

Significant Disproportionality and Other Health Impairment: DATA POINTS TO CONSIDER

Edward Fergus, Ph.D.
Rutgers University-Newark
Urban Education and Policy



What is OHI?

Other Health Impairment (OHI) refers to a person's impairment due to a variety of related conditions and manifests in specific behaviors. Section 300.8 (c) (9) of IDEA regulations stipulates the following regarding OHI:

- “(9) 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.”

One of the health problems often identified by school district child study teams under OHI is attention deficit disorder with or without a hyperactivity disorder (ADD/ADHD). According to [DSM V](#), some of the representations of ADD/ADHD involve inattention (e.g., fails to give close attention to details, careless mistakes, difficulty sustaining attention in tasks, does not seem to listen when spoken to directly), hyperactivity (e.g., often fidgets with or taps hands or feet, often leaves seat in situations when remaining seated is expected, often runs or climbs in situations where it is inappropriate), and/or impulsivity (e.g., often blurts out an answer before a question has been completed, often interrupts or intrudes on others, often has trouble waiting their turn).

What are the policy and practice considerations with OHI? What are the implications for disproportionality patterns?

Various studies highlight key findings that annotate policy and practice dimensions that have implications for how school districts are identifying OHI and for whom the OHI patterns exist.

“...adults utilize their expert knowledge and capacities alongside their own cultural lens ... to interpret similar behaviors as defiant among some groups and yet neurodevelopmental disorders with other groups.”

(Ballentine, 2019)

- 1** States have the latitude to provide more specific eligibility criteria for OHI beyond the federal regulations. According to Briesch, et.al. (2023), 22% of states are utilizing the federal definition and 14% providing expansion regarding the three federal definition components.
- 2** Studies identify ADD/ADHD assessments needing to use multi-method and multi-sources, specifically, interviews, behavior ratings from various adults (e.g., parents, teachers) and behavioral observations.¹
- 3** Studies also identify variation in how adults utilize their expert knowledge and capacities alongside their own cultural lens that contains varying knowledge and capacities (e.g., affinity and associational biases) to interpret similar behaviors across various racial/ethnic, linguistic, and culturally diverse groups as defiant among some groups and yet neurodevelopmental disorders with other groups.²



Given the nature of these policy and practice findings, this should encourage closer attention to the policy and practice levers available and their utilization by school and district actors in understanding the patterns of significant disproportionality. Therefore, the green box provides some suggested data sources to consider when examining these issues more closely.

Data Indicators For Consideration:

Suggested Data Sources (additional sources may be needed or available):

- **Tier 2-3 Intervention Referrals:**
 - Elements in tier 2 and 3 intervention forms (i.e., reasons for referrals, frequency of difficulties, quantitative and qualitative data on difficulties);
 - Alignment of difficulties and intervention, including the research basis of intervention;
 - Rate of referral to tier 2 and 3 (this includes disaggregation by race/ethnicity, language, and gender); and
 - File review of sample students from various racial/ethnic, linguistic, and gender groups who have similar difficulties to examine common and different patterns of referral practices.
- **Special Education Referral Data:**
 - Rate of tier 2 and 3 interventions leading to child study team (CST) initial referral (this includes disaggregation by race/ethnicity, language, and gender) and
 - A close examination of the following across the CST referrals
 - Timeframe of referral (i.e., grade level; fall, winter and/or spring),
 - By whom (i.e., grade level; teacher gender and race/ethnicity), and
 - For what reason (i.e., academic and/or behavioral difficulties).

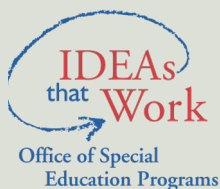
¹ Handler, M. W., & DuPaul, G. J. (2005). Assessment of ADHD: Differences across psychology specialty areas. *Journal of Attention Disorders*, 9, 402–412.; DuPaul, G. J., & Stoner, G. (2015). *ADHD in the Schools*. Guilford.

² Ballentine, K. L. (2019). Understanding racial differences in diagnosing ODD versus ADHD using critical race theory. *Families in Society*, 100, 282–292.

- **Empathy Interviews and/or Surveys**

- Conduct empathy interviews and/or surveys with the purpose of understanding how stakeholders (i.e., parents, teachers, and students) experience the school and district policies and practices. More specifically, the intention is to ascertain how policies and practices are “landing upon” the various stakeholders in order to determine whether policies and practices are operating in neutral or divergent ways than from how they were developed.
 - Student topics: experiences with tiered supports (i.e., what is it like to go for additional help?, is it supportive?) and experiences of adult supports (i.e., how do the adults support your development?, how can they improve their support?).
 - Teacher topics: experiences with tiered supports, pre-referral process, special education eligibility criteria, discipline policies, and discipline practices.
 - Parent topics: experiences with tiered supports, pre-referral process, special education eligibility criteria, discipline policies, and discipline practices.

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