



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.

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/wsc/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.				

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. †During the two years before the study.				

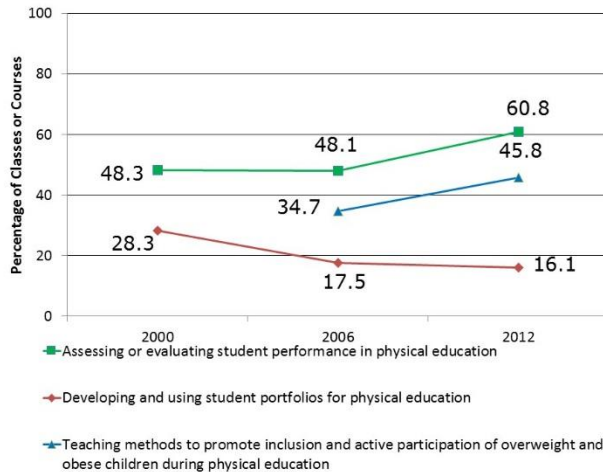
Healthy and Safe School Environment (includes Social and Emotional Climate)

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
<i>Physical Education</i>				
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
<i>Physical Activity</i>				
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



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 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™)	NA	35.6	20.8	Decreased

*During the 30 days before the study, among schools in which food is prepared at the school.

Family Engagement and Community Involvement

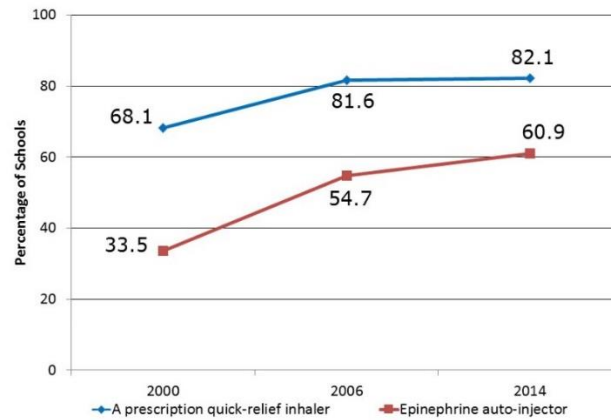
Percentage of Schools with Specific Practices Related to Family Engagement and Community Involvement, SHPPS 2000, 2006, and 2014				
Practice	2000	2006	2014	Trend
Collected suggestions from families about school health education*	31.2	48.7	16.3	Decreased
Made information available to families of all 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
*Regardless of what is covered through their health insurance.				
[†] 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	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. [†] 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).