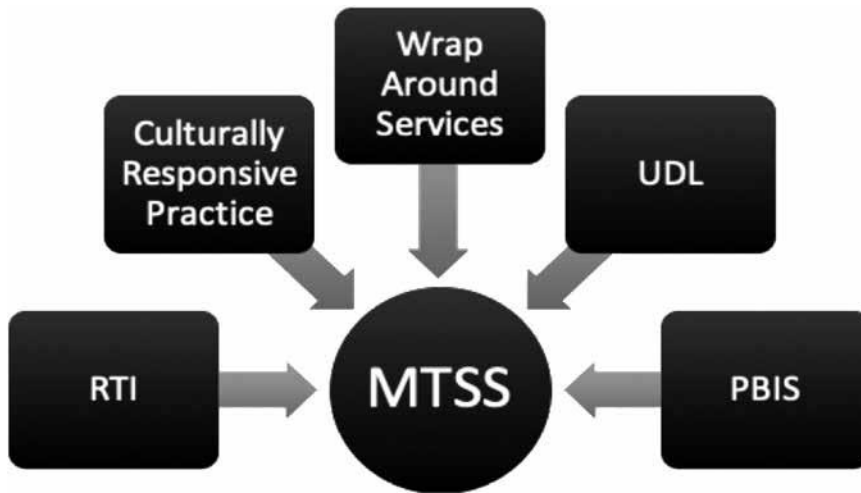


Figure 4.1. MTSS process

process necessitates additional training and structures to ensure that all relevant FERPA and HIPPA regulations are met. Once these additional forms have been completed during enrollment processes, PSOE is able to correlate the student's health data with their academic achievement data.

The PHDP is based on the premise that there is an interaction between health, poverty, and education that impacts overall health and wellness. Since 2013 PSOE Brookside has been implementing the University of Tennessee's Consortium for Health Education, Economic Empowerment, and Research (CHEER) data collection protocols for all visits to their nurse's office. This has allowed PSOE Brookside to build a longitudinal data set with more than 300,000 data points specifically related to the health and educational outcomes of students visiting the nurse's office. An initial analysis of this large data set revealed a statistically significant relationship between the number of times a student visits the school nurse and a decrease in academic achievement over time, as measured by Acuity, a standardized academic assessment. Students who were frequent visitors to the school nurse (eight or more times) showed significantly lower test scores than occasional visitors (seven or fewer times). These differences in test scores were seen in the results of the beginning of year testing (BOY), continued through the middle of year testing (MOY), and were present at the end of year (EOY) testing. The significantly higher

test scores were seen in both mathematics and language arts, although the differences between frequent visitors and occasional visitors were much greater in the language arts than in mathematics. Further analysis revealed that specific diagnoses that correlated to diseases of poverty, specifically neurological diagnoses such as tension headaches, gastrointestinal diagnoses such as gastric reflux, and dermatological diagnoses such as rashes, accounted for an up to a 10 percent decrease in testing scores (Figure 4.2).

Based on these initial findings, PSOE has begun the process of integrating student health data into the MTSS process on a regular basis. As noted above, the MTSS coordinator works with the teaching staff to gather and interpret student data to determine whether a Tier 2 intervention is needed and what intervention should be implemented. The MTSS process is most effective when there is enough data to determine the need for an intervention as early as possible in the academic year. Because the standardized academic assessment is given in the middle of the year, the use of student health data triggers interventions sooner than would happen when relying on the academic assessment calendar.

These additional pieces of data are enabling PSOE to ensure that their academic practices are as evidence based and informed as possible. PSOE leadership has navigated two completely different social systems, public schools and private health care, in a way that has not been done before. By truly leveraging their autonomy as a charter school, they've been able to innovate their federally required MTSS processes for the betterment of children.

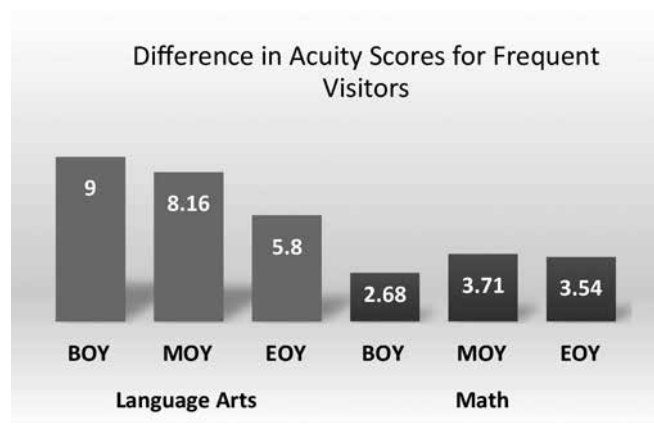


Figure 4.2. Difference in Acuity Scores for Frequent Visitors

As schools like PSOE create new promising best practices, the need to be able to share these practices across multiple audiences becomes more prevalent. PSOE has worked with researchers and marketers to ensure that the PHDP can be shared more broadly. Important special projects, like this, should have a place in your marketing mix efforts.

## REFERENCES

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