

# Ohio Healthy Students Profiles

## Frequently Asked Questions

### Using the Ohio Healthy Students Profiles

#### WHO CAN I CONTACT ABOUT THE OHIO HEALTHY STUDENTS PROFILES?

You can send questions about Ohio Healthy Students Profiles to [WholeChild@education.ohio.gov](mailto:WholeChild@education.ohio.gov).

#### HOW SHOULD DISTRICTS AND SCHOOLS USE THE PROFILES?

The profile brings clarity to the types and prevalence of health care issues students face based on the aggregation of Medicaid claims data. The profiles are for informational purposes only and will contribute to local decision-making in several ways, including the following:

- Informing for the [One Needs Assessment](#) 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 [Positive Behavioral Interventions and Supports](#); and
- Exploring options for [School-Based Health Care](#).

#### WHERE CAN DISTRICTS AND SCHOOLS FIND MORE INFORMATION ABOUT OHIO'S WHOLE CHILD FRAMEWORK?

The Department posts information and resources about Ohio's Whole Child Framework as they become available on its website [here](#), including descriptions of the framework's components and links to existing ASCD resources.

#### WHAT QUESTIONS IN THE ONE NEEDS ASSESSMENT CAN BE INFORMED BY THE PROFILES?

[See [Questions and Triggers](#)]

#### WHERE CAN DISTRICTS AND SCHOOLS FIND MORE INFORMATION ABOUT SCHOOL-BASED HEALTH CARE?

The Department posts information and resources about School-based Health Care on its website [here](#). The School-Based Health Care Toolkit includes resources on how to get started with school-based health care, how to develop partnerships, how to build sustainable models of school-based health care, how to measure success and links to many other national resources on school-based health care.

## Healthy Students Profile Technical Details

### WHAT IS THE SOURCE OF THE DATA INCLUDED IN THE PROFILES?

The Ohio Department of Education does not collect any of the student wellness data provided in the Ohio Healthy Students Profiles. The data included in the profiles is based on Medicaid claims data collected by the Ohio Department of Medicaid.

### HOW OFTEN WILL THE PROFILES BE UPDATED?

The Department intends to update the Ohio Healthy Students Profiles on an annual basis.

### HOW IS INFORMATION IN PROFILES LINKED TO STUDENTS?

The Ohio Department of Education does not collect or maintain student personal identifiers; rather, all individual education records are associated with a unique statewide student identifier (SSID). The Ohio Department of Medicaid matched individual-level Medicaid claims records data to SSIDs through a matching method carried out by Ohio's third-party SSID vendor, IBM. Approximately 90% of school-age children in the Medicaid participation database were matched by IBM to an SSID. ODM does not perform a secondary review of matches or partial matches for verification and reconciliation. The Department of Education does not receive any of the individual-level claims data matched to SSIDs.

### HOW HAS PROFILE DATA BEEN ASSOCIATED WITH A DISTRICT OR SCHOOL?

The Department of Education provides the Department of Medicaid with a file that associates SSIDs with specific districts and schools. For the purposes of the Ohio Healthy Students Profiles, a student must have at least 100 total attendance hours to be associated with a school or district.

### WHY IS THERE A LAG IN THE DATA?

Due to the timing of Medicaid claims reporting and the data match process, the Ohio Healthy Students Profiles are based on the most recently completed full fiscal year (July 1, 2020 – June 30, 2021).

### WHICH STUDENTS ARE INCLUDED IN THE PROFILE CALCULATIONS?

The health and education measures in the profiles pertain only to students in kindergarten through grade 12 who were participating in Medicaid in Ohio for at least three months of the fiscal year and who had at least 100 hours of attendance at a given school or district during the school year.

### WHICH DISTRICTS AND SCHOOLS WILL RECEIVE PROFILES?

A profile is generated for all districts and schools with at least 30 Medicaid-participating students. Profiles are generated for traditional public schools, community schools, STEM schools, and vocational schools.

## WHY ARE SOME MEASURES SUPPRESSED ON MY SCHOOL PROFILE?

Measures are suppressed (blank) for values that do not meet the established HIPAA thresholds. Each measure must have at least 30 students in the denominator, and the Health-related measures must also have 11 students in the numerator. For the Education indicators, only the rate is displayed if the numerator is fewer than 10. A rate of “0” means that the value is less than 0.1 percent.

## WHY DO THE STATE AND COUNTY COMPARISON RATES DIFFER BY SCHOOL?

State and county comparison rates also are based on Medicaid-participating students. These rates are calculated for six different grade bands (K-5, 6-8, K-8, 6-12, 9-12, K-12) with the most applicable band used for each school based on its grade levels of enrollment in the 2020-2021 school year. County rates are based on the schools physically located within the county and exclude e-schools.

## CAN DISTRICTS AND SCHOOLS REQUEST STUDENT-LEVEL PROFILE DATA?

The Department of Education does not have access to the health-related data included on the profiles. Districts interested in looking at more detailed student wellness data can do so through their partnerships with local medical providers. More information about how to develop local health partnerships is available in the Department’s [School-based Health Care Toolkit](#). The toolkit includes a specific resource on [Information on Data Sharing Between Parties](#), as well as sample [consent forms](#), [service agreements](#) and [data sharing templates](#).

## WHAT ARE THE HEALTH-RELATED MEASURES ON THE PROFILES?

Profiles include up to 18 measures calculated by the Department of Medicaid related to health care interactions and health conditions. These measures pertain only to the Medicaid-participating subgroup of a school or district and include the number and percentage of students who had the following in the past fiscal year:

- a comprehensive well-child visit
- a primary care physician visit (with second measure covering past two fiscal years)
- a dental care visit in past year (with second measure covering past two fiscal years)
- an emergency department visit
- an acute inpatient stay at a general hospital
- an active diagnosis of asthma
- an active diagnosis of diabetes
- an active diagnosis for any behavioral health condition
- an active diagnosis for a serious emotional disturbance
- an active diagnosis of autism
- an active diagnosis of depression (major depression or all types)
- an active diagnosis of anxiety disorder
- an active diagnosis of attention deficit/hyperactivity disorder
- an active diagnosis of substance use disorder
- an active eating disorder

**Well-Child Visit:** a comprehensive preventive/well-care visit (for children and adolescents), also referred to as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screen. It must

include a comprehensive health and developmental history, comprehensive physical exam, appropriate immunizations, laboratory tests, and health education.

**Primary Care Visit:** an ambulatory care visit with a Primary Care Physician (PCP), which may include the comprehensive preventive medicine visits (i.e., Well-Care visits), as well as any general office, clinic or outpatient hospital evaluation and management service. PCPs may be physicians and Advanced Practice Nurses with a primary care, family practice, or pediatric specialty, as well as FQHCs and Physician Assistants.

**Diabetes:** determined based on a diagnosis code of diabetes or dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis

**Any Behavioral Health Condition:** diagnosis codes inclusive of attention deficit hyperactivity disorder, adjustment disorders, anxiety, autism, delirium, impulse control disorders, mood disorders, depression, personality disorders, substance use disorder, bipolar disorder, conduct disorder, post-traumatic stress disorder, schizophrenia, self-harm, or other psychological disorders.

**Severe Emotional Disturbance (SED):** diagnosis codes inclusive of bipolar disorder, conduct disorder, major depression, post-traumatic stress disorder, schizophrenia, or self-harm.

## WHAT ARE THE EDUCATION-RELATED MEASURES ON THE PROFILES?

Using standard departmental business rules, ODE calculates a set of indicators for the Medicaid-participating subgroup of students at each school and district:

- Kindergarteners demonstrating readiness on the KRA
- Students scoring as proficient on state assessments for Mathematics
- Students scoring as proficient on state assessments for English Language Arts
- Students graduating on-time (2020 grad cohort)
- Students chronically absent (i.e., absent at least 10% of the time)
- Disciplinary actions (per 100 student FTE)

ODE also provides district-level staff FTE and rates for four positions that commonly deal with physical and mental health matters: school counselors, school nurses, school psychologists, and school social workers. Rates are based on 100 student FTE.