

Asthma

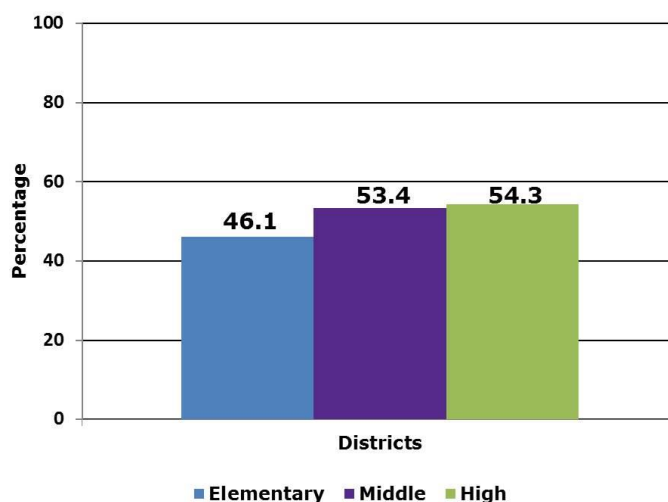
About SHPPS: SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS was conducted in 1994, 2000, and 2006. The 2012 study collected data at the state and district levels only. School- and classroom-level data collection will take place in 2014.

Health Education

- 39.2% of states and 44.1% of districts provided funding for professional development or offered professional development to those who teach health education on asthma during the 2 years before the study.

Percentage of States Providing Assistance to Districts or Schools on Asthma Education	
Type of Assistance	States
Developed, revised, or assisted in developing model policies, policy guidance, or other materials*	43.1
Distributed or provided model policies, policy guidance, or other materials*	54.9
Provided technical assistance†	64.0
*During the 2 years before the study.	
†During the 12 months before the study.	

Percentage of Districts That Required Teaching About Asthma at Each School Level



Faculty and Staff Health Promotion

- 18.3% of districts provided funding for or offered activities for faculty and staff related to asthma management education, regardless of what is covered through their health insurance, during the 12 months before the study.

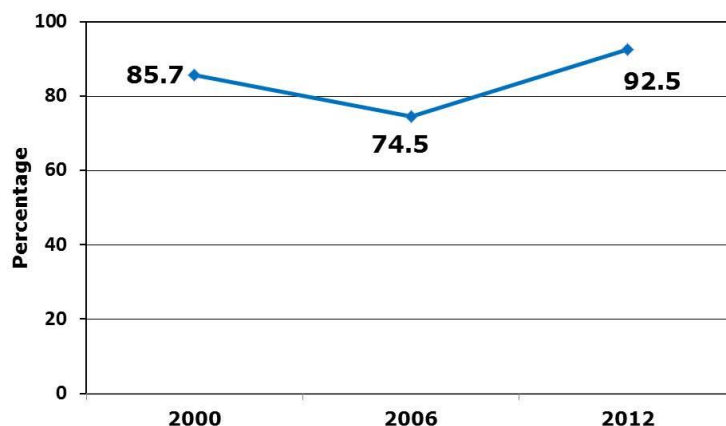
Health Services

Percentage of Districts That Required the Provision of Asthma-Related Services	
Health Service	Districts
Case management for students with chronic health conditions (e.g., asthma or diabetes)	69.9
Identification or school-based management of chronic health conditions	80.5
Instruction on self-management of chronic health conditions	48.6
Referrals for chronic health conditions	49.3
Tracking of students with chronic health conditions	66.7

Health Services (continued)

- The percentage of districts that had arrangements with any organizations or healthcare professionals to provide case management for students with chronic health conditions, such as asthma or diabetes, at other sites not on school property decreased from 20.7% in 2000 to 8.0% in 2012.¹
- The percentage of districts that had arrangements with any organizations or healthcare professionals to provide identification or school-based management of chronic health conditions at other sites not on school property decreased from 16.9% in 2000 to 6.4% in 2012.
- The percentage of districts that required schools to provide identification or school-based management of chronic health conditions increased from 46.5% in 2000 to 80.5% in 2012.
- During the 2 years before the study, 72.0% of states and 62.2% of districts provided funding for training or offered training to any teachers, administrators, and school staff other than school nurses on chronic health conditions, such as asthma or diabetes, including chronic disease management, recognizing and responding to severe symptoms, or reducing triggers.

Percentage of Districts That Allowed Students to Carry and Self-Administer a Prescription Quick-Relief Inhaler—2000, 2006, and 2012



Percentage of States and Districts That Provided Funding for Professional Development or Offered Professional Development to School Nurses on Asthma-Related Topics*

Topic	States	Districts
Case management for students with chronic health conditions (e.g., asthma or diabetes)	61.2	48.7
Identification or school-based management of chronic health conditions	76.5	60.5
Referrals for chronic health conditions	73.5	41.6
Teaching self-management of chronic health conditions	77.6	45.8
Tracking of students with chronic health conditions	50.0	39.7

* During the 2 years before the study.

Percentage of Districts That Required Information to Be Obtained and Kept in Student Records

Information	Districts
Asthma action plan	83.2
Authorization for emergency treatment	86.0
Medication needs	93.2
Physical activity restrictions	85.5
Physical health history	83.8

¹ Regression analyses were performed that took all available years of data into account. To account for multiple comparisons, selected changes are included only if the p-value from the trend analysis was less than .01, and either the difference between the two endpoints (2000 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 estimate.

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

