

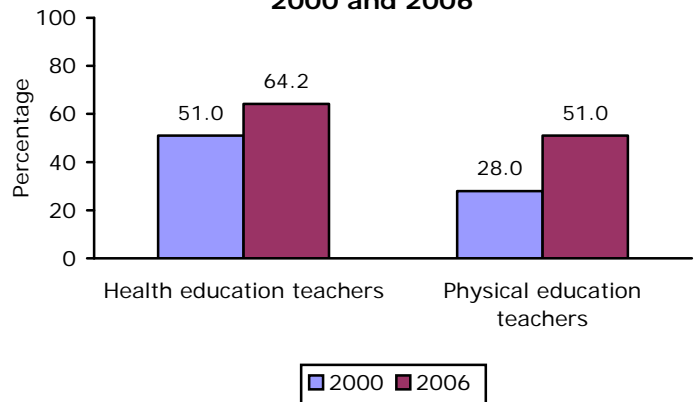
Family and Community Involvement

About SHPPS: SHPPS is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. Comprehensive results from SHPPS 2006 are published in the *Journal of School Health*, Volume 77, Number 8, October 2007.

During the 2 years preceding the study:

- 79.2% of states and 64.2% of districts provided funding for staff development or offered staff development on encouraging family or community involvement to those who teach health education.
- 41.4% of required health education classes or courses had a teacher who received staff development on encouraging family or community involvement.
- The percentage of states that provided funding for staff development or offered staff development on encouraging family involvement in physical activity to those who teach physical education increased from 24.5% in 2000 to 59.2% in 2006.
- 33.1% of required physical education classes or courses had a teacher who received staff development on encouraging family involvement in physical activity.

Percentage of Districts That Provided Funding for Staff Development or Offered Staff Development on Encouraging Family or Community Involvement to Those Who Teach Health Education or Physical Education During the 2 Years Preceding the Study, 2000 and 2006¹



Percentage of Schools That Involved Students' Families and Community Members in the Development, Communication, and Implementation of Policies or Activities*

Policy or Activity	Schools That Involved Families	Schools That Involved Community Members
Alcohol-use prevention	35.1	47.0
Illegal drug-use prevention	36.9	49.9
Injury prevention and safety	28.0	33.6
Tobacco-use prevention	29.4	43.8
Violence prevention	44.7	52.5

*During the 2 years preceding the study.

- 55.5% of required health education classes or courses, and 30.8% of required physical education classes or courses had a teacher who gave students homework or projects that involved family members.
- 37.8% of middle and high schools had or participated in a youth empowerment or advocacy program related to tobacco-use prevention.
- 46.8% of schools had or participated in a community-based illegal drug-use prevention program.
- 38.5% of schools had or participated in a community-based alcohol-use prevention program, such as Students Against Destructive Decisions.

¹ Selected changes between 2000 and 2006 are included if they met at least 2 of 3 criteria (p < .01 from a t-test, a difference greater than 10 percentage points, or an increase by at least a factor of 2 or decrease by at least half). Variables are not included if they did not meet these criteria or if no comparable variable existed in both survey years.

- 47.7% of schools participated in programs in which family or community members served as role models to students (e.g., Big Brother/Big Sister program).
- 30.3% of districts required students to participate in community service.
- 77.4% of schools provided community service opportunities to students and 52.0% of schools provided service-learning opportunities to students.

Percentage of Districts and Schools That Had 1 or More School Health Councils That Included Representatives From Community Groups as Members*		
Representatives	Districts	Schools
Community members	88.7	60.0
Local health care providers	50.5	34.0
Representatives from the local health department	50.0	30.3
Students' families	76.3	55.0
*Among the 72.9% of districts and 39.5% of schools with 1 or more school health councils.		

Percentage of Districts and Schools That Communicated About School Health Program Activities With Families and Communities*		
Health Education	Districts	Schools
Discussed student performance in health education as part of parent-teacher conferences	NA	66.8
Invited family members to attend health education classes	NA	37.5
Met with a parents' organization, such as the PTA, to discuss school health education	NA	32.8
Provided families with information on school health education	80.1	71.4
Sought positive media attention for school health education	47.8	NA
Physical Education and Activity		
Discussed student performance in physical education as part of parent-teacher conferences	NA	81.9
Invited family members to attend physical education classes	NA	52.2
Invited family members to tour the physical education facilities	NA	64.2
Met with a parents' organization to discuss school physical education	NA	37.1
Provided families with information on school physical education	67.6	73.7
Sought positive media attention for school physical education	44.2	NA
Nutrition Services		
Invited family members to a school meal	NA	70.7
Provided families with information on the nutrition and caloric content of foods available to students	39.8	40.8
Provided families with information on the school nutrition services program	81.8	80.8
Provided menus to families of students	98.2	92.8
Met with a parents' organization to discuss school nutrition services program	NA	34.8
Mental Health and Social Services		
Invited family members to tour the standard school mental health and social services facilities	NA	39.4
Met with a parents' organization to discuss standard school mental health and social services	NA	41.7
Provided families with information on standard school mental health and social services	87.3	86.1
Health Services		
Invited family members to tour the standard school health services facilities	NA	37.5
Met with a parents' organization to discuss standard school health services	NA	25.1
Provided families with information on standard school health services	89.3	76.3
*During the 12 months preceding the study.		

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

