

Ohio Healthy Students Profiles

Getting Started Guide

The Ohio Healthy Students Profiles are a resource intended to help improve your understanding of the health and wellness of students in your district or school. The profile brings clarity to the types and prevalence of health care issues faced by students in a school or district based on the aggregation of Medicaid claims data.

To help you get the most out of this new resource, we've created this guide, which is divided into three sections:

1. **Getting Started: Tips for Using the Ohio Healthy Students Profiles Effectively**

Data can be overwhelming, especially when you are looking at new data for the first time. Review the four tips in this guide on how to get the most out of your profile data.

2. **Getting Acquainted with the Ohio Healthy Students Profiles**

What should you expect to see in a district or school profile? Learn about the structure and content of the profiles so you are prepared to dig into the data with your district and school teams.

3. **Guiding Questions to Jump-Start Your Conversations**

What we learn from data often depends on what we ask of the data. This resource highlights several guiding questions you can use to start conversations that ultimately will lead to improved understanding.

1. GETTING STARTED: TIPS FOR USING THE OHIO HEALTHY STUDENTS PROFILES

Tip #1: Looking at data should be a team effort.

It is easier to use data to draw meaningful insights and plan effective action when multiple perspectives are at the table.

The exact make-up of effective data review teams may vary by district. Questions to consider as you assemble your data review team include the following:

- **Stakeholders**
 - Who are your key stakeholders and do they represent the diversity of your students?
 - How will you learn more about their perspectives on your district and schools' wellness data?
 - How will you share the results of your data review with your stakeholders?
- **Team Roles**
 - Who are the key internal staff who will serve on your needs assessment team?
 - Who will lead the team?
 - Who will be responsible for data analysis?
 - Who will lead discussion about root causes, prioritization and possible approaches?
- **Time and Process**
 - How will you ensure your internal team has enough time to review and dig into the data?
 - How will the team communicate with each other about progress on and outcomes of the data analyses?

The [Ohio Improvement Process](#) encourages districts to use district leadership teams, building leadership teams and teacher-based teams throughout the cycle of continuous improvement. Engaging teams like these at the appropriate times ensures alignment of efforts across classrooms, buildings and the district.

DLTs **District Leadership Teams**

- Stakeholders from across the district, schools and community
- Ensures alignment between district and building needs assessments.

BLTs **Building Leadership Teams**

- Stakeholders from across the school
- Establishes a communication loop with the DLTs and the TBTs.

TBTs **Teacher-Based Teams**

- Stakeholders from across classrooms and content areas;
- Responsible for classroom data, including adult implementation of instructional strategies.

Tip #2: Understand root causes before jumping to solutions.

When data help identify a challenge, well-intentioned people often want to jump straight to fixing the problem. Before doing so, take time to fully understand the health and wellness challenges your students face.

While districts and schools may have less direct influence over the Health Care Interactions and Health Conditions data included in the Ohio Healthy Students Profiles, understanding the root cause of your students' needs still will be a vital step in developing effective supports and interventions.

Understanding root causes will better position you to:

1. Understand the nature of the need;
2. Reduce the need where possible; and
3. Reduce the impact of students' health and wellness needs on their educational outcomes.

As your data review teams discuss potential root causes, consider causes that fall into each of the following categories:

- District and Building Factors
 - Do district and building leadership understand the connection between student health and wellness and student educational outcomes?
 - Do student health and wellness play a role in district and school discussions about needs assessments?
 - Do districts and building leaders survey or gather information to understand the health and wellness the needs of their students and families?
 - How are district and school resources for student health and wellness distributed across the district equitably? Are those resources connected to students' needs?
- Community
 - What are the community factors that may be affecting students' health care interactions and health conditions?
- Family
 - Do families understand the connection between health care and education outcomes?
 - Do families have the information they need to take advantage of the available health care resources in the community?
 - Do families have the information they need to provide students with appropriate preventative care and treatment for health conditions?

You may have more control over root causes that you identify within your district and buildings. At the same time, community and family root causes may have the largest effect on your students' health and wellness. Identifying and acknowledging the full range of district, school, family and community factors will help you fully understand your students' experiences so you can develop creative, targeted solutions.

Tip #3: Use existing resources.

As you learn more about your students' health and wellness needs and their root causes, you may find yourself wondering how to use the data to meet those needs.

There are no one-size-fits-all solutions to addressing student health and wellness.

Consider the following resources as you develop the solutions that will best serve your students:

- **Community Partners**, including, but not limited to, educational service centers, nonprofit organizations with experience serving children, community-based mental health treatment providers, public hospital agencies or other local community health care providers.
- **District and school peers** who are facing similar challenges can serve as critical thought partners and collaborators in this work. Peers can share the approaches they are trying and help brainstorm and test solutions to shared challenges.
- Resources on the **Ohio Department of Education's website**, including:
 - Planning for [Continuous Improvement](#);
 - Implementing programs and services within [Ohio's Whole Child Framework](#);
 - Targeting the usage of funds such Disadvantaged Pupil Impact Aid and Student Wellness and Success base cost and supplemental funding (see [FAQ](#) about these funding sources);
 - Implementing tiered supports within the [Positive Behavioral Interventions and Supports](#); and
 - Exploring options for [School-Based Health Care](#).

Tip #4: Your lens on the profile will depend on your role.

For **district administrators**, it will be important to understand differences in student health and wellness factors across buildings. In addition to the guiding questions outlined below, consider the following:

- Looking across your schools, are there differences in the Health Care Interactions, Health Conditions or Education Indicators?
- If you are seeing similar patterns in the Health Care Interactions and Health Conditions across schools, are there differences in the Education Indicators? If so, what are the differences in those schools that might affect the way students' health and wellness is impacting their educational outcomes?
- What do the patterns in Health Care Interactions and Health Conditions across schools imply for how your district health staff are deployed across schools? What do the Health Care Interactions or Health Conditions patterns imply for how students gain access to district health staff?
- What do the patterns in Health Care Interactions and Health Conditions across schools imply about the need for targeted, schoolwide or districtwide health and wellness interventions and supports?

Building administrators can use the Ohio Healthy Students Profiles to improve their understanding of their students' health and wellness needs and the impact it has on chronic absenteeism and discipline incidences. They can then use the profiles to advocate for resources to support their students' needs. Further, looking at differences across buildings may help identify peers who have tried different approaches to addressing these needs. This can spark important conversations.

For **district health professionals**, the Ohio Healthy Students Profiles may have important implications for how services are distributed across the district, as well as how staff and students access those services. In addition, the Healthy Students Profiles may generate ideas for the types of training and professional development that are most needed among district staff.

2. INTRODUCTION TO THE OHIO HEALTHY STUDENTS PROFILES

Before you start using your profiles, get acquainted with the information included on each, the layout and the functionality of the profiles.

Each profile includes the following five sections, with state comparison points provided for context:

- The **Overview** includes information on total students, Medicaid participants and grades served.
 - **Total Students** reflects the headcount of unique students who were enrolled in the school for at least 100 hours during 2020-2021 school year;
 - **Medicaid Participants** reflects the number and percent of Total Students who participated in any Medicaid program during school 2020-2021 school year; and
 - **Grades Served** indicates the range of grade levels accommodated by the school as indicated in the Ohio Educational Directory System (OEDS). While this may include preschool, information in the profiles is limited to kindergarten through grade 12.
- The **Health Care Interactions** section presents a picture of whether students are receiving regular health care checkups that prevent or address common conditions that are impediments to attendance and learning.
- The **Health Conditions** section pertains to active diagnoses for a selection of high-incidence health conditions that can manifest in educational challenges for both students and teachers.
- The **Education Indicators** section provides baseline data a school might monitor if health-related initiatives are implemented, recognizing the link between health and education outcomes.
- The **District Health Staff** section presents data on the districtwide staff positions that may be responsible for identifying and addressing physical and mental health issues of students.

As you prepare to investigate the data on each of these sections, there are a few notes to keep in mind:

- The most recent Ohio Healthy Students Profiles reflect students from the previous school year, not the specific group of students in your school today. The current profile will include students from the 2020-2021 school year.
- Measures within the profile refer to students who were participating in Medicaid in Ohio during at least three months during the 2020-2021 fiscal year;
- **State and County Comparison Rates** also are based on Medicaid participants are based on a set of grade levels that complement those served by the school;
- Schools with fewer than 30 Medicaid participants do not receive a profile; and
- Health-related rates are calculated only when there are at least 11 students in the numerator.
- If there are fewer than 10 students in the numerator of any education measure, only the rate is displayed.

3. GUIDING QUESTIONS TO JUMP-START YOUR CONVERSATIONS

Data is a starting point and a conversation starter. Data alone will never tell the whole story; use it to generate conversations with staff, students, families and communities.

When your teams are ready to dig into the data, here are some starter questions that can guide your conversations, organized by profile sections:

Ohio Healthy Students Profiles Overview

The **Overview** includes information on total students, Medicaid participants and grades served.

1. What percent of your students participated in Medicaid?

The **Medicaid Participants** rate on your profile tells you if the profile describes a relatively small or relatively large portion of your total enrollment. In almost all cases, the profile will be very reflective of your lower income population.

Your school's Medicaid participants rate can help you decide how best to address an identified health need. For example:

- If your Medicaid participant rate is high and the Ohio Healthy Students Profile shows a large need in a specific area, you may want to consider a schoolwide support.
- If your Medicaid participant rate is low, you may need more information about the health needs of your non-Medicaid students before determining if a schoolwide or targeted intervention is most appropriate.

If your school's Medicaid participant rate is lower than expected, consider whether any community issues might keep some families from participating in Medicaid. If your district or school is participating in the Community Eligibility Provision, your Medicaid percent certainly will be lower than the economic disadvantage rate.

Health Care Interactions

The **Health Care Interactions** section conveys the percent of your Medicaid-participating students who had at least one instance of various types of health care visits.

2. Are your school's rates of primary care physician (PCP) visits or comprehensive well-child visits lower than the state comparison rates?

If your school's rates are low, your students may have limited access to the types of regular health care checkups that prevent or address conditions that are impediments to attendance and learning. Alternatively, your students may have access to regular health care checkups but may not be taking advantage of that access.

A root cause analysis will help you understand if your school is facing an **access challenge** or a **use challenge**. If you are facing a **use challenge**, further exploration may help you understand if there are opportunities to help students and families understand their options for health care.

3. Are your school's rates of dental visits or vision care visits lower than the state comparison rates?

If your school's rates are low, your students may have limited access to **dental** and **vision** health care specialists, which can culminate in issues—such as oral pain and strained vision—that may present obstacles to learning. As is the case with standard health care services, further root cause analysis will help you determine if these rates are low because of **access** or **use**.

4. Are your school's rates of emergency department visits or hospital inpatient stays higher than the state comparison rates?

High rates of **emergency department visits** or **hospital inpatient stays** are another potential sign that your students do not have enough access to standard, preventative health care options. High rates of emergency department visits or hospital inpatient stays sometimes are symptoms of family or community issues, including drug abuse or domestic violence.

Another consideration is whether any environmental factors in the community may exacerbate health conditions, leading to heightened values for these two measures.

Learning more about the reasons why your students have high rates of emergency department visits or hospital inpatient stays will help you target the supports you develop to meet their needs.

Health Conditions

The **Health Conditions** section pertains to active diagnoses for a selection of high-incidence health conditions that can manifest in educational challenges for both students and teachers.

5. How high are your school's rates of asthma or diabetes?

While districts and schools may have less direct influence on students' actual health diagnoses, if this is a challenge your students are facing, there are opportunities for districts and schools to reduce the impact of these health diagnoses on students' educational outcomes.

Consider the following:

- Asthma and diabetes can negatively impact students' abilities to engage in learning—even more so if those conditions are not properly treated. Based on the combination of your Health Care Interactions data *and* your Health Conditions data, are there additional questions you can ask to learn more about whether students have the capacity to manage their conditions?
- If asthma and diabetes rates are high:
 - Are there opportunities for your school to provide or otherwise connect students and families to information on condition management?
 - Are there opportunities for staff training on supporting students with these conditions?
- If school asthma and diabetes rates are exceptionally high, are there community factors that are contributing to these rates? Who are the partners who can help you better understand and address the contributing community factors?

6. How high are your school's rates of diagnosed behavioral health conditions?

Like health conditions such as asthma and diabetes, behavioral health conditions can impact students' abilities to engage in learning.

If your school's rates are high, do your staff have adequate resources to help them understand and address the behavioral health conditions that may be a regular part of their classroom dynamics?

Education Indicators

The **Education Indicators** section provides baseline data that a school might monitor if health-related initiatives are implemented, recognizing the link between health and education outcomes.

7. Are your school's rates on any of the Education Indicators lower than the state comparison?

Like your school's data, the state comparison data in the Education Indicators section is based only on the education outcomes for Medicaid-participating students.

The Education Indicator data is included as a baseline; as you take steps toward addressing your students' health and wellness needs, the goal is to start seeing improvements in your students' education outcomes.

If your Education Indicators are lower than the state comparison data—or lower than other schools with similar Health Care Interactions or Health Conditions patterns—it is worth considering what opportunities you may have to reduce the impact of your students' health care needs on their educational outcomes.

District Health Staff

The **District Health Staff** section presents data on the districtwide staff positions that may be responsible for identifying and addressing physical and mental health issues of students. These measures do not necessarily represent the degree to which schools have regular access to these professionals or the extent to which clinical and referral services are offered to the general student population.

8. Are your district's rates of Health Staff lower than the state comparison rates?

It is important to look at your District Health Staff rates in combination with your Health Care Incidents and Health Conditions data.

Is there alignment between the needs indicated by the Health Care Incidents and Health conditions data?

Is there alignment between the district and school health care needs and the way that district health care staff are distributed across schools?