



Health Impact Review Student Discipline Policies on Restraint February 15, 2008

Executive Summary

Substitute House Bill 2884 limits the use of chemical, mechanical, and physical restraint in the public schools. It prohibits chemical restraint, permits use of handcuffing only to control imminent danger while awaiting commissioned officers, and limits the use of physical restraint to control imminent danger. It also adds a reporting requirement for school districts to report discipline data to the Office of Superintendent of Public Instruction, and it adds a requirement that classroom management training include the use of research-based, school-wide, positive behavior intervention supports.

If the bill is to have an impact on health disparities, the bill must make a disproportionate impact on restraint incidents for students of color. It is possible that the bill could disproportionately reduce restraint incidents for students of color because national data indicate that students of color, especially African Americans, are disciplined disproportionately in terms of number of discipline incidents and severity of discipline. Therefore, it is possible that in Washington a larger proportion of restraint incidents for African American students are not related to imminent danger than for White students. There is no evidence that the reporting requirement or the training requirement could lead to a disproportionate decrease in restraint incidents for students of color.

To impact health disparities, there must be links between a decrease in the incidents of restraint experienced by students of color and their improved health. The bill could reduce health disparities if direct injuries or death results from restraint. If emotional harm is a side-effect of restraint, the bill could have an impact on health disparities by disproportionately improving the mental health of students of color. Students of color, especially African American students, perceive disparate discipline practices as racism, and there is evidence that reducing their exposure to incidents of perceived racism could improve their mental health. In addition, the bill could disproportionately lengthen the education of students of color by reducing discipline incidents and reducing exposure to perceived racism, which may be contributing factors to dropout rates. There is strong evidence that lengthening education leads to improved health outcomes.

If the bill has any impact on health disparities, its impact is likely to be small because the bill addresses a relatively infrequently used practice.

I. Introduction

In accordance with RCW 43.20.285, the State Board of Health, in collaboration with the Governor's Interagency Council on Health Disparities, must conduct a health impact review if one is requested by the Governor or a member of the Legislature. A health impact review is a review of a legislative or budgetary proposal that analyzes the extent to which the proposal is likely to have a positive or negative impact on health disparities. The State Board of Health

completed this review in response to a February 8, 2008, request. Although the statute allows for ten days to complete a review during session, the Board completed this review in less than ten days at the request of the legislator. This is a review of Substitute House Bill 2884 regarding student discipline policies on restraint.

The term health disparities describes the disproportionate burden of disease, disability, death, and other adverse health conditions that exist among specific populations or groups. Health disparities based on race, income, gender, education, and sexual orientation are well documented.^{1, 2} Many factors interact to produce the health disparities experienced by communities of color; biological/genetic factors do not fully explain these disparities in health.¹ For example, in Washington State, American Indian and Alaska Native males and females and Black males have the shortest life expectancies.³ In Washington, American Indians and Alaska Natives and Blacks generally have the highest rates of chronic disease and injury, though exceptions do exist. Hispanics and Asians have relatively high rates of cervical cancer.³

II. Bill Description

Short Summary of Bill

Substitute House Bill 2884 limits the use of chemical, mechanical, and physical restraint in the public schools. It prohibits chemical restraint, permits use of handcuffing only to control imminent danger while awaiting commissioned officers, and limits the use of physical restraint to control imminent danger. It also adds a reporting requirement for school districts to report discipline data to the Office of Superintendent of Public Instruction (OSPI), and it adds a requirement that classroom management training include the use of research-based, school-wide, positive behavior intervention supports.

Bill Provisions

Chemical restraint means the use of pepper spray or the administration of any medication for the purpose of restraining a student. Chemical restraint is prohibited.

Mechanical restraint means the use of a mechanical device including, but not limited to, metal cuffs, plastic ties, ankle restraints, tasers, or batons for the purpose of restraining a student. The use of mechanical restraint is prohibited except that school security officers can use handcuffs to restrain a student while awaiting the arrival of a commissioned law enforcement officer if the student's behavior poses a physical threat to property, self or others and nonphysical interventions would not be effective in removing the threat of imminent harm.

Physical restraint means the use of bodily force or physical intervention to limit a student's movement in manner that does not involve chemical or mechanical restraint. Physical restraint can only be used if the student's behavior poses a physical threat to property, self or others and nonphysical interventions would not be effective in removing the threat of imminent harm. Physical restraint in the public schools is prohibited as a means of punishment or a disciplinary response to noncompliance, disruptions, or verbal threats that do not constitute a threat of imminent, serious, physical harm.

School resource officer means a commissioned law enforcement officer who provides security at a public school under the direction of a building administrator.

School security officer means a person other than a commissioned law enforcement officer who provides security at a school under the direction of a building administrator.

Commissioned Law Enforcement: The provisions on restraint do not limit commissioned law enforcement officers, including school resource officers, or judicial authorities from exercising their authority or responsibilities.

School districts must report to the Superintendent of Public Instruction the total number of instances that each type of restraint is used if the duration of the restraint is longer than five minutes. The report must include information about the restraint itself and information about the restrained student, including sex, race, and distinct ethnic category within the racial subgroup. In the fiscal note for SHB 2884, OSPI estimates this reporting requirement will cost it \$227,690 for 2007-2009, \$39,790 for 2009-2011, and \$11,440 for 2011-2013.

Classified employees who have contact with students are included in the list of employees who must complete classes to improve classroom management skills and the classes must include use of **research-based, school-wide, positive behavior intervention supports**.

III. Methods

To conduct this review, Board staff relied on discussions with OSPI staff, discussions with school district staff, data from school districts, a discussion with the education ombudsman, a discussion with the principal's association, and a limited literature review. Internet search engines and database searches were used to conduct the literature review, including Google, ERIC, JSTOR, PsychINFO, and PubMed.

A conceptual model was developed to focus the research for this review, see Figure 1. The far left side of the conceptual model shows the policy and its inputs. The next section shows short term outcomes of the bill. The boxes to the right of short term outcomes show the steps that must occur if the bill is to reduce health disparities in Washington. Research was conducted on each of the dotted lines to determine the validity of each assumption. The discussion that follows is based on each of the links outlined in the conceptual model.

IV. Findings and Discussion

Substitute House Bill 2884 places restrictions on the use of restraint in the public schools. It also adds a reporting requirement for school districts to report discipline data to OSPI, and it adds classified staff to the group that must receive training in classroom management. It requires that the classroom management training include the use of research-based, school-wide, positive behavior intervention supports. For the bill to have an impact on health disparities the bill must make an impact on the number of restraint incidents and that impact must be a disproportionate decrease for students of color. Next, there must be links between a decrease in the incidents of restraint experienced by students of color and their improved health.

A. Impact of Restraint Restrictions in Public Schools

Substitute House Bill 2884 places prohibitions or limitations on three types of restraint. The impact of the bill on use of restraint in schools will be different for each type of restraint. For example, it is unlikely to have much of an impact on the use of chemical restraint because no evidence surfaced in the course of this review that any school district in Washington uses

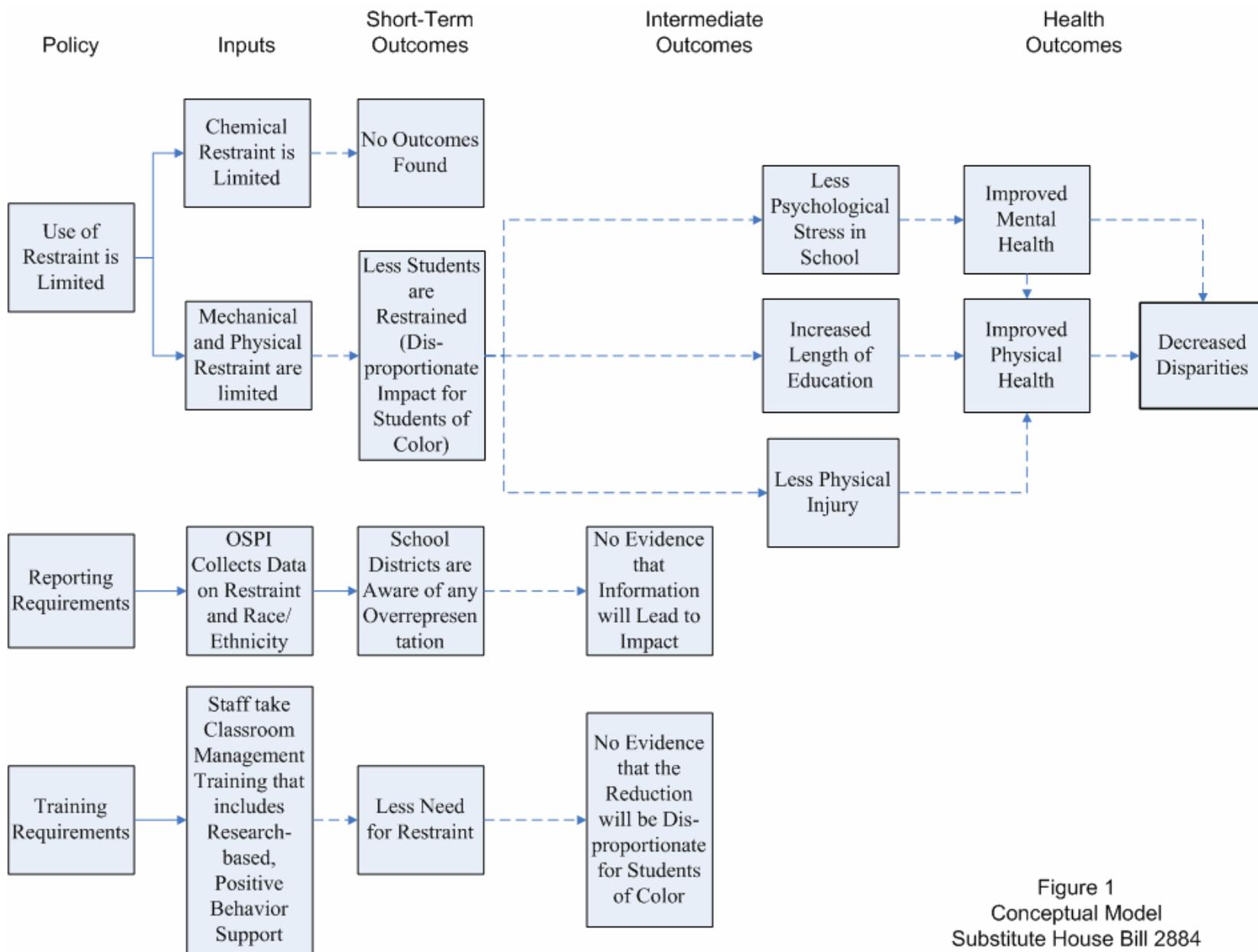


Figure 1
Conceptual Model
Substitute House Bill 2884

chemical restraint. However, there are records that at least one school district, the Kent School District, uses mechanical restraint, including handcuffing.⁴ It is likely that other school districts use mechanical restraint as well. Under the bill, the only type of mechanical restraint that can be used is handcuffs, and it can be done only when the student's behavior poses an imminent threat to property or persons and nonphysical interventions would not remove the threat. Handcuffing can be done only by a school security officer to restrain a student while awaiting the arrival of a commissioned officer. It is likely this bill would reduce use of mechanical restraint in Kent as well as other districts that use mechanical restraint. However, the impact of the bill on mechanical restraint across the state may be limited because some school districts, including Seattle, Yakima, Tacoma, Vancouver, and Bellevue do not use handcuffs at all.⁵

Most school districts use physical restraint, which the bill defines as physical intervention other than mechanical or chemical restraint, including bodily force, used to restrict a student's movement. The bill allows physical restraint to be used only when the student's behavior poses an imminent threat to property or persons and nonphysical interventions would not remove the threat. It is likely that some school districts or schools use physical restraint in instances that would now be prohibited by the bill; for this reason, the bill is likely to decrease use of physical restraint. This bill would prohibit physical restraint without exception for restraint written into individualized education programs (IEPs), which may have a substantial impact.

B. Impact of Restraint Restrictions on Students of Color

To have a disparate impact on students of color, the bill must decrease incidents of restraint more for students of color than it decreases incidents for White students. The bill does not directly address this issue or provide a mechanism for this to occur. However, it is possible that the bill will have this effect because national data indicate that students of color, especially African Americans, are disciplined disproportionately in terms of number of discipline incidents and severity of discipline. Some local data indicate that African American students are overrepresented in discipline actions.

There is substantial national research to indicate that students of color are overrepresented in school discipline incidents and that students of color receive more severe discipline.⁶ This review discusses students of color because there are some data to show that several groups of students of color are overrepresented in discipline actions, but the data are especially strong and consistent for African American students. Data exist to show that discipline is disproportionate for suspensions, expulsions, referrals to the office, and corporal punishment. Overrepresentation in numbers of discipline incidents means that African American students are the subject of a larger proportion of discipline incidents in a school than their proportion in the student population of the school. Disparate treatment in severity of punishment means that African American students receive harsher discipline than White students when they commit the same rule violation as White students.

There are some local data to suggest that schools in Washington may fit the national pattern. For example, in Kent, African American students were handcuffed in 32.4% of the cuffing incidents in the 2006-2007 school year, but they were 10.5% of the student population. In the Seattle School District, African American students were 48.3% of the short-term suspensions in the

2005-2006 school year, but they were 21.8% of the student population. Data from Yakima show that rates for out of school suspensions are fairly proportional among the racial/ethnic groups, although the rates for African Americans and Native Americans are slightly higher than their proportion in the population. See Tables I-III.

TABLE I

**Kent School District, 2006/2007 School Year and 2007/2008 Partial School Year
Number and Percent of Handcuffing Incidents by Race/Ethnicity**

Racial/Ethnic Group (% in Kent School District)	2006/2007		2007/2008	
	N	%	N	%
African American (10.5%)	12	32.4	6	23.1
White (53.4%)	12	32.4	17	65.4
Asian (15.4%)	4	10.8	1	3.8
Hispanic (10.4%)	7	18.9	2	7.7
Other (n/a)	2	5.4	0	0.0
Total	37	99.9	26	100.0

Source: Data on handcuffing were obtained through a conversation with Kent School District staff. Data on race/ethnicity in the Kent School District were obtained through OSPI data on total enrollment by gender and ethnicity 2006-2007, available at <http://www.k12.wa.us/DataAdmin/default.aspx>.

TABLE II

**Yakima School District, 2005/2006 and 2006/2007 School Years
Number and Percent of Out of School Suspensions by Race/Ethnicity**

Racial/Ethnic Group (% in Yakima School District)	2005/2006		2006/2007	
	N	%	N	%
African American (3.3%)	115	5.8	115	5.8
White (31.7%)	576	29.3	579	29.0
Asian (1.3%)	14	0.7	16	0.8
Hispanic (60.9%)	1190	60.4	1204	60.3
Native American (2.7%)	73	3.7	84	4.2
Total	1969	99.9	1998	100.1

Source: Data on out of school suspensions were obtained through Yakima School District reports. Data on race/ethnicity in the Yakima School District were obtained through OSPI data on total enrollment by gender and ethnicity 2006-2007, available at <http://www.k12.wa.us/DataAdmin/default.aspx>.

TABLE III

**Seattle Public Schools, 2005/2006 and 2006/2007 School Years
Number and Percent of Short-Term Suspensions by Race/Ethnicity**

Racial/Ethnic Group (% in Seattle Public Schools)	2005/2006		2006/2007	
	N	%	N	%
All Middle School Students (Grades 6-8)				
African American (21.8%)	591	48.3	606	46.9
White (42.4%)	237	19.4	262	20.3
Asian (22.3%)	184	15.0	195	15.1
Hispanic (11.4%)	167	13.6	192	14.8
Native American (2.2%)	45	3.7	38	2.9
Total	1224	100.0	1293	100.0
All High School Students (Grades 9-12)				
African American (21.8%)	474	45.8	415	46.4
White (42.4%)	267	25.8	250	28.0
Asian (22.3%)	158	15.3	114	12.8
Hispanic (11.4%)	109	10.5	96	10.7
Native American (2.2%)	28	2.7	19	2.1
Total	1036	100.1	894	100.0
Source: Data on short-term suspensions were obtained through Seattle School District's Data Profile District Summary 2007, available at http://www.seattleschools.org/area/asiso/disprof/2007/disprof_2007.xml . Data on race/ethnicity in the Seattle School District were obtained through OSPI data on total enrollment by gender and ethnicity 2006-2007, available at http://www.k12.wa.us/DataAdmin/default.aspx .				

National literature indicates that the overrepresentation of African American students in disciplinary actions is not a by-product of disparity associated with socio-economic status or higher rates of misbehavior on the part of African American students. A study on disparity in discipline controlled for socio-economic status and found that non-White students still had significantly higher rates of suspension.⁷ The literature does not indicate that African American students behave more poorly than White students; in fact, the literature indicates that African American students receive the same discipline as White students who committed more serious rule violations.⁷

If SHB 2884 reduces restraint incidents equally for all students, it will not have an impact on health disparities because it will not make a disproportionate change for students of color. It is possible for this bill to disproportionately decrease restraint incidents for students of color if a greater proportion of current restraint incidents for students of color are incidents that would be prohibited by the bill. The bill allows some use of handcuffing and physical restraint if there is imminent danger to property or persons. Given the national evidence that African American students receive disproportionately more severe discipline, it is possible that in Washington a larger proportion of restraint incidents for African American students are not related to imminent

danger than for White students. If this is true, the bill could disproportionately decrease restraint incidents for African American students.

C. Impact of Reporting Requirement on Students of Color

School districts must report to the Superintendent of Public Instruction the total number of instances that each type of restraint is used if the duration of the restraint is longer than five minutes. The report must include information about the restraint itself and information about the restrained student, including sex, race, and distinct ethnic category within the racial subgroup. Currently, OSPI does not collect information on any discipline practice that is broken out by race or ethnicity. Some school districts do collect information on discipline that is broken out by race, but it appears that few collect it on restraint.

It is unclear whether data collection by OSPI would have an impact on use of restraint in general or use of restraint in relation to race or ethnicity. For example, the Seattle School District has publicly available data on suspensions and expulsions by race and ethnicity that cover a seventeen-year span. The data show that African American students have been overrepresented in these discipline actions almost every year of the seventeen years. While it is not clear whether data reporting would change practice related to racial equality in discipline, the availability of the data would provide opportunities to identify trends and make changes.

D. Impact of Training Requirements on Students of Color

In addition to the bill's prohibition on restraint, the bill expands the group of school employees who must take classes to improve classroom management skills, and it requires those classes to include the use of research-based, school-wide, positive behavior intervention supports.

The literature provides many examples of training programs and methods for schools and facilities to reduce the need to use restraint. Research on work with children in schools and facilities for children with emotional and behavioral problems shows that training on de-escalation techniques, trauma-sensitive care, and culturally sensitive care can reduce the use of restraint.⁸ In addition, staff training in mainstream schools can reduce the number of assault incidents in schools as well as reduce the number of discipline incidents,⁹ and there are many effective programs in classroom management techniques that reduce overall student violence in schools.¹⁰ If the training language added by the bill leads to the implementation of effective training programs, there could be a reduction in the need for restraint. However, a reduction in the use of restraint will not decrease health disparities if the reduction occurs equally for all groups of students. The reduction must be disproportionate for students of color for it to potentially impact health disparities. The literature indicates that cultural sensitivity training for educators can reduce disparity in discipline actions for students of color;¹¹ however, language about cultural sensitivity training is not included in the bill.

V. Impact on Health Disparities

If SHB 2882 disproportionately reduces incidents of restraint for students of color, it has the potential to decrease health disparities if there is a connection between restraint incidents and student health.

A. Restraint and Health

There is a direct relationship between restraint and health if injury or death occurs as a direct result of restraint. There is at least one report of the death of a child from restraint by teachers in a classroom, and there is estimated to be about nine child deaths a year from restraint in all settings.⁹ In addition, children who are restrained can suffer injuries such as damaged joints, broken bones, and friction burns.⁹ It is not clear how widespread such injuries are in school restraint incidents, but a disproportionate reduction in restraint for students of color could lead to a reduction in health disparities by disproportionately reducing restraint-related injuries for students of color.

The limited literature review conducted to produce this health impact review did not find any studies on the potential emotional impacts of restraint in schools. In addition, there is some evidence in the literature that such studies do not exist.⁹ However, the President's Freedom Commission on Mental Health states that restraint and seclusion should be used as safety interventions of last resort when there is an imminent danger to the individual or others.¹² The Commission Report explicitly states that seclusion and restraint are not treatment interventions and should not be used instead of adequate levels of staff or active treatment. The reason given is the danger of injury, retraumatization, loss of dignity and other psychological harm. In addition, the Substance Abuse and Mental Health Administration is actively working toward seclusion and restraint-free mental health services because of the risk of injury, death, and additional trauma to already traumatized individuals.¹³ However, there is some debate in the literature about whether physical restraint is therapeutic for children and youth.¹⁴ The discussion of benefits and harms of restraint are focused on children in facilities rather than in public schools.

If a side-effect of restraint is emotional harm to the student, such as increased stress, it is possible that it would have a longer term effect on the mental health of the child. If the effect of the bill is to disproportionately reduce restraint incidents for students of color, the bill could have an impact on health disparities by disproportionately improving the mental health (in this review mental health means psychological stress) of students of color.

An improvement in the mental health of students of color could lead to an improvement in the physical health of students of color. The contribution of poor mental health to poor physical health is well substantiated in the literature.¹⁵ For example, strong evidence establishes depression as a risk factor for heart disease, and psychological stress is also thought to contribute to hypertension. Poor mental health, or psychological stress, is thought to contribute to poor physical health through neuroendocrine and immune functioning. Poor mental health can also contribute to poor physical health through health behavior, such as inadequate diet, exercise, and sleep.¹⁵

B. Perceived Racism and Health

A disproportionate reduction in restraint incidents on students of color could reduce negative impacts on the emotional health of these students through a reduction in perceived racism. There is evidence that students of color, especially African American students, are aware of the disparity in student discipline and perceive the different treatment as racism.¹⁶ Further, there is evidence that the experience of perceived racial discrimination leads to increased stress (poorer mental health) and poorer physical health. The Healthy Youth Survey indicates that eighth, tenth, and twelfth graders who experienced harassment based on their race, perceived sexual orientation, or physical disability were more likely to consider suicide.¹⁷ In addition, national literature supports the connection between self-reported exposure to racism and poor mental health outcomes.¹⁸ There is also evidence that the stress of exposure to perceived racism can have immediate impacts on physical health.¹⁹ If the bill has the effect of disproportionately reducing restraint incidents for students of color, it would reduce exposure to disparate treatment based on race for these students, which could improve the health of students of color. However, the impact of the bill on students' perception of racism in schools is likely to be very small because the bill addresses only one type of fairly infrequent interaction between students and school staff.

C. Length of Education and Health

Substitute House Bill 2884 could potentially decrease health disparities if the reduction in restraint incidents leads to a disproportionate number of students of color remaining in school for greater lengths of time. There is evidence that disciplinary actions are a contributing factor to the high dropout rate among students of color.²⁰ In addition, there is evidence that the perception of discriminatory treatment within schools is a factor that contributes to African Americans leaving school early.²¹ If the impact of the bill is to disproportionately reduce discipline incidents for students of color, or reduce their perception of racism within the schools, the impact of the bill could be to disproportionately lengthen the education of students of color.

A greater number of years of education is connected to better health.²² The literature demonstrates that those with more education are in better health, whether health is measured by mortality, self-reported health measures, or morbidity rates.²³ The health benefits of education are likely tied to per year of education, not just to the attainment of a diploma.²⁴ By disproportionately lengthening the education of students of color, the bill could reduce health disparities. However, the impact of the bill on reducing the number of discipline incidents for students or their perception of racism in schools is likely to be small because the bill addresses only one type of fairly infrequent interaction between students and school staff.

VI. Policy Considerations

Substitute House Bill 2884 does not have an exception for use of restraint when use of restraint is included in a child's individualized education program (IEP). The previous version of this bill did have such an exception. Students eligible for special education will have an IEP developed that outlines how to accomplish their educational and functional goals. It also includes any

special aversive interventions that are required for the student. The plan is developed and approved by a variety of school staff and the child's parents. As discussed above, there is some debate about whether restraint with children is therapeutic, but the weight of the evidence appears to be on the side that restraint is not therapeutic, and it should be allowed only as an emergency safety measure since there is a risk of physical and psychological harm. This bill provides for such emergency use. However, caring for some children that require an IEP without the use of restraint may require considerable staff training.⁸

VII. Conclusion

Substitute House Bill 2884 has the potential to decrease health disparities among certain racial/ethnic groups, especially among African Americans. However, if it has an impact on health disparities, its impact is likely to be small because the bill addresses a relatively infrequently used practice.

¹ U.S. Department of Health and Human Services. (2000) *Healthy People 2010: Understanding and Improving Health*. (2nd ed.). Washington, DC: U.S. Government Printing Office.

² Recommendations from the Joint Select Committee on Health Disparities (November 2005), Washington State Legislature, Olympia, WA.

³ Washington State Department of Health. (2007) Health of Washington State. Olympia, Washington. Accessed at: <http://www.doh.wa.gov/HWS/HWS2007.htm> on 2/14/2008.

⁴ Kent School District Use of Handcuffing Summary for November and December 2007. Presented at the 1/23/08 School Board meeting. Available at <http://www.boarddocs.com/wa/ksdwa/Board.nsf/Public?OpenFrameSet>.

⁵ Coolican JP. "Handcuffs were use on Kent elementary students." *The Seattle Times*. April 1, 2004. Conversation with security staff in the Yakima School District.

⁶ Skiba RJ, Michael RS, Nardo AC, and Peterson RL. The color of discipline: Sources of racial and gender disproportionality in school punishment. *The Urban Review*. 2002; 34:317-342. Fenning P, Rose J. Overrepresentation of African American students in exclusionary discipline: the role of school policy. *Urban Education*. 2007;42:536-559. Gordon R, Della Piana L, Keleher T. Facing the Consequences: An examination of racial discrimination in U.S. Public Schools. ERASE Initiative, Applied Research Center. March 2000. Bullara DT. Classroom management strategies to reduce racially-biased treatment of students. *Journal of Educational and Psychological Consultation*. 1993; 4:357-368.

⁷ Skiba RJ, Michael RS, Nardo AC, and Peterson RL. The color of discipline: Sources of racial and gender disproportionality in school punishment. *The Urban Review*. 2002; 34:317-342.

⁸ Children's Welfare League of America. *Achieving Better Outcomes for Children and Families: Reducing Restraint and Seclusion*. 2004.

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¹⁰ *Youth Violence: A Report of the Surgeon General*. Rockville, MD: Public Health Service; 2001.

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¹² New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

¹³ Substance Abuse and Mental Health Services Administration, Health and Human Services, Roadmap to Seclusion and Restraint Free Mental Health Services. Available at <http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4055/>. SAMHSA Awards More Than \$5 Million to Support Alternatives to the Use of Restraint and Seclusion in Mental Health Facilities. SAMHSA News Release, 9/21/2007. Available at http://www.samhsa.gov/newsroom/advisories/070921rs_award3327.aspx.

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