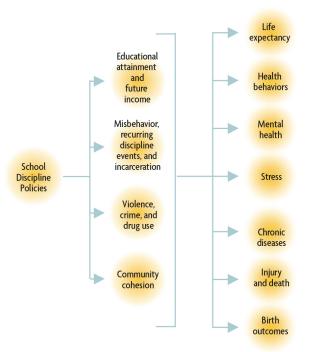
Health Impacts of School Discipline

School Discipline Policies Health Impact Assessment



One major responsibility of the public school system is to provide a safe and hospitable "school climate" in which teachers and students can successfully teach and learn. School discipline policies can promote safe, positive and healthy schools. "Zero tolerance" discipline policies enforce mandatory sentencing for specific behaviors, leaving no room for administrators to exercise good judgment based on specific contexts. Ongoing national, state and local school district policy debates have explored the costs and benefits of zero tolerance and alternative discipline programs. Few of these debates incorporate the health of students and their communities as part of the cost-benefit analysis. In order to more deeply investigate the potential impacts on health and health disparities, HIP conducted an HIA on school discipline policies in Los Angeles, Oakland, and Salinas, California school districts. HIP worked in collaboration with Community Asset Development Re-Defining Education (CADRE) in Los Angeles and Restorative Justice Partners (RJP) in Salinas. The HIA was funded by The California Endowment.





PBIS focuses on improving school climate through establishing expectations and providing consistent reinforcement of positive behaviors. HIA partners in South Los Angeles have focused efforts on adopting and implementing PBIS district-wide in the Los Angeles Unified School District (LAUSD).

RJ focuses on engaging the community that is involved in an incident to repair, rather than punish, any harm done. HIA partners in Oakland and Salinas have focused on implementing RJ.

While PBIS and RJ have different approaches and emphasis, both systems are complementary to one another.

HLA Scope

The HIA considered how health would be impacted by changes in educational outcomes, recurring misbehavior and incarceration, community crime and violence, drug use, mental health, and community cohesion. Recommendations as to how to mitigate negative health outcomes or improve potential benefits to health for each of these areas were developed.

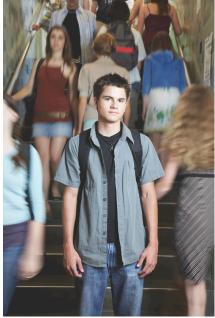
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Findings

The HIA found that exclusionary school discipline policies failed to accomplish their stated mission of improving educational opportunities and school climate, and that PBIS and RJ policies have the potential to bring many benefits to the health and well-being of students through increasing:

- · Time spent in school
- · Academic performance
- · Health knowledge and behaviors
- Longevity
- Earning potential and access to resources
- Access to social networks of support
- Better mental health outcomes
- Drug abstinence
- · Perceptions of safety at school
- · Respect between all members of school community

The HIA also revealed that Black, and to a lesser extent, Latino males are suspended and expelled more frequently than students of other racial groups even though evidence shows that Black students are consistently disciplined for less serious or more subjective reasons than students of other racial groups. Exclusionary discipline thus disproportionately leads to poor short-and long-term health outcomes for Black males.



Outcomes

PBIS is continuing to be implemented in South Los Angeles, and pilot PBIS and RJ programs are also being implemented in Oakland and Salinas. Community partners that engaged in this HIA process are now incorporating HIA results into their advocacy around school discipline issues.

Health Determinant	Impact	Magnitude	Severity	Strength of Evidence	Uncertainties
Education	+ (PBIS) + (RJ) - (ESD)	Mod-Major (PBIS) Moderate (RJ) Major (ESD)	Mod–Major	(PBIS) (RJ) (ESD)	Varying degrees of discipline policy implementation will modify impacts. Student vulnerability or trauma associated with factors outside of school play a role in all of these health determinants (i.e., school discipline policies are not the only contributor)
Misbehavior, Recurring Discipline Events, and Incarceration	+ (PBIS) + (RJ) - (ESD)	Mod–Major (PBIS) Moderate (RJ) Major (ESD)	Mod–Major	(PBIS) (RJ) (ESD)	
Community Violence and Crime	+ (PBIS) + (RJ) - (ESD)	Minor (PBIS) Minor (RJ) Minor (ESD)	Major	▲ (PBIS) ▲ (RJ) ▲ (ESD)	
Drug Use	+ (PBIS) + (RJ) - (ESD)	Minor–Mod(PBIS) Minor–Mod (RJ) Minor–Mod (ESD)	Moderate	▲ (PBIS) ▲ (RJ) ▲ (ESD)	
Family, School and Community Cohesion	+ (PBIS) + (RJ) - (ESD)	Mod–Major (PBIS) Moderate (RJ) Major (ESD)	Moderate	▲ (PBIS) ▲ (RJ) ▲ (ESD)	
Mental Health Conditions	+ (PBIS) + (RJ) - (ESD)	Moderate (PBIS) Moderate (RJ) Mod–Major (ESD)	Mod–Major	(PBIS) (RJ) (ESD)	

EXPLANATIONS:

- Impact refers to whether the proposal will improve health (+), harm health (-), or whether results are mixed (~).
- Magnitude reflects a qualitative judgment of the size of the anticipated change in health effect (e.g., the increase in the number of cases of disease, injury, adverse events): Negligible, Minor, Moderate, Major.
- Severity reflects the nature of the effect on function and life-expectancy and its permanence: High = intense/severe; Mod = Moderate; Low = not intense or severe.
- Strength of Evidence refers to the strength of the research/evidence showing causal relationship between mobility and the health outcome:
- ▲ plausible but insufficient evidence
- ▲▲ likely but more evidence needed;
- ▲▲▲ causal relationship certain. A causal effect means that the effect is likely to occur, irrespective of the magnitude and severity.