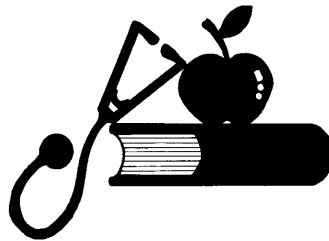


SCHOOL HEALTH ADVISORY BOARDS

**A Report on School Health Advisory Boards in
Virginia for School Year 1995–96**



October 1997

**Virginia Department of Health
Virginia Department of Education**

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Funding

Major funding for the development and production of this document was provided by:
Virginia Department of Health through its
Maternal and Child Health Services Block Grant,
Maternal and Child Health Bureau
U.S. Department of Health and Human Services



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EXECUTIVE SUMMARY

Purpose

The purpose of this report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Year 1995-96*, is to provide information to state and local policymakers for improving school health programs in the Commonwealth. The information contained in this report is a summary and analysis of all School Health Advisory Board (SHAB) reports that were submitted to the Virginia Department of Education (VDOE) for the 1995-96 school year.

Overview

This report presents findings regarding the compliance of school divisions with the *Code of Virginia* requirements for the establishment and performance of SHABs for the 1995-96 school year. Section 22.1-275.1 of the *Code of Virginia* requires each school division to establish a SHAB to assist with development of health policies and with evaluation of school health, health education, school environment, and health services.

This report includes selected comparisons with data from 1993-94 and 1994-95 annual reports. However, compliance with submission of annual reports by school divisions has declined from 100 percent reporting in 1993-94 to 90 percent reporting in 1995-96. Non-reporting by 10 percent (N = 13) of school divisions significantly limits the development and presentation of trend data and its analysis in this report.

Methodology

The VDOE and Virginia Department of Health (VDH), with input from local SHAB members, jointly developed the survey instrument used for data collection. Survey forms were sent to all school divisions by the Superintendent of Public Instruction.

This report analyzes and summarizes survey content submitted by responding school divisions (N = 119 of 132 divisions). The six areas addressed in the survey are:

1. Membership, operations, and accomplishments of SHABs.
2. Data comparisons among school years 1993-94, 1994-95, and 1995-96.
3. Factors assisting SHAB success.
4. Factors limiting SHAB effectiveness.
5. Performance trends: 1993-95 school years and conclusions on current status.

Data were entered into an electronic spreadsheet and converted into a flat text file to perform quantitative analyses. Content analysis of survey respondent comments produced qualitative data.

Findings

Membership. For school year 1995-96, SHABs reported an average membership of 15, a number consistent with prior report years. SHAB membership continues to reflect the *Code of Virginia*: “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.”

For school year 1995-96, SHAB membership across six general categories was as follows:

1. Educators*	32 percent
2. Parents	28 percent
3. Health Professionals	19 percent
4. Community Groups	9 percent
5. Other**	9 percent
6. High school students	3 percent

*Includes teachers, administrators, and support staff.

**Includes business persons, government employees, and so on.

For 1995-96 school year, SHAB membership distribution is almost identical with that of prior years.

Meetings. Of the 119 SHABs reporting for school year 1995-96, 110 SHABS (92 percent) reported meeting a minimum of twice during the year as required by the *Code of Virginia*. This finding indicates 9 percent increase in compliance with this requirement as compared to 1993-94 report data.

Operational Procedures. Of the 119 SHABS reporting in school year 1995-96, 88 SHABs (74 percent) indicated they had developed or were in the process of developing such procedures. This finding indicates a continuing increase in this activity over that for school years 1993-94 (38 percent) and 1994-95 (63 percent).

Reports. Of the 132 school divisions, 119 SHABs submitted an annual report to the VDOE in school year 1995-96. This brings the cumulative number of SHAB reports submitted to the VDOE for the past three years to 296.

Types of Goals. SHABs reported a wide number (1-6) and variety of goals for the 1995-96 school year. The eight goals listed by ten or more SHABs in the 1994-95 report were again present, as well as the following three new goals:

1. Student wellness education.
2. Employee wellness improvement.
3. SHAB improvement.

For 1995-96 school year, the top three goals reported by SHABs were:

1. Developing and improving school health services.
2. Reviewing school health policies.
3. Developing community partnerships.

Policy Review and Development, Programs Implemented and Evaluated, and Contributions to Health-Related Instruction. The 1992 amended Section 22.1-275.1 of the *Code of Virginia* directed SHABs to assist in health policy development and to evaluate the areas of school health, health education, school environment, and health services. SHABs reported their work in these areas using a grid and addressing the areas of policy development, program implementation and evaluation, and improvement of health-related instruction. Tables 6, 7, and 8 of the main report display the status of actions in each of these areas. The majority reported work in progress versus work completed in these areas.

Goals. SHABs identified more than 20 accomplishments in the 1995-96 school year. Examples aligned with the previously cited top three goals are as follows:

Goal	Example of Accomplishment
1. Develop/improve health services.	1a. Implemented special programs. 1b. Implemented immunization program. 1c. Reviewed nurse staffing.
2. Review health policies.	2a. Revised health services policy. 2b. Revised medication policy. 2c. Revised tobacco use policy.
3. Develop community partnerships.	3a. Conducted surveys/prepared reports. 3b. Established computer databases. 3c. Reviewed HIV/AIDS education program.

Factors Contributing/Limiting to SHAB Effectiveness. For school year 1995-96, the 119 SHABs reporting identified 201 factors as helpful to their success. The top five factors cited were as follows:

- | | | |
|-----------------------------------|------------|------------|
| 1. Participation of SHAB members. | (53 SHABs) | |
| 2. Outside support. | (27 SHABs) | |
| 3. Diversity of membership | | (23 SHABs) |
| 4. Cooperation and team spirit. | (20 SHABs) | |
| 5. Leadership/organization. | | (14 SHABs) |

For school year 1995-96, the 119 SHABs reporting identified 157 factors that limited their effectiveness. The top five factors cited were as follows:

- | | | |
|--------------------------------------|------------|------------|
| 1. Lack of time for SHAB activities. | (29 SHABs) | |
| 2. Poor attendance by members. | (22 SHABs) | |
| 3. Problems with scheduling | | (19 SHABs) |
| 4. Lack of funding/resources | | (18 SHABs) |
| 5. Changing/insufficient membership | | (12 SHABs) |

Conclusions and Recommendations

Conclusions. SHABs continue to make progress in the fourth year of mandated statewide implementation. Based on 1995-96 data, it appears SHABs continue to be involved in reviewing policies and implementing and evaluating programs on a wide range of school health issues. SHABs appear to be dependent on a diverse mix of members and interests as well as enthusiasm for tasks. Despite limited time, resources, and scheduling, SHABs are accomplishing goal-related tasks and making contributions to school health programs.

Recommendations. The following is a list of recommendations for future consideration by the VDOE and VDH:

1. Aggressive follow up of non-respondent school divisions.
2. Wide dissemination of this executive summary and/or the full report to all SHABs, school boards, parent teacher associations/organizations, and other participants/stakeholders.
3. Continued quality improvement of the survey report form and reporting processes to enhance data collection and information distribution, including development of an automated, interactive SHAB database.

SCHOOL HEALTH ADVISORY BOARDS

A Report on School Health Advisory Boards in Virginia for School Year 1995-96

INTRODUCTION

Statute

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 policies 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 twenty (20) broad-based community representatives, including, but not limited to, parents, students, health professionals, and educators (see Appendix A for Section 22.1-275.1, *Code of Virginia*). Each SHAB is required to hold semi-annual meetings and submit an annual report to the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH) on the status and needs of student health in its school division.

Purpose

The purpose of this summary report is:

- To assess the compliance of school divisions with the *Code of Virginia* regarding SHABs.
- To provide a summary of local SHAB goals, plans, and accomplishments.

The survey instrument used in this project was jointly developed by VDOE and VDH with input from a sample of local SHAB members (see Appendix B for SHAB Annual Report Form 1995-96 School Year). The survey is sent annually to school divisions by the Superintendent of Public Instruction.

This summary report analyzes responses from school divisions for the 1995-1996 school year. In addition, this report includes some comparisons of specific information with the previous data included in the 1993-94 and 1994-95 school year annual reports.

This report is based on the progress of each SHAB submitted by school divisions on completed surveys. There were 119 responses from the 132 school divisions representing a 90 percent return rate. This report includes the following information:

- An analysis of the responses from school divisions regarding membership, operation, and accomplishments of SHABs.
- A comparison of specific data from previous reports, including 1993-94 and 1994-95 school years.
- Factors that assist SHABs in being successful.
- Factors that limit the effectiveness of SHABs.
- General conclusions on the current state of SHABs and trends of the past three years.

ANALYSIS OF 1995-1996 SCHOOL YEAR DATA

Data from the 1995-96 surveys were collected and entered into an electronic spreadsheet. The file was converted into a flat text file database that was used for quantitative analysis. Qualitative data were analyzed using content analysis of the comments from the survey responses. Data examined in this analysis include the following categories:

1. SHAB membership (number and types of members).
2. Frequency of meetings.
3. Number of reports made by SHABs.
4. Accomplishments: policy review and development, programs implemented, and programs evaluated.
5. Accomplishments: goals.
6. Contributions to health-related instruction.
7. Factors contributing to effectiveness of SHABs.
8. Factors limiting the effectiveness of SHABs.
9. Comparisons of the results and conclusions in the 1993-94 and 1994-95 school year summary reports.

MEMBERSHIP

Number of Members

The *Code of Virginia* establishes specific requirements for the number of SHAB members, limiting membership to 20 members. For the 1995-96 school year, 119 SHABs reported data on membership. Analysis of these data indicate an average membership of approximately 15 members (mean=15.03). Eleven (9 percent) SHABs have more than 20 members, 49 (41 percent) SHABs have 16-20 members, 39 (33 percent) SHABs have 11-15 members, and 18 (15 percent) SHABs have 6-10 members. Only two SHABs reported having five or fewer members. These findings are similar to previous years. Table 1 and Figure 1 (see Appendix C for Figure 1) show the range of SHAB members for the 1993-94, 1994-95, and 1995-96 school years.

Table 1

RANGE OF NUMBER OF MEMBERS FOR SHABS

<i>School Year:</i>	<i>1993-94</i>		<i>1994-95</i>		<i>1995-96</i>	
<i>Number of Members</i>	<i>No. of Responses</i>	<i>% of Responses</i>	<i>No. of Responses</i>	<i>% of Responses</i>	<i>No. of Responses</i>	<i>% of Responses</i>
0-5	18*	14	4	3	2	2
6-10			17	14	18	15
11-15	92**	71	40	32	39	33
16-20	20	15	55	44	49	41
More than 20			9	7	11	9

*The 1993-94 SHAB report combines 0-5 and 6-10 categories.

**The 1993-94 SHAB report combines 11-15 and 16-20 categories.

Types of Members

The *Code of Virginia* encourages school divisions to have diverse membership for their SHABs. Membership also should be representative of the school community. Data were collected on the number of members of SHABs using the following categories and definitions:

- **Parent:** parent of a school-aged child, including medically fragile children and children with disabilities, or PTA representative.

- **Student:** high school student.
- **Health Professional:** physician, dentist, mental health, or other health professional.
- **Community representative:** member of civic group, religious group, human services, or youth services.
- **Educator:** school nurse, health teacher, other teacher, health education supervisor, school administrator, or school counselor.
- **Other:** business person, government official, or other professional.

Table 2 and Figures 2A, 2B, and 2C (see Appendix C for Figures 2A-2C) show the breakdown of SHAB memberships by category for the 1993-94, 1994-95, and 1995-96 school years. Table 2 is divided into general categories (parents, students, health professionals, community group representatives, educators, and others) and then divided into subcategories, such as physician, health teacher, or parent of a medically fragile child. Table 2A takes these same subcategories and shows the number of SHABs containing at least one member from this category for the years 1993-94 and 1995-96 (these data were not available for 1994-95).

In the 1993-94 school year, there was a 100 percent response rate of the SHABs reporting membership data. In 1994-95 there was a 94 percent response rate, and in 1995-96 there was a 90 percent response rate.

Although it appears that the total number of members in 1995-96 has decreased in almost all categories when compared to the 1993-94 and 1994-95 data, trend data cannot be determined because there was less than a 100 percent return rate for the last two years. However, among SHABs reporting, membership continues to be diverse with the inclusion of parents, students, health professionals, community groups, and educators. In the 1995-96 school year, there were several members who were identified in more than one category. The most frequently reported combined categories were "parent of a school-age child" with "physician," "dentist," "teacher," or "school administrator."

Table 2

SHAB MEMBERSHIP BY CATEGORY

<i>School Year:</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>
<i>Category</i>	<i>No. of Members (N=2116)* 100% SHABs Responding</i>	<i>No. of Members (N=1901)* 96% SHABs Responding</i>	<i>No. of Members (N=1785)* 90% SHABs Responding</i>
	<u>(n=2950)** %</u>	<u>(n=2785)** %</u>	<u>(n=2523)** %</u>
Parent of School Age Child	640	580	540
Parent of a Medically-Fragile Child	41	42	32
Parent of a Special Education Child	48	43	50
PTA Representative	83	88	89
Total Parents	812 (28%)	753 (27%)	711 (28%)
Total High School Students	103 (4%)	89 (3%)	82 (3%)
Physician	157	141	121
Dentistry	56	45	36
Mental Health	46	47	45
Public Health	147	125	123
Other Health Professionals	181	165	143
Total Health Professionals	587 (20%)	523 (19%)	468 (19%)
Civic Group	87	91	54
Religious Group	55	39	44
Human Services	110	73	77
Youth Services	72	56	57
Total Community Groups	324 (11%)	259 (9%)	232 (9%)
School Nurse	155	147	163
Health Teacher	154	135	125
Other Teacher	145	227	128
School Administrator	281	260	249
School Counselor	99	104	91
Food Services	39	44	38
Total Educators	873 (30%)	917 (33%)	794 (32%)
Other	96	123	110
Business	45	39	36
Government Officials	40	34	32
Other Professions	70	48	58
Total Others	251 (9%)	244 (9%)	236 (9%)

*Total Participants

**Duplicated Responses

Table 2A

NUMBER OF SHABS WITH AT LEAST ONE MEMBER IN EACH CATEGORY

<i>School Year:</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>
<i>Category</i>	<i>Number of SHABs with Member(s) in the Sub-Category</i>	<i>Number of SHABs with Member(s) in the Sub-Category</i>	<i>Number of SHABs with Member(s) in the Sub-Category</i>
	<i>N=133*</i>	<i>N=127*</i>	<i>N=119*</i>
Parent of School Aged Child	120	N/A**	115
Parent of Medically Fragile Child	33	N/A	27
Parent of Special Education Child	42	N/A	36
PTA Representative	45	N/A	51
Total SHABs with High School Student Representation	67	N/A	48
Physician	97	N/A	75
Dentistry	53	N/A	111
Mental Health	36	N/A	32
Public Health	107	N/A	89
Other Health Professionals	81	N/A	72
Civic Group	36	N/A	32
Religious Group	31	N/A	31
Human Services	61	N/A	46
Youth Services	40	N/A	33
School Nurse	93	N/A	93
Health Teacher	82	N/A	74
Other Teacher	69	N/A	62
School Administrator	118	N/A	101
School Counselor	59	N/A	56
Food Services	35	N/A	35
Business	35	N/A	21
Government Officials	26	N/A	23
Other Profession	50	N/A	34

*Total SHABs responding

**N/A: not available. The 1994-95 report did not contain these data.

MEETINGS

SHABs are required by the *Code of Virginia* to meet at least twice a year. Of the 119 SHABs that completed the survey for the 1995-96 school year, 9 reported meeting fewer than two times during the year, compared with 22 that met fewer than two times during the 1994-95 school year and 17 that met fewer than two times during the 1993-94 school year. Table 3 and Figure 3 (see Appendix C for Figure 3) show the frequency of meetings for the 1993-94, 1994-95, and 1995-96 school years.

Table 3
MEETING FREQUENCY FOR SHABS

<i>School Year:</i>	<i>1993-94</i>		<i>1994-95</i>		<i>1995-96</i>	
<i>No. of Meetings</i>	<i>No. of SHABs</i>	<i>Reporting % of SHABs</i>	<i>No. of SHABs</i>	<i>Reporting % of SHABs</i>	<i>No. of SHABs</i>	<i>Reporting % of SHABs</i>
None	5	4	9	7	1	0
One	12	10	13	10	8	7
Two	26	22	35	28	38	32
Three	20	17	18	14	17	14
Four	21	18	21	17	20	17
Five	16	13	15	12	15	13
Six	8	7	3	2	5	4
Seven	3	3	4	3	2	2
Eight	3	3	1	0	4	3
Nine	3	3	3	2	4	3
Ten	3	3	3	2	0	0
Not Reporting	0	0	0	0	5	4
Two or More Times	103	85	103	82	105	88

REPORTS

One valuable role for SHABs is sharing information with school administrators, school board members, PTAs, and other community groups. Information can be shared through oral and written reports.

SHABs reported the number of written and oral reports made to the local school board, central office personnel, and others. Table 4 shows the number of reports by type and audience, for the 1993-94, 1994-95, and 1995-96 school years. Figures 4A and 4B show the number of reports made to school board and central offices, respectively, for the same three school years (see Appendix C for Figures 4A, 4B).

One SHAB reported making more than ten oral reports to the school board in 1995-96, while five or more SHABs reported not having made any oral or written reports to any school-based offices or boards.

Table 4
REPORTS MADE BY SHABS

<i>No. of Reports</i>	<i>Written to School Board</i>			<i>Oral to School Board</i>			<i>Written to Central Office</i>			<i>Oral to Central Office</i>		
	93-94	94-95	95-96	93-94	94-95	95-96	93-94	94-95	95-96	93-94	94-95	95-96
Zero	59	58	5	60	64	7	49	59	11	56	45	5
One	49	44	42	56	40	29	29	26	33	31	28	23
Two	7	14	13	8	14	17	23	18	17	13	26	34
Three	8	1	3	3	3	5	11	7	7	9	5	6
Four	1	2	3	2	1	7	8	5	1	2	4	7
Five	5	0	1	1	0	2	1	2	1	7	5	3
Six	1	3	1	1	0	2	2	2	0	4	3	6
Seven	0	1	0	0	0	1	1	3	0	0	1	0
Eight	0	0	0	0	0	0	2	0	0	1	1	2
Nine	0	0	1	0	0	0	0	1	0	1	1	0
Ten	0	1	0	1	0	1	1*	1	0	2	4	0

Note: Three SHABs were not specific about the number of reports, indicating "many" in answer to the question.

DEVELOPMENT OF PROCEDURES AND GOALS

Development of Operating Procedures for the School Health Advisory Board

SHABs responded to the question "Have you developed operating procedures?" by selecting one of four options: "yes," "no," "we are in the process of developing them," and "yes, and we are willing to share with other SHABs." There were 119 responses to this item. Of the responding SHABs, 55 (46 percent) SHABs indicated they had developed operating procedures, 33 (28 percent) indicated they were in the process of developing operating procedures, 15 (13 percent) indicated they were willing to share their operating procedures, and 44 (37 percent) indicated they had not developed operating procedures.

For the 1995-96 school year, substantially more SHABs reported developing procedures or being in the process of developing procedures than was the case during the 1994-95 and 1993-94 school years (88, 67, and 41 SHABs, respectively). Sixty-seven SHABs indicated that they had not developed operating procedures for the 1993-94 school year and 39 SHABs indicated they had not developed operating procedures for the 1994-95 school year.

Development of Goals

SHABs reported goals established by its SHABs during the 1995-96 school year. No limits were set on the number of goals that could be reported. Of those SHABs reporting goals, each SHAB listed one to six goals. Table 5A lists goals that were reported by ten or more SHABs in 1995-96. Table 5B lists goals that were reported by ten or more SHABs in 1994-95. A question about types of goals established was not included on the 1993-94 SHAB survey.

Table 5A

TYPES OF GOALS LISTED BY TEN OR MORE SHABS 1995-96

<i>Type of Goal</i>	<i>Number of SHABs Listing the Goal</i>
Developing or improving school health services	56
Review of school health policies	36
Developing community partnerships	31
Conducting a needs assessment	22
Increasing school nursing staff	22
Student wellness education	22
Developing family life or HIV/AIDS education curriculum	20
Employee wellness improvement	18
Reducing drug, alcohol, or tobacco use	17
Improving own SHAB	11
Reducing teen pregnancy	11
Others	7

Table 5B

TYPES OF GOALS LISTED BY TEN OR MORE SHABS, 1994-95

<i>Type of Goal</i>	<i>Number of SHABs Listing the Goal</i>
Increasing school nursing staff	16
Reducing teen pregnancy	11
Developing Family Life Education curriculum	11
Developing community partnerships	11
Improving school health services	10
General review of school health policies	10
Conducting a needs assessment	10
Reducing drug, alcohol use	10

Note: Types of goals were not included in the 1993-94 SHAB report.

ACCOMPLISHMENTS

In establishing SHABs, the General Assembly amended Section 22.1-275.1 of the *Code of Virginia* to state, "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."

SHABs rated their accomplishments in developing or reviewing policies, implementing programs, and evaluating programs for each of the following eight components of a comprehensive school health program: (1) health services, (2) health education instruction, (3) healthy environment, (4) physical education, (5) food services, (6) counseling, (7) staff wellness, and (8) parent/community involvement.

Policy Review and Development

Table 6 reflects analysis of the SHAB responses related to policy review and development for 1995-96 school year. SHABs reported their work on policies developed or reviewed as follows:

- SHABs reported they are willing to share policy review/development information in the following areas: Health Services (7 SHABs), Staff Wellness (5), Health Education Instruction (3), Food Services (3), Physical Education (2), Parent/Community Involvement (2), and Counseling (1).
- SHABs reported they have completed policy review/development work in the following areas: Health Education Instruction (23 SHABs), Food Services (23), Health Services (19), Healthy Environment (17), Physical Education (12), Staff Wellness (10), Counseling (9), and Parent/Community Involvement (4).
- SHABs reported they have policy review/development work in progress in the following areas: Parent/Community Involvement (75 SHABs), Health Services (73), Health Education Instruction (65), Healthy Environment (59), Physical Education (50), Counseling (48), Staff Wellness (47), and Food Services (43).
- SHABs reported they have a desire for policy review/development assistance in the following areas: Healthy Environment (7 SHABs), Parent/Community Involvement (7), Physical Education (5), Food Services (5), Staff Wellness (5), Counseling (4), Health Services (3), and Health Education Instruction (3).
- SHABs reported they have not looked at policy review/development in the following areas: Counseling (39 SHABs), Physical Education (33), Staff Wellness (32), Food Services (27), Healthy Environment (22), Parent/Community involvement (17), Health Education Instruction (11), and Health Services (6).

Table 6

**POLICY REVIEW AND DEVELOPMENT BY COMPONENT
NUMBER OF RESPONSES BY CODE 1995-96**

<i>Codes</i>	<i>Health Services</i>	<i>Health Education Instruction</i>	<i>Healthy Environment</i>	<i>Physical Education</i>	<i>Food Services</i>	<i>Counseling</i>	<i>Staff Wellness</i>	<i>Parent, Community Involvement</i>
1	3	3	7	5	5	4	5	7
2	6	11	22	33	27	39	32	17
3	73	65	59	50	43	48	47	75
4	19	23	17	12	23	9	10	4
5	7	3	1	2	3	1	5	2

Codes use in Table 6:

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

Programs Implemented

Table 7 displays the analysis of responses related to program implementation for the 1995-96 school year. SHABs reported their work on programs implemented as follows:

- SHABs reported they have completed and are willing to share program implementation information in the following areas: Health Services (1 SHAB) and Food Services (1).
- SHABs reported they are willing to share program implementation information in the following areas: Health Services (5 SHABs), Staff Wellness (5), Health Education Instruction (1), Healthy Environment (1), and Physical Education (1).
- SHABs reported they have completed program implementation work in the following areas: Food Services (21 SHABs), Healthy Environment (16), Health Education Instruction (13), Health Services (13), Physical Education (12), Counseling (9), Staff Wellness (8), and Parent/Community Involvement (6).

- SHABs reported they have program implementation work in progress in the following areas: Health Services (65 SHABs), Health Education Instruction (64), Parent/Community Involvement (60), Healthy Environment (51), Physical Education (46). Staff Wellness (46), Counseling (44), and Food Services (40).
- SHABs reported they have a desire for program implementation assistance in the following areas: Parent/Community Involvement (6 SHABs), Staff Wellness (5), Healthy Environment (5), Health Services (5), Health Education Instruction (4), Food Services (4), Physical Education (3), and Counseling (3).
- SHABs reported they have not looked at program implementation in the following areas: Counseling (39 SHABs), Staff Wellness (32), Food Services (31), Physical Education (27), Healthy Environment (25), Parent/Community Involvement (19), Health Education Instruction (11), and Health Services (8).

Table 7

**PROGRAMS IMPLEMENTED BY COMPONENT
NUMBER OF RESPONSES BY CODE 1995-96**

<i>Codes</i>	<i>Health Services</i>	<i>Health Education Instruction</i>	<i>Healthy Environment</i>	<i>Physical Education</i>	<i>Food Services</i>	<i>Counseling</i>	<i>Staff Wellness</i>	<i>Parent, Community Involvement</i>
1	7	4	6	4	2	4	5	9
2	14	9	23	36	35	38	30	16
3	54	60	51	41	35	42	43	65
4	17	20	13	9	18	4	8	3
5	4	2	2	2	3	2	7	3

Codes use in Table 7:

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

Programs Evaluated

Table 8 analyzes responses related to evaluation activities for 1995-96 school year. SHABs reported their work on programs evaluated as follows:

- SHABs reported they have a desire for program evaluation assistance in the following areas: Counseling (5 SHABs), Parent/Community Involvement (4), Healthy Environment (4), Health Services (4), Physical Education (3), Food Services (3), Health Education Instruction (2), and Staff Wellness (1).
- SHABs reported they have not looked at program evaluation in the following areas: Counseling (39 SHABs), Staff Wellness (39), Healthy Environment (30), Food Services (3), Physical Education (28), Parent/Community Involvement (23), Health Services (17), and Health Education Instruction (15).
- SHABs reported they have program evaluation work in progress in the following areas: Health Services (61 SHABs), Parent/Community Involvement (60), Health Education Instruction (57), Physical Education (50), Healthy Environment (49), Food Services (45), Counseling (44), and Staff Wellness (42).
- SHABs reported they have completed program evaluation work in the following areas: Food Services (19 SHABs), Health Education Instruction (15), Health Services (14), Healthy Environment (12), Physical Education (11), Staff Wellness (9), Counseling (7), and Parent/Community Involvement (4).
- SHABs reported they are willing to share program evaluation information in the following areas: Staff Wellness (4 SHABs), Health Services (3), Health Education Instruction (2), and Parent/Community Involvement (1).
- SHABs reported they have completed and are willing to share program evaluation work as follows: Food Services (1 SHAB).

Table 8

**PROGRAMS EVALUATED BY SUBJECT COMPONENT
NUMBER OF RESPONSES BY CODE 1995-96**

<i>Codes</i>	<i>Health Services</i>	<i>Health Education Instruction</i>	<i>Healthy Environment</i>	<i>Physical Education</i>	<i>Food Services</i>	<i>Counseling</i>	<i>Staff Wellness</i>	<i>Parent, Community Involvement</i>
1	7	5	7	4	3	4	5	6
2	14	16	30	36	33	38	35	26
3	54	58	45	43	37	42	42	57
4	17	14	11	7	19	8	6	3
5	4	1	1	1	2	1	3	2

Codes use in Table 8:

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

Comparison of 1993-94, 1994-95, and 1995-96 School Years

A comparison of data from 1993-94, 1994-95, and 1995-96 school years shows very little variation in most areas of policy review, program implementation, and program evaluation.

Those SHABs responding that they “would like assistance” in these three areas averaged 4.6 percent in 1993-94, 4.0 percent in 1994-95, and 4.0 percent in 1995-96. SHABs responding that they “have not looked at” these three areas averaged 25 percent in 1993-94, 19.6 percent in 1994-95, and 21.6 percent in 1995-96. Of those SHABs responding that they “have work in progress” in these three areas, the average percentages are 38 percent in 1993-94, 44 percent in 1994-95, and 43 percent in 1995-96. The trend remained low for SHABs reporting that they “completed our work” in these three areas—10.3 percent of SHABs in 1995-96 reported that they had completed an area of policy review and development, program implementation, and/or program evaluation. This compares to 9.3 percent in 1993-94 and 10.6 percent in 1995-96.

Only one area of policy review and program evaluation shows a significant trend variation. In the area of willingness to “share information about our work in this area,” there is a significant average increase from 2 percent in 1993-94 to 13 percent in 1994-95, with a sharp decrease in 1995-96 to 2.5 percent. Only the area of program implementation remained approximately the same over the three-year period. Table 9 breaks down these percentages into each specific category of policy review and development, program implementation, and program evaluation for each year.

Table 9

**POLICY REVIEW AND DEVELOPMENT, PROGRAM IMPLEMENTATION,
AND PROGRAM EVALUATION**

<i>Category</i>	<i>% of SHABs in 1993-94 N=133* 100% of SHABs Responding</i>	<i>% of SHABs in 1994-95 N=127* 96% of SHABs Responding</i>	<i>% of SHABs in 1995-96 N=119* 90% of SHABs Responding</i>
<i>Policy Review and Development</i>			
“We would like assistance in this area”	6%	3%	4%
“We have not looked at this area”	25%	18%	20%
“Our work in this area is in progress”	38%	48%	48%
“We have completed our work in this area”	11%	13%	12%
“We are willing to share information in this area”	2%	15%	3%
<i>Program Implementation</i>			
“We would like assistance in this area”	4%	5%	4%
“We have not looked at this area”	23%	19%	21%
“Our work in this area is in progress”	38%	43%	41%
“We have completed our work in this area”	11%	10%	10%
“We are willing to share information in this area”	3%	2%	3%
<i>Program Evaluation</i>			
“We would like assistance in this area”	4%	4%	4%
“We have not looked at this area”	27%	22%	24%
“Our work in this area is in progress”	38%	41%	40%
“We have completed our work in this area”	6%	9%	9%
“We are willing to share information in this area”	2%	11%	2%

*Number of SHABs responding.

Goals

As previously described, SHABs identified their accomplishments in the 1995-96 school year in the areas of policy review and development, program implementation, and program evaluation for each of the eight components of a comprehensive school health program. In addition, SHABs identified goals established for the 1995-96 school year. Data from the survey were analyzed and aggregated by goals that were accomplished. Table 10 lists accomplishments identified by SHABs for the 1995-96 school year.

Table 10
ACCOMPLISHMENTS REPORTED BY SHABS 1995-96

<i>Accomplishment</i>	<i>Number of Responses</i>
Revised/Drafted Medication Policy	4
Implemented a Staff Wellness Program	8
Revised Policy on Health Services	15
Reviewed Nursing Staffing	15
Implemented Immunization Program	12
Evaluated School Health Needs	9
Implemented CPR/First Aid Training	4
Evaluated School Food Service Nutrition	1
Reviewed Health Policies/Procedures	10
Implemented Breakfast Program	2
Revised/Drafted Tobacco Use Policy	2
Implemented Conflict Mediation Program	2
Implemented Dental Services Program	6
Examined Physical Activity/Fitness Initiatives	4
Reviewed HIV/AIDS Education Program	2
Evaluated Procedures for Medically-Fragile Students	2
Others*	11
<i>Newly Added Categories for 1995-96</i>	
Hired Additional Personnel	2
Established Computer Databases	3
Conducted Surveys/Prepared Reports	4
Implemented Special Programs	31

*“Others” includes the following singular responses:

1. “Bedford County Public Schools representatives served on the Regional Perinatal Coordinating Council Region 3, the Bedford Health Foundation Board and the Better Beginnings Coalition.”

2. "The committee reviewed and discussed statistical data specific to Fairfax County, regarding trends for teen pregnancy issues."
3. "Some team members shared the importance of having consistency in our school prevention education curriculum."
4. "School board monthly agenda."
5. "Discussed the opportunities available for students to explore the various health related careers in an effort to encourage students to pursue these careers."
6. "Established a sub-committee to review current practices and formulate guidelines for a health services plan."
7. "Established a list of possible topics for the 1996-97 school year."
8. "Due to the Shore's population and limited resources, we felt a need to network with Northampton County's Advisory Council... to compare programs and determine the feasibility of co-sponsoring events."
9. "The school should continue to emphasize the importance of universal precautions to all students and staff."
10. "To maintain communication with environmental specialist regarding indoor air quality."
11. "Written statement to encourage administrators to report any unsafe or unhealthy condition in order that it can be corrected."

Contributions to Health-Related Instruction

SHABs reported contributions to the improvement of health-related instruction (i.e., curriculum review, planning, or resource acquisition and recommendations). Many returned surveys repeated their responses to this item with the item "accomplishments of the SHAB," as they also had done in 1993-94 and 1994-95. In 1993-94, 22 SHABs reported contributing to the Family Life Education curriculum. In 1994-95 there were 13 responses, and in 1994-95 there were only four SHABs reporting contributions to the Family Life Education curriculum. The most frequently reported contributions for 1995-96 were "making the school nurse available" (15) and "HIV/AIDS Instruction" (15). Table 11 displays the changes in reported contributions over the three school years.

Table 11

CONTRIBUTIONS MADE BY SHABS TO HEALTH-RELATED INSTRUCTION

<i>School Year:</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>
<i>Contributions</i>	<i>Responses</i>	<i>Responses</i>	<i>Responses</i>
Family Life Education Curriculum	22	13	4
Health Curriculum Development	8	10	8
Made School Nurse Available	5	8	15
HIV/AIDS Instruction	8	5	15
Identifying Instructional Resources	5	5	12
Developing Wellness Program	5	5	9
Counseling services available*	-	0	10
Others**	-	0	7

*New category.

**“Others” includes the following singular responses:

1. “Reviewed the policies and health instruction objectives related to smokeless tobacco.”
2. “The SHAB has supported the county efforts to send teams to the School Health Conferences.”
3. “As ASD the chair (a registered dietitian) has distributed curriculum guides on nutrition.”
4. “The chair has outlined goals for the Director of Business to assist with the implementation of grant proposals.”
5. “The chair attempts to disseminate health related information to those who express a desire in implementing the information.”
6. “Donations of materials and services by professional board members.”
7. “Personnel will be added to the larger elementary school to reduce physical education class sizes and increase time available with the physical education teacher.”

EFFECTIVENESS

Factors Contributing to Effectiveness

SHABs identified factors that helped them succeed during the 1995-96 school year. From the 119 SHABs reporting, 201 helpful factors were identified. The most frequently reported factor was participation of SHAB members (53 responses). The diversity of membership (23 responses) and the cooperation and team spirit (19) also were important contributors to their success. Outside support, such as from the local health department (27 responses), was also reported as helpful. Table 12 displays the most frequently reported factors contributing to success of SHABs.

Table 12

FACTORS CONTRIBUTING TO SUCCESS OF SHABS 1995-96

<i>Factors Contributing to Success</i>	<i>Number of SHABs Mentioning This Factor</i>
Diversity of membership	23
Cooperation and team spirit	20
Support from the superintendent/central office	12
Outside support (e.g., health department)	27
Participation of SHAB members	53
Support from school board	10
Leadership/organization	14
School administrators	10
Others*	19
<i>Newly Added Categories for 1995-96</i>	
Good communication between committee, superintendent, school board, teachers, parents	3
Minutes /agenda of meetings supplied to members	2
Regular and advanced scheduled meetings	3
Student input	2
Hiring of school nurses	3

*“Others” includes the following singular responses:

1. “The essential strength of the SHAB has been its ability to seek creative solutions in areas where there have been limited funds.”
2. “Focus on two or three topic areas.”
3. “We are a very small school system and really don’t have a lot of the health related problems that other divisions have.”

4. "Some improvements have been made in some areas where we made recommendations."
5. "Committee spent the year on needs assessment. The results from this assessment should increase the committee's effectiveness in coming years."
6. "The board was goal directed."
7. "Pilot programs in place that can continue and expand through the years."
8. "Good Attendance."
9. "Attending the American Cancer Society conference 'Promoting Health Behaviors in Children and Youth'."
10. "The focus on short and long term goals, as a guideline."
11. "The expansion of the Health Services Team concepts, which encourages networking and communication among parents, school personnel, the primary care physician and the client."
12. "Informal issue-orient and ideas between school personnel."
13. "Dental trailer was available at minimal cost so work time was not lost due to illness."
14. "Flu shots were made available at minimal cost so work time was not lost due to illness."
15. "Combining with safety committee-sharing concerns."
16. "Comprehensive focus on one issue."
17. "The pupil service workers found the information provided through the symposium to be helpful in their efforts to find/locate appropriate community services for the students they serve."

Factors Limiting the Effectiveness

SHABs responded to a question about the factors that limited their effectiveness. The most frequent response regarding factors limiting the effectiveness of SHABs for the 1995-96 school year was lack of time to devote to SHAB activities and meetings (29 responses), which is consistent with previous years. Poor attendance (22 responses) and trouble with scheduling (19 responses) were the other top responses related to factors limiting effectiveness, also consistent with previous years. Lack of money/resources was

reported by 18 SHABs. Other individual difficulties included unstable membership, lack of objectives, and limited volunteers. Table 13 displays the most frequently reported factors limiting the success of SHABs.

Table 13
FACTORS LIMITING THE SUCCESS OF SHABS 1995-96

<i>Major Factors Limiting the Success of SHAB In Years Prior to 1995-1996</i>	<i>Number of 1995-96 SHABs Mentioning This Factor</i>
Time	29
Scheduling	19
Money	18
Poor attendance	22
Bad weather/snow	12
Lack of power	1
Data limitations	3
Weak chairperson	1
Others*	18
<i>Newly Added Categories for 1995-96</i>	
Unstable membership/not enough members/not right kind of membership/many new members	12
Lack of objectives/Goals	9
Limited volunteers	4
Lack of a nurse per school/not able to hire enough school nurses	4
State imposed restrictions of membership limit representation	2
Problems in prioritizing and focusing on issues	4

*“Others” includes the following singular responses:

1. “Poor communication.”
2. “Fears, negative attitudes toward new concepts.”
3. “We have a difficult time maintaining parent student representation.”
4. “Our topic was a challenging one to address and achieve.”
5. “No response from administration.”

6. "Difficulty in taking the "big" task because all SHAB members are overworked and under-resourced."
7. "It is difficult to create an awareness/need for this committee. There is not a lot of emphasis on health related issues in the schools."
8. "Regional programs of some agencies restrict availability."
9. "The integration of the concept of a partnership between school health services, and within the academic setting, all other aspects of an educational system."
10. "Lack of follow through on projects."
11. "Not being able to obtain a physician on the School Health advisory Board."
12. "The chairperson's job responsibilities continue to grow."
13. "Need for more central administration involvement."
14. "Extensive departmentalization due to large school system."
15. "Overlapping functions of three separate boards."
16. "This small school division is saddled with many committees."
17. "The SHAB viewed as non-essential."
18. "For various reasons the school health advisory board was somewhat ineffective this year."

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

School health advisory boards continue to make progress in their fourth year of statewide implementation. Based on the 1995-96 data, it appears that SHABs continue to be involved in reviewing policies and implementing and evaluating programs in a wide range of school health issues. SHABs appear to be dependent on a diverse mix of members and interests as well as enthusiasm for the tasks. Despite limitations on time, resources, and scheduling, SHABs are able to accomplish goal-related tasks and contributions to health instruction.

Recommendations

It is recommended that the VDOE, in collaboration with VDH, should:

1. Aggressively follow up non-respondent school divisions regarding SHAB report submission.
2. Disseminate this report or its executive summary to all SHABs, school boards, parent teacher associations/organizations, and other participants/stakeholders.
3. Continue to improve the survey report form and reporting processes to enhance data collection and information distribution, including development of an automated, interactive SHAB database.

APPENDICES

Appendix A

Excerpt from the *Code of Virginia* (§22.1-275.1)

§ 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.

Appendix B

School Health Advisory Board (SHAB) Annual Report Form 1995-96
School Year

(Not available at this time)

APPENDIX C

Figure 1. Range of SHAB Size by Number of SHABs Reporting Membership in the Given Range

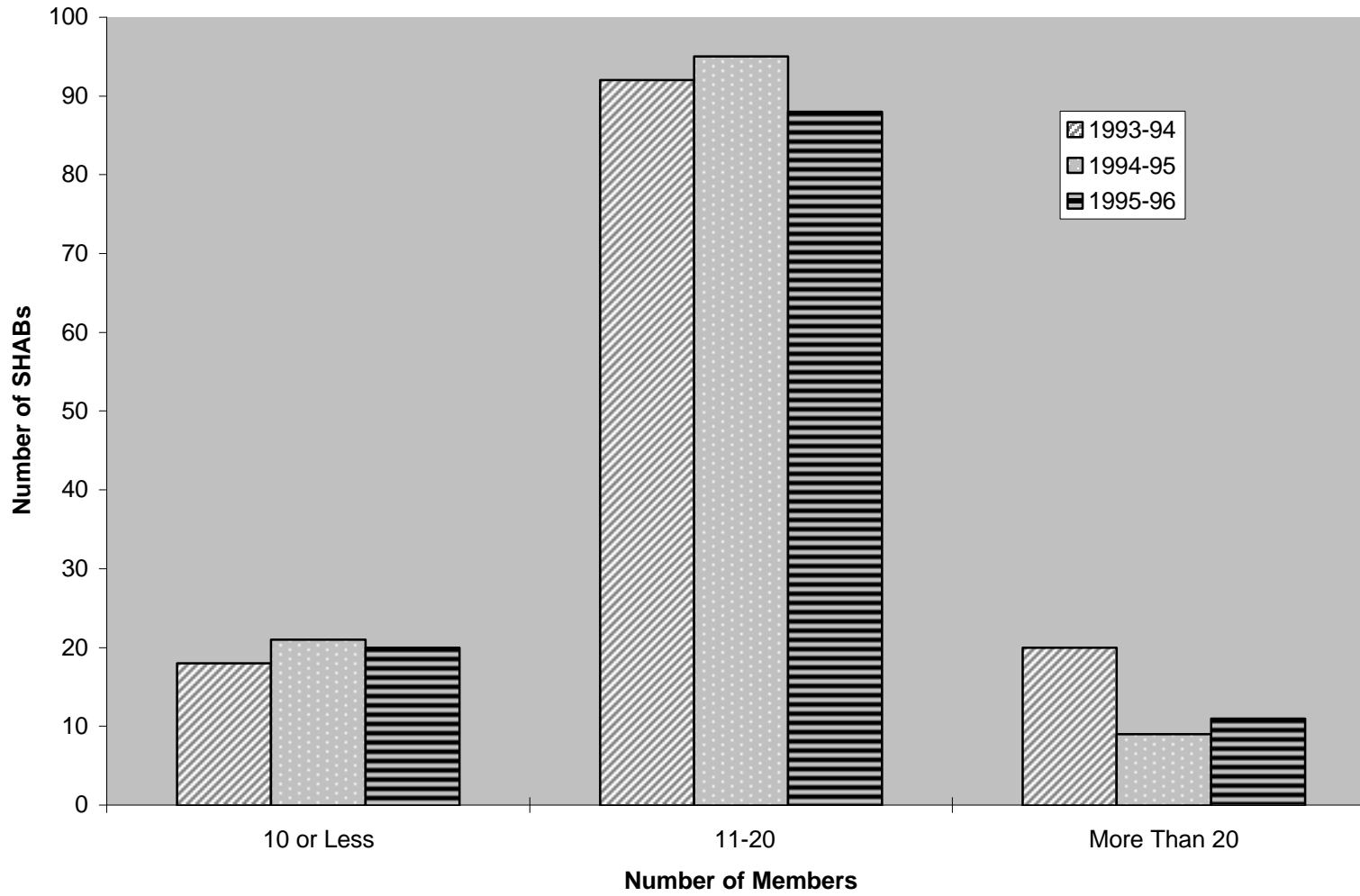


Figure 2A. Categories of SHAB Members 1995-96

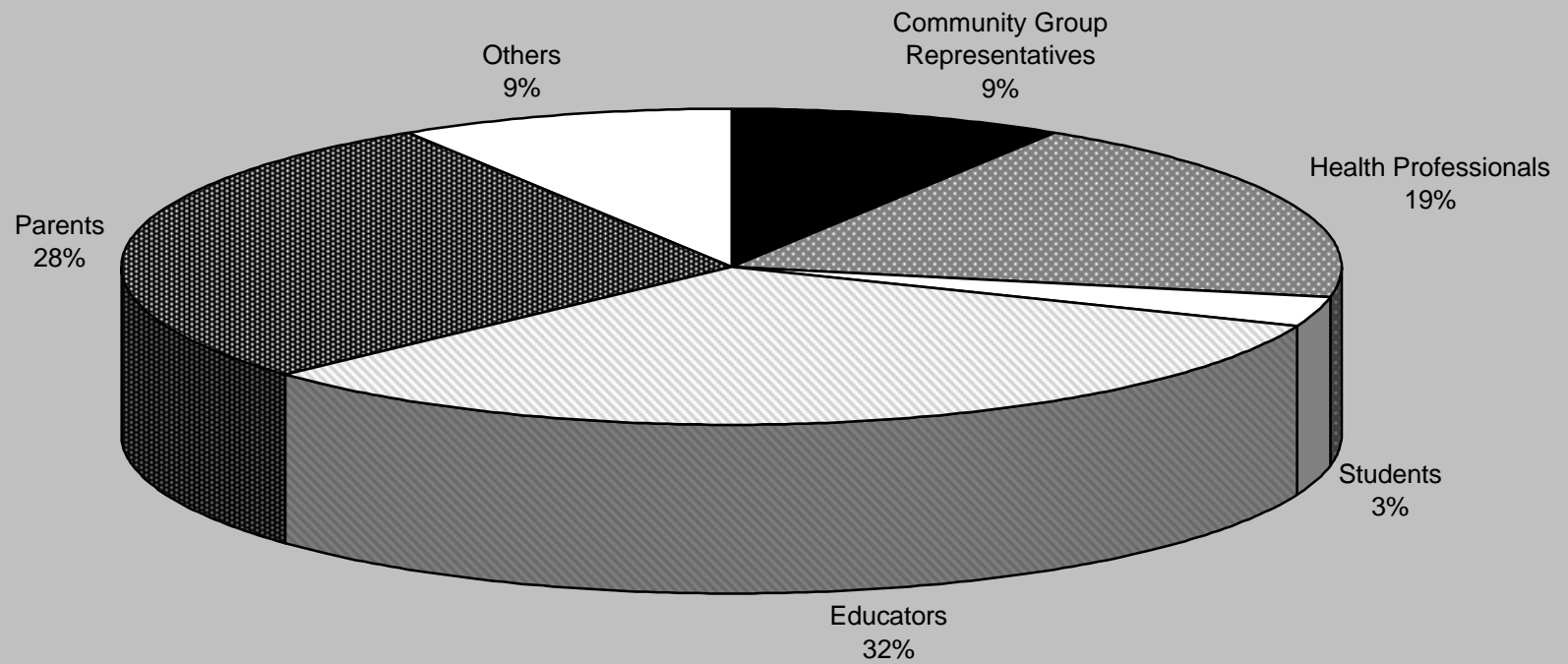


Figure 2B. Categories of SHAB Members 1994-95

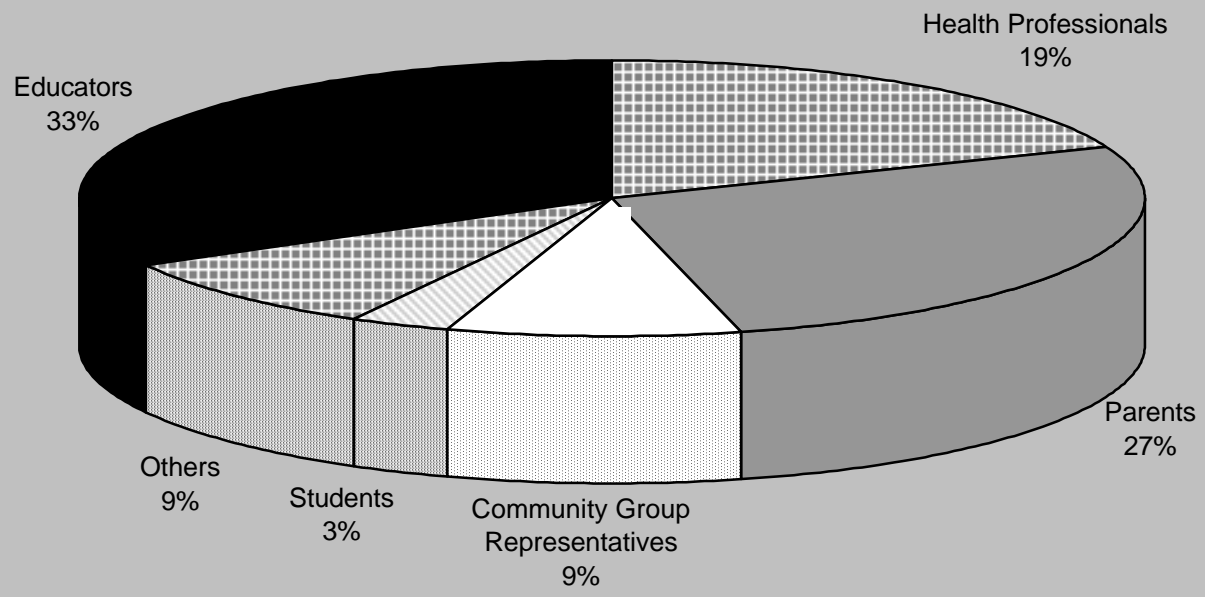


Figure 2C. Categories of SHAB members 1993-94

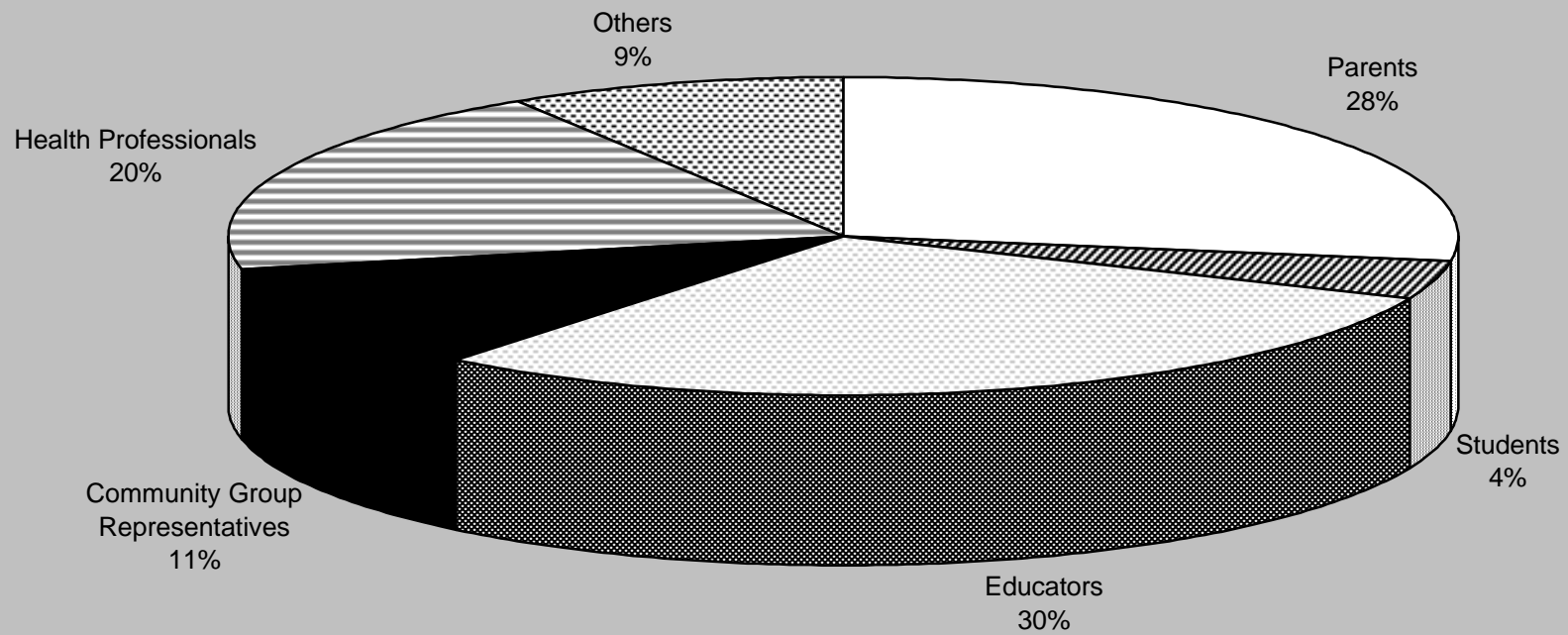


Figure 3. Meeting Frequency for SHABs, 1993-94, 1994-95, 1995-96 School Years

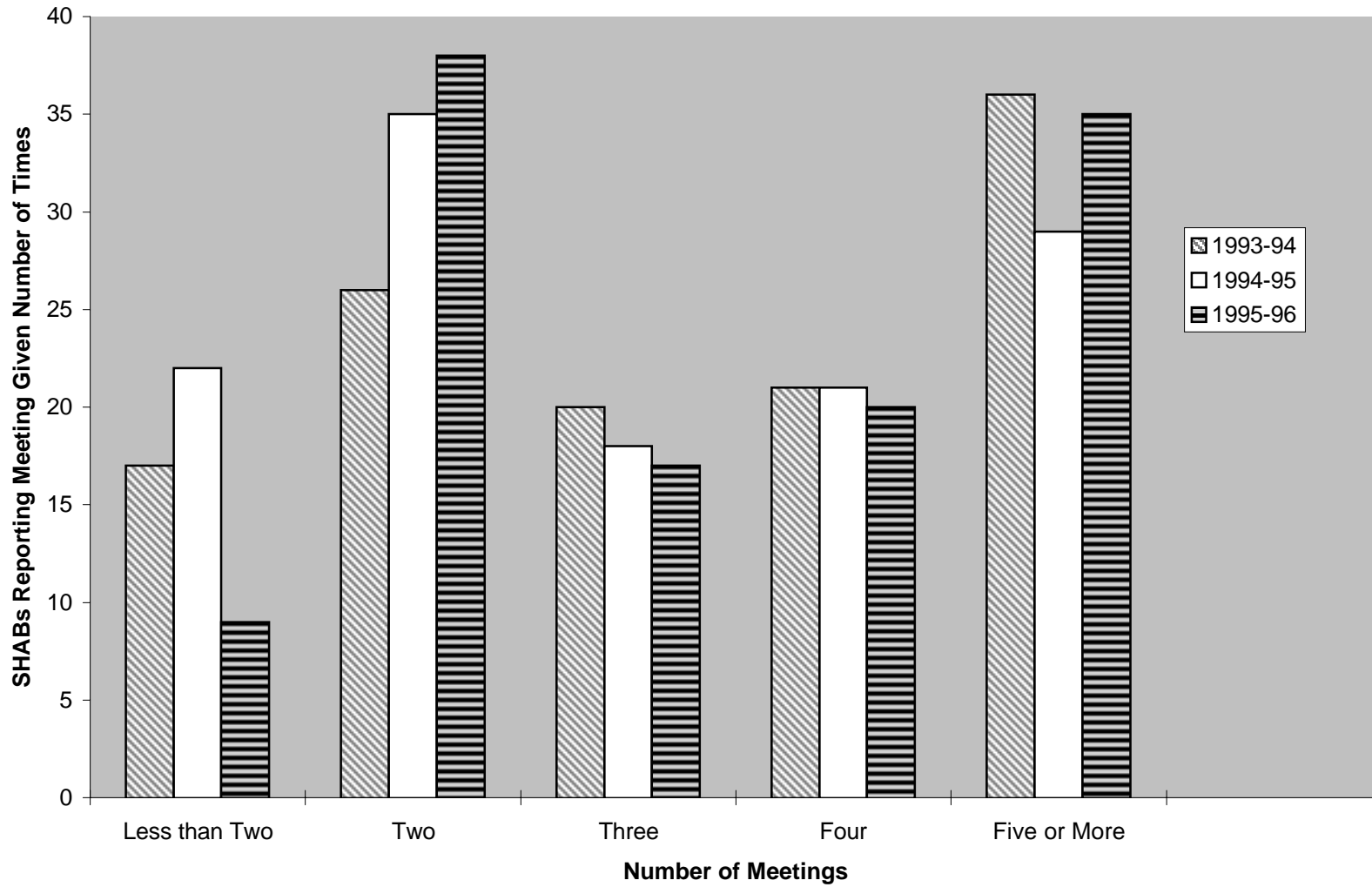


Figure 4A. Reports Made by SHABs to School Boards

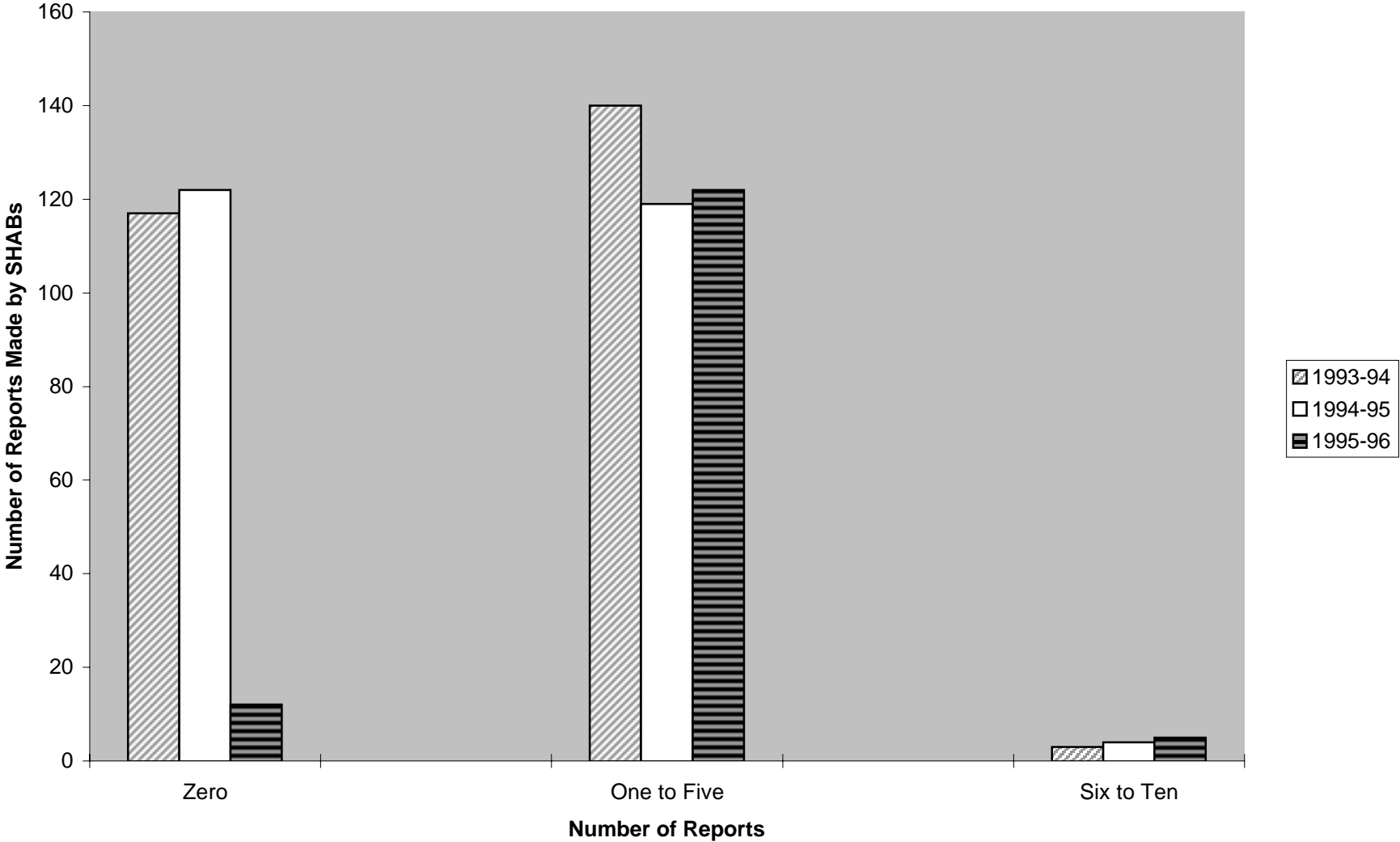
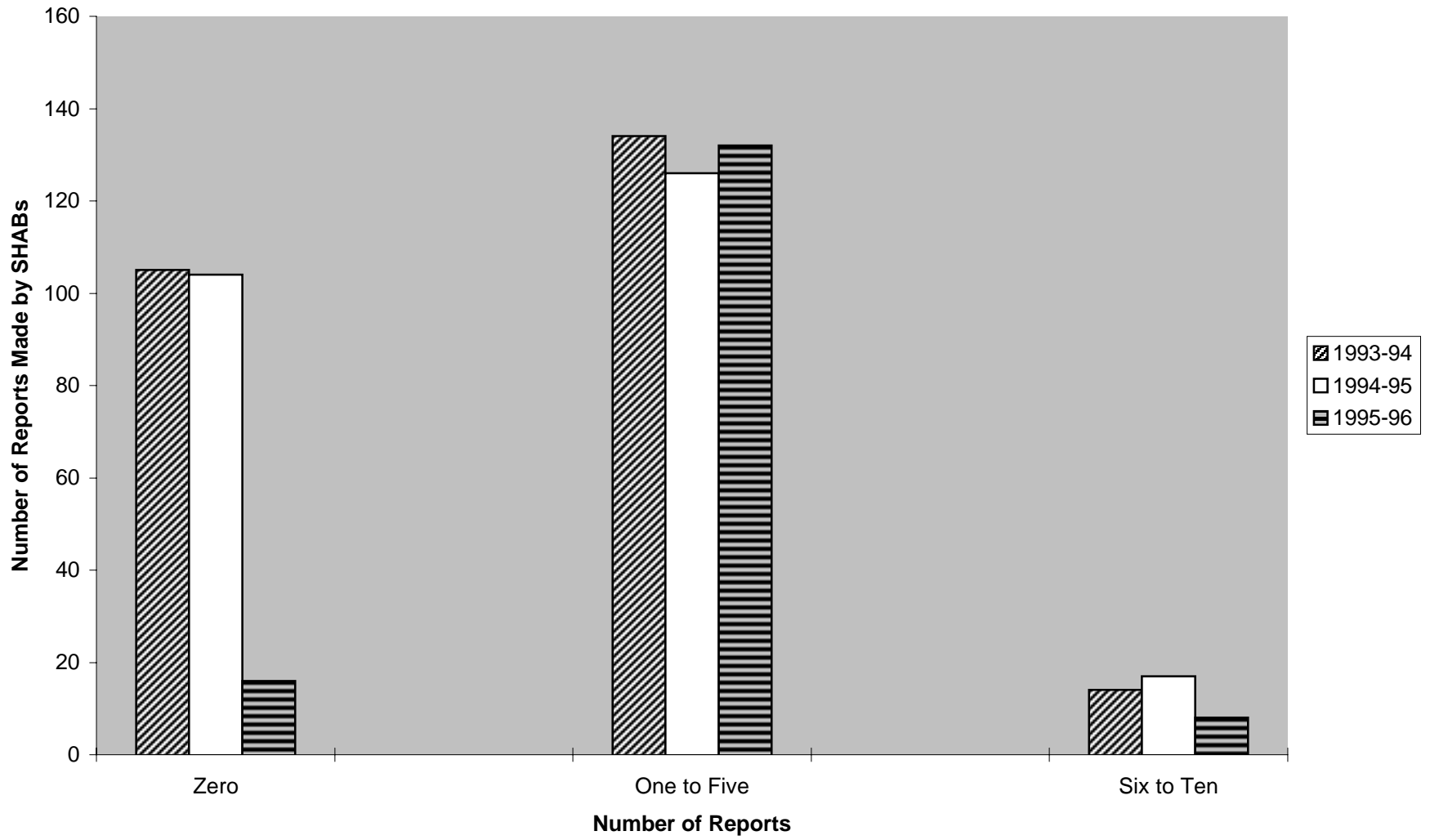


Figure 4B. Reports Made by SHABs to Central Office



Appendix D

School Health Advisory Board (SHAB) 1995-96 Survey Report Information

SCHOOL DIVISION	Telephone	Person Completing 1996 Form	Developed Operating Procedures/By Laws	Areas Ready to Share	
				1994-95	1995-96
Accomack County	(804) 787-7555	Shenay S. Wharton	Yes	PD:HS; PI:HS,FS; PGE:HS,FS	PI:SW
Albemarle County	(804) 296-5885	Tom Nash	Yes		
Alexandria City	(703) 706-4475	Sandra Boyd	No		
Alleghany Highlands County				PD:SW; PI:SW; PGE:SW	
Amelia County	(804) 561-2433	E. Beverly Ford			
Amherst County	(804) 946-9343	Lee Paris	No		
Appomattox County	(804) 352-8251	Joyce C. Jamerson	No		
Arlington County	(703)527-6584	Lucy Kernan-Schloss	Yes	PD:HEI; PGE:HEI	PD:HS
Augusta County	(703)245-5100	James H. Stout	Yes		
Bath County	(540) 839-2722	J.R. Stephenson	Yes		
Bedford City/County	(540) 586-1045 ext. 231	Sara Staton	No		
Bland County	(540) 688-3361	Nancy Gamble			

*PD=Policies Developed or Reviewed; PI=Programs Implemented; PGE=Programs Evaluated; HS=Health Services; HEI=Health Education/Instruction;
HE=Healthy Environment; PE-Physical Education; FS=Food Services; C=Counseling; SW=Staff Wellness; PCI=Parent/Community Involvement;
CC=Code of Conduct

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School Health Advisory Board (SHAB) 1995-96 Survey Report Information

SCHOOL DIVISION	Telephone	Person Completing 1996 Form	Developed Operating Procedures/By Laws	Areas Ready to Share	
				1994-95	1995-96
Botetourt County	(540) 473-8263	Dr. Jacqueline Giorgi			
Bristol County	(540) 645-9612	Barbara Mumpower	Yes		
Brunswick County	(804) 848-2157	Bobby R. Browder	No		
Buckingham County	(804) 969-2050	Cynthia Jones	No		
Buena Vista City	(540) 261-6717	Cathy E. Davis	No		PD:FS; PI:FS
Campbell County	(804) 847-0961	Carolyn Polloway	No		
Caroline County	(804) 633-4721	Pat Spaulding	Yes		
Carroll County	(540) 728-3191	Betty Quesinberry	Yes		
Charles City County	(804) 829-9219	Elizabeth Dahmus	Yes	PD:HE; PI:HE; PGE:HE	
Charlotte County	(804) 542-4463	Carolyn M. Baker	No		PD:HS; PI:HS, HEI,FS; PGE:FS
Charlottesville City	(804) 984-7007	Marianne Kosiewicz			
Chesapeake City	(804) 494-7628	Barbara Hardee	Yes	PI:HS, HEI,SW,PCI	PD:HS,HEI,HE,PE,FS, C,SW,PCI; PI:HS,HEI, E,FS,C,SW,PCI
Chesterfield County	(804) 358-2361	Jeffrey S. Hanzel	No		PD:HS,HEI; PI:HEI; PGE:HS,HEI

*PD=Policies Developed or Reviewed; PI=Programs Implemented; PGE=Programs Evaluated; HS=Health Services; HEI=Health Education/Instruction; HE=Healthy Environment; PE-Physical Education; FS=Food Services; C=Counseling; SW=Staff Wellness; PCI=Parent/Community Involvement; CC=Code of Conduct

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School Health Advisory Board (SHAB) 1995-96 Survey Report Information

SCHOOL DIVISION	Telephone	Person Completing 1996 Form	Developed Operating Procedures/By Laws	Areas Ready to Share	
				1994-95	1995-96
City of Manassas	(703) 257-8800	Sandy Thompson and Pat Johnson	Yes		
Clarke County					
Colonial Beach City	(804) 224-0906	Don Warner	Yes		PD:HS,HEI,PE,SW; PI:PE,SW; PGE:PE,FS,SW
Colonial Heights City	(804) 768-7831	Sandra C. Bondurant	Yes	PD:HEI,HE; PI:HS,HEI, HE,PE; PGE:HEI,HE	PD:HS; PI:HS,HEI,FS,SW,PCI C; PGE:HEI,C
Covington City	(540) 965-1400	Wilbert N. Lee	Yes	PE:HS,HE; PI:HS,HE; PGE:HS,HE	PD:HS; PI:HS,HE,FS,SW,PCI; PGE:HE,FS,SW,PCI
Craig County	(540) 864-5191	Mary Page Cosby	No		
Culpeper County	(540) 825-1031	Brenda Jeffries	No		
Cumberland County	(804) 375-3484	Debra S. Babes	Yes		
Danville City	(804) 799-6406	Sherri Wright	Yes		PD:HS,SW,PC; PI:HS, SW,PCI; PE:SW,PCI
Dickenson County	(540) 865-5361	Lynda H. Sykes			
Dinwiddie County	(840) 469-3711	Pamela Wilkerson	No		
Essex County	(804) 443-4366	Bob Chappell	No		

*PD=Policies Developed or Reviewed; PI=Programs Implemented; PGE=Programs Evaluated; HS=Health Services; HEI=Health Education/Instruction;
HE=Healthy Environment; PE-Physical Education; FS=Food Services; C=Counseling; SW=Staff Wellness; PCI=Parent/Community Involvement;
CC=Code of Conduct

Appendix D

School Health Advisory Board (SHAB) 1995-96 Survey Report Information

SCHOOL DIVISION	Telephone	Person Completing 1996 Form	Developed Operating Procedures/By Laws	Areas Ready to Share	
				1994-95	1995-96
Fairfax City/County	(703) 876-5230	Jeff White	No		
Falls Church City	(703) 241-7610	Jerome H. Bruns	No		
Fauquier County	(540) 439-8926	Pamela Trude	Yes		
Floyd County	(540) 745-9400	William R. Gardner	No		
Fluvanna County	(804) 589-8208	Thomas W. D. Smith	Yes		
Franklin City	(804) 562-5348	Clara Daniels			
Franklin County	(540) 483-5138	Florella H. Johnson	Yes		
Fredrick County					
Fredericksburg City	(703) 372-1130	Carlos Valadez	Yes		
Galax City	(540) 236- 2911	Mary Coulson	No		
Giles County	(540) 921-1421 ext.21	Mary Henderson	No		
Gloucester County	(804) 693-1454	W. Wayne Fox	Yes		

*PD=Policies Developed or Reviewed; PI=Programs Implemented; PGE=Programs Evaluated; HS=Health Services; HEI=Health Education/Instruction;
HE=Healthy Environment; PE-Physical Education; FS=Food Services; C=Counseling; SW=Staff Wellness; PCI=Parent/Community Involvement;
CC=Code of Conduct

Appendix D

School Health Advisory Board (SHAB) 1995-96 Survey Report Information

SCHOOL DIVISION	Telephone	Person Completing 1996 Form	Developed Operating Procedures/By Laws	Areas Ready to Share	
				1994-95	1995-96
Goochland County	(804) 556-4423	Stephanie S. Brooks	Yes		
Grayson County	(540) 773-2832	Mike Phipps	Yes		PD:FS
Greene County	(804) 985-5254	William T. Wade Jr.	Yes		
Greenville County	(804) 634-2473	Elaine Seymour	Yes		
Halifax County	(804) 476-2171	Morris L. Bryant			
Hampton City					
Hanover County	(804) 752-6000		No		
Harrisonburg City	(540) 434-1949	John Seal	No		
Henrico County	(804) 343-6504	Gwen P. Smith	Yes	PD:HS; PI:HS,PCI; PGE:HS	PI:HS; PGE:HS
Henry County	(540) 634-4722	Richard E. Cobb			
Highland County	(540) 468-2556	Karen DeVore			
Hopewell City	(804) 541-2365	Kelly R. Gleason			

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				1994-95	1995-96
Isle of Wight County	(804) 357-4393	Robert C. Driscoll	Yes		
James City/Williamsburg					
King George County	(540) 775-5833	Diane P. Kean	No	PD:HS,SW; PI:HS,SW; PGE:HS,SW	
King & Queen County					
King William County	(804) 769-3434	Kirk O. Tower	Yes		
Lancaster County	(804) 435-3196	Genie Kauffman	No		
Lee County	(540) 346-2107	John D. Collier			
Lexington City					
Lexington County					
Loudoun County	(703) 450-2880	Patricia Phillips	Yes		
Louisa County	(540) 894-5133	Ann Wickwire	No		
Lunenburg County	(804) 696-2116	Peggy Thornton and Ann Jackson	Yes		

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Lynchburg City	(804) 522-3700	Anne Bond-Gentry	No		
Madison County	(540) 948-2242	Jeannie Utz	Yes	PD:SW; PI:SW; PGE:SW	
Manassas Park City	(703) 335-8861	Joanne K.Georg			
Martinsville City	(540) 634-5702	Beth J. Baptist			
Mathews County	(804) 725-3909	Mary R. Helliesen	No		
Mecklenburg County	(804) 738-6111	Marlyn G. Walker		PGE:SW	
Middlesex County	(804) 758-2496	Denise Hurd			
Montgomery County	(540) 382-5156	Michael Marcenelle	Yes	PI:CC	PI:CC
Nelson County	(804) 263-8311	Sarah Armstrong	No		
New Kent County	(804) 966-9648	Gwendolyn Keeton	No		
Newport News City	(804) 591-4667	Daria S. Weber	Yes		
Norfolk City Schools	(804) 441-2107	G. S. White			

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Northampton County	(804) 678-5151	Nancy Richardson and Olivia Collins	Yes		
Northumberland County					
Norton City	(540) 679-2330	W. E. Passan	No		
Nottoway County	(804) 645-8149	K. Blankenship	Yes		
Orange County	(540) 672-1390	Phyllis Smith	No		
Page County	(540) 743-6533	Mason C. Lockridge	No		
Patrick County	(540) 952-2424	Sandy Montgomery	Yes		
Petersburg City	(804) 861-5841	Nelson R. Ramsey	No		
Pittsylvania County	(804) 793-1624	Emily B. Hill	Yes		PI:HS
Poquoson City					
Portsmouth City	(804) 399-4588	J. B. Martin		PI:HS; PGE:HS	
Powhatan County	(804) 598-5700	Margaret S.Meara	No		

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Prince Edward County	(804) 392-6167	Jean Thornton			
Prince George County	(804) 733-2700	Suzanne Richardson	No		
Prince William County	(703) 791-7257	Douglas Eadie	Yes		
Pulaski County	(540) 980-2237	Karen M. Clymer	Yes		
Radford City	(540) 731-3647	William R. Wright and Barbara Mayo	Yes		
Rappahannock County					
Richmond City					
Richmond County	(804) 333-3681	Robert G. Luttrell			
Roanoke City	(540) 853-2102	Vella S. Wright	Yes		
Roanoke County	(540) 562-3756	LaVern H. Davis	Yes	PI:HEI; PGE:HS	PI:HEI
Rockbrige County	(703) 463-5555	Ruth F. Fuhrman	Yes		
Rockingham County	(540) 564-3228	Charlotte McQuilkin	Yes		

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Russell County	(540) 889-6500	David P. Cozzolino	Yes		
Salem City	(540) 389-0130	Cindy Neathawk and Lewis Romano	Yes	PD:HS,HE,SW	PI:HS
Scott County	(540) 452-2380	Sharon Starnes	Yes		PD:SW; PI:SW
Shenandoah County	(540) 459-4091	Barbara Streett	No		
Smyth County					
Southampton County	(804) 653-2692	Karen E. Edward	Yes		
Spotsylvania County	(540) 898-6032	Charles H. Harris	Yes		
Stafford County	(540) 720-3336	Randall Clingenpeel			
Staunton City	(540) 332-3930	Janet Dixon	No		
Suffolk City	(804) 925-2300	Nancy F. Cisco	No		
Surry County	(804) 294-3185	Beatrice P. Johns	No		
Sussex County	(804) 246-5511 ext. 3218	Richard Moore	Yes		

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Tazewell County	(540) 988-6980	Donna S. Murray	Yes	PD:HS,SW; PI:HS,SW; PGE:HS,PCI	PD:HS,SW; PI:HS,SW
Virginia Beach City	(804) 427-4791	Carol L. Flach	Yes		
Warren County	(540) 635-2171 ext. 1	Pamela McInnis	No		
Washington County	(540) 676-1919	Sue T. Thayer	Yes		
Waynesboro City	(540) 946-4600	Julie King and Pat Caulkins	No		
Westmoreland County	(804) 493-8018	Philip Iovino	No		
West Point City	(804) 843-4368	Martha Em Raby			
Williamsburg-James City	(804) 229-8983	Kathleen McNutt	Yes		
Winchester City					
Wise County	(540) 328-8017	Carl Stanley	No		
Wythe County					
York County	(757) 898-0456	Marilyn Barr	No		

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