2016 Overview

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 the following levels during each cycle:

Level	1994	2000	2006	2012	2014	2016
State	✓	✓	✓	✓		
District	✓	✓	✓	✓		✓
School	✓	✓	✓		✓	
Classroom	✓	✓	✓		✓	

SHPPS 2016 assessed the characteristics of selected components of the Whole School, Whole Community, Whole Child model (https://www.cdc.gov/healthyyouth/wscc/index.htm): health education; physical education and physical activity; nutrition environment and services; health services; counseling, psychological, and social services; social and emotional climate; physical environment; and employee wellness.

Methods

Data were collected via web-based questionnaires completed by respondents in a nationally representative sample of public school districts. For each school health program component, each district designated a respondent who had primary responsibility for or was the most knowledgeable about the policies or practices addressing that component. Questionnaires were designed to describe district-level policies and practices specific to each school health program component, with an emphasis on policy. District-level data are weighted to provide national estimates. Among 957 eligible districts, 740 (77.3%) completed at least one questionnaire module.

Results

Coordination

Percentage of Districts with a Coordinator for Selected School Health Program Components	
Component	**Districts**
Health education	69.0
Physical education	66.6
Health services	79.3
Counseling, psychological, and social services	79.5
Nutrition services	93.6
Employee wellness	59.9
All school health and safety policies and activities	57.8

Health Education

Percentage of Districts That Required Teaching of 15 Health Topics, by School Level			
Topic	**Districts**		
	Elementary	**Middle**	**High**
Alcohol- or other drug-use prevention	63.9	79.7	86.0
Asthma	40.1	47.4	53.2
Chronic disease prevention	48.4	65.8	76.5
Emotional and mental health	56.9	74.2	82.2
Food allergies	44.8	50.2	59.0
Foodborne illness prevention	34.6	47.9	59.6
HIV prevention	29.0	70.6	82.4
Human sexuality	51.9	75.4	79.6
Infectious disease prevention	55.1	63.4	71.6
Injury prevention and safety	66.9	71.3	77.1
Nutrition and dietary behavior	70.6	76.9	84.6
Oral health	57.7	54.9	56.1
Other STD prevention	22.9	69.0	81.6
Physical activity and fitness	60.7	71.4	79.6
Pregnancy prevention	18.9	59.7	76.3
Suicide prevention	36.0	65.4	78.6
Tobacco-use prevention	65.9	80.0	85.6
Violence prevention	86.3	85.0	87.3

Nutrition Environment and Services

- 23.7% of districts do not have specific education requirements for newly hired food service directors.

- 16.3% of districts require schools to make fruits and vegetables available whenever other food is offered or sold.

- 33.2% of districts require and 27.5% recommend that schools prohibit the sale of foods and beverages that do not meet Smart Snacks standards as part of fundraisers for school organizations.

- 51.4% of districts require and 17.4% recommend that schools prohibit the marketing of fast food restaurants and foods and beverages that do not meet Smart Snack standards in school buildings.

- 51.8% of districts have adopted a policy that allows students to have a drinking water bottle with them during the school day.

Physical Education and Physical Activity

- 92.6% of districts have adopted a policy stating that elementary schools will teach physical education, 89.7% have such a policy for middle schools, and 92.9% have such a policy for high schools.

Percentage of Districts with Requirements and Recommendations Related to Physical Activity, by School Level			
Requirement or recommendation	Districts		
	Elementary	Middle	High
Requires that schools provide regular classroom physical activity breaks* during the school day	10.7	7.5	2.2
Recommends that schools provide regular classroom physical activity breaks* during the school day	49.6	38.7	27.6
Requires that schools provide opportunities for physical activity before the school day	2.6	1.2	0.8
Recommends that schools provide opportunities for physical activity before the school day	28.6	25.2	24.0
Requires that schools provide opportunities for physical activity after the school day	2.1	4.7	6.8
Recommends that schools provide opportunities for physical activity after the school day	38.2	50.9	47.7
*For elementary schools, this is defined as "outside of physical education class and recess." For middle schools and high schools, this is defined as "outside of physical education class."			

Health Services and Counseling, Psychological, and Social Services

- 33.7% of districts require each school to have a full-time school nurse.
- More than three fourths of districts have adopted a policy stating that schools will provide administration of medications, case management for students with disabilities, CPR, first aid, identification or school-based management of chronic health conditions, and violence prevention.
- 22.5% of districts have at least one school-based health center (SBHC) that offers both primary care and counseling, psychological, or social services to students.
- 16.2% of districts have adopted a policy stating that each elementary school will have a specified ratio of counselors to students, 16.8% of districts have adopted such a policy for middle schools, and 19.8% have adopted such a policy for high schools.
- 12.3% of districts have adopted a policy stating that schools will screen students for mental health problems.

Employee Wellness

- 54.0% of districts require schools to have an employee wellness program.

- During the 12 months before the study:

    o 40.7% of districts provided funding for or offered health risk appraisals for employees.

    o 27.8% provided funding for incentives for employee participation or goal achievement in employee wellness programs.

    o 60.8% provided funding for or offered immunizations (e.g., influenza vaccine) for employees.

Healthy and Safe School Environment

- 81.8% of districts prohibit the use of electronic vapor products (e.g., e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens) among students, 77.3% prohibit their use among faculty and staff during any school-related activity, and 75.7% prohibit their use among school visitors.

- 50.0% of districts require schools to conduct periodic inspections that test drinking water outlets for lead.

- 48.9% of districts have an indoor air quality management program, defined as a set of specific activities for preventing and resolving indoor air quality problems.

- 87.4% of districts use integrated pest management, defined as an approach to pest control that seeks to address safety concerns when using pesticides and to use methods that focus on eliminating pest access to food, water, and shelter in and around the school.

- 52.4% of districts require schools to purchase mercury-free products for use in and around school buildings.

- 54.6% of districts have a formal written joint use agreement[1] that allows community members or groups to use school facilities and 29.3% had such an agreement for students to use community facilities (e.g., a park or recreation center).

- 38.4% of districts have a formal written joint use agreement that applies to community use of school facilities for before- or after-school programs for school-aged children.

[1] A joint use agreement is a formal written agreement, such as a memorandum of agreement or understanding, between the school district and another public or private entity to jointly use or share either school facilities or community facilities to share costs and responsibilities.

Where can I get more information? Visit www.cdc.gov/shpps or call 800-CDC-INFO (800-232-4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

CDC