

# Hazel's school-based telehealth program helps schools address attendance and learning loss

Hazel is committed to addressing the connection between student health and academic performance.

**Since health related issues are the top reason children miss school, Hazel provides equitable access to health care so that all children can feel their best and come to school ready to learn and thrive.** By providing physical and mental health services, Hazel helps improve attendance and student success.

- Nearly all students (95 percent) wait **less than 5 minutes** in the school health office to start a physical health visit, maximizing learning time in class
- **84 percent of students** safely returned to class after a Hazel physical health visit
- Students who need to go home after a visit (i.e. pink eye, strep throat) can begin same-day treatment with a prescription from a Hazel provider and return to school more quickly
- Mental health services help students be fully present and focused while in school

## 7,000 days of school saved for students across all partner districts

**Hazel saved nearly 44,000 hours of instructional time this school year – that's around 7,000 days of school**, or 41 school years of instructional time saved.<sup>1</sup> Students who safely returned to class after a Hazel visit received, on average, **three hours of instructional time remaining in the school day.**<sup>2</sup> By resolving immediate health concerns, Hazel helps to curb learning loss by safely keeping students learning in the classroom. In addition, by managing student health concerns during the day and providing a treatment plan, families avoid spending after-school time in another care setting. **28 percent of Hazel families report they would have gone to the emergency room or an urgent care center if Hazel were not available.\***

## A flexible care delivery model enables students to attend school feeling physically and emotionally well

Hazel's flexible care delivery model means that in addition to care at school, students can access medical care as early as 7 a.m. from home, when families are making the critical decision of whether to send their child to school when they are not feeling well. During at-home visits, Hazel providers give clear instructions about when a student can return to school, helping students return to learning faster instead of staying home.



Hazel's integrated care approach helps to address school avoidance, refusal, and truancy behaviors, which are common among students with mental health concerns.<sup>3</sup> **2 percent of physical health visits uncovered a mental health concern this school year.** In turn, more students are able to get the care they need to feel comfortable and safe attending school.



43,704

**hours of  
instructional  
time saved**

2%

**physical health visits  
led to a mental health referral,**  
increasing identification for  
~10 percent of all students  
with mental health needs

68%

**Hazel parents/  
guardians say their  
child looks forward to  
going to school** more  
since starting therapy

“A student's mother initiated a Hazel visit at home because she suspected her child had pink eye and needed medication. Hazel was able to connect quickly, evaluate the student's condition remotely, confirm a pink eye diagnosis, and send in a prescription to her local pharmacy. The mother shared that she had called her child's pediatrician in the morning to try to schedule an appointment to have the student seen and obtain a prescription for antibiotic eye drops, but couldn't reach anyone – she thought to request a Hazel at home visit after leaving a voice message with the PCP's office. She noted that the Hazel visit started and ended with a treatment plan, all before the pediatrician's office had returned her call. This allowed her to get the prescription faster for the student for a quicker return to school, instead of waiting for a call back and appointment time.”

— **Steilacoom Historical School District,**  
Washington, May 2022

Unless otherwise cited, data was collected and analyzed by Hazel Health. This includes data from two customer surveys about Hazel's mental health services (n=70) and physical health services (n=185). All data reflects Hazel's impact during the 2021-2022 school year, from August 1, 2021 through July 31, 2022, except for data marked with an asterisk (\*), which was collected from June 21, 2022 through September 4, 2022.

1. National Center for Education Statistics. (2020). *Minimum number of instructional days and hours in the school year, minimum number of hours per school day, and school start/finish dates, by state: 2020* [Table 1.1]. [https://nces.ed.gov/programs/statereform/tab1\\_1-2020.asp](https://nces.ed.gov/programs/statereform/tab1_1-2020.asp)
2. Lam, A. C., Berliner, B., & Barratt, V. X. (2021). *Students' Use of School-Based Telemedicine Services and Rates of Returning to Class After These Services in a Small Elementary School District* (REL 2021-078). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West. <http://ies.ed.gov/ncee/edlabs>.
3. Henderson, T., Hill, C., & Norton, K. (2014). The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon. In *Attendance Works*. Upstream Public Health. <https://www.attendanceworks.org/wp-content/uploads/2017/08/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>