

School Health Policies and Programs Study 2006 Overview

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Welcome to the 2006 School Health Policies and Programs Study, or SHPPS. SHPPS is a national survey conducted every six years to assess the characteristics of eight components of school health programs at the elementary through high school levels. It provides data to help improve school health policies and programs, nationwide.

School health programs play a unique and important role in the lives of youth. These programs can help young people improve their health-related knowledge, attitudes, and skills, and can also promote healthy behaviors, which lead to improved health, education, and social outcomes. To plan an effective school health strategy for the nation, CDC and state and local education and health agencies must first have a thorough understanding of the status of school health policies, programs, and practices.

This need for information is addressed by SHPPS. The study, conducted in 2006, is the most comprehensive assessment of school health programs ever undertaken. SHPPS describes key school health policies and programs across eight school health program components: health education, physical education and activity, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement.

It provides data on what state education agencies, school districts, and schools are doing to address many of the key health issues that face young people, such as tobacco use, alcohol and other drug use, obesity, violence, teen pregnancy, HIV infection and other sexually transmitted diseases, and asthma.

SHPPS 2006 data are being used in several ways. First, they help us understand how school health policies and programs are addressing important public health issues and the health-risk behaviors that occur among students. At the same time, SHPPS identifies gaps in policies, services, and practices that should be a cause for concern, and more importantly, a call for action.

States and school districts are using SHPPS data to help identify the most critical needs and priorities. These data also help parents, school board members, school administrators, teachers, and other community members understand how their own school health policies and programs compare to those nationwide. Finally, these data allow us to see how school health policies and programs have changed since SHPPS was conducted in 2000.

In SHPPS 2006, state-level data were collected from education agencies in all 50 states, plus the District of Columbia; district-level data were collected from a nationally representative sample of 538 public school districts; and school-level data were collected from a nationally representative sample of 1,103 public and private elementary, middle, and high schools. Classroom-level data were collected from teachers of 2,106 required health education and physical education classes and courses.

While SHPPS 2006 provides data on a wide range of topics, perhaps the most exciting findings from the study are nutrition-related improvements that have occurred since 2000. The percentage of states that prohibited schools from offering junk foods in vending machines increased from 8 percent in 2000 to 32 percent in 2006, and the percentage of school districts doing this increased from 4 percent to 30 percent. At the school level, the percentage of schools selling bottled water in vending machines or in school stores increased. In addition, fewer schools sold cookies, cakes, or other high-fat baked goods in vending machines or school stores. In the cafeteria, more schools offered salads a la carte and fewer sold deep-fried potatoes a la carte.

Of course, there is still room for improvement in school health. For example, only 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools provided daily physical education or its equivalent for the entire school year for students in all grades, and 22 percent of schools did not require students to take any physical education.

Although the percentage of schools with policies prohibiting tobacco use in all school locations, including off-campus school-sponsored events, increased, more than 1 in 3 schools still did not have policies prohibiting tobacco use in all locations at all times.

In summary, SHPPS 2006 results provide invaluable insights on what's been accomplished to date in school health and what remains to be done.

For additional information and resources about SHPPS, including a link to a detailed report, school health component and topic specific fact sheets, podcasts, a state-level summaries document, questionnaires, analytic data files, technical documentation, and archives of previous SHPPS studies, visit www.cdc.gov/SHPPS.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.