

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: 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

Practices, SHPPS 2000, 2006, and 2014						
2000	2006	2014	Trend			
77.8	76.8	67.3	Decreased			
51.6	44.8	40.5	Decreased			
68.2	54.9	52.4	Decreased			
34.9	25.3	22.2	Decreased			
27.7	47.9	47.8	Increased			
61.9	47.4	48.9	Decreased			
20.2	24.2	39.4	Increased			
43.1	37.1	30.1	Decreased			
	2000 77.8 51.6 68.2 34.9 27.7 61.9 20.2	2000 2006 77.8 76.8 51.6 44.8 68.2 54.9 34.9 25.3 27.7 47.9 61.9 47.4 20.2 24.2	2000 2006 2014 77.8 76.8 67.3 51.6 44.8 40.5 68.2 54.9 52.4 34.9 25.3 22.2 27.7 47.9 47.8 61.9 47.4 48.9 20.2 24.2 39.4			

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.

Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child. Available at: http://www.cdc.gov/healthyyouth/wscc/index.htm.



Health Education

Percentage of Schools with Specific Health Education Practices, SHPPS 2000, 2006, and 2014					
Practice	2000	2006	2014	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 Education Programs or 504 plans	NA	80.7	65.9	Decreased	
NA=Not asked in this survey year.	·			·	

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

[†]During the two years before the study.



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

Percentage of Schools with Specific School Environment Policies or Practices, SHPPS 2000, 2006, and 2014					
Practice	2000	2006	2014	Trend	
Uses security or surveillance cameras (inside or outside school building)	16.7	43.0	78.8	Increased	
Has or participates in a program to prevent bullying	63.0	77.3	83.2	Increased	
Prohibited all tobacco use during any school- 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 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.

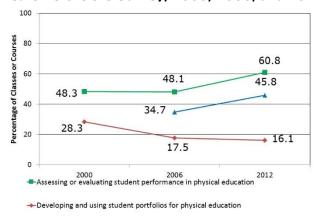
Physical Education and Physical Activity

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.					

[†]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

•				Percentage of Schools with Specific Nutrition Services Practices, SHPPS 2000, 2006, and 2014							
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 following 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	20.5	42.4	22.0								
grain	39.5	43.4	23.8	Decreased							
Cookies, crackers, cakes, pastries, or other	F0.2	F2.6	10.0	D							
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	20.0	50.0									
chips)	38.2	53.2	54.6	Increased							
Salty snacks not low in fat (e.g., regular	25.5	22.0	12.0	D							
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™)	NA	35.6	20.8	Decreased							
During the 30 days before the study, among schools in whi			1								



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

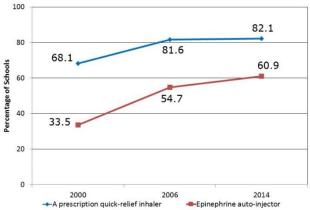
Percentage of Schools with Specific Faculty and Staff Health Promotion Practices, SHPPS 2000, 2006, and 2014					
Practice	2000	2006	2014	Trend	
Offers screening to faculty and staff for diabetes*	11.6	9.6	19.6	Increased	
Offers health promotion activities and services to faculty and staff:*					
Nutrition 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 [†]	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	

[†]During the 12 months before the study. NA=Not asked in this survey year.



Health Services

Percentage of Schools That Permit Students to Carry and Self-Administer 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 41.2	18.8 42.3	26.4 58.6	Increased		
Stress management Health services coordinator received professional development on specific prevention topics:	41.2	42.3	38.6	Increased		
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		

*Not asked among elementary schools.

†During the 2 years before the study.

Where can I get more information? Visit www.cdc.gov/shpps or call 800 CDC INFO (800 232 4636).

