

Trends Over Time: 2000-2012¹

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 all levels in 1994, 2000, and 2006. The 2012 study collected data at the state and district levels only. School- and classroom-level data collection will take place in 2014.

SHPPS assesses the characteristics of eight components of school health: 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.

Physical Education and Physical Activity

- The percentage of districts that required elementary schools to teach physical education increased from 82.6% in 2000 to 93.6% in 2012.
- Between 2000 and 2012, the percentage of districts that allowed students to be exempted from physical education requirements for one grading period or longer for religious reasons decreased from 32.4% to 16.7% for middle school students and from 33.8% to 13.7% for high school students.
- Between 2000 and 2012, the percentage of districts that required or recommended that elementary schools test students' fitness levels increased from 18.3% to 38.0%. The percentage of districts that required or recommended schools use Fitnessgram[®] increased from 12.8% to 36.5% for elementary schools, from 9.5% to 40.2% for middle schools, and from 8.3% to 40.3% for high schools.
- Between 2000 and 2012, the percentage of districts with a policy that required head coaches of interscholastic sports to have a teaching certificate decreased from 47.1% to 35.0%, but the percentage of districts with a policy that required head coaches to complete a coaches' training course increased from 48.5% to 70.5%.

Percentage of States and Districts That Provided Funding for Professional Development or Offered Professional Development to Those Who Teach Physical Education During the 2 Years Before the Study, 2000, 2006, and 2012						
Topic	States			Districts		
	2000	2006	2012	2000	2006	2012
Administering or using fitness tests	30.6	61.2	64.7	49.8	62.5	71.1
Encouraging family involvement in physical activity	24.5	59.2	64.7	28.0	51.0	53.9
Methods to increase the amount of class time students are engaged in moderate-to-vigorous physical activity	28.0	55.1	66.7	32.6	54.3	55.1
Teaching movement skills and concepts	38.8	55.1	66.7	51.6	62.8	61.9

¹ For variables with data available for 2000, 2006, and 2012, regression analyses were performed that took all three years of data into account. For variables with data available only for 2006 and 2012, regression analyses included only those two years of data. To account for multiple comparisons, selected changes are included only if the p-value from the regression analysis was less than .01, and either the difference between the two endpoints (2000 and 2012 or 2006 and 2012) was greater than 10 percentage points, or the 2012 estimate increased by at least a factor of two or decreased by at least half as compared to the 2000 or 2006 estimate. All district-level analyses were performed using weighted data. State-level estimates are based on a census and are therefore not weighted.

Nutrition Services and the School Nutrition Environment

- The percentage of districts that almost always or always used each of 13 healthy food preparation practices during the 30 days before the study increased between 2000 and 2012.²
- Between 2006 (when these variables were first included in SHPPS) and 2012, among districts that allowed schools to sell soft drinks (e.g., sports drinks, soda pop, or fruit drinks that are not 100% juice) to students:
 - the percentage that received a specified percentage of soft drink sales receipts decreased from 81.7% to 69.3%,
 - the percentage that received incentives (e.g., cash awards or donations of equipment, supplies, or other donations) once receipts from soft drink sales totaled a specified amount decreased from 52.0% to 33.9%, and
 - the percentage prohibited from selling soft drinks from more than one company decreased from 54.9% to 41.2%.
- The percentage of districts that allowed soft drink companies to advertise soft drinks on school grounds decreased from 46.6% in 2006 to 33.5% in 2012.
- Between 2006 (when this variable was first included in SHPPS) and 2012, the percentage of districts with food procurement contracts that addressed nutritional standards for a la carte foods increased from 55.1% to 73.5%.

Percentage of Districts That Required Schools to Prohibit Offering Junk Foods*, by School Setting, 2000, 2006, and 2012

School Setting	2000	2006	2012
A la carte during breakfast or lunch periods	23.1	38.9	41.7
After-school or extended day programs	7.3	14.7	21.4
Concession stands	1.4	5.5	5.8
Meetings attended by students' family members	0.4	2.7	4.5
School stores, canteens, or snack bars	3.9	18.9	28.3
Staff meetings	0.4	3.4	3.4
Student parties	1.4	11.5	16.7
Vending machines	4.1	29.8	43.4

*Defined as foods or beverages that have low nutrient density (i.e., they provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals).

Family Involvement

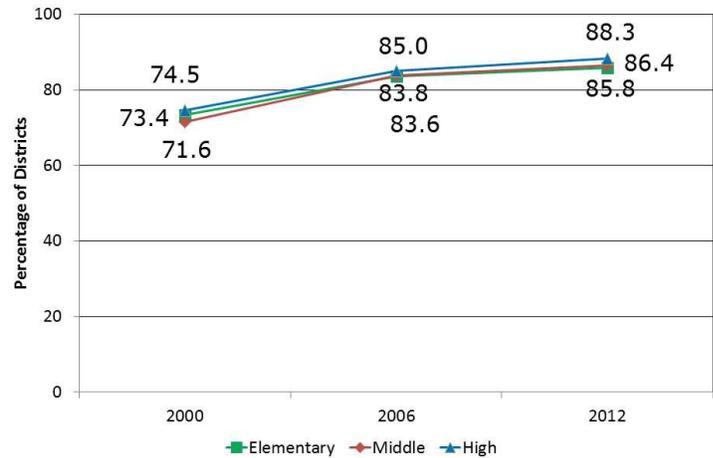
- The percentage of districts that offered any health education to families of all students during the 12 months before the study increased from 27.8% in 2000 to 40.0% in 2012.
- The percentage of districts providing families of all students with information on school physical education increased from 52.2% in 2000 to 65.4% in 2012.
- Between 2000 and 2012, the percentage of districts that made information available to families on the nutrition and caloric content of foods available to students increased from 35.3% to 52.7%.

² These practices include: using low-fat or nonfat yogurt, mayonnaise, or sour cream instead of regular mayonnaise, sour cream, or creamy salad dressing; using low-sodium canned vegetables instead of regular canned vegetables; using other seasoning instead of salt; using part-skim or low-fat cheese instead of regular cheese; using skim, low-fat, soy, or nonfat dry milk instead of whole milk; using vegetable oil instead of shortening, butter, or margarine; reducing the amount of fats and oils in recipes or using low-fat recipes; reducing the amount of salt in recipes or using low-sodium recipes; reducing the amount of sugar in recipes or using low-sugar recipes; roasting meat or poultry on a rack so fat would drain; spooning solid fat from chilled meat or poultry broth; skimming fat off warm broth, soup, stew, or gravy; and steaming or baking vegetables.

Health Education

- Between 2000 and 2012, the percentage of districts with a policy stating that schools will follow any national, state, or district health education standards increased from 68.8% to 82.4%.
- The percentage of districts with a policy stating that high schools will allow parents or guardians to exclude their children from receiving instruction on pregnancy prevention, HIV prevention, other STD prevention, or human sexuality increased from 62.2% in 2000 to 78.0% in 2012.
- The percentage of districts that required elementary schools to teach about HIV prevention decreased from 58.6% in 2000 to 40.1% in 2012, and the percentage that required elementary schools to teach about other STD prevention decreased from 39.4% in 2000 to 29.1% in 2012, but the percentage of districts that required elementary schools to teach about injury prevention and safety increased from 66.2% to 77.1%.

Percentage of Districts That Required Schools to Teach About Violence Prevention, by School Level, 2000, 2006, and 2012



Percentage of Districts That Provided Funding for Professional Development or Offered Professional Development to Those Who Teach Health Education During the 2 Years Before the Study, 2000, 2006, and 2012

Topic	2000	2006	2012
Emotional and mental health	44.0	58.6	59.8
Injury prevention and safety	40.0	66.2	63.6
Nutrition and dietary behaviors	43.3	65.3	62.9
Physical activity and fitness	43.3	75.3	74.6
Suicide prevention	41.5	56.1	62.6
Violence prevention	62.1	77.6	82.7
Teaching students of various cultural backgrounds	37.9	46.1	52.6
Teaching students with limited English proficiency	27.7	44.8	51.0
Teaching students with long-term disabilities	47.0	58.5	60.0

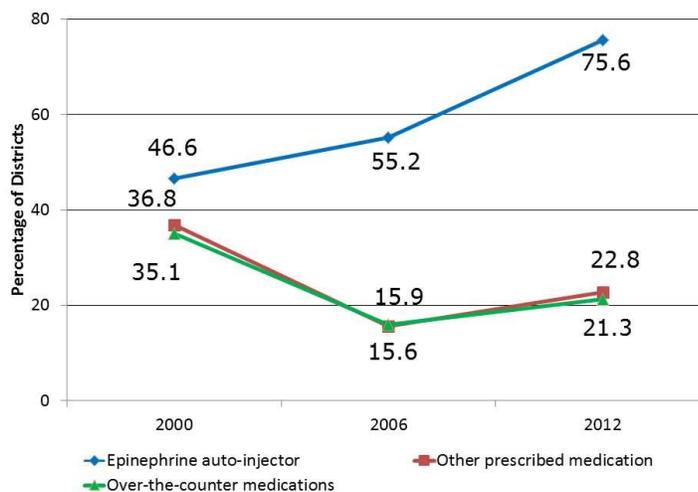
Faculty and Staff Health Promotion

- The percentage of states that had someone at the state level to oversee or coordinate health promotion activities or services for faculty and staff throughout the state increased from 20.0% in 2000 to 50.0% in 2012.
- During the 12 months before the study, the percentage of districts that provided funding for or offered faculty and staff nutrition education increased from 11.0% to 32.9%, and the percentage that provided funding for or offered weight management increased from 12.7% to 34.9%. In addition, the percentage of districts that provided funding for or offered physical activity programs increased from 24.2% to 43.0%.
- The percentage of districts that provided funding for or offered an employee assistance program during the 12 months before the study increased from 24.4% in 2000 to 34.7% in 2012.

Health Services and Mental Health and Social Services

- The percentage of districts that required newly hired school nurses to have an RN's license decreased from 95.6% in 2000 to 86.1% in 2012 and the percentage that required a state school nurse certification decreased from 67.8% to 39.5%.
- Between 2000 and 2012, the percentage of districts with arrangements to provide health services to students at other sites not on school property decreased from 37.5% to 24.3%.
- The percentage of districts with a policy stating that schools will obtain and keep information on dietary needs or restrictions increased from 69.9% in 2000 to 88.5% in 2012.
- The percentage of districts that offered student assistance programs to all students increased from 51.2% in 2000 to 76.3% in 2012.
- The percentage of districts that provided funding for professional development or offered professional development to mental health or social services staff decreased for the following topics: alcohol or other drug use treatment (from 67.5% to 50.3%); HIV counseling, testing, and referral (from 31.7% to 17.4%); HIV prevention (from 45.4% to 32.6%); peer counseling or mediation (from 56.6% to 45.2%); stress management (from 55.5% to 42.0%); and tobacco use cessation (from 51.8% to 36.7%).

Percentage of Districts That Permitted Students to Carry and Self-Administer Medications, 2000, 2006, and 2012



Safe and Healthy School Environment

- The percentage of districts with policies that prohibited all tobacco use during any school-related activity³ increased from 46.7% in 2000 to 67.5% in 2012.
- Between 2000 and 2012, the percentage of districts that prohibited students from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it increased from 70.5% to 82.3%.
- The percentage of districts that required schools to use security or surveillance cameras increased from 2000 to 2012 for all school levels (elementary schools, from 11.0% to 59.0%; middle schools, from 16.4% to 68.6%; high schools, from 19.2% to 74.9%).
- The percentage of districts with an indoor air quality management program increased from 35.4% in 2006 (when this variable was first included in SHPPS) to 47.7% in 2012.
- Between 2006 (when this variable was first included in SHPPS) and 2012, the percentage of districts that implemented an engine idling reduction program for school buses increased from 35.3% to 53.8%.

³ 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.

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

