

Overview

School Health Policies and Programs Study 2000

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 was first conducted in 1994. Results from SHPPS 2000 are published in the *Journal of School Health*, Volume 71, Number 7, September 2001.

SHPPS 2000 measured policies and programs at the state, district, school, and classroom levels in elementary, middle/junior, and senior high schools, and was designed to answer the following questions:

- What are the characteristics of eight school health program components (health education, physical education and activity, health services, mental health and social services, food service, school policy and environment, faculty and staff health promotion, and family and community involvement) at the state, district, school, and classroom levels nationwide?
- Who is responsible for coordinating and delivering each component of the school health program and what kind of education and training have they received?
- What collaboration occurs among staff from each school health program component and with staff from state and local agencies and organizations?
- How have the characteristics of school health programs changed since 1994?

Results

Percentage of States, Districts, and Schools with a Coordinator for Selected School Health Program Components, by Component

	States	Districts	Schools
Health Education	88.0	63.8	62.7
Physical Education	68.6	62.2	85.5
Health Services	72.6	75.1	77.1
Mental Health and Social Services	52.0	62.6	77.8
Food Service	96.1	87.5	93.6
Faculty and Staff Health Promotion	20.0	28.2	29.5

Physical Education and Activity

- 8.0% of elementary schools, 6.4% of middle/junior high schools, and 5.8% of senior high schools provide daily physical education or its equivalent (150 minutes per week for elementary schools; 225 minutes per week for middle/junior and senior high schools) for the entire school year for students in all grades in the school.
- 71.4% of elementary schools provide regularly scheduled recess for students in all grades kindergarten through 5.
- 49.0% of all schools offer intramural activities or physical activity clubs for students, and 99.2% of co-ed middle/junior and senior high schools offer interscholastic sports.



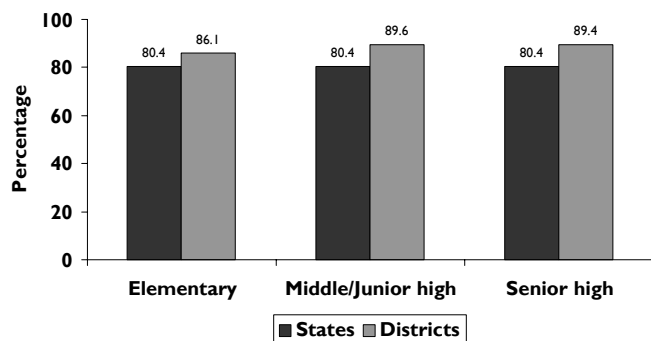
Health Education

Percentage of States and Districts Requiring Health Education Topics to be Taught in at Least One School Level, and Percentage of Schools at Each Level Requiring Each Topic to be Taught, by Topic

	States	Districts	Elementary schools	Middle/junior high schools	Senior high schools
Accident* or injury prevention	68.6	85.3	80.3	66.3	71.7
Alcohol or other drug use prevention	78.4	92.2	88.5	87.7	91.2
HIV prevention	72.6	91.7	50.1	75.9	85.6
Nutrition and dietary behavior	70.6	89.9	85.4	81.4	87.1
Physical activity and fitness	64.7	87.8	77.0	74.7	79.0
Pregnancy prevention	49.0	83.3	18.6	54.8	79.6
STD prevention	62.8	89.0	24.7	69.1	84.8
Suicide prevention	48.0	80.2	22.3	49.5	75.1
Tobacco use prevention	78.4	92.1	85.9	86.4	90.1
Violence prevention	60.8	88.7	85.5	72.5	74.1

*Although the SHPPS 2000 questionnaires used the word “accident” because it is familiar to many people, public health officials prefer the word “injury” because it connotes the medical consequences of events that are both predictable and preventable.

Percentage of States and Districts Requiring Schools to Teach Health Education, by School Level



Food Service

- 17.6% of states offer and 5.9% require certification for district-level food service directors; 15.7% of states offer and 9.8% require certification for school-level food service managers.
- 40.4% of district food service directors and 14.3% of school food service managers have undergraduate degrees.
- 68.1% of schools offer a choice between two or more fruits or types of 100% fruit juice each day for lunch, 66.1% offer a choice between two or more entrees each day for lunch, and 61.7% offer a choice between two or more vegetables each day for lunch.
- Many foods available to students in school are high in fat, sodium, and added sugars. For example, 62.8% of all milk ordered by schools in a typical week is high in fat (whole or 2% milk). In addition, 43.0% of elementary schools, 73.9% of middle/junior high schools, and 98.2% of senior high schools have either a vending machine or a school store, canteen, or snack bar where students can purchase food or beverages—most commonly soft drinks, sports drinks, or fruit juices that are not 100% juice; salty snacks that are not low in fat; and cookies and other baked goods that are not low in fat.

Mental Health and Social Services

- 77.1% of schools have a part-time or full-time guidance counselor, 66.0% of schools have a part-time or full-time school psychologist, and 43.9% of schools have a part-time or full-time social worker.
- 34.0% of states and 51.2% of districts require schools to offer Student Assistance Programs to all students, and 62.8% of schools offer such programs.

Health Services

- 76.8% of schools have a part-time or full-time school nurse who provides health services to students at the school, and 52.9% of schools have the recommended nurse-to-student ratio of 1:750 or better.
- While more than 95% of schools provide first aid, administration of medications, and CPR, less than 60% offer prevention services, such as tobacco use prevention, in one-on-one or small group discussions.
- 54.1% of schools have adopted policies on students with HIV or AIDS, and 44.6% of schools have adopted policies on faculty and staff with HIV or AIDS.

Family and Community Involvement

- During the 12 months preceding the study, at least 60% of schools provided families of students with information about each component of the school health program. During this same time period, however, less than 45% of schools met with a parents' organization to discuss each

component of the school health program, and less than 30% offered any health education or physical education programs to families.

Faculty and Staff Health Promotion

- 8.5% of states require districts or schools to provide funding for or sponsor Employee Assistance Programs (EAPs). During the 12 months preceding the study, 24.4% of districts provided funding for or sponsored EAPs, and 37.1% of schools offered EAPs.
- 24.5% of states require districts or schools to offer health screening for tuberculosis for faculty and staff. Less than 5% of states require districts or schools to offer any other type of screening, although during the 12 months preceding the study, at least 20% of schools offered screening for blood pressure levels, hearing problems, tuberculosis, and vision problems.

School Policy and Environment

A "tobacco-free environment" exists if the state, district, or school has a policy prohibiting cigarette, cigar, and pipe smoking, and smokeless tobacco use by students, faculty, staff, and visitors; the policy prohibits tobacco use in school buildings, on school grounds, in school buses or other vehicles used to transport students, and at off-campus, school-sponsored events.

- "Tobacco-free environment" policies exist in 24.5% of states, 45.5% of districts, and 44.6% of schools.

Percentage of States, Districts, and Schools with Policies Prohibiting Alcohol Use, Illegal Drug Use, and Violence by Students, by Type of Policy

Type of policy	States	Districts	Schools
Prohibits alcohol use	92.0	99.2	95.8
Prohibits illegal drug use	100.0	99.2	94.8
Prohibits weapon possession or use	98.0	99.1	96.1
Prohibits physical fighting	46.9	97.1	97.8
Prohibits gang activities	28.6	62.5	64.9
Prohibits harassment of students by other students	52.0	96.3	93.5

Methods

State-level data were collected by 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. Multiple attempts to gather missing data were made through mail and telephone follow-up as needed. 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 self-administered mail questionnaires completed by designated respondents in a nationally representative sample of public school districts and from dioceses of Catholic schools included in the school sample. 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. Multiple attempts to gather missing data were made through mail and telephone follow-up as needed. 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/junior, and senior 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 programs 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/junior and senior 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 sampled and eligible	Number of responding agencies or staff	Response rate (%)
State	51	51	100
District ¹	745	560	75
School	1,331	950	71
Classroom			
Health Education	1,706	1,534	90
Physical Education	1,729	1,564	90

¹ Response rate does not include dioceses with jurisdiction over Catholic schools in the sample.

For additional information on SHPPS, contact the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 4770 Buford Highway, NE, Mailstop K-33, Atlanta, GA 30341-3717, telephone 888-231-6405, <http://www.cdc.gov/shpps>.