



# Data Privacy and Sharing in Schools and How It Can Support a Healthy Learning Environment

Elliott Attisha, DO, FAAP

*Chief Health Officer, Office of School Health & Wellness, Detroit Public Schools Community District*

FTZ SUMMERS © THE ACADEMY OF ARTS 2008

WELCOME  
TO 1ST  
GRADE  
MISS  
PEACH  
RM. 224



HI! WE'RE EVERY SOCIAL PROBLEM IN AMERICA THAT YOU CAN NAME ROLLED INTO A HERD OF TOO MANY HUMANS FOR ONE MERE MORTAL TO MANAGE... LET ALONE TEACH. WHERE DO YOU WANT US TO SIT?

# Welcome



Kiwano Horned Melon



“Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”

National Association of State Boards of Education

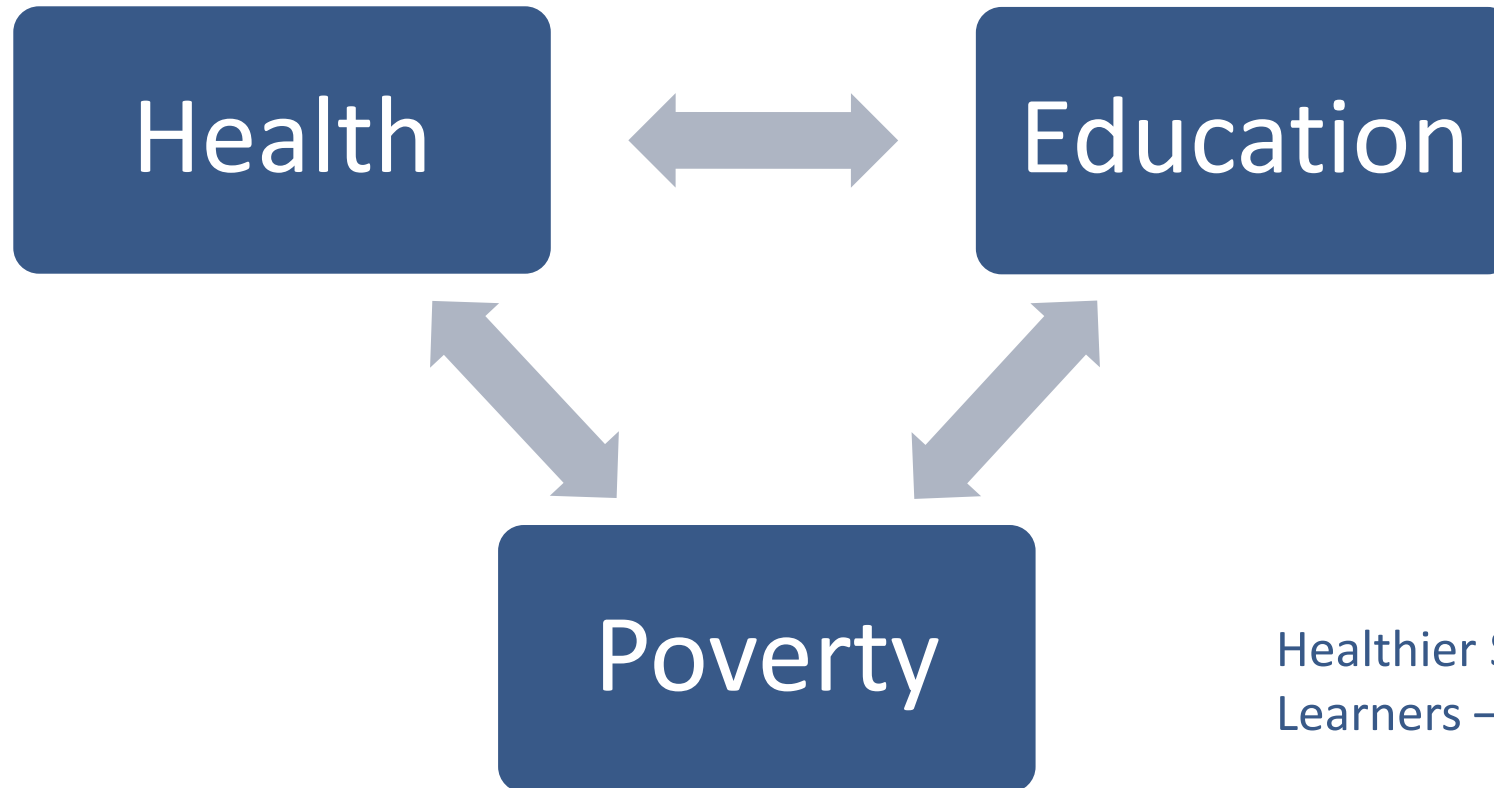
Students Rise. We All Rise.

# Healthy Students...

- Are more likely to attend school
- Are better able to focus and stay engaged
- Are more likely to be ready to learn



# Reciprocal Causal Relationship



Healthier Students are Better  
Learners – Charles Basch, PhD

Students Rise. We All Rise.

# Early Intervention Is Critical!

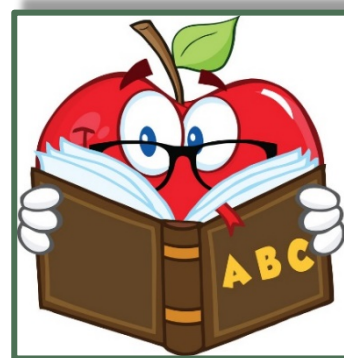
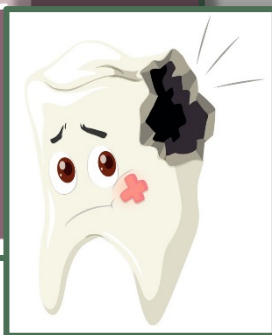


- The environment in which youth live is strongly associated with academic achievement, health, and with social mobility.
  - **This association is mediated by factors such as family structure, parental involvement at school, and parental involvement in education at home.**
- Disparities between poor and non-poor children are already apparent at school entry.

Healthier Students are Better  
Learners – Charles Basch, PhD

Students Rise. We All Rise.

# Health Barriers Related to Learning



Students Rise. We All Rise.



**On average, 3 children in a classroom of 30**



**are likely to have asthma.\***



3

Children in Detroit are nearly 3 times more likely to die from asthma than a child across the rest of Michigan.

Students Rise. We All Rise.

# Childhood Asthma



## Biological risk factors are well established

- Genetic, allergens, tobacco smoke, pollution, respiratory infections, etc.

## Research investigating role of psychosocial stressors continues to increase

- Stress, poverty, poor housing, inadequate environmental control, access to community resources, neighborhood safety, household dysfunction, etc.

Ann Allergy Asthma Immunol

# Adverse Childhood Experiences (ACEs) and Asthma


- One ACE: Increases odds of developing asthma by 28%
- Odds increase with each additional ACE
- Four ACEs increases odds by what %?

**73!%**



“Stress should be viewed as a risk factor for asthma development and asthma exacerbations, much like tobacco smoke and dust mites.”

Dr. Robyn Wing – lead investigator on ACEs and Childhood Asthma Study

Association between adverse childhood experiences in the home and pediatric asthma 

Robyn Wing, MD<sup>1,2,3</sup>; Annie Gjelsvik, PhD<sup>4</sup>; Mariann Nocera, MD<sup>1,2</sup>; and Elizabeth L. McQuaid, PhD<sup>1,5</sup>

<sup>1</sup>Departments of Emergency Medicine and Pediatrics, Section of Pediatric Emergency Medicine, Brown University/Habro Children's Hospital, Providence, Rhode Island

<sup>2</sup>Warren Alpert Medical School of Brown University/Habro Children's Hospital, Providence, Rhode Island

<sup>3</sup>School of Public Health, Brown University, Providence, Rhode Island

<sup>4</sup>Broadway/Habro Children's Research Center and Department of Psychiatry, Rhode Island Hospital, Providence, Rhode Island

# Asthma and Achievement Gap

- Asthma can undermine a child's mental-emotional and physical health
- Consistent association between asthma and anxiety/depression
- Children with asthma perform worse on test of concentration
- Virtually every study examining asthma and absenteeism found a positive association





# 13,900,000

The number of school days missed  
each year because of asthma!

Students Rise. We All Rise.

# Why is school attendance so important?

Students who are chronically absent from school are more likely to:

- fall behind academically
- display behavior and discipline problems
- engage in smoking, drug use, and high risk sexual behaviors
- drop out of school

Attendance Works



Be A Hero by Showing up Every Day!

FREE DPSCD PRIVATE CRUISE  
SATURDAY, NOVEMBER 10

Detroit Public Schools Community District Celebrates Our  
**DPSCD HEROES**  
who achieve perfect attendance during the Count Window, October 3-17  
Students must be present every hour of every day during this period

Every School Day Counts!

Students will be eligible to participate in a free Detroit Princess Riverboat Cruise on the Detroit River with live DJ, dancing, refreshments and much more!

Visit your school's office for more details

DPSCD does not discriminate based on race, color, origin, sex, disability, age and/or religion. Questions or concerns? Contact the Compliance Officer at 313.240.4377 or detroitk12.org/admin/compliance.

Students Rise. We All Rise.

# Chronic Absence Across U.S. 2015-2016

## The Hamilton Project



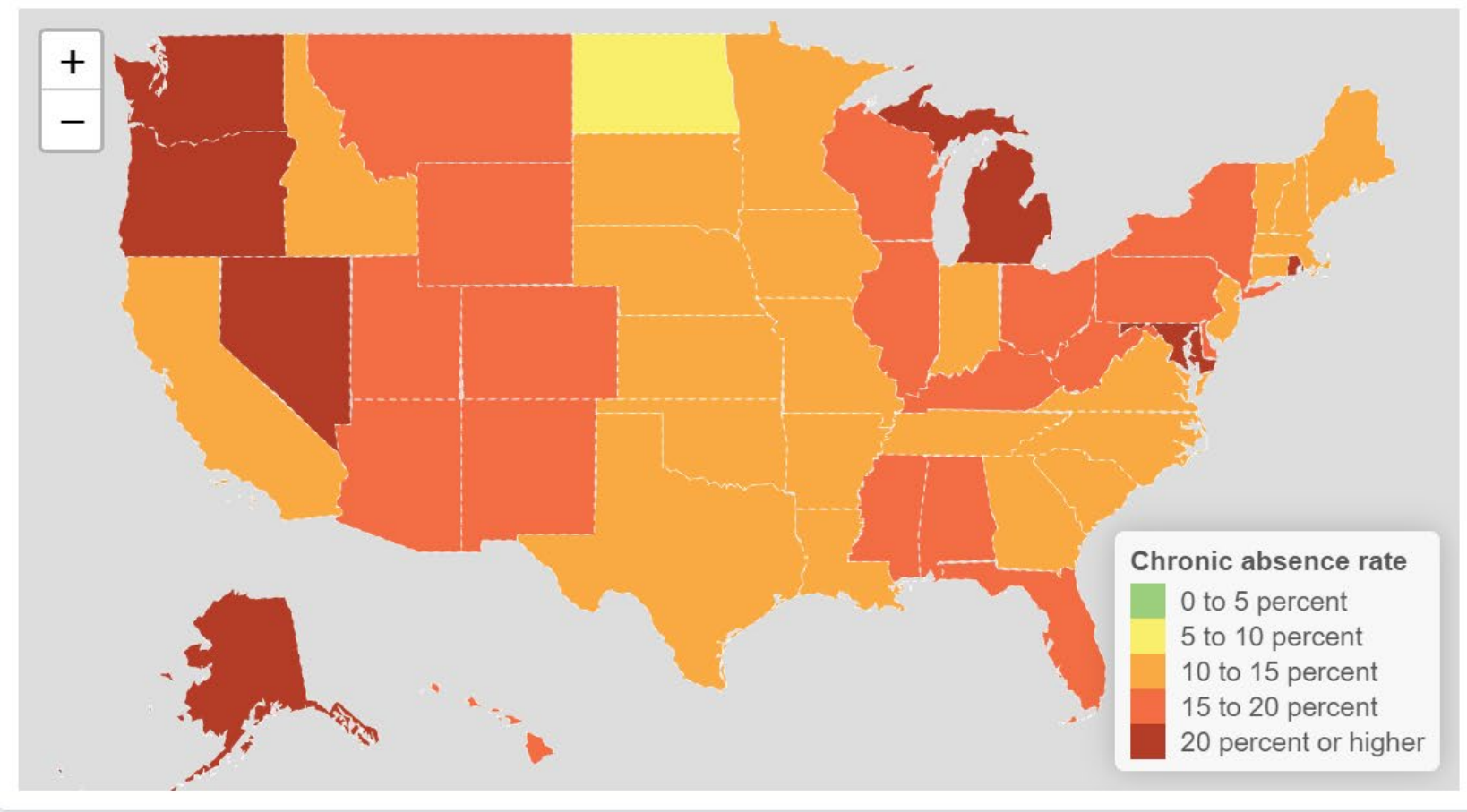
**Student Characteristics**  
All

**School Characteristics**  
All

**Location (state, school district, or school)**  
Michigan

**Choose a school district in Michigan (or click on the map)**  
Type to search or click on the map

Go back one level    Reset the map



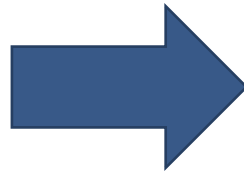
STATE  
**Michigan: 20.2%**

By level    Pick 2    By group    Michigan



# Absences Lead to Dropouts!

83% of students chronically absent in kindergarten and 1<sup>st</sup> grade are unable to read on-level by 3<sup>rd</sup> grade.



Students who can't read on-level in 3<sup>rd</sup> grade are 4 times more likely to drop out than kids who can.

Attendance Works

# Factors Contributing to Chronic Absence

## Myths

- Absences are only a problem if they are unexcused
- Sporadic versus consecutive absences aren't a problem
- **Attendance only matters in the older grades**

## Barriers

- **Lack of access to health or dental care**
- Poor transportation
- Trauma
- No safe path to school
- Homelessness

## Aversion

- **Child struggling academically or socially**
- Bullying
- Ineffective school discipline
- Parents had negative school experience
- Undiagnosed disability

## Disengagement

- Lack of engaging and relevant instruction
- **No meaningful relationships with adults in school**
- Vulnerable to being with peers out of school vs. in school
- Poor school climate

Attendance Works

# Barriers to Care Specific to Detroit...



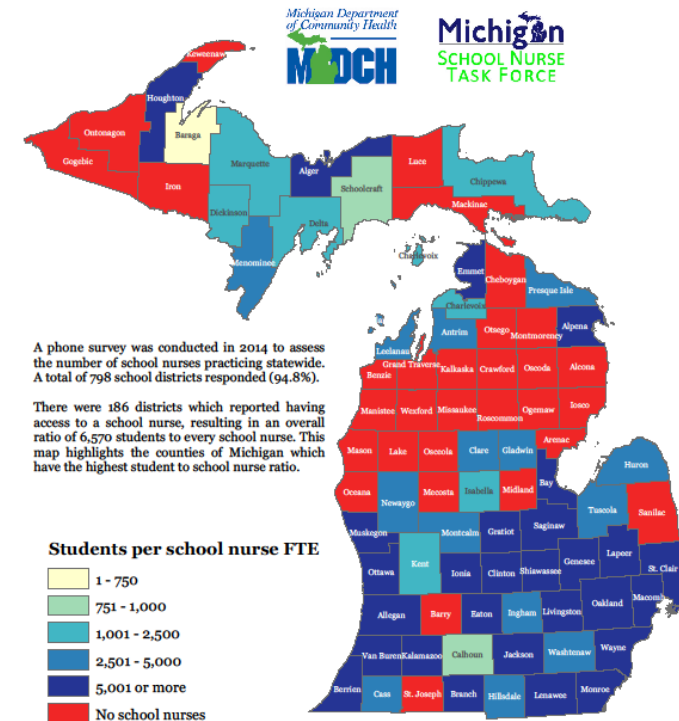
- Roughly **1 in 4** families lack a vehicle
- Health Professional Shortage Areas throughout most Detroit neighborhoods
- **45%** Functional Illiteracy Rate
- Similar to the rest of MI, most Detroit schools lack a school nurse

# School Nurses

- Recommended School Nurse to Student Ratio is 1:750

- Michigan's Ratio?  
**1:6607**

Ratio of Students to School Nurses  
by County, 2014



*Note: only includes school nurses providing direct, clinical services to all students within a local educational authority (LEA) or public school academy (PSA) district. The data does not reflect nurses providing consultation only or one-to-one care for special needs students.*

# School Nurses

- Coordinate Care
- Outreach
- Case Management
- Access to providers
- Ensure students feel safe
- Provide support
- Encourage utilization of reporting systems
- Conduct parent/caregiver and student classes
- Advocate



# And more about School Nurses!



- For every dollar spent on school nurses, society gained \$2.20
- 95% of students seen by a school nurse for health related reasons are sent back to class.
- Time Savings:
  - Principals--1 hour a day!
  - Teachers-- 20 minutes a day!
  - Clerical staff--more than 45 minutes a day!

Baisch, M.J., Lundeen, S.P., & Murphy, M.K. (2011).

Traditionally the role of the school nurse was designed to promote education achievement by promoting student attendance. In 1902 Lina Rogers was appointed the first school nurse. Her early success in reducing absenteeism led to the hiring of 12 more nurses. Within 1 year medical exclusion decreased by what %?

- a. 28%
- b. 40%
- c. 55%
- d. 79%
- e. 99%

# Office of School Health & Wellness



The District's Office of School Health & Wellness aims to create a safe and healthy learning environment by removing health-related barriers so that students can learn, grow and thrive.



## **Whole Child Commitment**

Champion a whole child approach that unlocks students' full potential.

Students Rise. We All Rise.



## Current Team

- Administrative Assistant
- 14 DPSCD District Nurses
- 2 Nurse Agency Partners – Provide a RN or LPN for every school
- COVID Project Manager
- Oral Health Coordinator
- Special Projects Support
- Director of Nursing
- Chief Health Officer

## Coming Soon

- Nurse Leads (Supervisors)
- Project Manager to support OSHW initiatives
- VFC Coordinators
- Assistant Director

**Long Term Goal: Permanent Nurse in Every School!**



**School Nurses are the core of School Health but they can't do it alone!**

**Students Rise. We All Rise.**

# School-Based Health Centers

- Decreased engagement in risk behaviors
- Fewer threats to achievement
- Fewer negative peer influences
- Greater self esteem and satisfaction with health
- Improved problem solving and conflict management
- Improved health and health behaviors
- Increased physical activity
- Better nutritional choices
- More family involvement

CAHC Dashboard

Existing SBHC Partners (16 SBHCs)  
St John Ascension  
Henry Ford Health System  
Institute for Population Health





**SCHOOL-BASED  
HEALTH ALLIANCE**  
Redefining Health for Kids and Teens

## School-Based Health Centers + School Nurses = Student Success



*National Association of School Nurses*

### School-Based Health Centers (SBHCs)

- ✓ Provide primary care, mental health care, and oral health care screening and treatment
- ✓ Offer physical exams and sports physicals
  - ✓ Prescribe and dispense medication
  - ✓ Bill public and private insurance for reimbursable services
  - ✓ Conduct clinical and lab tests
  - ✓ Treat chronic illnesses

### School Nurses

- ✓ Screen for barriers to learning, i.e. vision, hearing, vaccination status
- ✓ Triage or treat accidents and illnesses
- ✓ Administer medications and manage chronic illness, i.e. diabetes, tube feedings
- ✓ Support educational success through IEPs, IHPs, and disaster plans

### SBHCs & School Nurses

- ✓ Educate students and families about healthy behaviors and nutrition
- ✓ Enroll students and families in public insurance programs
  - ✓ Offer immunizations

### Benefits of Working Together

- ✓ Enhance students' health, academic outcomes, and overall well-being
- ✓ Plan and implement health promotion and disease prevention programs
  - ✓ Increase information sharing to protect student privacy and continuity of care
- ✓ Reduce emergency room visits and hospitalizations
  - ✓ Detect health problems before onset of chronic conditions



# Community Mental Health

## Community Based Mental Health Providers

- Work with existing school staff to collectively identify the needs of each school and help fill service gaps.
- Services include:
  - Individual, family, and group therapy
  - Psychoeducation
  - Screenings and Assessments
  - Referrals & Linking
  - Case management and more

## Existing Partners:

- Through Detroit Wayne Mental Health Authority
  - Development Centers
  - Children's Center
  - Black Family Development
  - Arab American and Chaldean Council
  - NorthEast Guidance Center
- Family Medical Center

## District Staff

- 20 Gen Ed SW (2017-2018)
- 80 Sp Ed SW (2017-2018)
- 1 (or more) counselors per school
- 1 Dean of Culture and Climate per school



3

Students with behavioral health difficulties miss 3 times as many school days as those without.

Students Rise. We All Rise.

# Michigan Youth Risk Behavior Survey (2019)



	Michigan	Detroit
In a physical fight at school	6.8%	17.3%
Did not go school because they felt unsafe at school or on their way to or from school	9.3%	15.1%
Attempted suicide one or more times during 12 months prior to survey	7.8%	14.9%
Ever had intercourse	35.3%	43.1%
Did not use any method to prevent pregnancy	13.6%	22.7%
Had ever been told by a doctor or nurse that they had asthma	31.1%	24.2%
Did not eat fruits or 100% fruit juice in the last 7 days	6.5%	11.9%
Were physically active at least 60 min per day on 5 or more days in the 7 days before the survey	44.7%	26.8%
Felt sad or hopeless (almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, during the 12 months before the survey).	37.0%	36.4%

Students Rise. We All Rise.

# Local and State Health Department Support

## Detroit Health Department

- Vision
- Hearing
- Immunizations
- Communicable Disease
- STI Prevention and much more



## Michigan Department of Health & Human Services

- Pathways To Potential



# DPSCD and the Detroit Health Department 2017-2018 school year summary



## Vision

- 44 schools
- 14,724 children screened
- 1,852 eye exams
- 1,413 glasses distributed
- 56 children referred for further care



## Hearing

- 44 schools
- 10,527 children screened
- 276 referred for follow up care

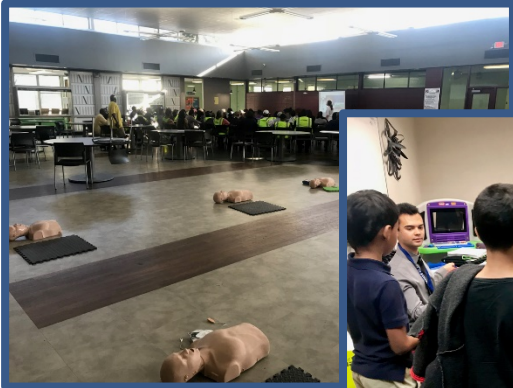
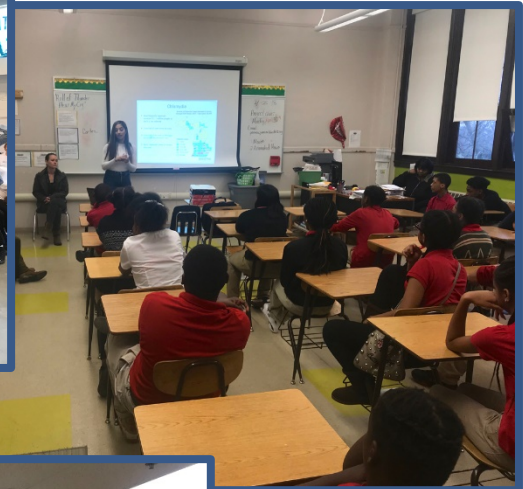
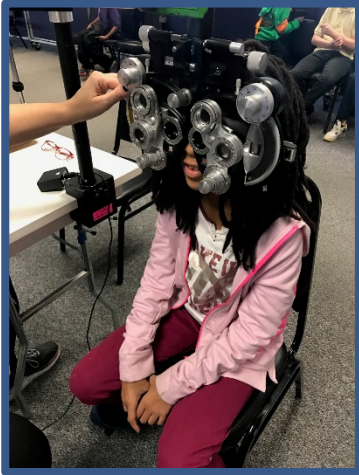


## Immunizations (2018-2019)

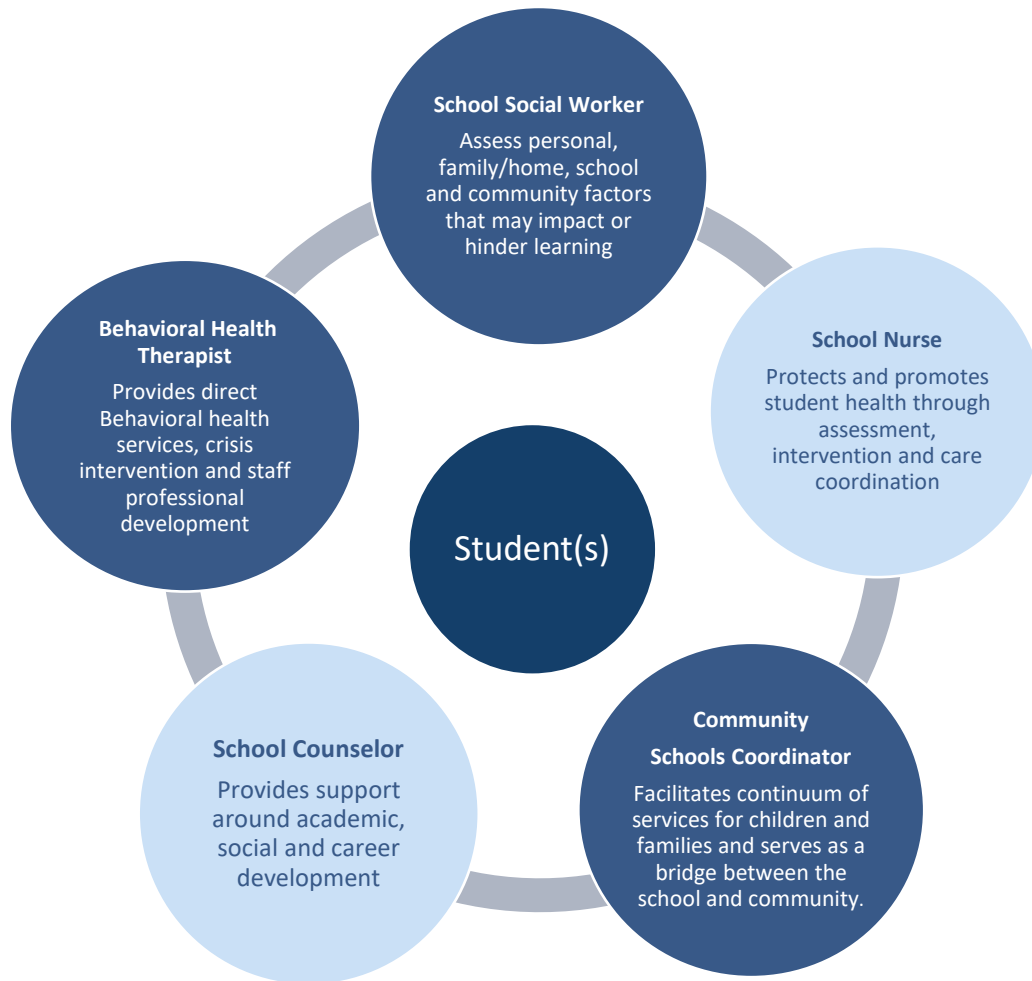
- 17 schools
- 88 children immunized

Students Rise. We All Rise.

# And more partners!



# School-Based Health Services



## Partners (Internal)

- Partnerships & Innovation
- Special Education
- Nutrition
- Data & Research
- Academics
- Health & Physical Education
- Culture & Climate
- Youth and Parent Engagement
- School Health & Wellness
- Transportation
- DPSCD Police Dept

## Partners (External):

- State and Local Health Departments
- CMH Organizations
- Health Institutions
- Medicaid Plans
- Universities
- School-Based Health Centers
- Dental and Vision
- Community
- Foundations



# Annual Health Information Form -

**DETROIT PUBLIC SCHOOL COMMUNITY DISTRICT  
Annual Health Information  
2018-2019 School Year**

Dear Parent/Guardian:

The information on this form will be used to meet your child's health needs at the school. Please complete all sections of the form and then sign and return it to your child's teacher as soon as possible. Every student must have a new form completed each year.

Name of School	Grade	Is your child new to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Last Name	First	Middle	Date of birth
Parent/Guardian Name	Relationship to student	Home or cell number	Work number
Health Care Provider Name	Health Provider Phone number	Date of last physical? <input type="checkbox"/> Unsure <input type="checkbox"/> Unsure	Date of last dental exam? <input type="checkbox"/> Unsure <input type="checkbox"/> Unsure
What Type of Insurance Does your child have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> My child does not currently have insurance		If your child has Medicaid, please mark the plan name <input type="checkbox"/> Molina <input type="checkbox"/> Meridian <input type="checkbox"/> Aetna <input type="checkbox"/> Harbor <input type="checkbox"/> McLaren <input type="checkbox"/> United <input type="checkbox"/> Blue Cross Complete <input type="checkbox"/> Total Health Care <input type="checkbox"/> Other	

Does your child have any of the following health conditions?

Health Condition	Yes	No	Health Condition	Yes	No
Severe allergies (food, insects, drugs, latex) If yes, please state what your child is allergic to (certain foods, insects, latex, etc.) If yes, please check the reaction that occurs: <input type="checkbox"/> Itches <input type="checkbox"/> Swelling <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Other			Head Injury or Concussions		
			Hearing Problems		
			Heart Problems		
			Lead Poisoning		
			Pregnant		
			Seizures		
			Sickle Cell Disease		
Allergies (seasonal)			Speech Problems		
Asthma or breathing problems			Vision Problems		
Attention Deficit Hyperactivity Disorder			Wears Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No		
Behavioral Problems			Other Health Conditions: Please list		
Bladder or Bowel Problems					
Dental problems					
Diabetes					

**Medications and/or Special Procedures\***

	Yes*	No
Does your child require any daily medications to be taken at school?		
Does your child require any emergency medications be kept at school?		
Does your child require any special procedures to be done at school (g-tube feeding, catheterization, etc.)		

\*If you answered yes to any of the above questions under Medications and Special Procedures, please have your child's health care provider complete the attached medication/procedure authorization form. The form must be signed by both the health care provider and the parent and must also be renewed every year.

**Family Needs**

	Yes	No
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?		

**Acknowledgements and Signature**

I certify that this information is correct to the best of my knowledge and understand that it is my responsibility to inform the school if any of this information changes. I also understand that this information may be shared with need to know staff at my child's school in order to keep my child safe and protected while at school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Thank you,  
Detroit Public Schools Community District

**To be completed by office staff**

	Date	Staff person
Form Received		
Information entered into Student Information System		

Students Rise. We All Rise.



**Detroit Public Schools Community District 2018-2019 -DRAFT**  
**Consent To Release Health Information Form**

<b>Student Information:</b>			
Student Last Name	First	Middle	Date of birth
Parent/Guardian First and Last Name		Home or cell number	

**Consent for Release of Information**

By signing this Consent To Release Information form, I consent to the following:

- I authorize my child's school to disclose the following student information to the individuals/groups listed below: child's family and emergency contact information, attendance and disciplinary records, immunization history, results of health screenings such as hearing and vision, psychological evaluations, special education records, section 504 accommodation plan and any information related to medical conditions, such as asthma, diabetes or seizures.
  - My child's Health Care Provider(s)
  - My child's Health Insurance Plan
  - Michigan Department of Health and Human Services and Detroit Health Department (immunization records only)
  - School-based health service providers – see below
- I understand that sharing this information will allow DPSCD to work with each of these individuals/groups to coordinate care, provide outreach services if necessary, and keep my child healthy and safe at school.
- I understand that I am entitled to receive a copy of any disclosed records. (If you wish to receive a copy please provide an email or street address to which where the records should be sent.)
- I understand that these individuals may further use records provided by DPSCD for contacting me and/or verifying information for student health related purposes.
- I understand that my authorization to allow sharing the above information is voluntary and that it expires when my child leaves the school district, or graduates. **I understand that I may revoke this authorization at any time by submitting a note or letter in writing to the school administration office.**

School-based health service providers may include any of the following:

- School Based Health Centers (SBHC): ability to diagnose and treat many common conditions such as sore throats, headaches, and ear infections, and also manage chronic health conditions. The SBHC may also provide behavioral health services.
- Dental Services: may include oral health education, screenings, fluoride varnish application, preventative care and cleaning, restorative/corrective care.
- Vision Services: may include screening, examination, treatment and/or corrections such as eyeglasses.
- Immunization Services
- Behavioral Health Services

In order for your child to receive these services, from these providers, you will need to complete a separate enrollment form with each of the providers.

Parent/Guardian Name:	Relationship to Child:	Date:
Parent/Guardian Signature:		

DPSCD does not discriminate on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age, religion, height, weight, citizenship, marital or family status, military status, ancestry, genetic information, or any other legally protected category, in its educational programs and activities, including employment and admissions opportunities. Questions? Concerns? Please contact: Title IX Coordinator and ADA/ Section 504 Coordinator

## Improved Care Coordination through sharing of information with health partners (need to know individuals):

- Child's Health Care Provider(s)
- Child's Health Insurance Plan
- Michigan Department of Health and Human Services and Detroit Health Department
- School-based health service providers
  - School Based Health Centers (SBHC)
  - Dental Service Providers
  - Vision Service Providers
  - Immunization Service Providers
  - Behavioral Health Service Providers

# Students Rise. We All Rise.

# Initiatives and Opportunities

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD  
A collaborative approach to learning and health



- Community Schools
- TRAILS (Transforming Research into Action to Improve the Lives of Students)
- EHR & Health Information Sharing
- Vaccines For Children (VFC) Provider
- Opt-out consents (if appropriate)
- COVID – Awareness, Safety Measure, Testing, Vaccines and more

# Detroit Asthma School Health Link (DASHLink)



- Pull key stakeholders together around care coordination
- [Missouri's School Nurse Link](#) - health plans have direct contact with school nurses in select schools to help facilitate:
  - communication and appointments with health care providers and specialists
  - referrals for self-management education or home visit programs
- [Nemours Children's Health System's Student Health Collaboration](#) - school nurses have read-only access to local health system electronic health records (EHRs).
  - School nurses can see current medications, diagnosis information, treatment and care plans

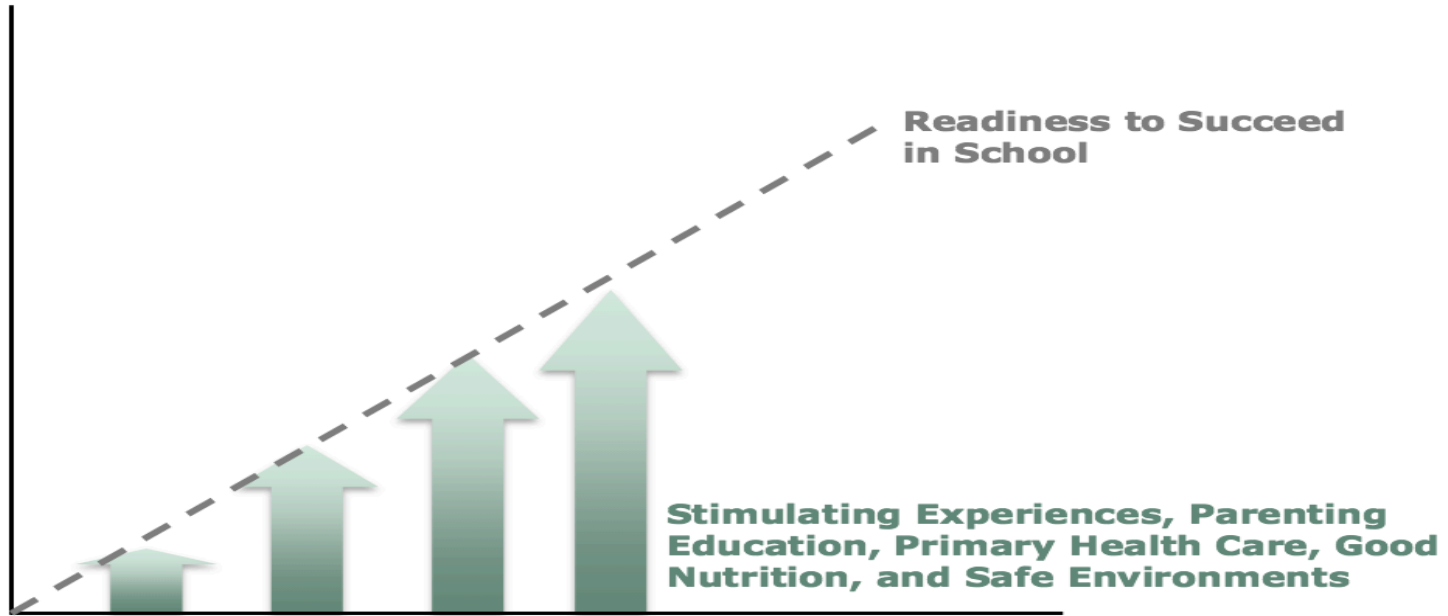
# School Health Priorities



- Raise awareness on connection between health and attendance – this starts at leadership
- Increase access to evidence based school health services
- Improve collection of health and wellness information and data
- Establish a school health team that regularly assesses school health needs
- Develop accountability measures around school climate, health programs and policies
- Continue to expand on partnerships that support school health services
- Provide a safe and healthy place to learn and play



# Readiness to Succeed



<https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/Panel%201%20-%20Shonkoff%20Center%20on%20the%20Developing%20Child%20Presentation.pdf>

**WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD**  
*A collaborative approach to learning and health*



Students Rise. We All Rise.



## Contact

**Elliott Attisha, D.O., FAAP**

**[Elliott.attisha@detroitk12.org](mailto:Elliott.attisha@detroitk12.org)**

The background of the entire image is a photograph of a city waterfront at dusk or dawn. On the left, a modern building with a glass facade and a red triangular architectural element is visible. In the center, a harbor with several boats is shown. On the right, a large, white, curved structure, possibly a stadium or arena, is prominent. The sky is a mix of soft pinks and blues. Overlaid on the image are several horizontal dotted lines in a light blue color.

2021

**VIRTUAL  
PUBLIC HEALTH LAW  
CONFERENCE**

**Building and Supporting  
Healthy Communities  
for All**

**September 21-23**

2021

**PUBLIC HEALTH LAW  
CONFERENCE**

**Building and Supporting  
Healthy Communities for All**

**Sep. 21-23, 2021  
PHLC2021.org  
#PHLC2021**

# **Why Public Education is a Matter of Public Health**

**Addressing the Intersection of Housing and  
Education**

*Ayanna Jones-Lightsy, Co-Director Safe and Stable  
Housing, Standing With Our Neighbors*

# The Harm of Unstable and Unsafe Housing

## Health

- Substandard housing quality can negatively affect children's educational achievement by contributing to physical illness that impairs academic performance

## Education

- Children who change schools, particularly if they change schools often or at critical points in their education, experience declines in educational achievement

# Hyper Mobility

Unstable housing and housing insecurity caused by a lack of affordable housing, evictions, poor conditions, and family situations such as intimate partner abuse can lead to frequent moves during a school year

This hyper mobility leads to high turnover rates in schools, meaning children don't end the school year in the same school they started in.

# High Turnover and Achievement

- Schools with higher turnover rates typically have lower student performance
- “Teachers are unable to gauge the effectiveness of instruction, lessons become review oriented, and the curricular pace is slowed”

<https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Education-1.pdf>

- Hyper mobile students require a disproportionate share of teacher attention and resources which affects the entire class.

<https://nhc.org/wp-content/uploads/2017/03/The-Impacts-of-Affordable-Housing-on-Education-1.pdf>

# Housing Problems & Achievement

- **Housing Subsidy Loss** – “Loss of subsidy has been associated with tenfold increase in the likelihood of moving out of one’s neighborhood”
- **Lack of affordable housing** can drive families to choose substandard housing which can lead to poor achievement
- Poor housing can exacerbate **existing health problems** and increase tardiness and absenteeism



# Our Solution

## Standing With Our Neighbors (SWON)

- AVLF places an attorney and community advocates directly in 10 Atlanta Public Schools
- We leverage our partner private law firm's staff and resources to represent low income tenants in these neighborhoods to focus on improving living conditions and housing stability in low-income neighborhoods – all to improve resident health, reduce school enrollment turnover, and enhance student attendance and performance.
- Program staff are **embedded** within neighborhoods to stop housing instability early and work as a first responder when problems do arise

# Service Model

## Committed Staff & Support

- ✓ Funding/Community Partners
- ✓ AVLF Staff/Expertise (Attorneys, Community Advocates, Social Workers)
- ✓ Volunteer Attorneys, Paralegals, Law Firms
- ✓ Referral Network (Chris180, Families First, HouseProud)
- ✓ Environmental Experts (Air Allergen Mold Testing)

## Holistic Services

- ✓ Legal Services/Representation
  - Preventing displacement
    - Demand letters to landlords
    - Securing repairs
- ✓ Community Outreach
  - Know Your Rights Clinics
  - Sponsoring outreach events
- ✓ Mold Testing
- ✓ Referral to holistic services
  - Physical/mental health (CMO Partnerships)
- ✓ Health and Safety Products

# Results

**51%** reduction in student exits in our first year at Thomasville Heights Elementary\*

**46%** reduction in student exits in our first year at Gideons Elementary\*\*

**34%** reduction in student exits in our first year at Slater Elementary\*\*

**25%** reduction in student exits in our first year at Hollis Innovation Academy\*\*

\*2016 - 2017 \*\* 2017 - 2018

This downward trend has continued in subsequent years. In other schools, located in rapidly transitioning neighborhoods, we were able to keep the numbers of student exits relatively stable.

**452 families**, including **859 children**, received **advocacy and legal assistance** from SWON staff and volunteers.

**231 families**, including **533 children**, were identified as having asthma-related housing issues.

**Over 100 families** and over **300 children** **avoided displacement** as a result of AVLF's advocacy.

..... Inspiring our Partners .....



# Questions?

Please remember to fill out the conference survey location in the description of this session

# School Discipline Dataset

Tracking 10 years of state-level school discipline laws

National Public Health Law Conference, September 2021

Presented by: Alexandra Hess, JD

# The School Discipline Project

- **Project Aim:** Use legal epidemiology methods to create a longitudinal dataset analyzing and tracking school discipline laws across all 50 states and D.C.
- Identified state-level school discipline laws in effect from January 1, 2008 through December 1, 2018
- Dataset is available to view on our website [lawatlas.org](http://lawatlas.org)

# What is Legal Epidemiology?

- **Legal epidemiology** is the deployment and scientific study of law as a factor in the cause, distribution, and prevention of disease and injury in a population
- A team of lawyers/policy analysts follow the policy surveillance process to collect and code the law and work with a team to evaluate the effects of those laws



# What is School Discipline?

- **Gun Free Schools Act of 1994** required states to expel for at least one year any student who possesses a firearm at school
- **Zero Tolerance policies** = mandated punishment/exclusion for specific offenses without use of discretion or alternatives
- Since the enactment of the Gun Free Schools Act, Zero Tolerance policies have **expanded significantly**





# The Impact of Zero Tolerance & Exclusionary Discipline

- **Lower academic achievement**
  - Lower attendance rates
  - Lower grades
  - Graduation/dropout rate: one suspension doubles the likelihood of dropout
- **Educational attainment is a key social determinant of health and predictor of many outcomes**
  - Incarceration
  - Income
  - Chronic disease
  - Life expectancy



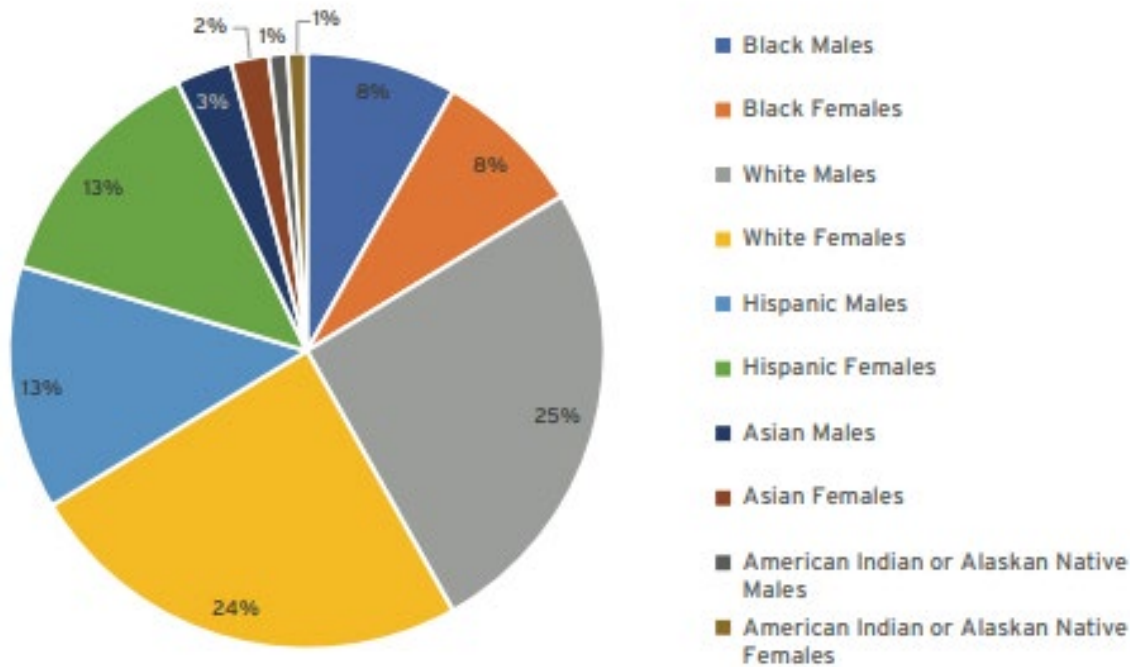
# School-to-Prison Pipeline



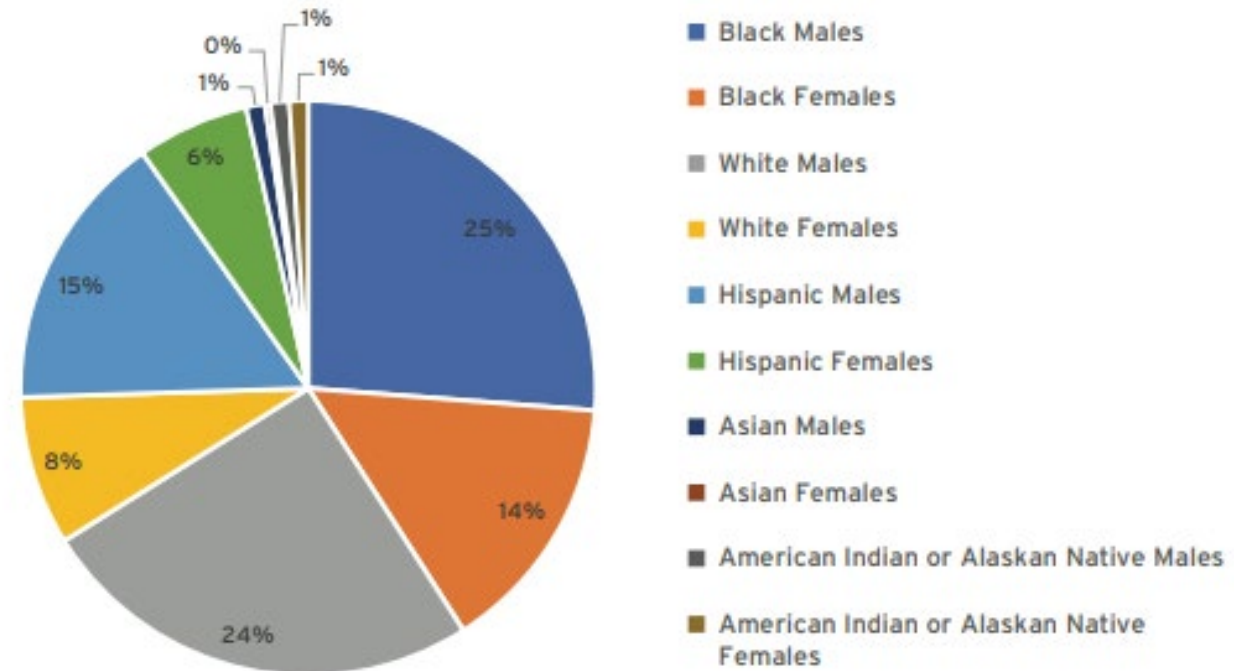
- **Referral of students to criminal legal and delinquency systems**
- **On-campus policing (e.g., school police/resource officers, metal detectors)**
- **Black, Hispanic/Latinx, and Native American students, and students with disabilities are disciplined at significantly higher rates**

# Enrollment vs. Suspension by Race

Percentage of Enrolled K-12 Students, 2015-2016



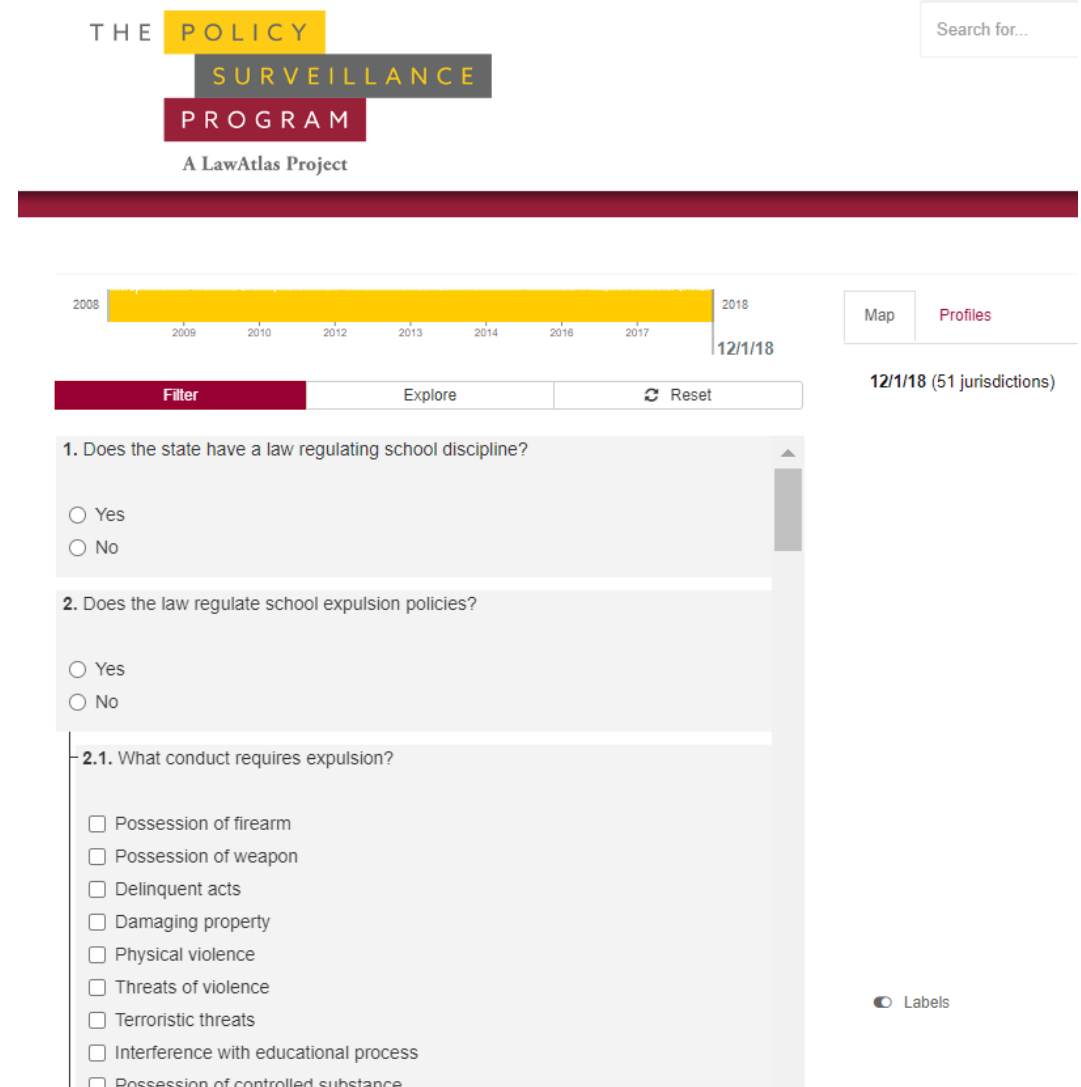
Percentage of K-12 Students Receiving 1 or More Out-of-School Suspensions, 2015-2016



Source: *School Discipline Practices: A Public Health Crisis & An Opportunity for Reform*, ChangeLab Solutions (2019)

# Dataset Variables

- Exclusion (out-of-school suspension and expulsion)
- Length of exclusion
- Types of conduct explicitly prohibited from being punished by suspension or expulsion
- Consideration of individual circumstances
- Exemptions from discipline
- Alternatives to exclusionary discipline
- Reporting requirements to the state/law enforcement



THE POLICY SURVEILLANCE PROGRAM  
A LawAtlas Project

Search for...

2008 2009 2010 2012 2013 2014 2016 2017 2018 12/1/18

Map Profiles

12/1/18 (51 jurisdictions)

Filter Explore Reset

1. Does the state have a law regulating school discipline?

Yes  
 No

2. Does the law regulate school expulsion policies?

Yes  
 No

2.1. What conduct requires expulsion?

Possession of firearm  
 Possession of weapon  
 Delinquent acts  
 Damaging property  
 Physical violence  
 Threats of violence  
 Terroristic threats  
 Interference with educational process  
 Possession of controlled substance

Labels

- **Serious repercussions**

- 42 states require some sort of reporting to law enforcement
- 9 states allow students to be expelled for one calendar year and 7 states allow students to be expelled permanently

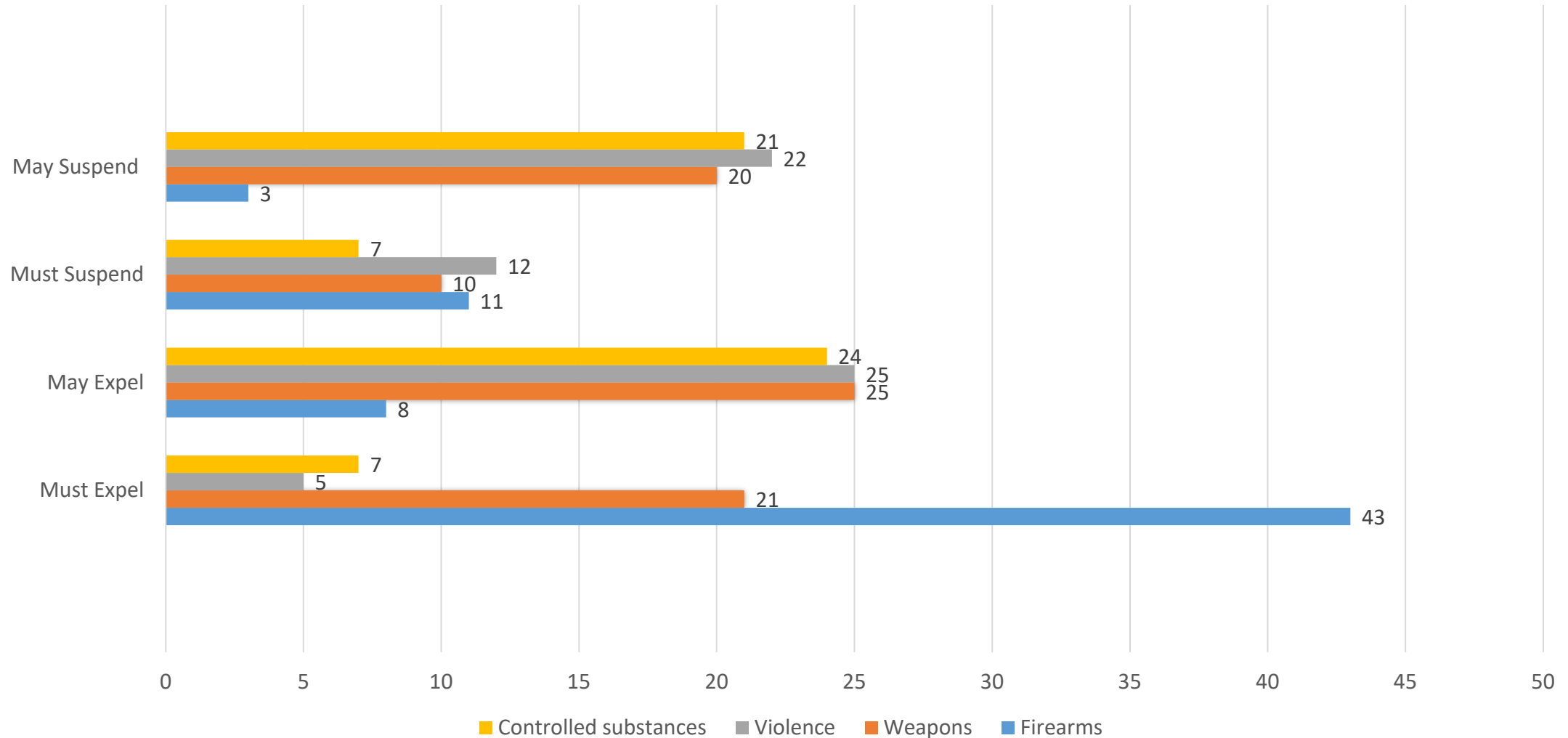
- **Excludable offenses**

- 13 states allow students to be suspended for using profanity
- 6 states allow students to be excluded for truancy or tardiness
- 5 states allow students to be excluded for cell phone use

- **Subjective standards**

- 26 states permit expulsion for ***willful defiance***
- 18 states allow expulsion for ***interference with the educational process***

## Exclusionary Discipline (2018)

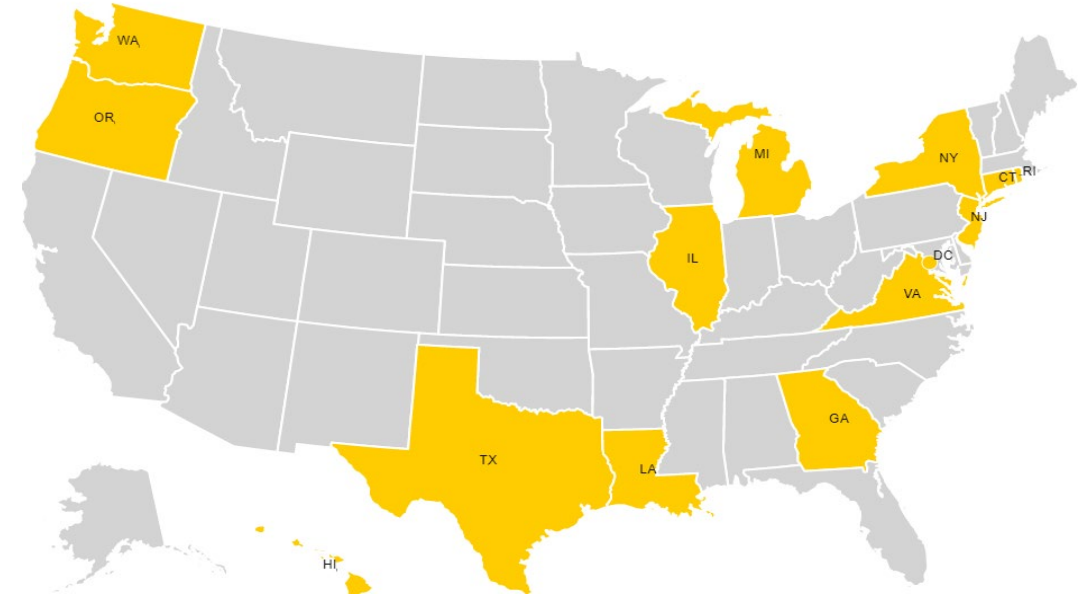
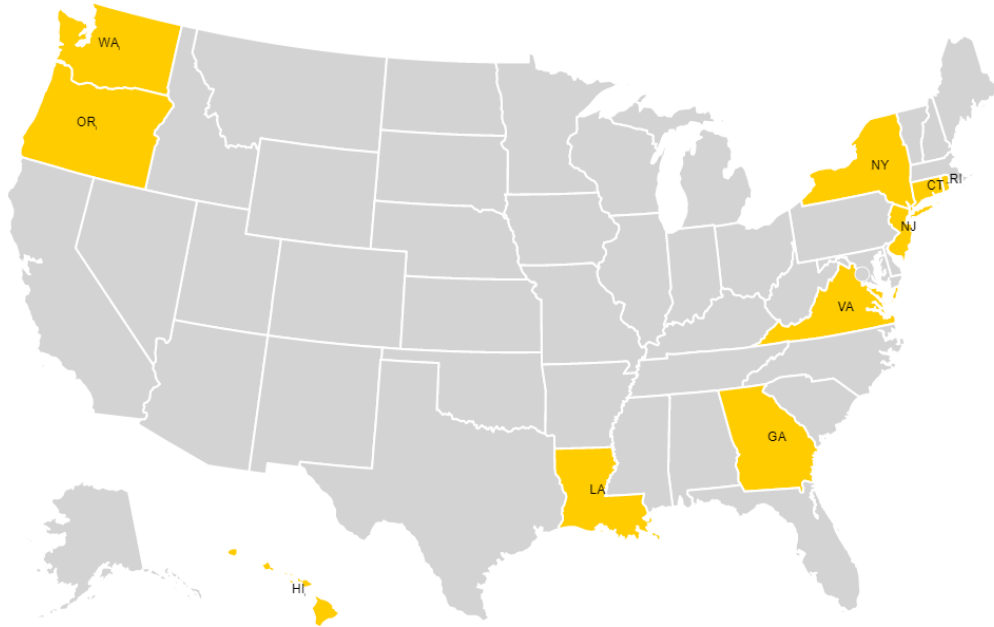


# Consideration of Individual Circumstances

2008



2018



# Exclusion for Willful Defiance

- Subjective and vague meaning
- Racial disparities have been shown to be even more significant in use of willful defiance infractions
- California's willful defiance policy defined as "disrupting school activities or otherwise willfully defying the valid authority of school staff."
  - Resulted in suspension for dress code violations, not following directions
- Statewide ban on willful defiance suspensions expanded in 2019 for 4<sup>th</sup> and 5<sup>th</sup> graders and temporarily for 6<sup>th</sup> through 8<sup>th</sup> graders (currently applies to students K-8 students)
- LA Unified Board of Education banned all willful defiance suspensions
  - Narrowed racial disparities
  - Reduced all suspensions by 75%



- As of December 1, 2018, only **5 states** included restorative justice and positive behavioral interventions as non-exclusionary forms of discipline in their laws
- Restorative justice aims to repair harm by providing mediated community discussion to resolve classroom conflicts

**Lower suspension and  
expulsion rates**

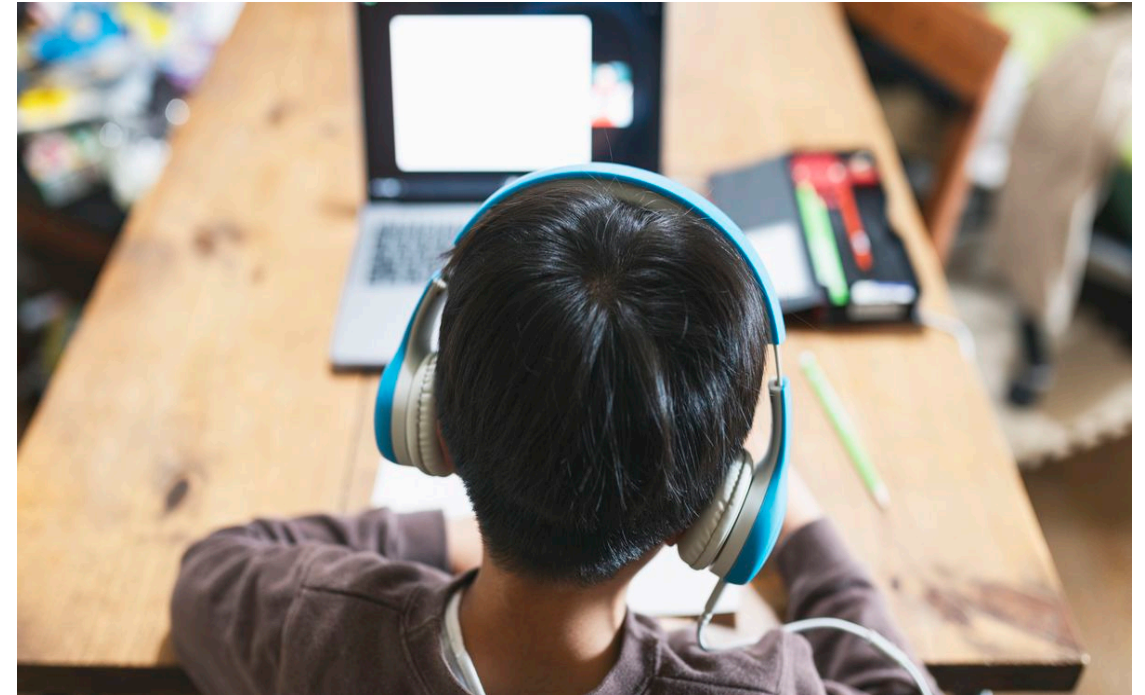
**Improve school climate**

**Increase attendance**

**Increase teacher stability**

# Impact of COVID-19 & Beyond

- **Increased stress and trauma associated with the pandemic**
- **Remote learning has drawn attention to the need for non-exclusionary supports and behavioral interventions**
- **Ensuring equitable use of COVID-19 rules in schools such as mask requirements for students with disabilities**



# Thank you!

[alexandra.hess@temple.edu](mailto:alexandra.hess@temple.edu)

Lawatlas.org