

# School Health Policies and Programs Study

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The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.

SHPPS is used to

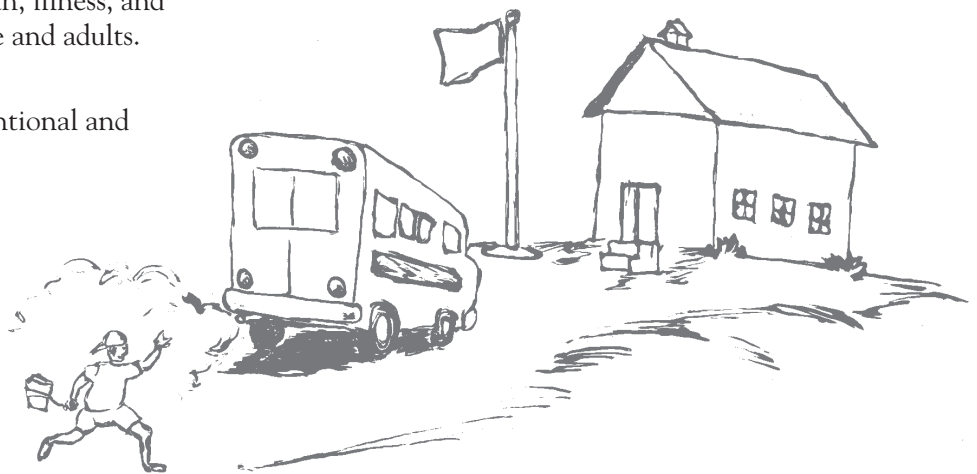
- ◆ Monitor the status of the nation's school health policies and programs.
- ◆ Describe the training, experience, and responsibilities of the personnel who deliver each component of the school health program.
- ◆ Describe coordination among components of school health programs.
- ◆ Describe relationships between state and district policies and school health programs and practices.
- ◆ Identify factors that facilitate or impede delivery of effective school health programs.

SHPPS provides information about the extent to which school health policies and programs are addressing the leading causes of death, illness, and social problems among young people and adults. These causes are

- ◆ Behaviors contributing to unintentional and intentional injury.
- ◆ Tobacco use.
- ◆ Alcohol and other drug use.
- ◆ Sexual behaviors.
- ◆ Unhealthy dietary behaviors.
- ◆ Physical inactivity.

SHPPS was first conducted in 1994. It assessed the following components of school health programs: health education, health services, physical education, food service, and health policies. This assessment was designed to be an integral part of four interrelated strategies implemented by the Centers for Disease Control and Prevention to help schools improve their school health programs. These strategies are

- ◆ Identifying and monitoring critical health events and school interventions designed to influence those events.
- ◆ Synthesizing and applying research to increase the effectiveness of interventions.
- ◆ Enabling constituencies to plan and implement interventions.
- ◆ Evaluating the impact of interventions over time.



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Disease Control and Prevention



# Data Collection

**State Level**—A mail survey with mail and telephone follow-up was used to survey state education agencies in all 50 states and the District of Columbia. The survey assessed organizational structure, program requirements, relevant policies, professional preparation, and coordination among components of the school health program.

**District Level**—A nationally representative sample of public and private school districts serving students in grades K–12 was surveyed by mail with mail and telephone follow-up. The survey assessed organizational structure, program requirements, relevant policies, professional preparation, and coordination among components of the school health program.

**School Level**—A nationally representative sample of public and private middle or junior high schools and senior high schools was surveyed through on-site structured interviews with principals, teachers, nurses, food service directors, and counselors. The survey assessed the implementation of each component area.

**Classroom Level**—Randomly selected health education and physical education teachers in participating schools were surveyed using on-site structured interviews. The survey addressed topics taught; teaching methods and activities; type of assessment used; and the teachers’ professional preparation, training, and experience.

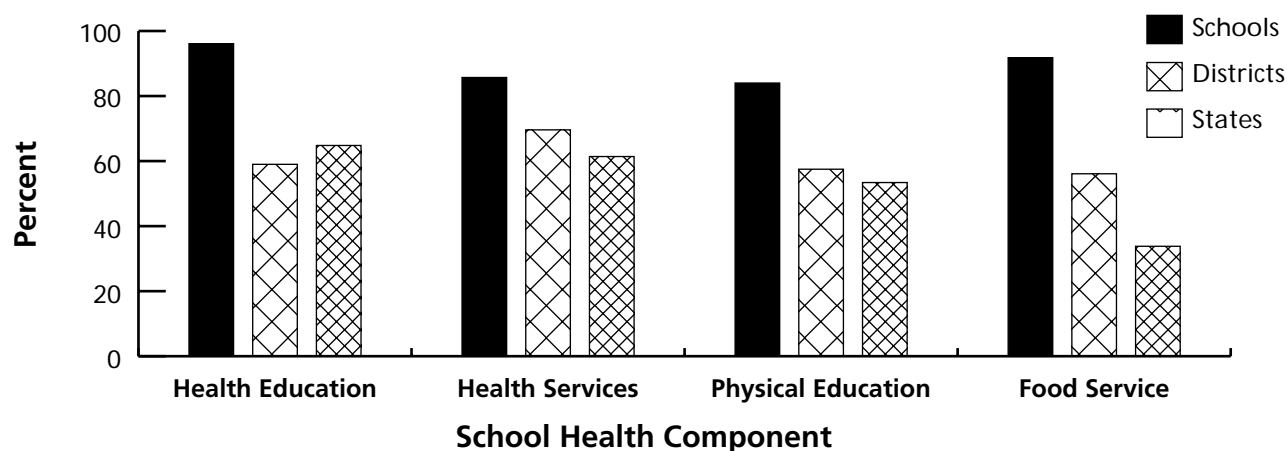
## Results From SHPPS 1994

| Level              | No. Sampled | No. Participating | Response Rate (%) |
|--------------------|-------------|-------------------|-------------------|
| State*             | 51          | 51                | 100               |
| District           | 502         | 413               | 82                |
| School             | 766         | 607               | 79                |
| Classroom          |             |                   |                   |
| Health education   | 1,643       | 1,040             | 63                |
| Physical education | 1,314       | 921               | 70                |

\* Includes the District of Columbia.

| School Health Component | States With Coordinators (%) | Districts With Coordinators (%) |
|-------------------------|------------------------------|---------------------------------|
| Health education        | 100                          | 55                              |
| Health services         | 76                           | 74                              |
| Physical education      | 77                           | 51                              |
| Food service            | 100                          | 92                              |

**Percentage of Educators and Service Providers Involved in Collaborative Activities at the State, District, and School Levels**



# Results From SHPPS 1994

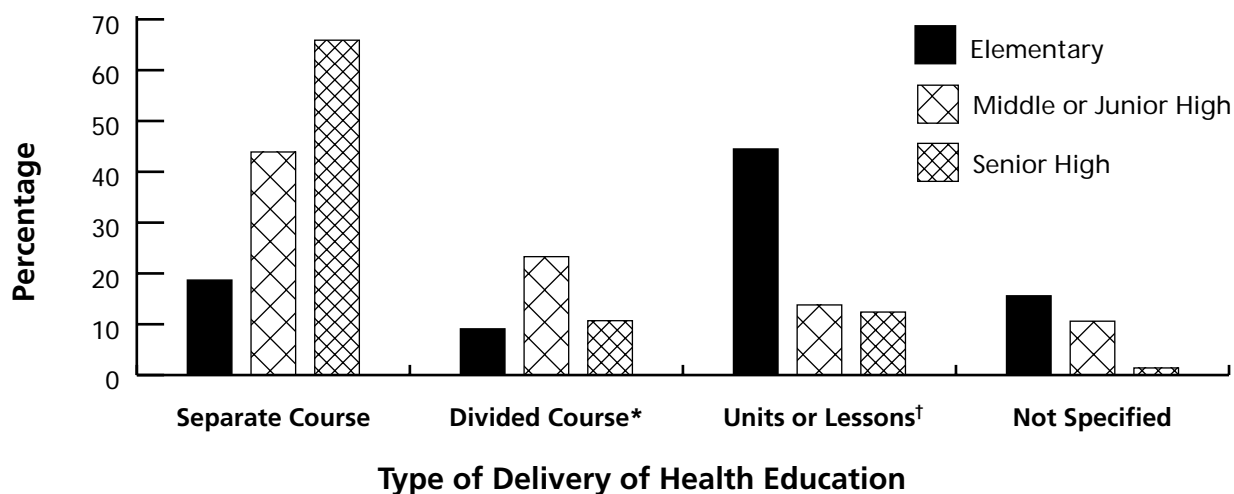
## Health Education

| Topic                                 | States | Districts | Schools |
|---------------------------------------|--------|-----------|---------|
|                                       | %      | %         | %       |
| Alcohol and other drug use prevention | 75     | 86        | 90      |
| Violence prevention                   | 39     | 61        | 58      |
| Dietary behaviors and nutrition       | 69     | 80        | 84      |
| HIV prevention                        | 79     | 83        | 86      |
| Human sexuality                       | 49     | 76        | 80      |
| Physical activity and fitness         | 65     | 82        | 78      |
| Pregnancy prevention                  | 44     | 72        | 69      |
| Suicide prevention                    | 38     | 67        | 58      |
| Tobacco use prevention                | 72     | 83        | 86      |

| Skill                     | Health Education Classes |          | Other Subjects |          |
|---------------------------|--------------------------|----------|----------------|----------|
|                           | Teach                    | Practice | Teach          | Practice |
|                           | %                        | %        | %              | %        |
| Communication             | 87                       | 63       | 72             | 54       |
| Decision-making           | 90                       | 77       | 82             | 60       |
| Goal-setting              | 80                       | 59       | 72             | 45       |
| Conflict resolution       | 73                       | 44       | 65             | 34       |
| Resisting social pressure | 90                       | 61       | 74             | 40       |
| Stress management         | 82                       | 52       | 60             | 27       |

\* Teachers of courses that focus primarily on health education topics.  
 † Teachers of courses that include health education content but focus primarily on another subject.

Percentage of Districts Specifying How Health Education Must Be Offered, by Type of Delivery and Grade Level



\* Course divided between health education and one other subject, such as physical education.

† Health education units or lessons integrated into other subjects.

# Results From SHPPS 1994

## Food Service

| Percentage of Middle or Junior High Schools and Senior High Schools Reporting Specific Meal Preparation Techniques |               |            |                 |            |
|--|---------------|------------|-----------------|------------|
| Technique  | Almost Always | Some-times | Rarely or Never | Don't Know |
|  | <u>%</u>      | <u>%</u>   | <u>%</u>        | <u>%</u>   |
| Use skim or low-fat cheese   | 48            | 32         | 18              | 2          |
| Reduce salt  | 83            | 13         | 2               | 3          |
| Use vegetable oils   | 70            | 23         | 4               | 3          |
| Use beans instead of meat  | 22            | 41         | 32              | 5          |
| Remove skin from poultry   | 31            | 23         | 36              | 11         |
| Steam or bake vegetables   | 71            | 12         | 10              | 7          |
| Use fresh vegetables   | 41            | 40         | 17              | 3          |

| Percentage of Districts* Reporting Meal Preparation Techniques to Help Students Achieve Dietary Guidelines |          |
|--|----------|
| Technique  | <u>%</u> |
| Limit sodium   | 84       |
| Limit sugar  | 76       |
| Increase number of servings of fruit   | 68       |
| Increase number of servings of vegetables  | 61       |
| Increase number of servings of wholegrain products   | 59       |
| Limit calories from saturated fat  | 58       |
| Limit calories from fat to 30%–35%   | 50       |
| Limit dietary cholesterol  | 41       |

\* Among districts responsible for meal preparation.

## Health Services

| Percentage of Middle or Junior High Schools and Senior High Schools Providing Student Services |                       |             |
|--|-----------------------|-------------|
| Service  | Middle or Junior High | Senior High |
|  | <u>%</u>              | <u>%</u>    |
| In or through the school   |                       |             |
| Alcohol and drug rehabilitation  | 39                    | 48          |
| Condom availability  | 5                     | 8           |
| Counseling   | 84                    | 89          |
| Weight management  | 37                    | 38          |
| Pregnancy prevention   | 29                    | 38          |
| Diagnosis and treatment of sexually transmitted diseases                                       | 16                    | 20          |
| Suicide prevention   | 42                    | 52          |
| Tobacco cessation  | 23                    | 35          |
| In school  |                       |             |
| Infant care for teenaged mothers   | 3                     | 8           |
| Vocational rehabilitation  | 6                     | 19          |
| Youth development services   | 23                    | 40          |

# Results From SHPPS 1994

## Health Policies

Although most schools have a written policy prohibiting tobacco use, only about half of all schools have a tobacco-use policy that creates a smoke-free environment by prohibiting both students and staff from using tobacco at all times in the school building and on school grounds. Nearly 80% of schools define a drug-free school zone around school grounds, and 39% of schools define a weapon-free school zone around school grounds.

| Policy                     | States   | Districts | Schools  |
|----------------------------|----------|-----------|----------|
|                            | <u>%</u> | <u>%</u>  | <u>%</u> |
| Tobacco use                | 64       | 98        | 97       |
| Alcohol and other drug use | 90       | 97        | 97       |
| Violence                   | 40       | 91        | 91       |

| Policy  | States   | Districts |
|---|----------|-----------|
|   | <u>%</u> | <u>%</u>  |
| HIV-infected students can attend school*                  | NA       | 72        |
| HIV-infected staff can work*                              | NA       | 64        |
| Confidentiality of HIV-infected persons must be protected | 90       | 70        |
| Routine testing for HIV is inappropriate                  | 33       | 15        |

\* If health permits.  
NA = Data not available.

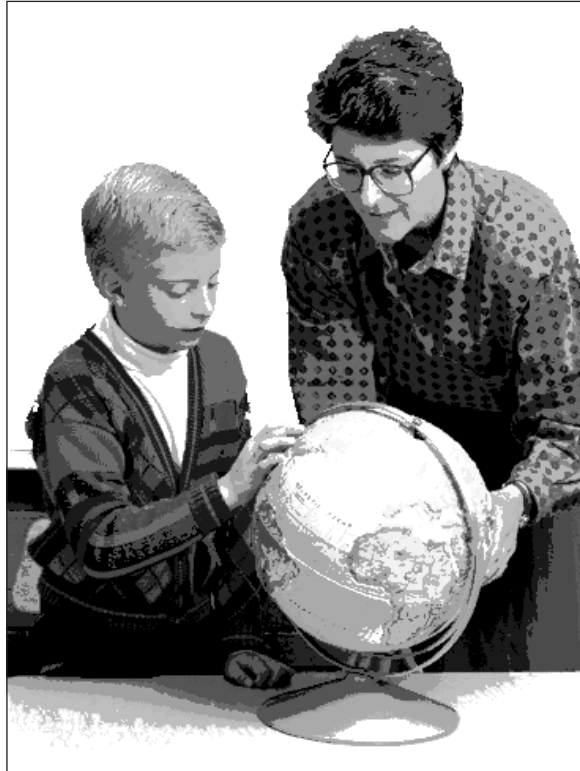
## Physical Education

| Goal, Objective, or Outcome | Elementary | Middle or Junior High | Senior High |
|-----------------------------|------------|-----------------------|-------------|
|                             | <u>%</u>   | <u>%</u>              | <u>%</u>    |
| Fitness levels              | 61         | 70                    | 62          |
| Knowledge of PE             | 66         | 73                    | 71          |
| Participation in PE         | 68         | 76                    | 72          |
| Positive attitude toward PE | 66         | 73                    | 69          |
| Skill in PE                 | 66         | 76                    | 72          |

## SHPPS 2000

When SHPPS is conducted for the second time, in 2000, information will be collected at the state, district, school, and classroom levels on all eight components of a school health program: health education; physical education; health services; food service; psychosocial and biophysical environment;

mental health services; health programs for faculty and staff; and integrated efforts of schools, families, and communities. Data from SHPPS 2000 will be used to assess progress in improving the nation's school health policies and programs.



*The school is a setting in which many people live, learn, and work. It is a place where students and staff spend a great portion of their time. It is a place where education and health programmes can have their greatest impact because they reach students at influential stages in their lives—childhood and adolescence.*

*The World Health Organization's  
Global School Health Initiative, 1997*

### For More Information

For additional information on SHPPS, contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 4770 Buford Highway, NE, Mail Stop K-33, Atlanta, GA 30341-3717; telephone (770) 488-3257.