

SHPPS 2012

SCHOOL HEALTH POLICIES AND PRACTICES STUDY

Overview

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. School- and classroom-level data collection will take place in 2014.

SHPPS assesses the characteristics of eight components of school health: health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement.

Results

Coordination

Percentage of States and Districts with a Coordinator for Selected School Health Program Components		
Component	States	Districts
Health education	88.2	62.1
Physical education	82.0	63.2
Health services	74.5	79.2
Mental health and social services	56.0	63.1
Nutrition services	96.1	90.1
Faculty and staff health promotion	50.0	40.1
All school health and safety policies and activities	66.0	53.7

Physical Education and Physical Activity

- 93.6% of districts had adopted a policy stating that elementary schools will teach physical education, 91.9% had such a policy for middle schools, and 92.4% had such a policy for high schools.
 - 58.9% of districts required and 32.4% recommended that elementary schools provide students with regularly scheduled recess.
 - 10.8% of districts required and 23.0% recommended that middle schools provide physical activity breaks outside of physical education class, and 2.0% of districts required and 11.7% recommended that high schools do so.
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Health Education

Percentage of Districts That Required Teaching of 15 Health Topics, by School Level			
Topic	Districts		
	Elementary	Middle	High
Alcohol- or other drug-use prevention	78.4	86.6	86.1
Asthma	46.1	53.4	54.3
Emotional and mental health	61.8	77.5	80.5
Foodborne illness prevention	50.9	59.8	64.2
HIV prevention	40.1	75.7	82.2
Human sexuality	52.6	78.3	71.0
Infectious disease prevention	70.5	71.5	74.7
Injury prevention and safety	77.1	75.8	79.8
Nutrition and dietary behavior	82.1	82.7	85.8
Other STD prevention	29.1	73.1	81.6
Physical activity and fitness	69.1	76.7	86.0
Pregnancy prevention	26.0	66.2	78.1
Suicide prevention	35.7	65.1	75.0
Tobacco-use prevention	79.7	86.9	85.0
Violence prevention	85.8	86.3	88.3
All 15 topics	10.9	30.4	38.4

- 74.0% of states had adopted health education standards based on the 2007 National Health Education Standards (NHES), and 64.8% of districts required or recommended health education standards based on the 2007 NHES.

Health Services

- 26.0% of states had real-time access to student attendance or absenteeism information for all school districts in the state.
- 10.6% of districts had adopted a policy specifying a maximum student-to-school nurse ratio, and 5.4% of districts had adopted a policy stating that each school will have a specified ratio of school nurses to students.
- More than three fourths of districts had adopted a policy stating that schools will provide administration of medications, case management for students with disabilities, CPR, first aid, and violence prevention.
- 12.5% of districts had at least one school-based health center (SBHC) that offered both health services and mental health or social services to students. In addition, 6.8% of districts had at least one SBHC that offered only health services, and 3.2% of districts had at least one SBHC that offered only mental health and social services to students.

Mental Health and Social Services

- 26.4% of districts had adopted a policy stating that each elementary school will have a specified ratio of counselors to students, 28.1% of districts had adopted such a policy for middle schools, and 32.0% had adopted such a policy for high schools.
- 76.2% of districts had adopted a policy stating that student assistance programs will be offered to all students.

Nutrition Services and the School Nutrition Environment

- 33.3% of states offered district food service directors and 29.4% offered school food service managers state certification, licensure, or endorsement; 20.9% of districts required a newly hired district food service director to be certified, licensed, or endorsed by the state.
- 14.8% of districts required and 26.5% recommended that schools offer a self-serve salad bar.
- 38.3% of districts required and 27.6% recommended that schools prohibit advertisements for junk foods or fast-food restaurants on school property.

Safe and Healthy School Environment

- 67.5% of districts prohibited all tobacco use in all locations.¹
- 61.6% of districts had a formal agreement, such as a memorandum of agreement or understanding, between the school district and another public or private entity for shared use of school or community property. Among those districts, more than one half had agreements with a local youth organization (e.g., the YMCA, Boys or Girls Clubs, or the Boy Scouts or Girl Scouts) (54.9%) or a local parks or recreation department (53.1%).
- 47.7% of districts had an indoor air quality management program, defined as a set of specific activities for preventing and resolving indoor air quality problems.
- 53.8% of districts had implemented an engine idling reduction program for school buses, 28.9% had implemented such a program for commercial vehicles such as delivery trucks, and 17.8% of districts had implemented such a program for personal vehicles such as cars.
- The three most commonly used strategies to control pests that are consistent with an integrated pest management strategy² were to seal openings in walls, floors, doors, and windows with caulk or weather stripping (82.1% of districts); store food in plastic, glass, or metal containers with tight lids so that it is inaccessible to pests (81.3%); and use spot treatments and baiting rather than widespread applications of pesticides (80.9%).

¹ 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.

² An approach to pest control that seeks to reduce use of toxic pesticides as much as possible by relying on non-toxic methods of pest control such as physical exclusion and by limiting pesticide use to when it is essential.

Faculty and Staff Health Promotion

- During the 12 months before the study, 34.7% of districts provided funding for an Employee Assistance Program or offered an Employee Assistance Program for faculty and staff.
- During the 12 months before the study, 45.6% of districts provided funding for or offered at least one type of screening for faculty and staff, regardless of what was covered by their health insurance.

Family and Community Involvement

- Among the 65.4% of districts with 1 or more school health councils (groups that offered guidance on the development of policies or coordinated activities on health topics), 79.1% had representation from students' parents or families.

Methods

State-level data were collected via web-based questionnaires completed by designated respondents in state education agencies in all 50 states and the District of Columbia. These respondents had primary responsibility for or were the most knowledgeable about the particular school health program component being studied. Questionnaires were designed to describe state-level assistance related to each school health program component. State-level estimates are based on a census and therefore are not weighted.

District-level data were collected via web-based questionnaires completed by designated respondents in a nationally representative sample of public school districts. These respondents had primary responsibility for or were the most knowledgeable about the policies or practices addressing the particular school health program component being studied. Questionnaires were designed to describe district-level policies and practices specific to each school health program component, with an emphasis on policy. District-level data are weighted to provide national estimates.

Response Rates, by Level			
Level	Number of Eligible Agencies or Staff	Number of Responding Agencies or Staff*	Response Rate (%)
State	51	51	100
District	1048	804	77

* Completed at least one questionnaire module.

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

