

VIRGINIA DEPARTMENT OF HEALTH  
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*School Health Advisory Boards*  
*Virginia 2000-01*

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A SUMMARY OF THE ANNUAL REPORTS  
OF LOCAL SCHOOL HEALTH ADVISORY BOARDS  
IN VIRGINIA

# *School Health Advisory Boards*

## A Report on School Health Advisory Boards (SHABs) in Virginia for the School Year 2000-2001

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# Executive Summary

## Purpose

The purposes of this survey and report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for the School Year 2000-2001*, are to:

- Evaluate school divisions' adherence to the *Code of Virginia* SHAB requirements;
- Identify the concerns and determine the accomplishments and progress of SHABs; and
- Present a consolidated picture of the accomplishments and plans of SHABs statewide.

## Methodology

The survey instrument, which was developed jointly by the VDOE and the VDH, was designed to elicit information from school divisions related to the accomplishments and effectiveness of SHABs and their compliance with the *Code of Virginia*. The survey instrument was sent to the superintendents of the 133 school divisions in Virginia in the spring of 2001 with a request that it be completed and returned to the VDOE. The VDOE received 132 completed survey forms, a 99.2 percent return. This return rate compares very favorably with recent return rates, which have been in the 88 to 90 percent range.

## Findings

The findings of the survey are organized by topic. In addition to summaries of the findings, each section will address school divisions' adherence to the *Code of Virginia* when appropriate.

**Membership.** School divisions reported SHAB memberships ranging from five to 27. The average membership was 15.6. One hundred three (103) of the 126 school divisions responding to this item had no more than 20 members on their SHAB, meeting the *Code of Virginia* requirement that SHAB membership be limited to 20.

Statewide, SHABs continue to have great diversity in their memberships, although there is only a general requirement regarding diversity in the *Code of Virginia*. More members are identified as educators than any of the other five main categories, followed by parents, and health professionals. More than 80 percent of SHAB members

are identified with one or more of these three categories. There are two subtle changes in membership that have taken place over the past few years: (1) the number of SHAB members identified as health professionals is increasing and now exceeds the number identified as parents; and (2) the number of SHAB members identified as students is increasing.

**Meetings.** The *Code of Virginia* requires that SHABs meet at least semi-annually. Almost 84 percent of school divisions responding to the survey item on meeting frequency met that requirement. The mean number of meetings reported was 3.3. Among the 21 school divisions that did not meet the requirement, 19 met once and two did not meet.

**Reports.** SHABs are required by the *Code of Virginia* to at least once annually report on the status and needs of student health in the school division to the Virginia Department of Education and the Virginia Department of Health (both satisfied by responding to the survey reported herein), the local school board, and to any relevant school. In 2000-01, 99.2 percent of school divisions completed and returned the survey form to the Virginia Department of Education. Approximately 65 percent of divisions reported the submission of either a written or oral report to the local school board in compliance with the *Code of Virginia*, and about 90 percent made reports to other groups.

**Operating procedures.** Of the 130 school divisions responding to the survey item on operating procedures, 56.2 percent indicated they either had operating procedures or were in the process of developing them. The remaining 43.8 percent indicated they had no operating procedures and were not in the process of developing them. Both of these findings were less favorable than findings last year and four years earlier.

**Accomplishments.** SHAB goals most frequently identified by school divisions for 2000-01 were to: (1) develop/improve school health services; (2) develop/maintain community partnerships; and (3) increase school nursing staff. The goals for the current year are very similar to those in past years.

School divisions reported their SHABs' accomplishments regarding policies developed or revised, programs implemented, and programs evaluated in each of eight program elements. SHABs appear to be more advanced in their work on the health services, health education/instruction, healthy environment, and parent/community involvement than in the other program elements. Limited accomplishments were reported in four program elements, i.e., physical education, food services, counseling, and staff wellness.

**Factors affecting effectiveness.** School divisions were asked to identify factors that facilitated the effectiveness of their SHABs and those that limited effectiveness. The factors most frequently mentioned as *facilitating effectiveness*, all above 70 percent, were:

- Participation of the SHAB members (80%)
- Support provided by outside agencies (77%)

- ❑ Cooperation and team spirit among SHAB members (73%)
- ❑ Diversity of the SHAB membership (72%)
- ❑ Support provided by the central office (70%)

The factors most frequently mentioned as *limiting effectiveness* were:

- ❑ Lack of time to devote to SHAB activities (58%)
- ❑ Lack of money and resources (42%)
- ❑ Scheduling problems (31%)
- ❑ Poor attendance at SHAB meetings (27%)

The top five factors facilitating effectiveness and the top four factors limiting effectiveness were the same in both 1999-2000 and 2000-01.

# I. Introduction

## *Code of Virginia Requirements*

The 1990 General Assembly of Virginia amended the *Code of Virginia* to provide that each school board may establish a School Health Advisory Board (SHAB) to “assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.”

The 1992 General Assembly amended and reenacted Section 22.1-275.1 of the *Code of Virginia* to state that each school division is required to have a SHAB comprised of no more than 20 broad-based community representatives, including, but not limited to, parents, students, health professionals, educators, and others (see Appendix A for Section 22.1-275.1, *Code of Virginia*). Each board is required to meet at least semi-annually and to submit an annual report on the status and needs of student health in its school division to the Virginia Department of Education (VDOE), the Virginia Department of Health (VDH), the school board, and any relevant school.

## **Purpose**

The purposes of this survey and report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for the School Year 2000-01*, are to:

- ❑ Evaluate school divisions’ adherence to the *Code of Virginia* SHAB requirements;
- ❑ Identify the concerns and determine the accomplishments and progress of SHABs; and
- ❑ Present a consolidated picture of the accomplishments and plans of SHABs statewide.

## **Methodology**

The survey instrument, which is in Appendix B, was developed jointly by the VDOE and the VDH. It was designed to elicit information from school divisions regarding their compliance with the section of the *Code of Virginia* related to SHABs, and other information related to the accomplishments and effectiveness of SHABs. The survey instrument, which has been used since the 1994-95 school year, was sent to the superintendents of the 133 school divisions in Virginia in the spring of 2001 with a request that it be completed and returned to the VDOE. The VDOE received 132

completed survey forms for the 2000-01 school year, a 99.2 percent return. This return rate compares very favorably with recent return rates, which have been in the 88 to 90 percent range.

The survey data, both quantitative and qualitative, were entered into an electronic spreadsheet. The quantitative data were summarized using descriptive statistics and the qualitative data were summarized using a content analysis approach. This report contains comprehensive findings from the 2000-01 survey, as well as selected comparisons with findings from earlier surveys.

## II. Survey Results

### Membership

**Number of members.** The *Code of Virginia* requires that SHABs have no more than 20 members. Of the 126 school divisions responding to this survey item, 103 (or 81.7%) reported having no more than 20 members on their SHAB and were, therefore, in compliance with that provision of the *Code*. A summary of school divisions' responses to this survey item is contained in Table 1 below.

**Table 1: Percent of School Divisions Reporting Specified Membership Ranges on School Health Advisory Boards, Selected Years**

<b>Membership Ranges</b>	<b>1996-97 (N=121)</b>	<b>1999-2000 (N=118)</b>	<b>2000-01 (N=126)</b>
Up to 5 Members	0.8%	3.4%	2.4%
6-10 Members	12.4	14.5	19.0
11-15 Members	32.2	24.8	26.2
16-20 Members	45.5	40.2	34.1
More than 20 Members*	9.1	17.1	18.3

\*Not in compliance with Code of Virginia.

**Average membership.** The average membership of SHABs was 15.6, with a range of five to 27 members. The average was calculated from the 126 school divisions that reported *total membership* of their SHABs in the 2000-01 survey or listed the members' names so that the number of members could be counted. The average membership in 2000-01 was very close to the average of 15.8 in 1999-2000 and the approximation of 16 members per SHAB in 1996-97.

**Member structure.** The *Code of Virginia* encourages diverse membership on the SHAB. The survey asked school divisions to report the diversity of membership in six main and 23 sub categories. For 2000-01, 1,963 SHAB members were identified with 2,346 categories; i.e., some members were identified with more than one category. In most categories, there were only minor variations from previous years. The most significant change is a decline in the percentage of SHAB members identified as parents, from 30 percent in 1996-97 to 23 percent in 2000-01. Other categories have had only small variations. The results from this survey item are contained in Table 2.

**Table 2: Number and Percent of SHAB Members Identified by Category, 1996-97, 1999-2000, and 2000-01 School Years**

<b>Category</b>	<b>1996-97 No. Members (N=1906)*</b>	<b>1999-2000 No. Members (N=1813)*</b>	<b>2000-01 No. Members (N=1963)*</b>
<b>Total Parents</b>	<b>576 (30%)</b>	<b>462 (25%)</b>	<b>442 (23%)</b>
Parents of School-Age Child	474	370	380
Parent of Medically-Fragile Child	36	22	18
PTA Representative	66	70	44
<b>Total High School Students</b>	<b>76 (4%)</b>	<b>77 (4%)</b>	<b>100 (5%)</b>
<b>Total Health Professional</b>	<b>426 (22%)</b>	<b>407 (22%)</b>	<b>451 (23%)</b>
Physician/Medical	188	197	203
Dentistry	25	23	29
Mental Health	32	34	25
Public Health	134	98	127
Other	47	55	67
<b>Total Educators</b>	<b>937 (49%)</b>	<b>941 (52%)</b>	<b>1,022 (52%)</b>
School Nurse	177	217	252
Health Teacher	129	99	101
Other Teacher	125	104	117
Administrator	270	263	304
Counselor	110	113	120
Food Services	48	55	30
Other	78	90	98
<b>Total Community</b>	<b>189 (10%)</b>	<b>246 (14%)</b>	<b>232 (12%)</b>
Civic Group	38	66	41
Religious Group	37	32	27
Human Services	74	95	108
Youth Services	40	53	56
<b>Miscellaneous</b>	<b>122 (6%)</b>	<b>106 (6%)</b>	<b>99 (5%)</b>
Business	29	31	29
Government Official	40	41	37
Other	53	34	33

\*Note: The N-counts are the numbers of SHAB members in the responding school divisions for the respective school years. The sums of the numbers in the table are greater than the N-counts because some members were identified in more than one category; therefore, the percentages add to more than one hundred.

SHABs continue to have great diversity in their memberships. A comparison of 2000-01 with previous years (see Table 2) shows that the six main categories have changed only slightly. More members are identified as educators than any of the other five main categories, followed by health professionals and parents. There are two subtle changes in membership that have taken place over the past few years: (1) the number of SHAB members identified as health professionals is increasing and now exceeds the number of parents; and (2) the number of SHAB members identified as students is increasing.

Education administrators are members of more SHABs than any other sub-category, with representation on 115 of the 126 responding school divisions. Other sub-categories with high representation across school divisions are school nurse (107 divisions), parent of school age child (103 divisions), public health professional (94 divisions), and medical health professional (92 divisions).

## Meetings

The *Code of Virginia* requires that SHABs meet at least semi-annually. Of the 130 school divisions responding to the survey item on meeting frequency, 109 (or 83.8%) met this requirement. A small number of SHABs met at least six times, with a few meeting 10 or more times. The mean number of SHAB meetings was 3.3, with the vast majority of SHABs meeting from two to five times annually. This pattern has varied only slightly over the past six years.

Among the 21 SHABs that did not meet at least semi-annually, 19 met once and two did not meet. The number of SHABs not meeting the *Code* requirement is higher than last year and four years ago, but is lower than six years ago (21 to 22). The distribution of meeting frequency and comparisons with 1994-95, 1996-97, and 2000-01 are contained in Table 3.

**Table 3: Frequency of School Health Advisory Boards' Meetings, 1994-95, 1996-97, 1999-2000, and 2000-01**

<b>Frequency</b>	<b>1994-95</b>	<b>1996-97</b>	<b>1999-2000</b>	<b>2000-01</b>
No meetings*	9	1	1	2
One meeting*	13	13	15	19
Two meetings	35	37	31	38
Three meetings	18	15	18	19
Four meetings	21	16	25	25
Five meetings	15	18	13	13
Six meetings	3	7	5	5
Seven meetings	4	3	4	2
Eight meetings	1	3	3	2
Nine meetings	3	4	1	2
Ten or more meetings	3	3	1	3

\* Does not meet *Code of Virginia* requirement.

## Reports

SHABs are required by the *Code of Virginia* to at least once annually report on the status and needs of student health in the school division to the Virginia Department of Education and the Virginia Department of Health (satisfied by responding to the survey reported herein), the local school board, and to any relevant school. In 2000-01, 132 of 133 school divisions (99.2%) forwarded a completed survey form to the Virginia Department of Education, thus satisfying that requirement. The survey requested information regarding to whom reports were provided, whether the reports were written or oral, and how many reports were provided. Some school divisions submitted written reports to the school board, some made oral reports, and some both. Of the 132 school divisions submitting completed surveys, 85 (or 64.4%) reported their SHABs submitted written and/or oral reports to the local school board in compliance with the *Code of Virginia*. One hundred eighteen school divisions (or 89.4%) reported their SHABs had submitted one or more reports to some group, either the school board, the central office, or another audience.

A summary of all school division reports to local school boards is contained in Table 4.

**Table 4: Number of SHABs Making Written and Oral Reports to Local School Boards, Selected Years**

<b>01</b>	<b><u>1994-95</u></b>		<b><u>1996-97</u></b>		<b><u>1999-2000</u></b>		<b><u>2000-</u></b>	
	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>
<b>Number of Reports</b>								
	<b><u>Oral</u></b>							
No reports*	58	64	61	55	69	58	68	73
One or more reports	66	58	59	65	48	59	63	58

\* Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

Although reporting to the local central office is not required by the Code, it is of interest to note that many school divisions made such reports and some school divisions made reports to the central office apparently in lieu of a report to the school board. A summary of the reports made to central offices is contained in Table 5.

**Table 5: Number of SHABs Making Written and Oral Reports to Local Central Offices, Selected Years**

<b>Number of Reports</b>	<b><u>1994-95</u></b>		<b><u>1996-97</u></b>		<b><u>1999-2000</u></b>		<b><u>2000-01</u></b>	
	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>	<b><u>Writ.</u></b>	<b><u>Oral</u></b>
	<b><u>Oral</u></b>							

No reports*	59	45	59	49	67	56	68	73
One or more reports	65	78	62	71	50	61	63	58

\* Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

## Operating Procedures

School divisions were asked if they had “developed operating procedures for your SHAB?” Of the 130 school divisions responding to this survey item, 73 (or 56.2%) indicated they either had operating procedures (N = 50) or were in the process of developing them (N = 23). Fifty-seven school divisions (or 43.8%) indicated they had no operating procedures and were not in the process of developing them. These figures were comparable to those from 1999-2000, but were less favorable than figures from three years earlier. Of the 50 school divisions with operating procedures, 20 were willing to share them with other SHABs. School divisions that had operating procedures were about as willing to share them as in previous years. A summary of these responses is contained in Table 6.

**Table 6: Status of SHAB Operating Procedures in School Divisions, 1996-97, 1999-2000, and 2000-01**

<u>Status of Operating Procedures</u>	<u>1996-97</u>	<u>1999-2000</u>	
<u>2000-01</u>			
Have operating procedures	41.2%	38.4%	38.5%
In process of developing operating procedures	24.4	19.6	17.7
Do not have operating procedures and not in the process of developing	34.5	42.0	43.8
<i>Willing to share procedures</i>	<i>14.3</i>	<i>17.0</i>	<i>15.4</i>
<i>Not willing to share procedures</i>	<i>26.9</i>	<i>21.4</i>	<i>23.1</i>

## Accomplishments

**Establishment of goals.** School divisions were asked to identify which goals on a list of possible goals are consistent with the goals set by their SHABs for the current school year. The most frequently identified goals for 2000-01 were the same as in 1999-2000, although the goals in positions 2 and 3 were reversed. The top three goals in 2000-01 were to: (1) develop/improve school health services; (2) develop/maintain community partnerships; and (3) increase school nursing staff. Overall, there were generally high correlations among the most frequently mentioned goals in 1997-98, 1999-2000, and 2000-01; however, the frequency with which several goals were identified changed

significantly. The goals that have shown a four or more position rise in the rankings since 1997-98 are:

- ❑ Review staff wellness initiatives, moved from 20<sup>th</sup> to 12<sup>th</sup> place
- ❑ Review school safety procedure, moved from a tie for 11<sup>th</sup> to a tie for 6<sup>th</sup> place
- ❑ Increase school nursing staff, moved from 7<sup>th</sup> to 3<sup>rd</sup> place

The goals that had a four or more position decline in the rankings since 1997-98 are:

- ❑ Review school health policies, moved from 2<sup>nd</sup> to a tie for 8<sup>th</sup> place
- ❑ Reduce teen pregnancy, moved from 6<sup>th</sup> to 10<sup>th</sup> place

The summary of the responses to this survey item, as well as a comparison with responses in 1996-97 and 1999-2000, are contained in Table 7.

**Table 7: Number of School Divisions Identifying SHAB Goals, 1996-97, 1999-2000, and 2000-01**

<b>00-01</b>	<b>96-97</b>	<b>99-00</b>	
<b>SHAB Goals</b>	<b>N = 121</b>	<b>N = 118</b>	
<b><u>N=132</u></b>			
Increase school nursing staff	47	64	68
Reduce teen pregnancy	50	40	42
Develop/revise FLE curriculum	31	24	27
Develop/maintain community partnerships	55	58	77
Develop/improve school health services	81	72	86
Conduct a needs assessment	24	29	26
Reduce drug, alcohol, and/or tobacco use	57	55	66
Improve operation of our SHAB	42	44	48
Develop/improve student wellness curriculum	32	28	24
Review staff wellness initiatives	38	29	30
Review psychological and social services for diagnosing special needs of students	17	18	21
Review school nutrition program procedures & offerings	42	36	38
Review phys. ed. curriculum and assessment	25	14	24
Review health education curriculum	30	18	24
Review procedures for student health screening, record- keeping, and referrals	51	41	55
Review emergency/crisis medical situations	42	55	60
Review school safety procedures	34	48	55
Improve parent communication/education	33	22	22
Review counseling services for students to help set			

educational and social goals	23	18	22
Review school health policies	54	39	48

**Work completed this year.** School divisions were asked to provide information about three aspects of work completed during the school year; i.e. (1) policies developed or reviewed; (2) programs implemented; and (3) programs evaluated. In each aspect of work, school divisions were asked to provide one of five responses to each of eight program elements. The program elements were:

1. Health services
2. Health education/instruction
3. Healthy environment
4. Physical education
5. Food services
6. Counseling
7. Staff Wellness
8. Parent/community involvement

The five response choices were:

1. We would like assistance with this area.
2. We have not looked at this area yet.
3. Our work in this area is in progress.
4. We have completed our work in this area.
5. We are willing to share information about our work in this area.

The results of school divisions' responses to this survey item are presented in Tables 8, 9, and 10. These tables address three topics – policies developed or reviewed, programs implemented, and programs evaluated. An analysis across these three tables indicates that SHABs are more advanced in their work in four of the eight program elements. Those elements are:

1. Health services;
2. Health education/instruction;
3. Healthy environment; and
4. Parent/community involvement.

In these four program elements, the percentage of SHABs that have completed work or have work in progress ranges from the high 40s to more than 70; whereas, in the remaining four program elements comparable percentages range from the low 30s to high 40s. In general, SHABs are more advanced in their work in “policy development or revision” and “program implementation” than in “program evaluation,” which appears logical. It will be noted in Tables 8, 9, and 10 that most SHABs have work in progress.

SHABs' progress is lagging most in the same four program elements as it was in 1999-2000; i.e., physical education, food services, counseling, and staff wellness. Approximately 26 to 32 percent of SHABs report they have not yet looked at these four program elements. These percentages have improved just slightly since 1999-2000.

SHABs indicated they desired assistance most in the parent/community involvement, health education/instruction, and staff wellness elements. It is notable that two of the three elements in which SHABs most desire assistance are also among the four elements on which the greatest progress has been reported. As in previous years, few SHABs are willing to share information, probably because most SHABs have work in progress rather than completed.

**Table 8: Policies Developed or Reviewed, 2000-01,  
Expressed in Percent of School Divisions (N = 132)\***

<b>Program Elements</b>	<b>Would Like Assistance</b>	<b>Not Yet Looked At</b>	<b>Work in Progress</b>	<b>Completed Our Work</b>	<b>Will Share Information</b>
Health Services	2.3	4.5	60.6	12.1	5.3
Health Education/Instr.	4.5	14.4	54.5	6.1	0.8
Healthy Environment	2.3	16.7	52.3	10.6	2.3
Physical Education	2.3	29.3	35.6	7.6	0.8
Food Services	2.3	29.6	37.9	10.6	0.8
Counseling	2.3	31.8	35.6	6.8	0.8
Staff Wellness	3.8	29.5	39.4	6.8	1.5
Parent/Com. Involvement	4.5	13.6	56.9	3.8	3.0

\* Some school divisions did not respond to all items; therefore, percentages may not add to 100.

**Table 9: Programs Implemented, 2000-01,  
Expressed in Percent of School Divisions (N = 132)\***

<b>Program Elements</b>	<b>Would Like Assistance</b>	<b>Not Yet Looked At</b>	<b>Work in Progress</b>	<b>Completed Our Work</b>	<b>Will Share Information</b>
Health Services	2.3	3.8	59.1	14.4	5.3
Health Education/Instr.	3.0	11.4	50.0	11.4	3.0
Healthy Environment	1.5	15.2	49.2	9.1	2.3
Physical Education	0.8	25.8	32.6	9.8	0.8
Food Services	1.5	29.6	31.9	9.8	2.3
Counseling	2.3	30.3	31.9	6.8	1.5
Staff Wellness	3.8	27.3	38.6	5.3	1.5
Parent/Com. Involvement	4.5	11.4	51.5	3.0	3.0

\* Some school divisions did not respond to all items; therefore, percentages may not add to 100.

**Table 10: Programs Evaluated, 2000-01,  
Expressed in Percent of School Divisions (N = 132)\***

<b>Program Elements</b>	<b>Would Like Assistance</b>	<b>Not Yet Looked At</b>	<b>Work in Progress</b>	<b>Completed Our Work</b>	<b>Will Share Information</b>
Health Services	2.3	10.6	53.0	8.3	0.8
Health Education/Instr.	4.5	13.6	45.5	8.3	0.0
Healthy Environment	2.3	19.6	42.4	7.6	1.5
Physical Education	1.5	28.8	31.1	8.3	1.5
Food Services	3.0	29.6	32.6	8.3	1.5
Counseling	3.0	31.1	30.3	5.3	0.8
Staff Wellness	4.5	31.1	28.8	3.8	1.5
Parent/Com. Involvement	3.8	19.0	45.5	0.8	1.5

\* Some school divisions did not respond to all items; therefore, percentages may not add to 100.

## Factors Affecting Effectiveness

School divisions were asked to identify factors that facilitated the effectiveness of their SHABs and those that limited effectiveness. In the first item, they were asked to indicate if each of eight listed factors had facilitated their SHAB's effectiveness and to specify any additional factors that had facilitated effectiveness. There was a rather positive response to this first item. Each of the eight factors was identified by about 52 to 80 percent of school divisions as a facilitator of effectiveness. The second item asked them to identify which among seven factors limited the effectiveness of their SHABs. These factors were identified by about eight to 58 percent of school divisions as limiters of effectiveness, with "lack of time to devote to SHAB meetings" and "lack of money and resources" being the most frequently mentioned.

Changes in the way school divisions have responded to the item on factors facilitating effectiveness tended to be insignificant; however, since 1996-97 there have been changes on three factors that might suggest trends. They are: (1) the increase in the support provided by outside agencies; (2) the increase in support provided by central offices; and (3) the slight, but consistent, decline in support provided by school boards. The complete summary for factors facilitating effectiveness is contained in Table 11.

**Table 11: Factors Facilitating Effectiveness of SHABs, Expressed in Percentage of School Divisions for 1996-97 (N = 121), 1999-2000 (N = 117), and 2000-01 (N = 132)**

<b>Facilitating Factors</b>	<b>96-97</b>	<b>99-00</b>	<b>00-01</b>
Participation of the SHAB members	81.0%	78.6%	79.6%
Support provided by outside agencies	52.1	78.6	76.5
Diversity of SHAB membership	75.2	76.1	72.0
Support provided by central office	63.6	74.4	69.7
Cooperation & team spirit of SHAB members	73.6	71.8	72.7
Support provided by school administrators	NA	59.8	58.4
Support provided by school board	58.7	57.3	52.3
Leadership/organization of the SHAB	56.2	47.9	53.0
Other	15.7	53.8	13.6

For most of the limiting factors, the changes in responses between 1996-97 and 2000-01 have been slight and do not indicate a trend. The exceptions are lack of money and resources and not enough volunteers, which appear to be increasing problems, and changes in membership, which appears to be less of a problem. Although the changes are not drastic for either of the three exceptions, the trends appear to be consistent and real. A complete summary for factors limiting effectiveness is contained in Table 12.

**Table 12: Factors Limiting Effectiveness of SHABs, Expressed in Percentage of School Divisions for 1996-97 (N = 121), 1999-2000 (N = 117), and 2000-01 (N = 132)**

<b>Limiting Factors</b>	<b>96-97</b>	<b>99-00</b>	<b>00-01</b>
Lack of time for SHAB activities	59.5%	63.2%	57.6%
Lack of money and resources	35.5	41.0	41.7
Scheduling problems	30.6	29.9	31.1
Poor attendance at SHAB meetings	26.4	25.6	27.3
Changes in membership	20.7	17.9	13.6
Not enough volunteers	14.9	17.1	19.0
Poorly defined objectives	8.3	7.7	7.6
Other	7.4	16.2	10.6

### **III. Compliance Summary and Recommendations**

**Compliance Summary.** In 2000-01, 132 of 133 (or 99.2% of) school divisions in Virginia submitted an Annual Report for their School Health Advisory Boards (SHABs) to the Department of Education, in compliance with the *Code of Virginia*. Typically, in previous years, no more than about 90 percent had submitted reports. This result was made possible by the more comprehensive follow-up procedures implemented by the Department of Education for 2000-01. In a number of cases, the school divisions did not respond to all questions on the report form, compromising the data on such questions. Despite that, it is believed that the data presented in this report are reasonable approximations of the data that would have resulted if school divisions had responded to all questions.

SHABs have been established in all school divisions in Virginia; however, their levels of activity and involvement in school health programs and services appear to vary widely. While 52 SHABs met four or more times during the year, 21 SHABs failed to meet at least twice as required by the *Code*. Other than sometimes having more than 20 members, the composition and diversity of membership appears to be consistent with the *Code*. Only about 65 percent of SHABs submitted the required report to the local school board, although it appears that as many as another 25 percent may have submitted reports to the local central office, perhaps in lieu of the board report.

**Recommendations.** Following are recommendations for consideration by the Virginia Department of Education (VDOE) and Virginia Department of Health (VDH).

1. Continue the comprehensive follow-up implemented in 2000-01 that resulted in all school divisions returning annual reports for the first time.
2. Establish a follow-up routine when annual reports are incomplete.
3. Consider more efficient ways to collect data for the annual report, such as electronic submission by e-mail or by responding directly to the VDOE website.
4. Provide support and assistance to those SHABs that indicate a need for assistance or those lagging in developing operating procedures and/or in program development and implementation.
5. Advise superintendents in school divisions where SHABs are not in compliance with one or more of the requirements of the *Code of Virginia* (e.g., necessity of reporting to the local school board, meeting requirements, etc.).
6. Re- emphasize the need for SHABs to comply with the *Code of Virginia*.

7. Take steps to revise that section of the *Code* requiring SHABs to have “no more than twenty members.”

# **Appendices**

## **Appendix A**

### **Excerpt from the Code of Virginia § 22.1-275.1.**

#### **School health advisory board.**

Each school board shall establish a school health advisory board of no more than twenty members which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction.

(1990, c. 315; 1992, c. 174; 1999, c. 570)

## **Appendix B**

### **School Health Advisory Board (SHAB) Annual Report Form, 2000-01 School Year**



**Use the following Symbols and numbers:**

<i>P = Parent</i> 1 – school age child 2 – medically fragile child 3 – PTA representative	<i>HP = Health Professional</i> 1 – medical 2 – dentistry 3 – mental health 4 – public health 5 – Other (specify)	<i>E = Education</i> 1 – school nurse 2 – health teacher 3 – other teacher 4 – administrator 5 – counselor 6 – food services 7 – other (specify)	<i>M = Miscellaneous</i> 1 – business 2 – government official 3 – other (specify)
<b>C = Community</b> 2 – religious group 3 – human services 4 – youth services	<b>S = Student</b>		

**B. Meetings**

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings \_\_\_\_\_ (number)

**C. Reports**

How many reports did your SHAB make during this school year to:

(1) Your local school board? Written reports \_\_\_\_\_ Oral reports \_\_\_\_\_

(2) Central office personnel? Written reports \_\_\_\_\_ Oral reports \_\_\_\_\_

(3) Other groups?

(name) \_\_\_\_\_ (written or oral) \_\_\_\_\_

(name) \_\_\_\_\_ (written or oral) \_\_\_\_\_

**D. Operating Procedures**

Have you developed operating procedures for your SHAB?

\_\_\_\_\_ Yes (If 'yes', please attach a copy to this report)

\_\_\_\_\_ We are willing to share them with other SHABs

\_\_\_\_\_ No

\_\_\_\_\_ We are in the process of developing them

**III. ACCOMPLISHMENTS FOR THE SCHOOL YEAR**

**A. Goals**

Indicate all of the goals from the following list that are consistent with those that were set by your SHAB for this school year. This list was generated from previous years' SHAB reports and commission reports.

\_\_\_ Increase school nursing staff

\_\_\_ Review health education curriculum

- Reduce teen pregnancy
- Develop/revise Family Life Education Curriculum
- Develop/maintain community partnerships
- Develop/improve school health services
- Conduct a needs assessment
- Reduce drug, alcohol, and/or tobacco use
- Improve operation of our SHAB
- Develop/improve student wellness curriculum
- Review staff wellness initiatives
- Review psychological and social services for diagnosing special needs for students
- Review school nutrition program procedures and offerings
- Review physical education curriculum and assessment

- Identify Topic(s):
- Review procedures for student health screening, record keeping, and referrals
  - Review emergency/crisis medical situations
  - Review school safety procedures
- Identify Area(s):
- Improve Parent communication/education
- Identify Area(s):
- Review counseling services for helping students set educational and social goals
  - Review school health policies
- Identify Topic(s):
- Others (please specify): \_\_\_\_\_

**B. Work Completed This Year**

Indicate the areas of work performed by your SHAB this past school year by completing the grid below.

(Use the following codes to mark each cell. Use all codes that apply.)

- 1 – We would like assistance with this area.
- 2 – We have not looked at this area yet.
- 3 – Our work in this area is in progress.
- 4 – We have completed our work in this area.
- 5 – We are willing to share information about our work in this area.

	Health Services	Health Education/ Instruction	Healthy Environment	Physical Education	Food Services	Counseling	Staff Wellness	Parent/Community Involvement
Policies Developed or Reviewed								
Programs Implemented								
Programs Evaluated								

**C. Accomplishments**

On a separate page, list your SHAB's specific contributions to/accomplishments in the above areas (policies, programs, evaluations).

**IV. FACTORS THAT AFFECTED YOUR SHAB'S EFFECTIVENESS**

**A. Factors That Facilitated Effectiveness**

Check all of the following factors that helped your SHAB to be more effective this school year. The below list was generated from previous SHAB reports.

- Participation of the SHAB members
- Diversity of the membership of thr SHAB
- Cooperation and team spirit among SHAB members
- Leadership/organization of the SHAB

- \_\_\_ Support provided by the central office
- \_\_\_ Support provided by the school administrators
- \_\_\_ Support provided by the school board
- \_\_\_ Support provided by outside agencies (e.g., local health department)
- \_\_\_ Others (please specify): \_\_\_\_\_

**B. Factors That Limited Effectiveness**

Check all of the following factors that limited your SHAB's effectiveness this school year. The below list was generated from previous SHAB reports.

- \_\_\_ Lack of time to devote to SHAB activities
- \_\_\_ Poor attendance at SHAB meetings
- \_\_\_ Scheduling problems
- \_\_\_ Lack of money and resources
- \_\_\_ Changes in membership
- \_\_\_ Poorly defined objectives
- \_\_\_ Not enough volunteers
- \_\_\_ Others (please specify): \_\_\_\_\_

**V. ADDITIONAL INFORMATION**

Use this space to provide additional information about your SHAB that you feel is important to share.

**Thank you for your participation!**

## **Appendix C**

### **School Health Advisory Board (SHAB) Directory**

## Appendix C: SCHOOL HEALTH ADVISORY BOARD DIRECTORY

### **SHAB 2000 - 2001**

<b>School Division</b>	<b>Most Recent Contact Person</b>	<b>Telephone</b>	<b>Areas willing to share</b>
Accomack County	Marjorie Briden	(757) 787-4968	HEI:PI, FS:PI
Albermarle County	Tom Nash	(804) 296-5885	N/A
Alexandria City	Rose Berler	(703) 824-6650	N/A
Alleghany Highlands	Leslie Downer	(540) 863-1736	N/A
Amelia County	Melinda Murray	(804) 561-2433	N/A
Amherst County	Lee Paris	(804) 946-9343	N/A
Appomattox County	Joyce C. Jamerson	(804) 352-8251	N/A
Arlington County	Lucy Kernan-Schloss	(703) 527-6584	N/A
Augusta County	James H. Sout	(540) 245-5117	N/A
Bath County	Jackie R. Stephenson	(540) 839-2722	PE:PE, FS:PE
Bedford County	Sara S. Staton	(540) 586-1045	N/A
Bland County	Nancy Bralley	(540) 688-3361	N/A
Botetourt County	Jacqueline Giorgi	(540) 473-8263	N/A
Bristol County	Barbara Mumpower	(540) 645-9612	N/A
Buchanan County	Jack Davis	(276) 935-2331	N/A
Brunswick County	D. Steed & A. Martin	(804) 848-2157	HI:PI, HE:PI, PC:PI
Buckingham County	Cynthia Jones	(804) 969-2050	N/A
Buena Vista City	Cathy E. Davis	(540) 261-6717	N/A
Campbell County	Cindee Pletke	(804) 332-8231	N/A
Caroline County	Mary S. Swisher	(804) 448-2171	N/A
Carroll County	Betty Quesinberry	(540) 728-3191	N/A
Charles City County	Kitty G. Lewis	(804) 829-9252	N/A
Charlotte County	Carolyn M. Baker	(804) 542-4463	HS:PI, HI:PI, FS:PI,FS:PE
Charlottesville City	Marianne Kosiewicz	(804) 245-2405	N/A
Chesapeake City	Barbara Robinson	(757) 494-7628	HS:PD, HS:PI, HE:PD, HE:PIHE:PE, PC:PI
Chesterfield County	Jeffrey Hanzel	(804) 358-2361	N/A
Clarke County	Matthew Jon Eberhardt	(540) 955-6100	N/A
Colonial Beach City	Don Warner	(804) 224-0906	N/A
Colonial Heights City	Carol P. Mingea	(804) 520-7269	N/A
Covington City	Melinda Snead-Johnson	(540) 965-1400	N/A
Craig County	Mary Page Cosby	(540) 864-5173	N/A
Culpeper County	Mary E. Grist	(540) 825-3677	N/A
Cumberland County	Joan M. Kidwell	(804) 492-3668	N/A
Danville City	Sherri Wright	(434) 799-6406	HS:PD, HS:PI, HI:PI, PC:PD
Dickenson County	Linda H. Sykes	(540) 859-2740	N/A
Dinwiddie County	Pamela Wilkerson	(804) 469-4280	N/A
Essex County	Jeffrey R. Smith	(804) 443-4301	N/A
Fairfax County	Rebecca Moscoso	(703) 876-5230	N/A
Falls Church City	Theresa A. Werner	(703) 248-5630	N/A
Fauquier County	Michelle D. North	(540) 349-0588	N/A
Floyd County	William R. Gardner	(540) 745-9400	N/A
Fluvanna County	Barry Mahanes	(804) 589-8208	N/A
Franklin City	Vanessa Collins	(757) 562-5348	N/A
Franklin County	Florella H. Johnson	(540) 483-5138	N/A
Frederick County	Richard Plaughner	(540) 662-3888	N/A
Fredericksburg City	Carlos L. Vavadez	(540) 899-1300	N/A

Galax City	Mary L. Coulson	(540) 236-2911	N/A
Giles County	Mary Henderson	(540) 921-1421	N/A
Gloucester County	W. Wayne Fox	(804) 693-2445	N/A
Goochland County	Elaine Berryhill	(804) 556-5316	NO REPORT SUMMITTED
Grayson County	Mike Phipps	(540) 773-2832	N/A
Greene County	Linda Handy	(804) 985-5354	N/A
Greensville County	Elaine Seymour	(804) 336-0907	N/A
Halifax County	Morris L. Bryant	(804) 476-2171	N/A
Hampton City	Doris Shea	(804) 723-0040	N/A
Hanover County	Justine Jordan	(804)730-6024	N/A
Harrisonburg City	John Seal	(540) 5744597	N/A
Henrico County	Frona.Colker	(804) 343-6504	N/A
Henry County	Sherry M. Vestal	(540) 634-4700	N/A
Highland County	Cathy Halterman	(540)468-240	N/A
Hopewell City	Kelly G. Stock	(804) 541-6400	N/A
Isle of Wright County	Warren J. Winter	(757) 357-0810	N/A
Williamsburg-James City	Kathleen McNutt	(757) 229-8983	N/A
King George County	C. Lynn Lenaham	(540) 775-5833	N/A
King & Queen County	SueAnn Fitzpatrick	(804) 785-6350	N/A
King William County	Patricia E. Ball	(804) 769-3434	N/A
Lancaster County	Frances Callaghan	(804) 435-3183	N/A
Lee County	Patricia G. Murphree	(540) 346-2107	N/A
Lexington City	Lynn Olinger	(540) 463-7146	N/A
Loudoun County	K. Anne Lewis	(703) 771-6428	HS:PD, HS:PI,
Louisa County	Ann J. Wickwire	(540) 894-5133	N/A
Lunenburg County	Shirley Hide	(804) 696-2137	N/A
Lynchburg City	Anne Bond-Gentry	(804) 522-3700	PC:PD, PC:PI, PC:PE
Madison County	Jeannie Utz	(804) 948-2245	HS:PD, PE:PD, PE:PI, PE:PE,S:PD, S:PI, S:PE
Manassas City	Sandy Thompson	(703) 257-8867	N/A
Manassas Park City	Joanne K. Georg	(703) 355-8861	N/A
Martinsville City	Vicky Utt	(540) 634-5785	N/A
Mathews County	W. Aaron Wilburn	(804) 725-3909	N/A
Mecklenburg County	Patricia E. Ryan	(804) 738-6111	N/A
Middlesex County	Denise Hurd	(804) 758-2496	N/A
Montgomery County	Judith R. Beazley	(540) 381-1714	N/A
Nelson County	Larry J. Kellogg	(804) 263-8311	N/A
New Kent County	Gwendolyn Keeton	(804) 966-9648	N/A
Newport News City	Daria Weber	(757) 591-4667	N/A
Norfolk City	J. Frank Sellew	(757) 441-2819	N/A
Northampton County	Kim Dunton	(757)678-8040	N/A
Northumberland County	J. Haynie/A.Swift	(804) 529-6134	N/A
Norton City	N. Kaye Mink	(540) 679-2330	N/A
Nottoway County	April Wright	(804) 292-5373	N/A
Orange County	Phyllis Smith	(540)672-2296	N/A
Page County	Ralph Reese	(540) 743-6533	N/A
Patrick County	Sandra Montgomery	(540) 694-7139	N/A
Petersburg City	Nelson R. Ramsey	(804) 861-5841	N/A
Pittsylvania County	Emily B. Hill	(804) 793-1624	N/A
Poquoson City	Judith Connell	(757) 868-3050	N/A
Portsmouth City	J.B. Martin	(757) 397-9801	N/A
Powhatan County	Margaret Meara	(804) 598-5700	N/A
Prince Edward Co.	Maurice Finney	(804) 392-8893	N/A

Prince George County	Renee Williams	(804) 733-2700	N/A
Prince William County	Allison K. Stearns	(703) 791-7436	C:PD, C:PI, C:PE
Pulaski County	Max Cecil	(540) 994-1406	HS:PD, HS:PI
Radford City	Wright/Mayo	(540) 731-3647	N/A
Rappahannock County	Linda Torrance	(540)674-8270	N/A
Richmond City	E. Charlene Garner	(804) 780-7801	HE:PD, HE:PI, HE:PE, F:PD, F:PI, F:PE, PC:PD, PC:PI, PC:PE
Richmond County	Robert G. Luttrell	(804) 333-3681	N/A
Roanoke City	Lou C. Talbutt	(540) 853-2466	N/A
Roanoke County	Lavern Davis	(540) 562-3756	N/A
Rockbridge County	Harry Stone	(703) 463-7386	N/A
Rockingham County	Scott L. Hand	(540) 564-3225	N/A
Russell County	C. Michael Puckett	(540) 889-6500	N/A
Salem City	Lewis D. Romano	(540) 389-0130	N/A
Scott County	Debra Keith	(540) 386-6118	N/A
Shenandoah County	Robert A. Belyea	(540) 459-4091	N/A
Smyth County	Becky Ewald	(540) 783-3791	N/A
Southampton County	Koren Edwards	(757) 653-2692	N/A
Spotsylvania County	Charles H. Harris	(540) 898-6032	N/A
Stafford County	Randall Clingenpeel	(540) 720-3336	N/A
Staunton City	Janet Surratt	(540) 332-3920	N/A
Suffolk County	Janice F. White	(757) 925-5500	N/A
Surry County	Beatrice Johns	(757) 294-3278	N/A
Sussex County	Richard C. Moore	(804) 246-5511	N/A
Tazewell County	Donna S. Murray	(540) 988-6980	N/A
Virginia Beach City	Gilbert/Flach	(757) 427-4791	HS:PD, HS:PI, HS:PE, S:PD, S:PI, S:PE
Warren County	Pamela M. McInnis	(540) 635-2171	N/A
Washington County	Sue T. Thayer	(540) 628-1835	N/A
Waynesboro City	Pat Caulkins	(540) 946-4600	N/A
West Point Town	Juanita S. Cawley	(804) 843-4368	N/A
Westmoreland County	Randy Long	(804) 493-8790	N/A
Winchester City	Michael Jeffries	(540) 678-3962	N/A
Wise County	Donnese Kern	(540) 328-8017	N/A
Wythe County	Lee Johnson	(540) 288-5411	HD:PD, HS:PI, HE:PD, C:PI
York County	S.Hunter/B.Elliott	(757) 898-5689	PC:PD

**Key:**

PD=Policies Developed

PI=Programs Implemented

PE=Programs Evaluated

HS=Health Services

HI=Health Education/Instruction

HE=Healthy Environment

PE=Physical Education

FS=Food Services

C=Counseling

S=Staff Wellness

PC=Parent/Community Involvement