

SHPPS 2006

SCHOOL HEALTH POLICIES AND PROGRAMS STUDY

Overview

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.

SHPPS 2006 was designed to answer the following questions:

- What are the characteristics of each school health program component at the state, district, school, and classroom (where applicable) levels and across elementary, middle, and high schools?
- Are there persons responsible for coordinating and delivering each school health program component and what are their qualifications and educational backgrounds?
- What collaboration occurs among staff from each school health program component and with staff from outside agencies and organizations?
- How have key policies and practices changed over time?

Results

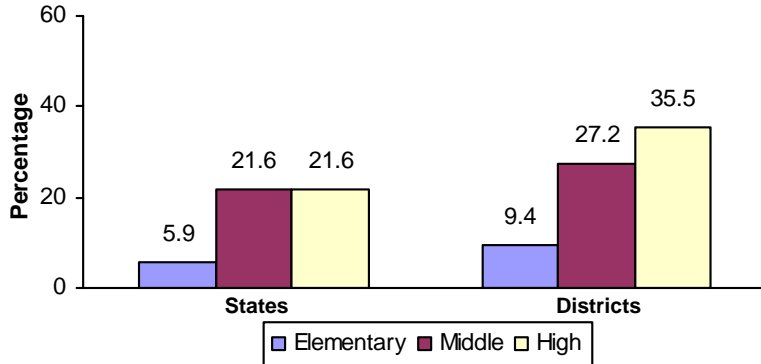
Component	States	Districts	Schools
Health education	94.1	70.3	67.8
Physical education	88.2	68.9	91.2
Health services	74.5	79.0	81.5
Mental health and social services	79.2	71.9	76.8
Nutrition services	94.0	88.1	93.6
Faculty and staff health promotion	24.0	44.4	35.1

Health Education

Topic	States			Districts			Schools		
	Elementary	Middle	High	Elementary	Middle	High	Elementary	Middle	High
Alcohol- or other drug-use prevention	76.5	76.5	82.0	79.0	89.7	89.3	76.5	84.6	91.8
Asthma awareness	32.0	35.3	31.4	45.9	49.9	50.4	44.9	47.0	53.8
Emotional and mental health	66.0	68.0	65.3	58.4	78.1	85.5	66.9	78.0	83.5
Foodborne illness prevention	32.0	38.0	40.0	45.2	58.3	68.7	48.5	60.0	71.6
HIV prevention	60.8	74.5	74.5	48.6	79.0	89.3	39.1	74.5	88.4
Human sexuality	49.0	58.8	60.8	43.4	70.8	80.4	48.4	71.9	84.0
Injury prevention and safety	70.0	71.4	66.0	77.4	80.3	84.2	83.3	79.1	80.8
Nutrition and dietary behavior	72.0	67.3	72.0	77.4	85.1	87.9	84.6	82.3	86.3
Other STD prevention	45.1	68.6	66.7	32.8	77.3	87.3	21.7	69.6	88.2
Physical activity and fitness	60.8	56.0	62.0	61.1	72.0	83.3	79.4	76.7	82.3
Pregnancy prevention	27.5	58.8	58.0	27.2	70.0	85.9	16.4	61.3	81.6
Suicide prevention	44.0	52.0	55.1	33.6	62.3	77.4	25.5	54.4	76.5
Tobacco-use prevention	72.5	70.6	74.0	81.1	87.7	89.8	75.8	84.0	91.0
Violence prevention	61.2	65.3	65.3	83.6	83.8	85.0	86.4	76.9	77.3

Health Education (continued)

Percentage of States and Districts That Required Schools to Teach All 14 Health Topics, by School Level



- 6.4% of elementary schools, 20.6% of middle schools, and 35.8% of high schools required instruction on all 14 health topics.

Physical Education and Activity

- 3.8% of elementary schools, 7.9% of middle schools, and 2.1% of high schools provided daily physical education or its equivalent (150 minutes per week in elementary schools; 225 minutes per week in middle schools and high schools) for the entire school year (36 weeks) for students in all grades in the school.
- 79.1% of elementary schools provided daily recess for students in all grades in the school.
- 48.4% of schools offered intramural activities or physical activity clubs to students, and 77.0% of middle schools and 91.3% of high schools offered students opportunities to participate in at least 1 interscholastic sport.

Health Services

- 35.7% of schools had a full-time school nurse, defined as having an RN or LPN present in the school for at least 30 hours per week during the 30 days preceding the study, and an additional 50.6% had a part-time school nurse (one present less than 30 hours per week). 45.1% of all schools had a nurse-to-student ratio of 1:750 or better.
- While more than 95% of schools provided first aid, administration of medications, and CPR, less than 60% offered prevention services, such as tobacco-use prevention, in one-on-one or small-group sessions.
- 52.7% of schools had adopted a policy allowing students who had HIV infection or AIDS to attend classes as long as they are able, and 43.6% of schools had adopted a policy allowing teachers and staff who had HIV infection or AIDS to continue working as long as they are able.

Mental Health and Social Services

- 77.9% of schools had a part-time or full-time school counselor, 61.4% of schools had a part-time or full-time school psychologist, and 41.7% of schools had a part-time or full-time school social worker.
- 55.6% of states and 73.0% of districts had adopted a policy stating that student assistance programs will be offered to all students, and 57.4% of schools offered such programs.

Nutrition Services

- 27.4% of states offered district food service directors and 21.6% offered school food service managers state certification, licensure, or endorsement.
- 15.8% of districts required a newly hired district food service director to be certified, licensed, or endorsed by the state.
- 40.6% of district food service directors who served as study respondents and 44.8% of school food service managers who served as study respondents had an undergraduate degree.
- 32.7% of elementary schools, 71.3% of middle schools, and 89.4% of high schools had either a vending machine or a school store, canteen, or snack bar where students could purchase food or beverages. Among the most common beverages sold were sports drinks, soda pop, or fruit drinks that are not 100% juice, and the most common foods sold were salty snacks that are not low in fat.

Percentage of Schools That Offered Selected a la Carte Foods, by School Level			
Food	Elementary	Middle	High
Fruit	74.7	80.0	87.2
Lettuce, vegetable, or bean salads	66.3	79.1	80.9
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	44.8	56.1	68.2
Deep-fried potatoes	9.1	21.0	41.7

Healthy and Safe School Environment

- 38.0% of states, 55.4% of districts, and 63.6% of schools prohibited all tobacco use in all locations.¹
- 20.5% of states required districts or schools to have an indoor air quality (IAQ) management program, defined as a set of specific activities for preventing and resolving IAQ problems, and 35.4% of districts and 51.4% of schools had an IAQ management program.
- 37.3% of districts required that schools meet the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) ventilation standards. During the 12 months preceding the study, 50.3% of schools almost always or always maintained ASHRAE ventilation standards.
- 24.5% of states required and 30.6% recommended that districts or schools follow an integrated pest management program, an approach to pest control that seeks to reduce the use of toxic pesticides by relying on non-toxic methods of pest control such as physical exclusion and by limiting pesticide use, when essential, to the least toxic substances.

Faculty and Staff Health Promotion

- 24.4% of states required districts or schools to provide funding for or offer employee assistance programs (EAPs). During the 12 months preceding the study, 21.6% of districts provided funding for or offered EAPs, and 31.7% of schools offered EAPs.
- Less than one third of schools offered any health screening for faculty and staff during the 12 months preceding the study.

Family and Community Involvement

- Among the 72.9% of districts with 1 or more school health councils, (groups that offered guidance on the development of policies or coordinated activities on health topics), 76.3% had representation from students' families. Among the 39.5% of schools with 1 or more school health councils, 55.0% had representation from students' families.

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.

Methods

State-level data were collected by computer-assisted telephone interviews or self-administered mail 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 policies or programs addressing the particular school health program component being studied. Questionnaires were designed to describe state-level policies and programs specific to each school health program component, with an emphasis on policy.

District-level data were collected by computer-assisted telephone interviews or self-administered mail 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 programs addressing the particular school health program component being studied. Questionnaires were designed to describe district-level policies and programs specific to each school health program component, with an emphasis on policy.

School-level data were collected by computer-assisted personal interviews with designated faculty or staff respondents in a nationally representative sample of public and private elementary, middle, and high schools. These respondents had primary responsibility for or were the most knowledgeable about the school health program component being studied. Questionnaires were designed to describe school-level policies and practices specific to each school health program component, with an emphasis on practices.

Classroom-level data were collected by computer-assisted personal interviews with teachers of randomly selected classes in elementary schools and randomly selected required health and physical education courses in middle and high schools. Questionnaires were designed to describe required instruction and techniques used in teaching health topics and physical education.

Response Rates, by Level			
Level	Number of Eligible Agencies or Staff	Number of Responding Agencies or Staff*	Response Rate (%)
State	51	51	100
District	722	538	74.5
School	1,416	1,103	77.9
Classroom			
Health education	967	912	94.3
Physical education	1,260	1,194	94.8
* 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).

