



Published in final edited form as:

J Adolesc Health. 2024 April ; 74(4): 634–636. doi:10.1016/j.jadohealth.2023.12.029.

New Online Tool From the Centers for Disease Control and Prevention Tracks School Health Policies and Practices

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Young people in the United States attend school about six hours per day, approximately 180 days per year during a critical 13-year period of their development. Schools are therefore in a unique position to help improve the health status of youth nationwide. To measure implementation of school health policies and practices, the Centers for Disease Control and Prevention (CDC), in collaboration with state and local education and health agencies, developed the School Health Profiles (Profiles). Profiles is a system of surveys conducted among representative samples of secondary schools in states, school districts, territories, and tribes, referred to collectively as jurisdictions. The surveys, conducted by education and health agencies among middle and high school principals and lead health education teachers, collect data on a variety of policies and practices related to topics such as health education, physical education and activity, safe and supportive environments, and health services [1]. Although Profiles has been conducted biennially since 1996, the release of the 2022 data is the first time results will be available via an interactive online tool called Profiles Explorer (<https://profiles-explorer.cdc.gov>).

Currently, Profiles is funded through a cooperative agreement between CDC and state, district, territorial, and tribal agencies (PS18–1807: Promoting Adolescent Health through School-Based HIV Prevention) [2]). In 2022, 45 states, 28 school districts, two territories, and one tribe participated in Profiles (Figure 1). In addition to providing representative data for each of these jurisdictions, Profiles provides performance measure data for the 28 school districts funded through this cooperative agreement to develop and implement activities demonstrated to improve the health of middle school and high school students [2]. Education and health officials use Profiles data to monitor school health policies and practices, identify professional development needs, inform health programs, support health-related legislation, and compare data across jurisdictions [1]. The percentage of jurisdictions across the country using Profiles and other school-based data to seek funding, plan and monitor programs, and inform professional development has more than doubled during the past decade [3]. This broad expansion of data use helps to guide decision-making for school health resources.

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Conflicts of interest: The authors have no conflicts of interest to declare.

Profiles uses random, systematic, equal-probability sampling strategies to produce representative samples of schools that serve students in grades 6 through 12 in each state, district, territory, and tribe. In most jurisdictions, the sampling frame consists of all public schools with one or more of grades 6 through 12. Typically, these are regular public middle and high schools and exclude private, charter, alternative, vocational, and special education schools. In 2022, nine states and 26 school districts conducted a census of schools by inviting all secondary schools in their jurisdiction rather than just a sample to participate. For each middle or high school that was sampled, the principal and the lead health education teacher (the person most knowledgeable about health education at the school) each completed a standard, self-administered questionnaire. State, local, tribal, and territorial agencies had the option of conducting their survey using mailed paper-and-pencil questionnaires or a secure web-based system. Participation in the survey was confidential and voluntary; follow-up telephone calls, e-mails, and written reminders were used to encourage participation.

In 2022, 44 states, 28 school districts, two territories, and one tribe obtained data representative of their jurisdiction. To obtain representative data, a jurisdiction had to meet one of two criteria: (1) a response rate of at least 70% for the principal or teacher questionnaire or (2) nonresponse bias analyses that revealed few significant differences between responding and nonresponding schools on characteristics such as school enrollment size, poverty status, and urbanicity. Although Profiles originally was designed to provide data representative of only state, local, territorial, and tribal jurisdictions, in 2020, CDC began using Profiles data to calculate nationwide estimates. To accomplish this, data from regular public secondary schools were combined across all participating states plus the District of Columbia, including those with unweighted data. Data were then reweighted to provide nationwide estimates [4]. These estimates allow public health practitioners to track national goals and metrics in school health policies and practices, such as the percentage of schools addressing national health education standards [5] and the percentage with tobacco-free environments [6]. Profiles results also provide a benchmark against which individual states can compare their results. Additionally, nationwide Profiles data fill a knowledge gap created after CDC discontinued the School Health Policies and Practices Study in 2016.

Profiles is the only surveillance system in the United States to assess national, state, and local policies and practices related to school health at the school level. Public health practitioners and healthcare providers can use Profiles results to track programs and services provided in their jurisdictions, such as the availability of school nurses and school-based health centers, mental health programs, and services to support sexual minority students. Increasingly, as jurisdictions implement new policies, healthcare providers play a key role in interpreting potential risk, evaluating community needs, and projecting youth outcomes.

To improve the accessibility and usability of Profiles results, CDC launched Profiles Explorer (<https://profiles-explorer.cdc.gov>), a new interactive online tool that allows users to view national, state, and local results. Modeled after a similar application for the Youth Risk Behavior Surveillance System (<https://yrbs-explorer.services.cdc.gov/#/>), Profiles Explorer allows users to select topics of interest and view tables and maps containing all 2022 Profiles

results on those topics. Future versions of Profiles Explorer will include additional features, such as the ability to view trend data from previous cycles.

Since its inception, Profiles has evolved from a surveillance system largely focused on health education to one that provides a more comprehensive view of school health policies and practices across multiple topic areas. Profiles also has expanded over time to include nationwide data and data from an increasing number of sites. As a surveillance system, however, Profiles is not without its limitations. For example, data are based on self-report rather than objective measures of policies and practices. Consequently, under-reporting or over-reporting is possible because of social desirability or lack of respondent knowledge. A recent study, however, demonstrated good test-retest reliability of the Profiles questionnaires [7]. Furthermore, Profiles is limited in its ability to provide information on the quality of the practices measured, as respondents are asked only to report whether these practices are in place. Finally, as with other surveys, Profiles has experienced declining response rates in recent years, although the use of nonresponse bias analyses has helped ensure that results are still of high quality.

Data collection for the 2024 Profiles cycle is underway, and for the first time, results will provide information about such topics as school practices to support racial and ethnic minority students, school Emergency Operations Plans, and parental notification and consent for sexual health education. Future plans for Profiles also include the possibility of linking data with Youth Risk Behavior Survey data, allowing researchers to examine associations between school health practices and youth health behaviors and outcomes. Understanding these associations can help improve the health status of adolescents through school policies and programs.

Acknowledgments

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

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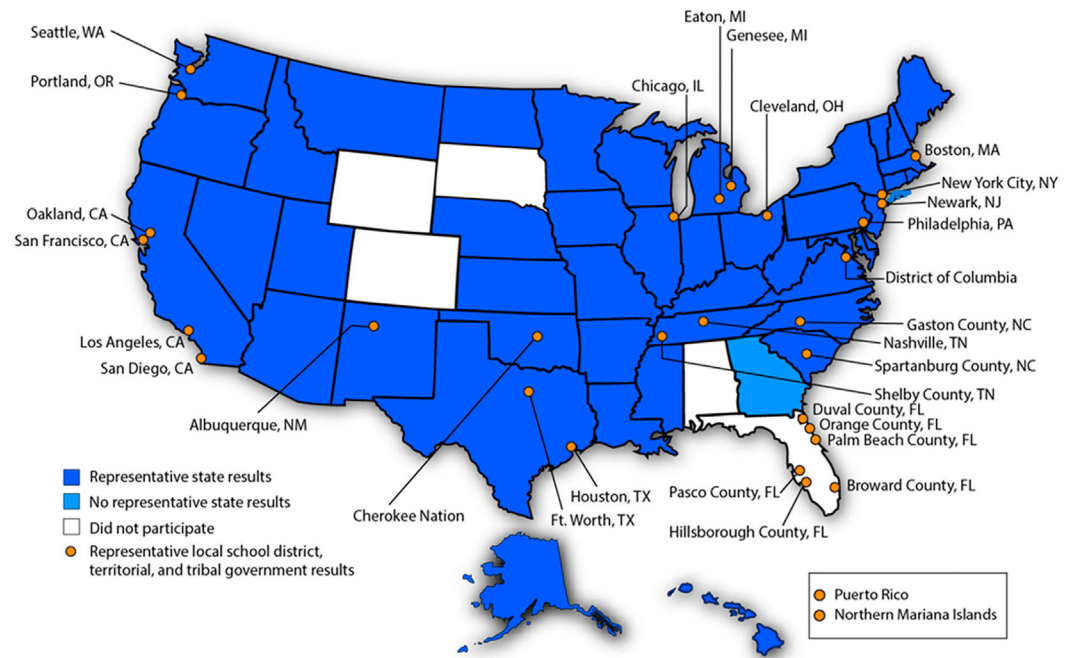


Figure 1.
State, district, territorial, and tribal participation in School Health Profiles, 2022.