

Other Health Impairments (OHI)

Definition and Description of Characteristics

IDEA's Definition of OHI

- Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—
 - i. Is due to chronic or acute health problems **such as** asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
 - ii. Adversely affects a child's educational performance. [§300.8(c)(9)]

Characteristics of OHI

Fatigue

Mobility issues

Issues involving attention

Coordination difficulties

Muscle Weakness

Frequent absences from or
tardiness to school

Stamina

Inability to concentrate for long
periods of time

Other Specific Disorders not in IDEA, but mentioned by U.S. Department of Education

- **Fetal Alcohol Syndrome (FAS)**
- **Bipolar Disorders**
- **Dysphagia**
- **Other Organic Neurological Disorders**

...because these conditions are commonly understood to be health impairments...The list of acute or chronic health conditions in the definition of other health impairment is not exhaustive, but rather provides examples of problems that children have that could make them eligible for special education and related services under the category of other health impairment.

A Brief Look at Specific OHI Disabilities

ADD and AD/HD

Diabetes

Epilepsy

Heart conditions

Hemophilia

Lead poisoning

Leukemia

Nephritis

Rheumatic fever

Sickle cell anemia

Tourette syndrome

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Causes & Prevalence

General Causes

- Congenital anomalies
- May be acquired by accident or by a disease after birth
- By an acute or chronic illness that is episodic or progressive
- Acute: can be serious or severe but resolves with treatment
- Chronic: ongoing
- Episodic: occurs repeatedly, although at most times students function normally
- Progressive: becomes more and more serious over time

General Prevalence of OHI

- Roughly 1% of the school-age population fall under the category of OHI
- About 75,000 of these students have orthopedic disabilities.
- The vast majority have Other Health Problems.
- The number of children with these types of disabilities is growing.

Most Prevalent OHIs

- ADHD: condition that makes it hard to for a person to sit still, control behavior, and pay attention
- Causes: unknown
- Prevalence: as many as 5 out of 100 children in school have ADHD

Most Prevalent OHIs continued

- Diabetes Type 1: caused by a person's pancreas producing too little or no insulin. This type usually develops in early childhood to adolescence.
- Diabetes Type 2: is a result of a person becoming insulin resistant.
- Prediabetes: blood sugar levels are above normal, but not high enough to be categorized as type 2
- Prevalence: 7.8% of overall U.S. population and about 151,000 children and adolescents under 20 have diabetes
- When diabetes strikes in children, it is usually Type 1. However, Type 2 is increasingly being diagnosed in children.

Most Prevalent OHIs continued

- Epilepsy or Seizure disorders
- Most common causes: lack of sufficient oxygen, low blood sugar, infections, and physical trauma that cause damage to the brain.
- Prevalence: About 3 million Americans have epilepsy. Each year, 45,000 children and adolescents are diagnosed.
- African Americans and socio-economically disadvantaged are at a higher risk

Most Prevalent OHIs continued

- Tourette Syndrome: is a neurobiological disorder characterized by tics and/or rapid vocal outbursts.
- Causes: Unknown, but research is leaning towards genetics and brain abnormalities
- Prevalence: 2% of overall population, however it is estimated that 19% of children in general ed have tics and over 23% of children in special ed have tics
- It is 4 times more likely to appear in boys than girls

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Assessments or Evaluations

Criteria to Meeting OHI Eligibility

Any chronic or acute health condition having limited strength, vitality and alertness including a heightened alertness to environmental stimuli that -

- 1) Results in limited alertness
- 2) Adversely affects a child's educational performance.

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Planning Curriculum and Instruction for
Students with OHI

First and Foremost

- Understand the specific disability that your OHI student has in order to choose the right method of instruction
- Work closely with parents, special education teachers, specialists and doctors, if needed
- As a teacher with students with varying OHI disabilities you must be **FLEXIBLE**

Organizing Your Classroom

- Students should feel physically comfortable in the classroom
- Arrange your room to accommodate for the students equipment (e.g. wheelchair, adaptive devices, assistive technology)
- Arrange the students schedule to accommodate their personal needs that may need to be met during the day (such as medication, using the restroom)
- Give OHI students preferential seating
- This will help minimize distraction

Teach Organizational Skills

- Teach OHI students how to organize their material, notebooks, agendas, desks, even backpacks
- Keep reinforcing this. Have parents work on this at home for continuity
- Use sticky notes for self-reminders on their desks



Academic Accommodations

- Modify class and homework, taking into consideration students physical ability to finish it
 - Allow them to use a computer if writing is difficult or
 - Have worksheets that are fill in the blank or multiple choice
- Allow for extra time for assignments and homework as needed
- Check in with the class for comprehension through verbal response, especially with students with OHI



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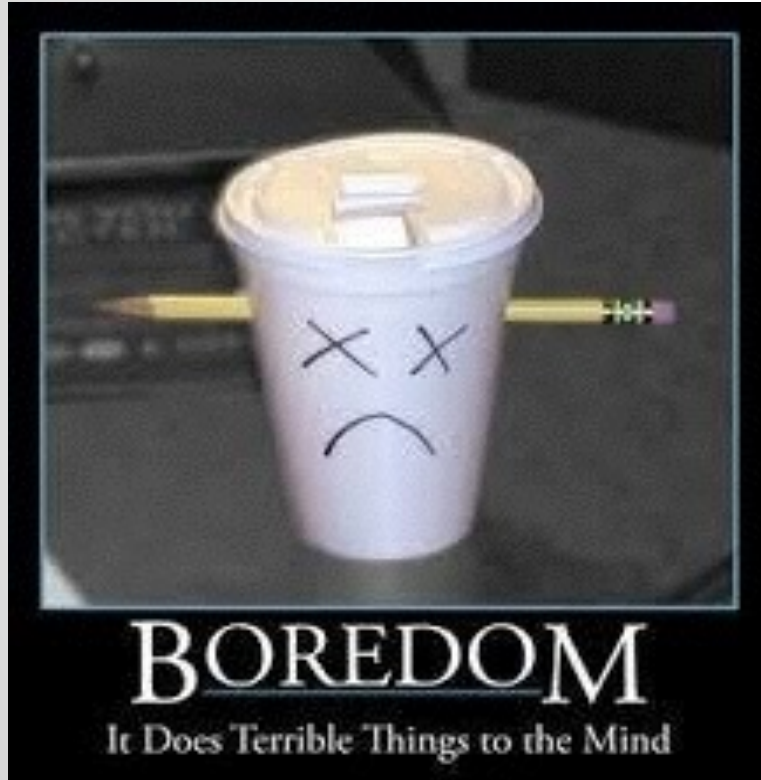
Social Integration Needs

Challenges Facing Children with OHI

- Loss of sense of control
- Lack of understanding about the condition
- Fear, anxiety/stress, anger, guilt
- Change in family dynamics
- Experience of loss because of how life has changed
- Isolation
- Medical noncompliance
- Depression, withdrawal



Challenges Facing Children with OHI



- Boredom
- Loss of peer interactions
- Pain
- Decreased self-esteem
- Lack of feelings of normalcy
- Negative body image
- Impact on identity and social interactions, including those at school