

Other Health Impairment



IDEA's Definition of OHI

Before we launch into more about how to access special services to help a child with OHI, let's look at how IDEA defines "other health impairment." That definition, in combination with a state's policies, is a very important factor in whether or not a child is found eligible for services.

IDEA states that:

Other health impairment means 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)]

What's immediately clear from this definition is that there are quite a few disabilities and disorders that fall under the umbrella of "other health impairment." And those disabilities are *very* different from one another. This makes it difficult for us to summarize "other health impairment" and connect you with more information and guidance on the subject.

And that's why, in a moment, we will break this discussion down into closer looks at each of the disabilities listed: ADD or AD/HD, diabetes, epilepsy, heart conditions, and so on.

We'd also like to point out that IDEA's definition uses the phrase "such as..." That's significant. It means that the disabilities listed are not the only ones that may be considered when a child's eligibility for special services under IDEA is decided. A child with another health impairment (one not listed in IDEA's definition) may be found eligible for special services and assistance.

What's central to all the disabilities falling under "Other Health Impairment" is that the child must have:

- limited strength, vitality, or alertness due to chronic health problems; and
- an educational performance that is negatively affected as a result.

Special Help for Children

Two systems of help are available immediately to help eligible children with other health impairments. These divide out by age, as follows:

- [Early intervention services](#) are for children under the age of 3. Known as Part C of IDEA, the early intervention program exists in every state and includes free evaluation of the baby or toddler to see what the problem is, identifying the needs of the child (and family) based on the child's disability or developmental delay, and designing and delivering an individualized family service plan (IFSP) to address the child's unique needs.
- [Special education and related services](#) are for children from 3 to 21, sometimes older. These services include specially designed instruction and a wide range of supports to address the student's individual needs that result from his or her disability. Special education and related services are available to eligible children, free of charge, through the public school system. This includes a comprehensive and individual evaluation of the child to determine his or her eligibility, unique needs, and what types of services and supports are needed by the child to address those needs.

If your child has a health impairment, especially one listed in IDEA, you will want to find out all you can about these service systems. They can be incredibly helpful for your child. A lot of info is available here on CPIR's website, so we won't repeat ourselves. Use the active links here or above to find out all but the kitchen sink about both early intervention and special education and related services.

Specific Health Impairments

This section on "other health impairment" will connect you with information and resources on the specific disabilities IDEA mentions. We do so in separate files, because this fact sheet will get quite lengthy and cumbersome otherwise. Also be aware that you can identify more resources on each disability by using our SEARCH box that appears on every page on our site.

OK. What disabilities does IDEA mention in its definition of Other Health Impairment? Follow the links to more info on these disabilities. You'll also find these links again at the *bottom* of this fact sheet, if you'd like to keep reading about OHI in general, including life at school and other disabilities not mentioned in the OHI definition.

- [ADD and AH/HD](#)
- [Diabetes](#)

- [Epilepsy](#)
- [Heart conditions](#)
- [Hemophilia](#)
- [Lead poisoning](#)
- [Leukemia](#)
- [Nephritis](#)
- [Rheumatic fever](#)
- [Sickle cell anemia](#)
- [Tourette syndrome](#)

Other Health Impairments Not Mentioned in IDEA's Definition

As we mentioned at the beginning of this article, **other health impairments can also fall under the umbrella of IDEA's disability category besides the ones specifically mentioned in the law.** The U.S. Department of Education mentions specific other disorders or conditions that may, in combination with other factors, qualify a child for services under IDEA—for example:

- fetal alcohol syndrome (FAS),
- bipolar disorders,
- dysphagia, and
- other organic neurological disorders.

The reason these weren't specifically mentioned in IDEA's regulations? According to the Department:

...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. (71 Fed. Reg. at 46550)

Note that the Department uses the phrase “could make them eligible”—*could*, not does. Other aspects (adversely affected educational performance, a child's evaluation results, state policies) are considered in determining eligibility for services under IDEA, not solely the existence of the disability or condition.

If your child has a health impairment that isn't explicitly mentioned in IDEA or is mentioned in the Department's comments, you may be able to find more information about that impairment by using the Search box that appears on every page on our site.

Addressing Medical Issues

By their very nature, other health impairments involve medical care and medical concerns. The amount of time that must be devoted to doctor visits, medical appointments, hospitalization, and seeing to the child's well-being will depend greatly on the nature and severity of the child's health impairment. For many families, the actual medical care of their child can be a daily, weekly, monthly challenge.

How to deal with the medical side of things? This section of our OHI fact sheet is intended to connect you with resources and wisdom within the health care and parent communities both.

The Concept of a Medical Home

Recently, the term "medical home" has entered the lexicon of health care. A medical home is not a house, office, or hospital, but rather an approach to providing comprehensive primary care (Nolan, 2008). The Washington State Medical Home (2009) defines the term as follows:

A medical home is an approach to delivering primary health care through a "team partnership" that ensures health care services are provided in a high-quality, cost effective and comprehensive manner.

The principles of a medical home are well stated by the American Academy of Pediatrics (2007):

- personal physician,
- physician-directed medical practice,
- whole person orientation,
- coordinated care,
- quality and safety,
- enhanced access, and
- appropriate payment.

To find out more about this approach to health care, and to connect with resources in your state, we'd strongly recommend visiting the website of the [National Center for Medical Home Initiatives for Children with Special Needs](http://www.nationalcenterformedicalhome.org/). The National Center is a hub of national medical home activities for children and youth with special needs. You'll find their site full of information and tools for health care providers and families, including a national medical home training curriculum and links to medical home projects and activities in every state. Enter the site at: <http://www.medicalhomeinfo.org/>

Another resource you may find especially helpful in addressing the health care and medical issues associated with an OHI is [Family Voices](http://www.familyvoices.org/). Family Voices concerns itself proactively with the health care of children with special health care needs. Through a network of state chapters, Family-to-Family Health Information Centers, and political advocacy, Family Voices offers tools and informed guidance to professionals and families alike. FV's home page is to be found at: <http://www.familyvoices.org/>

Life at School

As IDEA's definition of OHI makes clear, a health impairment affects a student's educational performance. In fact, for a child to qualify for special education services in the public schools, the OHI must affect the child's educational performance.

When a child is found to be eligible for [special education](#), he or she will also be eligible to receive [related services](#) in school—which can be very valuable and relevant to the child's needs. Related services are provided as required to enable children with disabilities to benefit from their special education. Two in particular come to mind for children who have an OHI:

- **medical services**, which are provided for diagnostic and evaluative purposes only, and which are defined as "...services provided by a licensed physician to determine a child's medically related disability that results in the child's need for special education and related services." [34 CFR §300.34(c)(5)]
- **school health services and school nurse services**, which are defined by IDEA as "...health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person." [34 CFR §300.34(c)(13)]

Many children with disabilities, especially those who are medically fragile, could not attend school without the supportive services of school nurses and other qualified people. Over the years, the extent of the health-related services provided in schools has grown, as might be expected when you consider medical advances in the last decade alone.

What was previously called "school health services" in IDEA was expanded in its 2004 reauthorization to distinguish between services that are provided by a qualified nurse and those that may be provided by other qualified individuals. States and local school districts often have guidelines that address school health services and school nurse services. These may include providing such health-related support as:

- special feedings;
- clean intermittent catheterization;
- suctioning;
- the management of a tracheostomy;
- administering and/or dispensing medications;
- planning for the safety of a child in school;
- ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores);
- chronic disease management; and
- conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting.

Determining what related services a child needs is the responsibility of the child's IEP team, the group that develops the child's individualized education program. Key

information for decision makers will be available from the evaluation process, since a child must be assessed in all areas related to his or her suspected disability. The IEP team must look carefully at the evaluation results, which show the child's areas of strength and need, and decide upon which related services are appropriate for the child. The school must then provide these services as part of the child's education program.

When Health Affects School Attendance

It's not uncommon for a child with an OHI to have periodic absences from school, sometimes even lengthy ones, especially if hospitalization is necessary for whatever reason. **During these times, the public school remains responsible for providing educational and related services to the eligible child with OHI.** Because IDEA specifically states that special education can be provided in a range of settings, including the home or the hospital, states and school districts will have policies and approaches for addressing children's individualized needs and circumstances.

The school, therefore, is the best source of information about what local policies govern how services are made available to children with OHI who are home-bound or hospitalized.

- When the child is at home, the school may arrange for a homebound instructor to bring assignments from school to home and help the student complete those assignments.
- When the child is hospitalized, services may be provided by the hospital, through arrangement with the school, although this will vary according to local policies. (In any event, the hospital is likely to have policies and procedures of its own, and it's important for the family to find out what those are.) The hospital may want to review the child's IEP and may, with the parent's permission, modify it during the child's hospitalization.
- After the child is discharged, the hospital will share a summary of the child's progress with the school, in keeping with whatever local school policies are.

Planning for Transitions

After a child has been out of school for an extended period of time, it's important for parents and school staff to plan carefully for his or her return to that setting and the activities that go on there. However, it's important to understand that planning for a child's transition isn't just about when he or she returns to school. It needs to include "moves from Hospital to Home, Home to School, School to School, Hospital to School, School to Work or College, and from Pediatric to Adult Health Care" (Pola-Money, 2005).

That's a tall order, isn't it? Fortunately, there are numerous resources available that can help families, schools, and health care providers plan for each of these types of transition. Here are several to start, and they will likely lead you to more:

Transition issues.

Medical Home Portal.

<http://www.medicalhomeportal.org/living-with-child/navigating-transitions-with-your-child>

Transitioning from pediatric to adult health care.

The Adolescent Health Transition Project.

depts.washington.edu/healthtr/

Transitions for youth with health care needs.

Healthy & Ready to Work (HRTW) National Resource Center.

<http://www.syntiro.org/hrtw/index.html>

Conclusion

In closing, we hope that this information is helpful to you. We encourage you to learn more through the numerous resources we've listed and through the Search feature on our website, which will connect you with yet more resources on these disabilities.

References

American Academy of Pediatrics. (2007). *What is a medical home?* Retrieved May 5, 2009, from <http://www.medicalhomeinfo.org/downloads/pdfs/JointStatement.pdf>

Mattson, B. (2001). Related services (2nd ed.). *NICHCY News Digest 16*, 1-20.

Nolan, C. (2008). *What is a medical home?* Retrieved May 5, 2009, from the Medical Home Portal: <http://www.medicalhomeportal.org/medical-home>

Pola-Money, G. (2005). *Transition issues*. Retrieved August 21, 2012, from the Medical Home Portal: <http://www.medicalhomeportal.org/clinical-practice/transition-issues>

Washington State Medical Home. (2009). *What is a medical home?* Retrieved May 5, 2009, from <http://www.medicalhome.org/>

As promised, here's that list of of disabilities mentioned in IDEA's definition of OHI. Use the links to jump to more information about each of these disabilities.

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