## SCHOOL HEALTH POLICIES AND PRACTICES STUDY

## Trends Over Time: 2000-2014¹

About SHPPS: SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS was conducted at all levels in 1994,2000 , and 2006 . The 2012 study collected data at the state and district levels only, and the 2014 study collected data at the school and classroom levels only.

SHPPS assesses the characteristics of all school-based components of the Whole School, Whole Community, Whole Child model: ${ }^{2}$ health education; physical education and physical activity; nutrition environment and services; health services; counseling, psychological, and social services; social and emotional climate; physical environment; employee wellness; family engagement; and community involvement.

## Counseling, Psychological, and Social Services

| Percentage of Schools with Specific Counseling, Psychological and Social Services Practices, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Practice | 2000 | 2006 | 2014 | Trend |
| Someone at school oversees or coordinates mental health and social services | 77.8 | 76.8 | 67.3 | Decreased |
| Offers mental health or social services to students or families through arrangements with providers not on school property | 51.6 | 44.8 | 40.5 | Decreased |
| Mental health and social services coordinator received professional development on specific topics* |  |  |  |  |
| Alcohol or other drug use prevention | 68.2 | 54.9 | 52.4 | Decreased |
| HIV prevention | 34.9 | 25.3 | 22.2 | Decreased |
| Injury prevention and safety counseling | 27.7 | 47.9 | 47.8 | Increased |
| Peer counseling or mediation | 61.9 | 47.4 | 48.9 | Decreased |
| Services specifically for gay, lesbian, or bisexual students | 20.2 | 24.2 | 39.4 | Increased |
| Tobacco use prevention | 43.1 | 37.1 | 30.1 | Decreased |
| ${ }^{*}$ During the 2 years before the study. |  |  |  |  |

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## Health Education

| Percentage of Schools with Specific Health Education Practices, <br> SHPPS 2000, 2006, and 2014 |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Practice | $\mathbf{2 0 0 0}$ | $\mathbf{2 0 0 6}$ | $\mathbf{2 0 1 4}$ | Trend |  |
| Students are required to receive instruction on: |  |  |  |  |  |
| Alcohol or other drug use prevention | 88.7 | 81.7 | 62.3 | Decreased |  |
| Foodborne illness prevention | NA | 56.4 | 41.0 | Decreased |  |
| HIV prevention | 64.0 | 59.2 | 41.4 | Decreased |  |
| Human sexuality | 67.0 | 62.0 | 48.0 | Decreased |  |
| Nutrition and dietary behavior | 84.6 | 84.3 | 74.1 | Decreased |  |
| STD prevention | 48.6 | 48.8 | 38.2 | Decreased |  |
| Tobacco use prevention | 86.8 | 81.0 | 65.7 | Decreased |  |
| Includes health education in Individualized <br> Education Programs or 504 plans | NA | 80.7 | 65.9 | Decreased |  |
| NA=Not asked in this survey year. |  |  |  |  |  |


| Percentage of Health Education Classes or Courses with Specific Characteristics, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Characteristic | 2000 | 2006 | 2014 | Trend |
| Class was devoted to health topics* | 39.6 | 43.2 | 57.7 | Increased |
| Class was combined health education and physical education course* | 18.6 | 21.8 | 35.7 | Increased |
| Class was mainly about some subject other than health education (e.g., science, social studies, or English)* | 41.7 | 34.9 | 6.5 | Decreased |
| Teacher received professional development on: ${ }^{+}$ |  |  |  |  |
| HIV prevention | 34.9 | 22.9 | 19.2 | Decreased |
| Injury prevention and safety | 25.0 | 41.3 | 40.7 | Increased |
| Nutrition and dietary behavior | 25.9 | 31.1 | 37.7 | Increased |
| Physical activity and fitness | 21.8 | 34.3 | 43.4 | Increased |
| Suicide prevention | 15.1 | 14.0 | 28.4 | Increased |
| Teaching skills for behavior change | 55.4 | 52.5 | 41.2 | Decreased |
| Teaching students with limited English proficiency | 24.2 | 35.9 | 39.7 | Increased |
| Violence prevention | 48.9 | 59.4 | 63.8 | Increased |
| *Not asked among elementary schools. ${ }^{\text {T}}$ During the two years before the study. |  |  |  |  |

## Healthy and Safe School Environment (includes Social and Emotional Climate)

| Percentage of Schools with Specific School Environment <br> $\mathbf{2 0 0 0} \mathbf{2 0 0 6}$ and $\mathbf{2 0 1 4}$ |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Practice | $\mathbf{2 0 0 0}$ | $\mathbf{2 0 0 6}$ | $\mathbf{2 0 1 4}$ | Trend |  |  |
| Uses security or surveillance cameras (inside or <br> outside school building) | 16.7 | 43.0 | 78.8 | Increased |  |  |
| Has or participates in a program to prevent <br> bullying | 63.0 | 77.3 | 83.2 | Increased |  |  |
| Prohibited all tobacco use during any school- <br> related activity* | 46.3 | 63.6 | 65.3 | Increased |  |  |
| Has a plan to address mold problems | NA | 67.0 | 78.2 | Increased |  |  |
| Has a school health council, committee, or <br> team | 65.7 | 39.5 | 35.7 | Decreased |  |  |

NA=Not asked in this survey year.
*Prohibited 1) cigarette smoking and smokeless tobacco use among all students, all faculty and staff, and all school visitors in school buildings, outside on school grounds, on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events; and 2) cigar or pipe smoking by all students, all faculty and staff, and all school visitors.

## Physical Education and Physical Activity

| Percentage of Schools with Specific Physical Education and Physical Activity Practices, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Practice | 2000 | 2006 | 2014 | Trend |
| Physical Education |  |  |  |  |
| Requires students to take physical education for graduation or promotion to the next grade level or school level | 96.4 | 78.4 | 76.5 | Decreased |
| Requires physical education in a specific grade | NA | 62.6 | 52.1 | Decreased |
| Exempts students for one grading period or longer for:* |  |  |  |  |
| Cognitive disability | 31.4 | 44.1 | 52.4 | Increased |
| Long-term physical or medical disability | 66.3 | 85.7 | 85.7 | Increased |
| Religious reasons | 41.3 | 50.3 | 54.0 | Increased |
| Physical Activity |  |  |  |  |
| All classes have regularly scheduled recess immediately after lunch ${ }^{+}$ | 42.3 | 49.6 | 26.2 | Decreased |
| Offers community physical activity programs for children and adolescents after school | 63.8 | 56.5 | 52.6 | Decreased |
| Offers specific physical activity clubs or intramural sports programs to students: |  |  |  |  |
| Cardiovascular fitness | 11.4 | 22.9 | 23.1 | Increased |
| Walking | 12.1 | 19.8 | 22.4 | Increased |
| ${ }^{*}$ Among schools with required physical education. <br> ${ }^{+}$Among elementary schools with regularly scheduled recess. |  |  |  |  |

## Percentage of Physical Education Classes or Courses in Which the Teacher Received Professional Development During the 2 Years Before the Survey, 2000, 2006, and 2014


-Teaching methods to promote inclusion and active participation of overweight and obese children during physical education

## Nutrition Environment and Services

| Practice | 2000 | 2006 | 2014 | Trend |
| :---: | :---: | :---: | :---: | :---: |
| Almost always or always reduced the amount of salt called for in recipes or used low-sodium recipes* | 34.1 | 45.8 | 68.0 | Increased |
| Offers students the follow ing specific items each day for lunch: |  |  |  |  |
| Two or more different non-fried vegetables | 61.7 | 63.4 | 79.4 | Increased |
| Two or more different fruits or types of 100\% fruit juice | 68.1 | 66.3 | 78.0 | Increased |
| Offers a la carte foods and beverages to students during a typical school week |  |  |  |  |
| Bread sticks, rolls, bagels, pita bread, or other bread products that are not whole grain | 39.5 | 43.4 | 23.8 | Decreased |
| Cookies, crackers, cakes, pastries, or other baked goods not low in fat | 59.2 | 52.6 | 19.0 | Decreased |
| Deep fried French fried potatoes | 40.0 | 18.8 | 7.0 | Decreased |
| Ice cream or frozen yogurt not low in fat | 37.4 | 31.2 | 11.9 | Decreased |
| Lettuce, vegetable, or bean salads | 52.6 | 72.8 | 78.8 | Increased |
| Low-fat or nonfat yogurt | 35.5 | 50.3 | 59.3 | Increased |
| Other vegetables | 51.0 | 70.8 | 76.9 | Increased |
| Salty snacks that are low in fat (e.g., pretzels, baked chips, or other low-fat chips) | 38.2 | 53.2 | 54.6 | Increased |
| Salty snacks not low in fat (e.g., regular potato chips or cheese puffs) | 35.5 | 33.9 | 12.9 | Decreased |
| Vegetables with low-fat dip | NA | 52.9 | 63.7 | Increased |
| Students can purchase food or beverages from: |  |  |  |  |
| One or more vending machines at school | 47.8 | 45.4 | 28.1 | Decreased |
| A school store, canteen, or snack bar | 35.7 | 27.8 | 19.1 | Decreased |
| Students can purchase specific beverages from vending machines or school stores: |  |  |  |  |
| Soda pop or fruit drinks that are not 100\% juice | NA | 36.2 | 15.1 | Decreased |
| Sports drinks (e.g., Gatorade ${ }^{\text {TM }}$ ) | NA | 35.6 | 20.8 | Decreased |

## Family Engagement and Community Involvement

| Percentage of Schools with Specific Practices Related to Family Engagement and Community Involvement, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Practice | 2000 | 2006 | 2014 | Trend |
| Collected suggestions from families about school health education* | 31.2 | 48.7 | 16.3 | Decreased |
| Made information available to families of all students on the school nutrition services program* | 63.8 | 80.8 | 79.0 | Increased |
| Community members helped develop, communicate or implement policies or activities related to: |  |  |  |  |
| Alcohol use prevention | 53.1 | 47.0 | 24.4 | Decreased |
| Illegal drug use prevention | 55.6 | 49.9 | 26.2 | Decreased |
| Injury prevention | 42.6 | 33.6 | 24.3 | Decreased |
| Tobacco-use prevention | 48.7 | 43.8 | 22.7 | Decreased |
| Violence prevention | 56.4 | 52.5 | 39.3 | Decreased |
| *During the 12 months before the study. |  |  |  |  |

## Employee Wellness

| Percentage of Schools with Specific Faculty and Staff Health Promotion Practices, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Practice | 2000 | 2006 | 2014 | Trend |
| Offers screening to faculty and staff for diabetes* | 11.6 | 9.6 | 19.6 | Increased |
| Offers health promotion activities and services to faculty and staff:* |  |  |  |  |
| Nutrition education | 14.4 | 17.1 | 31.4 | Increased |
| Stress management | 36.3 | 22.4 | 25.5 | Decreased |
| Weight management | 15.2 | 17.0 | 30.4 | Increased |
| Worksite safety education | NA | 51.4 | 65.7 | Increased |
| Offered physical activity programs, such as aerobics classes, basketball leagues, or walking or jogging clubs ${ }^{+}$ | 39.8 | 38.3 | 50.0 | Increased |
| Provided health risk appraisals ${ }^{\dagger}$ | NA | 9.3 | 21.2 | Increased |
| Ever conducted a needs assessment of health promotion activities or services for faculty and staff | NA | 33.8 | 17.1 | Decreased |
| *Regardless of what is covered through their health insurance. ${ }^{\dagger}$ During the 12 months before the study. $N A=$ Not asked in this survey year. |  |  |  |  |

Health Services
Percentage of Schools That Permit Students to Carry and SelfAdminister Medications,


| Percentage of Schools with Specific Health Services Practices, SHPPS 2000, 2006, and 2014 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Practice | 2000 | 2006 | 2014 | Trend |
| Provides specific health services: |  |  |  |  |
| Assistance with accessing benefits for students with disabilities | NA | 44.9 | 58.0 | Increased |
| Assistance with enrolling in WIC or accessing food stamps or food banks | 29.9 | 35.5 | 40.8 | Increased |
| Counseling for emotional or behavioral disorders (e.g., anxiety, depression, or ADHD) | NA | 44.7 | 75.6 | Increased |
| Crisis intervention for personal problems | 63.2 | 64.6 | 84.2 | Increased |
| HIV counseling, testing, and referral* | 11.8 | 39.3 | 27.5 | Increased |
| Identification of emotional or behavioral disorders (e.g., anxiety, depression, or ADHD) | NA | 60.8 | 77.4 | Increased |
| Identification of or referral for physical, sexual, or emotional abuse | 76.0 | 70.0 | 85.1 | Increased |
| Identification or school-based management of chronic health conditions (e.g., asthma or diabetes) | 57.9 | 81.9 | 82.7 | Increased |
| Services specifically for gay, lesbian, or bisexual students* | 13.2 | 18.8 | 26.4 | Increased |
| Stress management | 41.2 | 42.3 | 58.6 | Increased |
| Health services coordinator received professional development on specific prevention topics: ${ }^{+}$ |  |  |  |  |
| Alcohol or other drug use prevention | 56.5 | 48.7 | 39.1 | Decreased |
| HIV prevention | 62.5 | 43.3 | 32.0 | Decreased |
| STD prevention | 47.3 | 42.8 | 33.8 | Decreased |
| Tobacco use prevention | 51.2 | 43.5 | 29.5 | Decreased |
| Violence prevention | 62.1 | 58.9 | 73.9 | Increased |

NA=Not asked in this survey year.
*Not asked among elementary schools.
${ }^{\dagger}$ During the 2 years before the study.


[^0]:    1 This fact sheet presents data for selected variables. Those variables not included might have changed significantly, not changed significantly, or not have been available in previous cycles. For variables with data available for 2000, 2006, and 2014, regression analyses were performed that took all three years of data into account. For variables with data available only for 2006 and 2014, regression analyses included only those two years of data. To account for multiple comparisons, selected changes are included only if the $p$-value from the regression analysis was less than .01, and either the difference between the two endpoints (2000 and 2014 or 2006 and 2014) was greater than 10 percentage points, or the 2014 estimate increased by at least a factor of two or decreased by at least half as compared to the 2000 or 2006 estimate.
    2 Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child. Available at: http://www.cdc.gov/healthyyouth/wscc/index.htm.

