

# Foreword

Since 2000 when the School Health Policies and Programs Study (SHPPS) was last conducted, much has changed in the education and public health arenas. After 9/11 and then Hurricanes Katrina and Rita, a dramatic increase occurred in concerns about the safety of youth in schools and the ability of schools to respond appropriately to students and staff as a result of catastrophic events. Concern with emergency response capability has been further heightened as the possibility of a pandemic flu was fully understood and the public health community began to grapple with the critical role that schools would need to play in infection mitigation and control. The passage of the No Child Left Behind Act of 2001 also led to profound changes in public education and greatly increased the emphasis placed on student assessment and attainment of core academic standards. Consequently, an already crowded curriculum became even more so and public health–related subjects such as health education and physical education had to compete to remain on the school agenda. In addition, obesity gained epidemic status and drew substantial attention and concern from the public, politicians, and public health experts, while general interest in HIV infection and acquired immunodeficiency syndrome waned, despite the epidemic’s resurgence among some segments of the population. During the same time period, the Youth Risk Behavior Surveillance System not only documented promising trends but also concerning disparities in the health-risk behaviors of America’s high school students.

School health programs must adapt to address all these challenges and must do so at a time when many schools are being asked to do more with less. School health programs can be part of the solution to many problems faced by youth today including unhealthy behaviors, unsafe environments, and academic deficiencies. Indeed, a symbiotic relationship exists between good health in support of learning and educational attainment in support of good health. Thus, public health would be well served to help schools achieve their primary educational mission (especially improvements in high school graduation rates), while simultaneously supporting health promotion among young people. Recognizing the vital importance of schools to the health of youth, the Centers for Disease Control and Prevention (CDC) has established Healthy Schools as 1 important setting within its strategic goals framework through which we will map the highest priority actions to be taken agency-wide in support of school health. Planning an effective school health strategy for the CDC and the nation is dependent on a thorough understanding of the status of school health policies, programs, and practices.

SHPPS 2006 addresses this need by providing an updated description of school health programs nationwide. It is the most comprehensive assessment of school health programs ever undertaken, and it provides current information at the state, district, school, and classroom levels on the characteristics of 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. SHPPS 2006 identifies gaps in policies and services as well as practices that should be a cause for concern. SHPPS 2006 also highlights many effective policies and programs that states, districts, and schools have implemented and that are serving well the health and educational interests of students and their families. SHPPS 2006 is designed to spur the continued development and implementation of more high-quality school health policies and programs that will benefit all of our nation’s youth for years to come.

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